

dear

elia



mimi

khúc

LETTERS FROM THE
ASIAN AMERICAN ABYSS

dear elia

BUY





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ASIAN AMERICAN ABYSS

Duke
Duke University Press
Durham and London 2024

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Printed in the United States of America on acid-free paper ∞
Project Editor: Liz Smith | Designed by Aimee C. Harrison
Typeset in Portrait Text and Helvetica Neue LT Std
by Copperline Book Services

Library of Congress Cataloging-in-Publication Data

Names: Khúc, Mimi, author.

Title: Dear Elia : letters from the Asian American abyss /
Mimi Khúc.

Description: Durham : Duke University Press, 2024. |

Includes bibliographical references and index.

Identifiers: LCCN 2023018777 (print)

LCCN 2023018778 (ebook)

ISBN 9781478025672 (paperback)

ISBN 9781478020936 (hardcover)

ISBN 9781478027799 (ebook)

Subjects: LCSH: Asian Americans—Mental health. | Asian
American students—Mental health. | Asian Americans—
Psychology. | COVID-19 Pandemic, 2020—United States. | Asian
Americans—Social conditions. | BISAC: SOCIAL SCIENCE /
Ethnic Studies / American / Asian American & Pacific Islander
Studies | SOCIAL SCIENCE / People with Disabilities

Classification: LCC RC451.5.A75 K483 2024 (print) | LCC

RC451.5.A75 (ebook) | DDC 362.1089/95073—dc23/eng/20230912

LC record available at <https://lcn.loc.gov/2023018777>

LC ebook record available at <https://lcn.loc.gov/2023018778>

Bird illustrations throughout by Matt Huynh.

Cover art: Vietnam, 2018. Photo by the author.

Publication of this book is supported by Duke University Press's
Scholars of Color First Book Fund.

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Duke University Press gratefully acknowledges the Ford Foundation
U.S. Disability Rights Program, which provided funds toward the
publication of this book.

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for elia
for students
for adjuncts

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**UNIVERSITY
PRESS**

dear elia / 1

1
a pedagogy
of unwellness / 3

interlude 1
the corner / 25

2
touring
the abyss / 28

interlude 2
the suicide tarot / 60

229 Acknowledgments

235 Notes

249 Bibliography

257 Index

D **U** **K** **E**

UNIVERSITY
PRESS

contents

3
**how to save your
asian american life
in an hour** / 63

interlude 3
the professor is _____ / 89


4
the professor is ill / 91

interlude 4
surveying access / 146

5
**teaching in
pandemic times** / 149

DUKE *cura personalis* / 221

UNIVERSITY
PRESS



Dear Elia,

Six years ago I made a box and told you to open in emergency. I told you it was an emergency already, because I had come to learn, as a daughter of refugees, as Vietnamese American, as Asian American, as a woman of color, as queer, as disabled, that the world makes us sick and we were not meant to survive it. I made that box for you as inheritance: an archive of Asian American unwellness and our attempts to move through that unwellness. I and your stepfather dreamed that box into being, filling it with hope and knowledge and tools, along with those of a whole community trying to make sense of this world so that you and others like you might learn how to save your own lives. To my greatest delight, that box went into the world and indeed began saving lives: magic.

In your hands now is a book. The goal remains the same: hope, knowledge, and tools to make sense of this world—everything I’ve learned in the years since making the box, everything the life of that box has taught me about the shape of our collective unwellnesses and what it means to hurt and build care and go on living while it hurts in these times, in this world. A central lesson of the box is that wellness is a lie; this book explores the breadth and depth of that lie as I’ve traveled across its vast domain, and then shows us that the only way to survive is to be unwell together.

I hope this book, like its predecessor, goes out into the world and saves lives. This too is your inheritance, my love. A box and a book, the kind of magic your mother has figured out how to make. May this magic help you understand all the ways the world will break your heart, and may it help you find joy and meaning and care throughout that journey. May it help you make your own magic, in all your glorious unwellness.

From my heart to yours, always,
mama

October 2022

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**Elia is pronounced EH-lee-uh.*

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1 a pedagogy of unwellness

Dear reader,

I don't write books. I make cool shit: unclassifiable hybrids that break genre and form to give us something we didn't know we need: tarot cards, curse-casting advent calendars, hacked *DSMs*, mental health pop-ups.¹ What I make is as much about play as reading and thinking, as much about feeling as understanding, imbued with the too-many feelings I have and know that others share. Theorize pain, but make it fun, and healing.

Academic books are not fun or healing.

This is a book that pretends to be an academic book. It's not an academic book in that it doesn't do what academic books do. It's unconnected to tenure or other forms of academic advancement. As a permanently contingent scholar, I don't have to write a tenure book. I have no way of getting tenure, a forever foothold in the academy, nor do I want to. Tenure books are the mechanism by which new scholars demonstrate their worthiness to be accepted into the academy writ small and large. Tenure books follow rules that uphold academic hierarchies and value systems. There are entire industries teaching new scholars these rules. This book doesn't follow those rules.

But this book *is* an academic book in that it does what an academic book *should* do: intervene in academic discourse, evaluate received knowledges, critically assess knowledge production, revolutionize higher ed pedagogy. It does these things with the further step of examining the academy itself as

D

UNIVERSITY
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a central site of that knowledge production—and the work of decolonizing mental health. It just does all of this academic labor in weird ways.

Its genesis was Duke University Press editor Elizabeth Ault asking me if I was working on a book. “Why, yes!” I answered. *Now I am*, I thought to myself. As an adjunct, and because I found academic books a whole lot of not-fun, and because I couldn’t imagine a scholarly press being capacious enough to value my work, which is artsy and irreverent, I had never considered writing a scholarly book. Until Elizabeth asked. Which made me ask myself: Do I *want* to write a scholarly book?

The answer was yes. Sort of.

In your hands is the only kind of scholarly book I would want to write. It is a work on mental health that draws on and intervenes in Asian American studies, a work of critical university studies from the vantage point of a disabled, unwell Asian American adjunct. It is a pedagogical treatise that reframes teaching and knowledge making as transformative care projects, a disability studies and disability justice grappling with our collective unwellness. It is also a book full of stories and feelings, both mine and yours, as you’ll see. Theory in the flesh, mine and yours, so that we find our way through this thing called Life. We plumb what we know and feel, together. This book is a plea and a prayer that we all survive. It is a letter—to you, and my partner, and my daughter, whose name graces the cover. It is a letter to Asian American students, Asian American studies, Asian American community. It is a letter to help us imagine a future worth living in. It is a call to feeling. It is grief and hope together. It is an exit strategy.

This book can only do all these things by opting out of the academic book as genre and the tenure book as initiation and the university as good-faith project.

