Re-visions:
Examining Narratives
of Asian American Mental Health

By Kenji Aoki

Introduction: Minor Feelings and When “You May Wish That You Weren’t Asian”

We must love ourselves. We must encourage love—
love that is radical, love that digs deep.
Love that asks the hard questions,
that is ready to listen to the whole story
and keep loving anyway.

—Kai Cheng Thom,
I Hope We Choose Love

I made a killing
in language & was surrounded
by ghosts. I used my arsenal
of defunct verbs & broke
into a library of second chances

—Ocean Vuong,
Time is a Mother

In late March 2021, a now-deleted excerpt posted by Harvard’s Counseling and Mental Health Services (CAMHS) on their anti-Asian racism resources webpage gained widespread attention on social media. Originally published in 2020 as a response to the rising hate crimes and racial animus directed toward Asian Americans, it stated,

When you experience racism, you can feel shame. You may wish that you weren’t Asian, but remember that your ancestors likely went through similar or even worse incidents.

Spreading across platforms including Twitter, TikTok, and Instagram, Asian Americans were left shocked and appalled. As Wilfred Chan, a freelance writer, succinctly put it, “Did a hate crime write this?” (Chan qtd. in G. Kim) Further, upon CAMHS’s deletion of the statement, in a thread of tweets @matteo_wong writes: “Too much to ask for apology or acknowledgement? Probably. Just minor feelings, I guess.”

1 From Kai Cheng Thom’s “I Hope We Choose Love, page 82. The original formatting of Thom’s quote has been changed, and enjambments have been added to align with Vuong’s formatting of “Almost Human.”

2 Excerpt from Ocean Vuong’s “Almost Human,” in his poetry collection, “Time is a Mother,” page 79.

3 Excerpt transcribed and written about in Guo and Mui.

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Drawing from Cathy Park Hong’s memoir, *Minor Feelings*, Wong alludes to her coinage of the term describing, “the racialized range of emotions that are negative, dysphoric, and therefore untelegenic, built from the sediments of everyday racial experience and the irritant of having one’s perception of reality constantly questioned or dismissed” (Hong 46). Central to Hong’s claim about minor feelings is not just its emphasis on how negative affects by racial minorities are perceived as inappropriate, but how these racialized feelings become minor(ed) and contorted to displace the guilt and blame onto racial minorities. Providing the example of the cognitive dissonance experienced by people of color when pointing out the magnitude of racial inequity and violence in the status quo, to which white people quickly retort and echo the American post-racial narrative of “things are so much better,” Hong exemplifies how non-white feelings become tempered to accommodate the unspoken racial prejudices and infrastructures that simultaneously maintain the hegemony of whiteness while dismissing any racial dissent (Hong 47).

This affective tempering is performed in CAMHS’s statement through exclamations of “remember that your ancestors likely went through similar or even worse events,” and “you may wish that you weren’t Asian.” Both are reminiscent of Hong’s critique of America as a post-racial society in which the racial violence is diminished, and racism is no longer understood as a structural phenomenon. Thus, rhetorical comparisons that spectacularize the historic violence enacted upon Asian American ancestors for the sake of downplaying its iterations that are enacted contemporarily upon Asian Americans run counterintuitive to CAMHS’s initial mission of releasing a statement in response to the rise of anti-Asian hate crimes amid COVID-19. Further, the emphasis on Asian Americans’ desire to be solely American by stating “you may wish that you weren’t Asian,” not Asian American, displaces structural critique that questions how racist structures produce the conditions for why someone would desire to shed their racial identity. Rather than implying that Asian Americans would wish for a world without anti-Asian racism, CAMHS’s statement interprets one’s personal experience with race as the problem instead of the systemic racialization that would result in someone wishing to excise the “Asian” from “Asian American.”