So here is a scholarly book that is an extension of my hybrid arts project on Asian American mental health, *Open in Emergency*, a sustained engagement with the same crucial questions that animated that first project: *What hurts? And how do we go on living while it hurts?* Through my conversations on mental health with students, scholars, artists, organizers, and community since *Open in Emergency*’s publication in 2016, I’ve realized that we all needed more time and space to ask and answer these questions. Elizabeth asked me, “Why a book now?” The honest answer is that I needed more time and space to dwell in these questions as well. An academic book that is not an academic book is the right form for this dwelling: time and space to directly engage questions of how we know what we think we know, while forcing us to face why we feel what we feel.²

Open in Emergency has its own thrilling life in the world now, beyond me, but I start with the story of its making here so you and I can build a foundation together of what it means to do mental health work. You may think you know what mental health is, but I'm here to tell you that what we've thought mental health is all along is actually killing us. It is part of what hurts. This book's central intervention is quite simple: the existing industry and scholarly understandings of mental health are part of the problem, and we need new frameworks to better identify and tend to our unwellness, together. To say it another way: we need to move away from the medical model of individual pathology toward a model focusing on larger structures of unwellness. Another way: psychology, psychiatry, clinical psychotherapy, university counseling centers, and popular discourses of wellness and self-care are all failing us, and their chief failures are along the axes of *race* and *ableism*. Or yet another way: this book offers something I call a *pedagogy of unwellness*, the understanding that we are all differentially unwell. By this I mean that we are unwell in different ways at different times, in relation to differentially disabling and enabling structures, and so we need differential care at all times. This is a disability studies, disability justice, and ethnic studies approach I developed while thinking specifically about Asian American mental health, but one that has grown outward to encompass an entire way of being in the world. A pedagogy of unwellness tells us that being unwell is not a failure, that our unwellness is not our fault, that we live in a world that differentially abandons us, that because of these things we deserve all the care imaginable.³

This chapter walks through the making of *Open in Emergency*, as well as its theoretical and formal interventions, in order to lay out this pedagogy of unwellness and begin exploring what that approach makes possible. The book goes on to trace the trajectory of my mental health work since *OiE*'s emergence. Chapter 2 reflects on what students have told me during my speaking tour across the country about their experiences at their respective universities—about what hurts, what they need, what they dream of. I would venture to say that I have visited more universities and listened to more students—in mental health workshops, discussions, meetings—than anyone else in Asian American studies or mental health over the last six years. This chapter is a dispatch from the field, a travelogue reporting on the state of student mental health, and Asian American student mental health in particular. It is also a close reading of the university as structure, revealing the cruel irony that university “wellness” makes students unwell. Chapter 3 examines the particular shape of Asian American suffering crafted in the Asian immigrant family. Here I reflect on what it has looked like for me over the past decade to try to

teach thousands of Asian Americans about this shape, best learned through erin Khuê Ninh's work on the cost of raising model minorities, and how to imagine our way out of it. erin's work and my students' engagement with it over the years make clear there is a kind of Asian American parental love crafted and enacted in the merciless confines of model minoritization—and it kills.⁴ Chapter 4 takes a closer look at the academy itself, locating unwellness in the story of meritocracy that we as professors have all imbibed and inflicted upon ourselves and each other—a story of racialized ableism that I argue is best told from the academic margins. Adjuncts are both the gears and waste product of the academic machinery, and we are all unwell because of it. The final chapter reflects on how my teaching has had to transform during the COVID-19 pandemic, responding to what I felt was an ethical mandate to deepen access and care in the classroom in times of crisis. Here I apply a pedagogy of unwellness to the classroom itself, examining my, our, attachments to particular forms of teaching and locating those forms in ideologies of merit and rigor and, yes, ableism. What we were all doing in the before-times was not all that accessible—or humane. Creating true access and care in the classroom requires some drastic upending.

In between the chapters you will find short interludes engaging you in reflection and writing and making. These interludes draw on the materials and insights of *Open in Emergency* to guide you in nurturing the kind of mental health we all need. This book itself is an expression of a pedagogy of unwellness, enacting for you, reader, the kind of care it describes. Its form invites you to explore your own unwellness alongside Asian Americans' and engage in new forms of care. You can approach the interludes as a separate set of activities to do at any time, but they are also meant to help move you from one chapter to the next, preparing you for the ideas and feeling work to come. Together the chapters and interludes ask you to sit with the question of what hurts, dwell as deeply as possible in Asian American unwellness, turn your gaze to structures shaping that unwellness—race, ableism, the university—and generate new understandings of what it means to care for ourselves and each other in a world that makes, and keeps, us unwell. I write letters, to you and others, in the hopes that we can figure out how to move through this world together in all of our unwellness and not feel alone.

Open in Emergency, published through The Asian American Literary Review (AALR), an arts antiprofit cofounded and directed by my partner, Lawrence-Minh Bùi Davis, is grounded in a pedagogy of unwellness.⁵ It is a hybrid book

arts project that engages the arts and humanities to generate new approaches to understanding wellness and unwellness in Asian American communities. It pushes us to move beyond the medical model of individual pathology, to reconceive mental health in the context of historical and structural violence—and in the context of community meaning making and practices of survival. It asks us to shift away from traditional models of wellness and unwellness that have historically been structured by whiteness, capitalism, and empire—and it engages critical arts practices while drawing on ethnic studies, critical disability studies, and queer of color feminist critique. We needed new tools, new knowledges. We needed to decolonize mental health. What might an anti-racist and anti-ableist arts project on mental health look like? I gathered over seventy-five contributors across scholarly, arts, and organizing communities to answer this question, together.

Apparently, the answer is a box. A box containing six components: an editor's note from me in the form of a letter to my daughter; a hacked mock *DSM: Asian American Edition* exploring alternate modes of “diagnosis”; an original deck of tarot cards, created from Asian American knowledge production to reveal the structural forces shaping our lives; handwritten daughter-to-mother letters tracing both intimacies and violences in our families; a redacted, rewritten pamphlet on postpartum depression to intervene in medical knowledge dissemination; and a tapestry poster of collective wounds gathered from across the Asian American community. Together these pieces form a love letter, from my partner to me, from me to my daughter, from our family to the larger Asian American community, from Asian Americans to each other. A letter to make visible and care for wounds. A letter to collectively imagine how to dwell in unwellness and care together, for all our sakes.

The response to the project was shocking. Our summer 2016 Kickstarter generated \$10,000 in two days and \$23,000 by the end of the month-long campaign. We were bombarded by inquiries and orders on a daily basis. Since its publication, the issue has been taught in so many classrooms I've lost count. I've talked to thousands of students, scholars, artists, and organizers about its interventions. Our initial print run sold out in a year, and the requests continued to pour in afterward, so in 2019, we worked to create an expanded second edition, paying attention to community responses to identify gaps and then curating over a dozen new pieces. After many a pandemic delay, we finally launched the second edition in late 2020. By that time, pandemic stress and trauma and stark anti-Asian violence made it all the more urgent and necessary.

But I am getting ahead of myself. Let me try to start at the beginning.

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Dear anh,

Do you remember the exact moment we conceived of *Open in Emergency*? I don't. I remember the energy and excitement of what felt like never-ending conversation, near-constant exploration of ideas, across dinner tables, on the couch, on the phone, in writing, in bed. The journey of this project is intertwined with the journey of us, too easily forgotten now. Summer 2013 we fell in love in letters. That first month we wrote forty-page journals for each other; the six months after, we exchanged weekly ten-page journals. I did not know I could dream like this. I did not know this kind of becoming was possible.

You've said that *Open in Emergency* was your love letter to me. You trusted me with an entire special issue, the most ambitious and wildly expensive in the journal's history; I had never edited a project before. What in the world made you think I could create a whole gigantic new thing? As a mentor once said, sometimes you have to have faith in others' faith in you. I did not know if I could do this thing, but you did, and so I trusted you and leaned into your rock-steady faith.

Open in Emergency has changed the face of Asian American mental health, of critical disability studies, even of Asian American literary arts. It has changed our lives, too.

Dear reader,

Let me remember back to an even earlier beginning, before *Open in Emergency*, before my partner.

In 2011, I became a mother. And I became deeply unwell.

At the time I still believed in aspirational wellness, that we are supposed to strive toward something we're told is "normal" and "healthy," and that deviations from those are pathological, to be fixed.⁶ And so when I spiraled into postpartum depression in my daughter's fourth month, ninth month, tenth month, I thought: *Something is wrong with me. I want to die; something must be wrong with me.*

Time felt like quicksand, a trap that held me in place, slowly, inevitably, dragging me under. Life with a new baby was a never-ending routine of tedium and exhaustion. Where was the joy that was promised, expected? Failure to be a good mother, to have the correct experience of motherhood, is

not something that one experiences once but unendingly—every moment of every day, waking and sleeping. The time of failed personhood, as erin Khuê Ninh has taught me in her work on daughterly failure in Asian immigrant families, does not end.

It is not once that you are the wrong kind of person but every day. This kind of failure is all-encompassing, endless, forever: a kind of crisp time that I had no name for then.⁷ An endless suspension in failure, even as every day you are trying to “do” your way out. There is no way out.

Unless you realize the game is rigged.

As I began to build structures to make life feel more livable for myself, through the help of my then-partner/coparent and family members, as I read books on postpartum depression, and, most importantly, as I began applying my training in Asian American studies and queer women of color feminism to my own personal experience, I stepped outside of what I would later name “the imperative of wellness” and “compulsory wellness,” and began to examine it. I began to see the structures that shape well-being—both how we experience it and how we think about it.

Because the stories I had been told—that mothers are supposed to sacrifice, that they do not and should not need, that Asian Americans can belong in the United States only through assimilation and respectability and model minoritization, that Vietnamese Americans are resilient survivors of the worst kinds of war and refugee trauma—were not only wrong but also the very structures that shaped why life felt unlivable for me. And so I turned my eye to these stories and asked where they came from, and how they harm. I asked, what else is hurting us, invisibly, that we internalize as individual pathology to be individually overcome? I asked, what alternative stories might we tell about ourselves, about our suffering and our healing, and what new languages would we need to do so?

Dear anh,

I always say falling in love with you was like being struck by lightning. Sudden, all-consuming. Almost painful in its intensity. We called it “drunk love” that summer. Intoxication not simply with each other but with the magic that emerged from us being together.

We make magic. Asian American tarot cards and a new kind of tarot practice for mental health that cultivates alternative ways of knowing and being. We also make magic in that we do what often seems impossible or unimag-

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unable to others. We generate ideas outside of existing channels, and we bring those ideas to life in unexpected ways. And the things we put out into the world often seem mysteriously magical to others—creations puffed into being from nothing. I remember asking erin to reflect in an interview on the making of *Open in Emergency* as one of its guest curators, and she said, “All I remember is that one day we were all crying in a tiny room at AAAS, and then next there was this box full of treats on my doorstep.”

But *Open in Emergency* wasn’t made in one poof of magic. That afternoon of crying at the Association for Asian American Studies conference and the box arriving on erin’s doorstep are both distinct moments in the three-year process of *Open in Emergency*’s creation, each marking an important part of what it means to do intellectual and artistic work through a process of community curation.

Dear reader,

I began teaching at the University of Maryland in 2009 as a PhD candidate, returning to my undergrad alma mater and the program that first introduced me to Asian American studies.⁸ I remember walking into the office and meeting two fellow grad students, one dressed very seriously in shirt and tie who quietly and shyly said hi to me. *Who is this white guy teaching Asian American studies?* I thought. I learned very quickly that this person, who would later become my partner, was not white, though I would continue to think of him as quiet and shy for many years. (He is neither quiet nor shy, reader.)

In 2013, after finishing the dissertation, I began teaching more in the program. I developed a new course that quickly became popular: Growing Up Asian American: The Asian Immigrant Family and the Second Generation. I opened the course, as I now do with almost all my courses, with Eliza Noh’s “A Letter to My Sister,” written under the pseudonym Lisa Park: a letter to her sister who killed herself that names structural violence as culprit. This course opened with Asian American suicide, because those are the stakes, and Eliza’s letter reveals not only the fact of unlivability for second-generation Asian Americans but the racialized and gendered conditions that create that unlivability. This gave my students permission to admit out loud that their lives felt unlivable sometimes, all the time, too. I told my students the point of a college course is to transform you—you should grow and have more tools for making sense of your life, or else that course has failed you. They agreed to embark on a journey with me, examining immigrant family power dynam-

ics, racialized narratives of conditional belonging, normative gender and sexuality. Students' final projects were to create workshops that applied course concepts to their own lives and to the lives of those around them; they were to choose what mattered most to them and then create a public program that would help others engage those issues. Some would go on to stage these programs outside the course. We were figuring out, together, how to make life more livable, for all of us.⁹

My students were the first community to whom I felt an urgent need to be accountable. Their lives were at stake. Any work to address suffering among Asian Americans would need to look directly at student life and student death and not flinch. Asian Americans have the highest rates of suicidal ideation among college students by race.¹⁰ The idea for *Open in Emergency* was first conceived in my classrooms because my students were dying, and they needed me, us, to see.

And we need to see more than just the suicide attempts, more than the breakdowns, the institutionalizations, the medical leaves, the dropping out. We need to see the slow dying that precedes these moments of acute crisis. The slow violence of model minoritization, the strangling of personhood, the endless time of constant failure.¹¹ The slow death of not being enough. What kind of project could capture and address this?

I asked my students.

And after I asked my students, we asked our Asian American studies colleagues. And then we asked Asian American writers and artists and community organizers. And then we all dreamed together.

The crying session erin reminisced about was at the 2015 conference of the Association for Asian American Studies, the second AAAS dreaming session we organized. There were forty-plus people crammed in a tiny room, probably no more than 12 × 12, designed for intimate conversation for fifteen or twenty. We moved the chairs to the outer edges. The audience mostly sat on the floor in the center, covering every inch of the dingy carpet (including Lawrence, who proclaimed his pants were too tight). As the panelists began sharing their stories, there was a domino effect of tears. I remember Eliza weeping, talking about her updated letter to her sister, twenty years after her sister's suicide. erin wept, talking about how Eliza's work has so powerfully impacted her own. Jim Lee was solemn, as he usually is.¹² I cried silently, on and off. Audience members shared stories as well, the conversation, and tears, moving seamlessly throughout the room. Everyone remembers this session. They don't remember what exactly was said, but they remember how it felt. Countless folks have invariably brought it up to me over the years.