While this essay has begun with a criticism of a mental health institution, this is by no means where it hopes to end. Rather, I seek to deploy criticism in a way generative of change that attends to Asian American mental health, health care, care, and ultimately love writ large. Following Kai Cheng Thom’s philosophy in *I Hope We Choose Love*, this essay is a recognition of the inextricable demand for a type of love “that is radical,” “digs deep,” “asks the hard questions,” and, most importantly, “is ready to listen to the whole story and keep loving anyway” (Thom 82). What will one do when confronted with the flood of minor feelings that can no longer remain bottled up, that leak or burst out of Asian American life in unexpected ways and at unpredictable times? Is one ready to embark on the journey in which Asian American feelings are no longer to be treated as a minor whisper, but a major ensemble? Upon hearing the racial
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exhaustion, the inability to work, the dissent that refuses to continue, the whole story, can one keep loving anyway?

I note the statement by CAMHS as emblematic of the difficulty in truthfully and authentically answering these questions. While I do not attempt to synonymize the operations, intentions, or potential of CAMHS with a single, now redacted declaration, it is critical to situate this event within its systemic context. These rhetorical slippages, in which the (mis)use of language “frame[s] the issue, shape[s] responses to it, and inform[s] the public in specific ways,” holds the potential of initiating a slew of unintended and unattended consequences that, rather than transforming power imbalances, calcifies them (Gagnon 8). Initially intended as an anti-racist assurance, this rhetorical deployment has inadvertently crafted a narrative that delegitimizes Asian American emotions, mental health, and humanity. In lieu of this, a broader story forms, one that yearns for an alabaster world in which “similar or even worse” racial violence is a distant memory only held by some ancestors of some other generation. In a nation bent on feel-good, progressive, and post-racial narratives to which Asian Americans are the first to get folded into, historical violence becomes spectacularized while contemporary violence becomes minimized. Omitted from these stories are details that illuminate how Asian American young adults are the only racial group in which suicide is their leading cause of death (Noor-Oshiro). Unspoken are the statistics that illustrate how, between 2019 and 2020, there was a seventy-seven percent increase in anti-Asian hate crimes; between March 2020 and June 2021, more than nine thousand hate incidents were self-reported; and, despite these massive developments, victimization surveys report that these statistics are not representative of the full brunt of hate incidents as many go unreported for a litany of reasons related to distrust, lack of access, and fear of the retributive criminal justice system (Findling et al). Downplayed are the quotidian and visceral realities of many Asian Americans and their precarious relationship to racial harassment, substance use disorders, burnout, heartbreak, and post-traumatic stress.

Viet Thanh Nguyen describes how, “while dominant Americans exist in an economy of narrative plenitude with a surfeit of stories, their ethnic and racial others live in an economy of narrative scarcity,” in which “fewer stories exist about them,” let alone having stories “leave their enclaves” (Nothing Ever Dies 230). With limited stories to narrate the conditions of Asian Americans, each story or declaration that includes or attempts to illustrate the experiences of Asian Americans is subsequently inflated in value and influence. Using the example of Asian American criticisms upon the release of Crazy Rich Asians, Nguyen notes in Asian-Americans Need More Movies Even Mediocre Ones, how, while “‘Crazy Rich Asians’ should just be a feel-good entertainment about obscenely wealthy people of Chinese descent from Singapore that happens to star Asian-Americans,” that aspiration is structurally barred since “we do not have enough movies about poor Asians, or sane Asians, or Singaporeans who are not Chinese, or revolutionary Asians who want to overthrow a system of global capitalism” (Nguyen). In essence, until the academic, literary, cultural, social, and political work is accomplished to illuminate the
multifaceted existence of Asian Americans, every story—no matter if it is simply two sentences in a now deleted excerpt—matters and makes an impact.

Beginning via a revision of the incomplete story by CAMHS, this essay gestures to what new genre of stories can be sewn from the torn tapestries of broken histories, psyches led astray, and precarious lives. How can we break into a library of second chances to find love, healing, and one another, when the first library refuses to publish these texts? Ultimately, this essay conjectures and attempts to illuminate the histories, mental illness, and health narratives of Asian Americans, the good, the bad, the ugly, the beautiful, everything in between and everything exceeding these yardsticks of quantifiability.