Chad Shomura's work in *Open in Emergency*, "ChadCat's Corner of Heart-to-Hearts," helps me rethink this moment in terms of public feelings. What kinds of feeling are allowed in what kinds of spaces? What is appropriate feeling (and expression of feeling)? There is not supposed to be crying at academic conferences, at least not in the formal sessions. (Grad students on the job market can cry but only in the privacy of their shared hotel rooms!) What does it look like to inject feeling, to give permission for feeling, in a space like an academic conference? What stakes reveal themselves? And what people begin to matter, differently? Whose feelings get to matter? And what modes of inquiry are suddenly opened up? This session, and others that we hosted afterward, were not simply theoretical or disciplinary interventions—they were affective, too.¹³

We held more dreaming sessions, some with students, some with writers and artists, some formal as at AAAS, some more informal over dinners. The dreaming sessions were an important part of community curation: creating structures to have community engage the process of knowledge making and cultural production. These sessions enabled a kind of listening to discover the shape and scope of community pain and community needs. This takes time. But it also needs structures that interrupt the kind of usual time people move in. Public feeling is an interruption of not only public space but also the kinds of time we allot ourselves for feeling—and what kinds of feeling are appropriate and not appropriate at particular times. Dreaming sessions, the prompts that we designed, the kinds of conversation we stewarded, asked people to disrupt compulsory wellness—the need to pretend we are all okay and functioning and being productive—to *stop* being productive and to *dwell* in our unwellness. To take time to hurt.

What we learned:

- We are all differentially unwell. We are all unwell in relation to the various structures that shape our lives. Unwellness must be understood in relation to structures of violence. Wellness—that universal ideal we are all striving for, or think we already have and can keep—is a lie.
- Asian American suffering is tied to Asian American racialization, and any project that wants to capture the scope and shape of our suffering must investigate the kinds of personhood we are being forced to become.
- When given permission, when structurally enabled, people will tell you what hurts. People are already dreaming different ways of being, are already working to care for themselves and others. Psychology and psychiatry have led us to think they are the only authorities on

something called mental health, but our communities have existed long before those inventions, have struggled with the worst that humanity does to itself, have developed knowledge (ways of knowing and ways of being) and temporalities (time for feeling and time for care) in response.

- Psychology and psychiatry have failed, are failing, our communities spectacularly. These fields dominate our understandings of and approaches to mental health, but they are medical models of individual pathology, relying on and reifying social constructions of “disorders,” and fueling industries structured by disparity and injustice. There is knowledge to be had and help to be found in these fields, but they cannot be the only way, or even the primary way, to name and tend to what hurts. They miss so much and do so much harm. If we already know that our subjectivities are intersectional, our personhoods complex, then why wouldn’t our hurts—and the care we need—be too?
- We need new, different languages for what hurts.

So we made a box.

CONTENT WARNING: mentions of suicidal ideation

Dear Elia,

Sometimes I think of killing myself. I can remember two moments clearly. One, lying in bed next to your tiny always-needing body, exhausted, sleep-deprived for months, seeing no way out, there was no way out. Two, sitting on the edge of the bed as your father walked out of the room, out of my life, a disembowelment, my dreams of love, partnership, family, spilling out onto the floor from somewhere in my middle.

I still have flashes. Moments when I imagine slicing my wrist, the acute burn of the cut, the relief of not feeling anymore.

You have always kept me here. Resentfully so at first. And now, a life preserver. An anchor. A mission.

This thing called Life is no fucking joke. The world is built on our backs, our wombs, our tears, but it was not made for us. And yet I claim it for us.

Auntie Eliza writes, “The Asian model minority is not doing well.” I am not doing well. I’m writing you this letter because I need you to see the crisis that is Asian American life. The civilizing terror that is model minoritization, the neoliberal American Dream.

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Madness as the psychic life of living under siege. I'm writing you to tell you the lie of the thing called wellness.

My child, the world makes us sick. And then tells us it is our fault. Sickness as individual pathology, a lack of ability or will to "achieve" wellness. The world tells us what wellness looks like, marks it as normal. Moral. Like whiteness, wellness as an ideal to strive for, a state of being in constant performance. Invisibilized structures holding up bodies and persons—certain bodies, certain persons. Invisibilized structures tearing apart other bodies, other persons.

Your worth is not tied to how "well" you can perform racialized capitalist productivity or gendered constructions of the self-made/martyring/sacrificing woman-mother or what Auntie erin calls the debt-bound daughter, parental sacrifice exchanged for daughterly personhood. People are not to be measured by their usefulness, their ability to perform "health," their proximity to racialized gendered ideals, their fulfillment of neoliberal dreams. I need you to understand that we are all differentially unwell, that people are vulnerable, made vulnerable, kept vulnerable. That our vulnerabilities are both our death and our life. That our vulnerabilities link us, connect us, in a web of death and survival.

This thing called Life is no joke, my sweet child. It is okay to hurt. We must allow ourselves to hurt, to trace the losses, the heartbreak, the death. We must allow ourselves to be whole people, in all our brokenness. Our lives as always negotiating violence, trauma, crises of meaning. Our lives as always finding new ways of making meaning, making community. I tell you this to free you, but also to show you how to allow others to be free.

In your hands is a project I dreamed, for me and for you. For the brokenness we all share, so different and so similar. I dreamed this project to save my own life. To help others save their own lives. To help you save yours.

Open in emergency, my darling child.

It's an emergency. Right now.¹⁴

Dear anh,

I remember that we came up with the pieces first. We knew there were going to be multiple parts. We knew that we needed different forms to address different aspects of Asian American mental health.

Different forms. Thinking with you helped me to reflect on the role of form in intellectual and cultural production. Not everything has to be an academic book. In fact, the academic book may be the *least* generative form for some of the issues we wanted to address. Received, calcified, tradition-bound forms limit knowledge and meaning making; they silo and encourage individual labor, neoliberal conceptions of the self, and ideologies of merit.

And within these conceptions and ideologies lie normative bounds of time: the academic book stands not only as the pinnacle of knowledge production, it is also how we measure our professional trajectories, our careers—what “real” scholarship looks like and how long it takes, what a real scholar must go through and achieve to be legitimate (and tenured). The correct amount (and kind) of productivity over the correct amount of time. *How’s the book coming along?* we ask each other. *Which presses and editors are you talking to? Do you have a contract?* And most important: *Will the book come out in time for when you go up for tenure?* To reject existing forms is to recognize their constraints and limitations in and of themselves but also their naturalization as process.

The first form we decided on was the tarot cards. Our friend, Long Bui, a force unto himself, was doing spectacular tarot readings during “downtime” at AAAS in 2014 in San Francisco. They were deeply uncanny and meaningful. Long is not fucking around when he does divination! Fortune-telling, a practice familiar to both of us through our viet families, is also a practice that my inner religious studies scholar has an analytical eye for. Here was Long, a trained scholar himself, doing magic, something the academy allows us to study but does not recognize as a legitimate form of knowledge making. Tarot did not happen in the official AAAS program; it happened in the cracks of the conference, giving us something the official conference could not. A way of being vulnerable, making alternative sense of our lives, connecting to our colleagues beyond intellectual work and academic rank and professional development—to be more fully human. To understand our wellness and unwellness in new ways. This was care and knowledge, wrapped into one, with all the makings of critical cultural work. And so I said to myself and to you, how much more powerful would this be if the cards being used were not Italian medieval playing cards that had been repurposed as divination tools—that is, white as fuck—but cards made by Asian Americans, for Asian Americans, drawing on Asian American knowledge production, especially Asian American studies? How much more useful would they be if they could provide not “universal” (again, i.e., white as fuck) frameworks of analysis but ones grounded in the kinds of critical knowledges that ethnic studies has developed? And how much more useful would the critical knowledges of ethnic studies be if crafted into this new form? How might an Asian Americanist tarot project open up how Asian Americanist “theory” is generated and deployed—where, when, and for whom? How might we be able to broaden access to Asian American studies, circulating its work through new channels to new recipients?

DUKE

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PRESS

Dear reader,

I have many favorites from the tarot deck, but perhaps the ones that surprise the most demonstrate the project of mutual faith between writer, artist, and editor best. Jim Lee's card, *The Hangman*, surprised him, I think, which is how our editorial magic works. When I first told Jim about this tarot idea, he was wary. Maybe too whimsical, he warned. But I asked him to trust me, and then I tasked him with writing *The Hangman*, a play on an archetype from the original tarot. I gave him the prompt we developed for all our tarot writers, a kind of Mad Libs that asked them to generate meaning and interpretive tools for their archetype. He promptly ignored the Mad Libs and wrote a stunning theoretical and affective intervention in what it means to suffer and die in relation to structural violence in community.

The Hangman: Art by Camille Chew, Text by James Kyung-Jin Lee

See plates 1 and 2 for full card

The Hangman is the twenty-first card in the major arcana. The Hangman is the body rent asunder by the violence of empire, racism, patriarchy, and ableism. As people pass him hanging there, they thank God that they are not him, until they are. Then, they begin to think differently about this hanged body, because theirs is being hoisted and harnessed to their own suffering borne of empire, racism, patriarchy, age, everyday violence, bodily failure. Then they realize that she who seemed so alone as she hangs there was in fact not so, but instead hung there as witness to the violence but not fully consumed by it. Because even here, in the cataclysm of her hanging, another witnesses her in her suffering and thus liberates her suffering for an altogether different—dare we say—utopian impulse. And so now, they, who are also being hanged, can join in a community of sufferers, a brotherhood and sisterhood who bear the marks of pain, and invite others into such solidarity, so that when they, when we, meet our ends, we will know that we are surely not alone. Receiving this card may feel like the worst fate imaginable, but take heart! The very cosmos weeps with you.

I chose Jim, an Asian American studies and disability studies scholar and an Episcopal priest, for this card because of its Christian origins and my faith in Jim to reclaim this Christian image and its related theologies for the social justice needs of today. I trusted in Jim's theological and scholarly dexterity

to make us rethink what a hanged man means for us now, in complex and ethical ways. And so here we have hanging as manifestation of structural violence, of “empire, racism, patriarchy, ableism.” And we have witness as first a process of distancing oneself from victimhood but then recognizing oneself in another’s suffering, recognizing one’s own suffering as intimately connected to another’s, and then building community through this connection. This card asks us to take the time to witness each other’s suffering, and our own, because that is the only way to not be alone.

Open in Emergency would find several other interventional forms. Reader, we made our own *DSM*. We were brainstorming how to hold together all the essays, stories, and visual work that we wanted, trying to think of a form that was and wasn’t a book. A regular anthology wouldn’t do any theoretical or interventional work on the level of form. Unless it was our own *DSM*.

The *Diagnostic and Statistical Manual of Mental Disorders* is the psychiatric “bible,” the book that is supposed to tell us everything about what mental illness is. The book to diagnose, evaluate, treat. A repository for all things mental health. What would it look like to make our own? By, for, about Asian Americans. What would it look like to allow our community to diagnose our own suffering and develop our own healing?

We decided to make ours a *hacked DSM*—a *DSM* in which we had torn out all the pages and inserted our own. Because even if the American Psychiatric Association actually made an Asian American Edition of the *DSM* (this obviously does not actually exist), it would be absolutely terrible. Not to say there aren’t individual psychologists and psychiatrists and therapists who do the work of developing their individual practice in terms of understanding race—but as field and industry, psychology and psychiatry remain not only uninterested in but actually disdainful of the knowledge produced in the arts and humanities, which is where much of the most complex and important work on racialization happens.¹⁵ And they hold tightly to their dominance of the territory called mental health.

Hacking disrupts this dominance. It asserts that power must be interrogated and intervened in. It takes back authority, places it in the hands of those not normally allowed to access it. It is unauthorized authoring. It does not reform but revolutionizes. We hacked the *DSM* to discover and offer new languages for our suffering and new models for care. In more academic terms: we hacked the *DSM* to enable marginalized epistemologies and ontologies, mar-

ginalized ways of knowing and ways of being in the world, and marginalized temporalities, nonnormative time.

But this would of course be deeply threatening to the psychological and psychiatric establishment. A *DSM* out of the hands of those who claim not only the highest expertise on mental health but often the *only* expertise—and in the hands of those intentionally kept outside the bounds of expertise. In late 2016, as we were finishing up production of *Open in Emergency* and readying for its launch, we sent out an excited announcement to our networks: it's finished, and it's coming soon! We immediately received the following email from an Asian American psychiatrist—who had not yet read the issue, only our announcement:

Dear Editors:

As someone who has devoted my life to bettering mental health, who also shares great concerns for the Asian-American community, and a writer myself, I was initially very excited to see your special issue-project on Asian-American Mental Health. However, I'm somewhat concerned about the otherwise impressive list of contributors and sponsors in that, except for one Mental Health organization, **I don't think I see anyone who seems formally/directly involved in mental health care itself: like a department of psychiatry or psychology or a licensed professional** in that regard. I could be wrong; I haven't looked through everyone named on that list, but if that's actually the case, **it seems like a huge missed opportunity for direct outreach and collaboration with providers who could actually bridge the well-known gap and stigma between Asians and mental health care.** I realize the project was mainly literary-artistic in intention, and probably a gathering of first-person stories, and as a literary writer myself, I love and respect that idea, and have written several pieces in that vein myself. But when I see a rewritten *DSM* as one topic, even if tongue-in-cheek or as a cultural critique, **I really hope that the information you're disseminating has some basis in actual psychiatric/psychological research and science.** There is so much misinformation and stigma out there about mental health as it is, particularly among the Asian community, that **I would hope this project involved some discussion and collaboration with those who have actual scientific expertise** on a complex and rigorous subject.

My questions/concerns might be moot since I admit I have not read the issue itself yet; I'm just asking ahead of time for any future initiatives you

may be pursuing for mental health, that you make sure to include/reach out to the extensive mental health provider and academic community (and although there aren't enough, there are Asian ones out there!), which will ensure Asian-Americans whose mental health needs are so often ignored/neglected get the appropriate resources they need.

Best wishes,
Clinical Assistant Professor of Psychiatry¹⁶

I've shared this email in talks I've given about *Open in Emergency*, and as I like to say in my talks: as good humanities scholars, *let's close-read this together*. What are the assumptions and assertions? That psychologists and psychiatrists and "licensed professionals" are the only experts, the only people who can "actually" address the gap between Asian Americans and mental health care. That science is the foundation of knowledge, and information should only come from those engaged in scientific research. That a collaborative work cannot be responsible or valuable without engaging the true experts of mental health, the scientists. That art and literature are reducible to "a gathering of first-person stories"—which of course doesn't have the value of "actual research." Audiences love noting how many times "actual" appears in the email. And they enjoy seeing the power of the humanities in action—we use our close-reading skills to unpack what exactly is being said about mental health and who is and isn't allowed to do work on it.

And then my partner's magnificent response, which I've also shared in talks, to audiences' (and his) extreme satisfaction:

We hear and understand and admire—and share—your concern about how responsibly any project that tackles Asian American mental health takes its work. We're happy to engage in a conversation about what constitutes responsibility—it's a question the special issue means to address directly. Some of the language in your message—and please correct me if I'm wrong on any of the assumptions I'm making here—suggests we hold pretty different notions. AALR is not of the mind that psychological research is the only or even best form of knowledge production when it comes to mental health; so much space has been given to that form of production, and our aim is precisely to make more space for other forms, work by visual artists, literary writers, practitioners, survivors, and non-psychiatry/psychology scholars. We also want to draw attention to the limitations and failures of psychology as field and industry—when it comes to its incomplete and sometimes violent lenses on race, and queer and trans experience, for instance.

“Checking our credentials” to make sure we are including psychologists/psychiatrists and materials based in actual psychiatric/psychological research is pretty clearly privileging one form of knowledge production over others, and it feels like an invalidation of other forms, as well as the people and communities for whom those forms are important. There is a difference between asking for accountability and policing what counts as valid/who gets to speak.¹⁷

The psychiatrist was very unhappy with this response, claiming she approached us in good faith and we responded with defensiveness. Indeed, she doubled down on her fragility, attacking us for so-called hostility. What audiences have found so satisfying is the process of making this fragility visible, of demonstrating psychiatry’s grasp for power—and calling it out. They especially enjoy taking authority back from this psychiatrist—this so-called expert does not understand the basic workings of discourse, of the politics of knowledge that she was engaging, something a humanities training would possibly have enabled her to do. I’m sure this psychiatrist, whom we never heard from again and who requested that we never write to her again, would be even more unhappy if she knew I was close-reading her email in public talks and now here in this book. But this email exchange is so wonderfully demonstrative of how so-called experts dominate mental health discourse and why an arts and humanities intervention is challenging, in both senses: it challenges the singular dominance of psychiatry, and it is incredibly difficult to do because of that. And this exchange is suggestive of why this kind of intervention is so necessary.

Had this psychiatrist actually read our *DSM*, she likely would not have been reassured—she would probably have been even more disturbed. Because within the pages of what we call our *DSM* are essays and stories and visual art and interactive care activities that directly challenge what we’ve been told mental health is and how one is to achieve it. Most threatening is a critical disability studies and disability justice critique of ableism that destabilizes psychology and psychiatry’s definition of mental health and its (racialized) imperative of wellness.

Kai Cheng Thom in her essay “The Myth of Mental Health” examines the World Health Organization’s definition of mental health, interrogating its focus on productivity as measure or marker of mental well-being. For WHO, the point of wellness, and how one measures it, is the ability to work.¹⁸ This conflation of mental health and productivity is deeply troubling, requiring that we reflect intentionally on what we actually mean when we say mental

health. I've asked thousands of people over the last few years what mental health means to them. Almost none have said "the ability to work." Then I've shown these thousands of people the WHO definition, and while there is collective disapproval and rejection, there is also recognition. This idea of mental health is familiar to everyone; we are always being measured by our ability to work, our ability to appear "normal" and acceptable in a culture that conflates wellness, idealness, and productivity.¹⁹

So, if mental health is measured by the ability to be productive and "contribute" to society (in correct ways), then failures of mind (and body) lead to failures of labor lead to failures of contribution lead to failures of personhood.

The failure of personhood, as we've already learned, is endless.

But if unwellness were not failure, if it were not measured by productivity and societal contribution but simply by how unlivable life feels, then perhaps we would be allowed to be as unwell as we need to be—and then ask for as much care as we need to make life feel more livable. In *Open in Emergency*, Johanna Hedva asks us to identify as sick, as a sick woman, because if we think wellness is the norm and requires nothing to sustain itself, then we think sickness is temporary—and so then must be care. The imperative of wellness produces the lack of care; it pathologizes unwellness and thus structures of care as well. We should need care only intermittently; we should fail only sometimes, and only for the right reasons, and even then, perhaps we should be sorry for how we need, how we burden.

A pedagogy of unwellness asks that we all dwell in an unwell temporality, a *crip time*, together. It requires a commitment to doing intellectual, artistic community work from a recognition of our differential unwellness. To look at what hurts, and to understand that hurt within both structures of violence and structures of care. To continually gauge capacity and need for each community member and respond by creating shifting structures to address those capacities and needs. What does continually holding space for our mental unwellness look like? What would continual mental health care look like? What if instead of parsing out "appropriate" amounts of time for care—and clearly demarcating those periods from the rest of "normal" life—we thought of care as a continuous, unending communal and individual responsibility?

What if we were all personhoods in the endless time of failure?

And what does healing look like in this endless moment of care? Surely not teleological, a trajectory toward some elusive wholeness we're supposed to be able to achieve and then effortlessly maintain to be recognized as human. Surely the time of healing is not linear, nor is it circular. Because if we are always differentially unwell, and always deserving of care, then healing is

the endless process of care by which we try to make life feel more livable, in all the ways we need, whenever we need.

Open in Emergency sold out by the beginning of 2018—but requests came unabated throughout that year. We began dreaming of a second edition: a chance not only to reach more people but also to expand the work itself, taking into account all the conversations I had had on the road with students, colleagues, survivors, community organizers.

For what we affectionately call “*OiE 2.0*,” we curated six new *DSM* entries and seven new tarot cards. Two new *DSM* entries engage the official fifth edition of the American Psychiatric Association’s *DSM*, hacking several of its entries through poetry. We hadn’t felt the need to address the actual text of the APA’s *DSM* in the first edition, but after hearing from folks about its power over their lives, we decided it was important to write into its contents directly. We generated new archetypes for the tarot deck, two through an open contest, The Village and The Mongrel. Another new card, The Student, we created through a student curation process, soliciting ideas, concepts, and language from students while on my speaking tour, then having a student editorial team at AALR synthesize the material. Lawrence and I would finalize the card, agonizing over each word. I share it in chapter 2; perhaps it will do justice to your pain as well.

May *OiE* continue to grow to meet the needs of those whose hands, and hearts, it reaches.

Reader,

We had no idea what we were getting ourselves into when we started this journey of making *Open in Emergency*, a journey of making mental health. We had no idea of the thing we would produce and the way people would respond to it. We had no idea it would propel me to become a leading voice in mental health, in Asian American studies, in disability studies. We had no idea it would save so many lives. We just knew we had to do it.

This book chronicles the life of *Open in Emergency* and, since its publication, my mental health work to track unwellness and map the changing landscape of mental health discourse. The language of wellness now suffuses almost every space I encounter. *Everyone* is talking about mental health. It has become a buzzword to signal an institution’s care for its members, a corporation’s com-

mitment to its workers. But beyond that, mental health is going through a profound transformation on the ground. People in organizing spaces, in community spaces, in student spaces, and yes even in workplaces want to directly engage issues of mental health. They are openly looking for resources, openly creating spaces of conversation, openly exploring new ways of supporting each other. They are *doing* mental health, and they are doing it differently than ever before. This is a quiet revolution we should be paying attention to, and nurturing. This book is part of that revolution, and it invites you into that same terrifying and brave work of changing how you do mental health.

The last decade has been punctuated by several acute crises of care at the national (and global) level: anti-Black police violence and the birth of Black Lives Matter; right-wing fascism in the Trump presidency and its followers; sudden widespread awareness of sexual violence through the #MeToo movement; and the onset of a global pandemic, which has led to its own spiral of crises, including the pandemic's differential burden on BIPOC and disabled communities, increased anti-Asian violence, political battles over mitigation strategies and testing and vaccines, and of course infrastructural collapses in health care, education, and the economy. What is mental health in the context of the lack of structural care? In the context of structural *uncaring*? Some may argue we have created more structures of care in response to these crises, and they would not be wrong. But are we actually in a time of greater care now? We are definitely in a time of greater death. At the time of this writing in early 2022, COVID deaths in the United States total well over 900,000. That count will easily be over one million by the time this book is out. The mortality numbers alone should tell us there is not enough care, for the dead and dying or their loved ones. In the context of all of these crises, I want to reflect on what we are saying about care, what we think about it, how we are building and accessing it—and where institutional care is continuing to fail us. I want to track how we have been unwell, how we continue to be unwell, how we make each other unwell, so that we can carefully and responsibly build the kinds of care we need. All of this is the work that is left out of but must be made central to what we call mental health.

It's work that's not as hard as it used to be. Students today are well versed in the languages of self-care and wellness, impressively and alarmingly so. The popular idea that Asian Americans don't talk about mental health isn't true. I'm not sure if it ever was, but it definitely is not true of the millennial and Z generations. They are talking; many of us just aren't listening. That is partly because we don't know how. Here the academy is actually behind. Academic work on mental health has been the strict purview of the social sciences and

medicine, of psychology and psychiatry—and those tools as they have been crafted historically are just too limited to capture and theorize what is happening on the ground. This book comes out of a project of listening, first and foremost, to the unwellness of students. I have continued over the years to keep an eye (ear?) on what students are saying and feeling and doing, because I have learned that students are both the canaries in the coal mine and the revolutionaries calling for the mine to be shut down. But I am not simply an observer in this story; I'm also an agent, actively nurturing new languages of mental health wherever I go, supporting and catalyzing student movements. *Open in Emergency* was an intervention. My work since its publication is fundamentally interventional. This book is another intervention, a deep theorization of Asian American unwellness at the intersections of ableism and model minoritization. In the book you will find a steady through line of what it looks like to approach mental health through a pedagogy of unwellness and disability studies/justice, but also critical university studies through the lens of mental health, mental health through the lens of critical university studies, and both mental health and critical university studies through the lens of racialization. I chronicle unwellness and care as I've engaged them over the last decade at the meeting place of these frameworks in the hopes of illuminating a way forward for all of us.

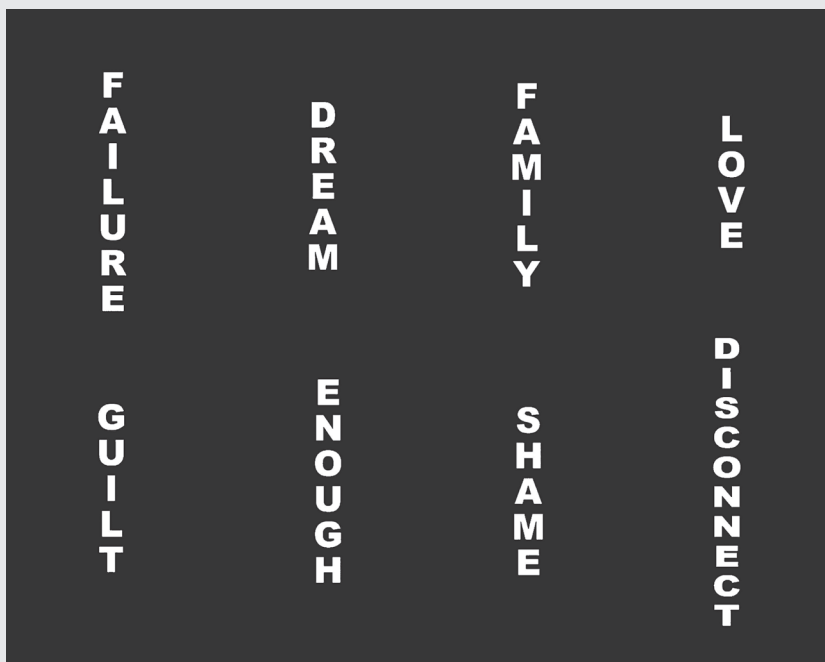
My partner and I made *Open in Emergency* to dwell in the oft-observed collective unwellness of our communities, the invisible and invisibilized crisis of Asian American mental health, to dwell with each other in that unwellness, so that we could be fully human, so that we could know we are not alone. So that our beloveds could know they are not alone. I've written this book to keep dwelling, with you.

Reader: you are not alone.

DUKE

interlude 1

the corner



[Interl.] From “ChadCat’s Corner of Heart-to-Hearts”
in the *DSM: Asian American Edition of Open in Emergency*.

Welcome to the Corner of Heart-to-Hearts.

Choose one word and discuss whatever that word brings to mind with a friend or loved one or stranger, taking turns talking for two minutes each while the other person just listens. Or do one with me. Read my reflection below, and pen one of your own for two to five minutes, on the same word or a different one, and send it to me.

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On failure. I'm setting my timer for five minutes, now.

I've always been so afraid of failure. To fail, to be bad at something. Growing up, I would do only things I excelled at, only if I was sure I would succeed. My partner says praise is my love language, and that's because I need heaps of it. I need constant reminders that I am not a failure, that I did something good, am something good.

But praise is double edged. Sometimes I worry I don't deserve the praise. I worry I'm a fraud and those praising me will discover that I'm not who they think I am. *Open in Emergency's* immediate success actually made me even more afraid of failure at first. What if everyone realizes I'm not actually as smart and amazing as they keep saying I am?

Praise that focuses on my achievements is both salve and poison. *Accomplish something—something remarkable—and you are worth something.* The model minority runs deep. It sometimes feels inescapable.

I tell others to embrace failure, embrace being “bad,” to reject these racist and ableist and capitalist systems of (de)valuation—and, truth is, I'm still working on this myself. Every day.

Now you go.

Chad Shomura designed the Corner of Heart-to-Hearts as a public feelings project, an activity nurturing intentional vulnerability to reclaim the public space as one for intimacy and to disrupt the everyday experience (and rules) of feelings—what kinds of feelings we're allowed to have and when and where. He published the Corner with AALR in *Open in Emergency* in our hacked *DSM: Asian American Edition*, and I first experienced it in real time when he staged a Corner in *CTRL+ALT: A Culture Lab on Imagined Futures*, a pop-up exhibition hosted by the Smithsonian Asian Pacific American Center in downtown Manhattan in late 2016. Small tables were scattered with prompts, Corner cards, notepaper, and pens. Visitors perused, sitting down for a few minutes or an hour, in twos and threes and fours. I sat down with my then-five-year-old daughter, mostly to rest during the bustle of the event, and she picked up cards curiously. “What does ‘shame’ mean, mama?”

Uhh—how the fuck do I explain shame to a five-year-old?! But then I emerged from my initial panic, realizing that she already knows what shame is. She's already felt shame, been shamed. Because kindergarteners are assholes. She has seen, heard, felt the terrible things kids say to each other as they test

out their growing sociality. This was not an introduction to the feeling of shame; this was an introduction to the concept and name. It was the beginning of what I realized would need to be a lifelong conversation, perhaps one of the most important of her life, so that she might know the forces that attempt to make her smaller, make her doubt herself, and find ways to live despite them.

Next she asked about *family*. Then *loss*. There were several more I can no longer remember, each unlocking a conversation that I should've already been having with her as a parent but hadn't been, a conversation that no structures in our lives had enabled. Until the Corner.

Right now you're likely doing the Corner in the private space of your home, not somewhere public. Does it still break open something new? How does it feel to try to form intimacy over whatever platform you are using—phone, Zoom, text, email, in person? Was there a reason you chose the word you did, or did you choose at random? What was it like to be intentionally vulnerable with your Heart-to-Hearts partner, to talk and be listened to, to listen without interrupting? What did you learn? What surprised you?

Now try the activity with someone different. Another friend or loved one or stranger. Try with new words. See what opens, or deepens. Think about what has kept you from having these kinds of inquiries and exchanges and intimacies before. Think about what you need to be able to keep having them.

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1. A Pedagogy of Unwellness

This chapter began as an essay I wrote while on a writing retreat in 2019 at Easton's Nook with members of my writing group, Caroline Kyungah Hong, Audrey Wu Clark, and Leah Milne. Our final member, Mai-Linh Hong, couldn't attend but was there in spirit and virtually. That essay would not have been possible without each member and without the exquisite hospitality and care offered by Nadine of Easton's Nook. That essay was further shepherded by the incredibly thoughtful and generous editors Ellen Samuels and Elizabeth Freeman and published as "Making Mental Health: A Journey in Love Letters" in their special issue of *South Atlantic Quarterly*, "Crip Temporalities." Writing takes a village.

- 1 See the Asian American Tarot in *Open in Emergency*, the *AALR Book of Curses*, the *DSM: Asian American Edition* in *Open in Emergency*, and interactive one-day arts-based pop-ups I've organized with universities and community orgs such as Harvard University's History and Literature program, the New York City chapter of the National Asian Pacific American Women's Forum (NAPAWF), and Richmond Area Multi-Services (RAMS) and Kearny Street Workshop in the Bay Area.
- 2 I employ *dwelling* here as a mode—and temporality—of being and knowing. What can we learn when we stay in a time/feeling/experience that we are usually encouraged to flee from? In thinking about Asian American settler relation to indigenous sovereignty, I want to differentiate my use of *dwelling* from one of belonging by way of ownership. This dwelling is not about land and property but about time and affect, a kind of relational staying that I hope

can be aligned with indigenous sovereignty. I also want to point to the work of Crystal Baik, Vivian Truong, Amita Manghnani, Diane Wong, Lena Sze, Minju Bae, and Preeti Sharma, who developed the concept and language of “dwelling in unwellness” as a mode of collective writing about grief and pain during the pandemic. Their creative-critical essay by the same name beautifully outlines the theoretical, affective, literary, relational, and care work that their dwelling engages—and kicks us all in the gut with both their vulnerability and their invitation to the reader into vulnerability. Like this book, their essay leaves spaces for the reader to write in the text! And while they draw on my work for the language of unwellness, I’m pretty sure we each came up with the language of dwelling independently but simultaneously somehow! See Baik et al., “Dwelling in Unwellness.”

- 3 Jim Lee’s term “pedagogies of woundedness” resonates deeply with my concept of a pedagogy of unwellness. Jim asks what we can learn when we look at our and others’ woundedness—illness, death, suffering—and the ways we narrate these wounds. In fact, Jim’s commitment to looking at woundedness has greatly informed my own; he has always given permission to those around him to feel and hurt as much as they need to. For that space, and for his friendship, I am eternally grateful. Lee, *Pedagogies of Woundedness*.
- 4 Ninh, *Ingratitude*.
- 5 AALR was dreamed into being in 2009 over a homey meal at a small Chinese restaurant in Wheaton, Maryland, by two not-quite-of-this-world graduate students: Lawrence-Minh Bùi Davis and Gerald Maa. The story of Lawrence and Gerald may be just as fun as this story.
- 6 See Clare, *Brilliant Imperfection*, for a sustained exploration of the violence of cure, the dangerous implications of narratives of restoration and eradication, and Kafer, *Feminist Queer Crip*, for a helpful political model of disability that names and deconstructs ableism’s ways of generating normativity.
- 7 For a definition and exploration of “crip time,” or how disability shifts the experience of time, see Samuels, “Six Ways of Looking at Crip Time.”
- 8 I would eventually be pushed out by tenured colleagues in 2017—but that is another story for another time. For now: fuck UMD.
- 9 I have been heartened to see some teachers moving toward more student-centered, compassionate teaching. The popularity of Becky Thompson’s *Teaching with Tenderness* points to this. A critical disability studies and disability justice approach would deepen this kind of teaching, with its eye on ableism and its commitment to access. The work of Jay T. Dolmage and Aimi Hamraie on universal design as well as the kinds of community resources each of them has created (UD checklists, podcasts, Google doc resources) are inspiring examples. The pandemic has propelled even more innovation in teaching with and as care; see chapter 5 for an exploration of this.
- 10 See Asian American Psychological Association, “Suicide among Asian Americans”; and Noh, “Asian American Women and Suicide.”
- 11 Thank you to Simi Kang for introducing me to Rob Nixon’s term “slow vio-

lence” in conversations and in her essay “What Is Refugee Resilience?” See also Jina B. Kim’s disability studies engagement with Nixon’s concept to make visible the disabling environments created by colonialism and globalization. For deeper examinations into death by model minoritization, see erin Khuê Ninh’s works, *Ingratitude* and *Passing for Perfect*.

- 12 Jim Lee is the mentor who said to me long ago that sometimes we need to have faith in others’ faith in us. I have leaned on Jim’s faith in me for over a decade now. *Open in Emergency* could not have happened without it.
- 13 Thank you to Ellen Samuels and Elizabeth Freeman for reminding me of the dance at the Society for Disability Studies conference as an example of bodily and affective disruption in a scholarly conference, which Simi Linton and Sami Schalk have both reflected on and theorized.
- 14 This letter to Elia appears as the editor’s note in both editions of *Open in Emergency*.
- 15 Here, I think of “classical” thinkers from women of color feminism such as Audre Lorde, as well some of our most public and impactful contemporary theorizers of race, such as essayist Ta-Nehisi Coates, literary scholar and writer Viet Thanh Nguyen, geographer and prison scholar Ruth Wilson Gilmore, feminist theorist Sara Ahmed, poet and performance studies scholar Fred Moten, and literary scholar Christina Sharpe.
- 16 Email to editors at *AALR*, December 2016, my emphasis.
- 17 I include the response here to show readers what it looks like to do not only close-reading of mental health shenanigans, but also careful, thoughtful communication work (and relationship work) in and about our editorial practice.
- 18 Kai Cheng quotes the World Health Organization’s definition of mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” Slight variations appear online. Currently the World Health Organization’s web page offers the following: “Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.” See World Health Organization, “Mental Health.”
- 19 Chapter 2 reflects more deeply on these discussions about this definition of mental health with students, faculty, administrators, and counselors across the country.

2. Touring the Abyss

- 1 As I mentioned before, I was pushed out in 2017. It was one of the most traumatic and humiliating experiences of my life. Such is adjunct precarity. Such is tenured privilege and tenured fragility. Again, that is a story for another time. For now: fuck UMD.
- 2 As quoted in Kai Cheng Thom’s essay “The Myth of Mental Health.” Again,