**The Documenter, Documented, and Documentary: Examining Narratives of Illness**

The indignity of being Asian in this country has been underreported. We have been cowed by the lie that we have it good. We keep our heads down and work hard, believing that our diligence will reward us with our dignity, but our diligence will only make us disappear. By not speaking up, we perpetuate the myth that our shame is caused by our repressive culture and the country we fled, whereas America has given us nothing but opportunity.

—Cathy Park Hong, *Minor Feelings*

What is the value, or rather, why should medical practitioners and caregivers value narratives as a method of inquiry? In the seminal book, *The Illness Narratives*, Arthur Kleinman describes the critical differential between definitions of illness and disease. Whereas disease sets the parameters of symptoms and disability through “the narrow biological terms of the biomedical model” labeled by a medical practitioner, illness demands a more capacious understanding; instead of simply a description of biological alterations, illness “refers to how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability” (Kleinman 1–3). Despite deriving from the same material reality—a continual cough, acute fracture, or an unexplainable sense of fatigue—the interpretation, and subsequently the responses to that reality, can drastically diverge. Whereas a doctor may offhandedly recommend acetaminophen for someone’s persistent muscle ache, a family member might rush to the medicine box that reveals an arsenal of Vicks Vapor Rub, gauze, tea bags, and ice packs which would be expeditiously applied. Consequently, the recognition and interpretation of symptoms and disability produces a diversity of encounters with various actors, treatments, and outcomes. Returning to *The Illness Narratives*, the fundamental quality that distinguishes an illness and a disease is not necessarily the source material, but the differentiating narratives that draw

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4 From Cathy Park Hong’s “Minor Feelings,” page 62.
on and develop alternative meanings based on the interaction between or within a person’s local moral world(s).

The material ramifications of how narrativization affects medical outcomes is further elucidated through Paul Brodwin’s *Everyday Ethics*, in which he examines how US case managers construct treatment plans for the clients they work with. Collaboration between case managers results in discussions that “decide on the basic desired outcome” for the client; then through locating “the client on an imaginary trajectory” toward that outcome, they write and devise a set of “short- and long-term goals” that propel the client on that imagined trajectory for care and rehabilitation (Brodwin 94). In doing so, the transcription of the treatment plan simultaneously transcribes and enlivens a narrative of the client. Staff members must learn “how to insert a chaotic life into an orderly story line that justifies continual interventions” in which legible suffering by the client transmutes “into a list of discrete problems” and is met with another list of incremental steps that “demands a story of progress” (Brodwin 92, 94). The process of transcription through paperwork technologies, whereby narratives are archived and etched into virtual databases, is also a process of subject making—a process that produces characters, or potentially caricatures, of individuals. Documentation and narrativization are not pristine translational processes whereby the lives of clients have a one-to-one correlation between themselves and the “them” that appears on the treatment plan. Symptoms go unspoken, aches are dismissed, circumstances and ailments are changed, normalized behaviors may be construed as pathological while pathological behaviors are construed as normal, desires get distorted, and—inevitably, even with the truest of intentions—not everything can be documented.

Subsequently, it is imperative to recognize the distinction between the documented subject and the documentary subject. I use the terms “documented” and “documentary subject” to characterize the conceptual difference between the verb and essential form. Whereas the verb form, “documented,” describes a post-subject that is constructed and animated through the process of documentation, the essential form, “documentary subject,” describes a subject that exists independent of documentation. A caveat to the documentary subject is that while their existence is not dependent on documentation, they are contingently and intimately shaped upon their encounter with documentation and paperwork technologies. In the context of Brodwin’s ethnography, while the documented subject is the social and bureaucratic interface by which case managers conceptualize and relate to the client, it is the documentary subject, the client in all their unruliness, vivaciousness, and complexity, who bears the visceral burden of these engagements. For instance, in the case of Alex Moore, a client who was marginally housed for twelve years after a psychotic break in graduate school, the case manager states that while his treatment plan insists that he be seen by a medical provider, it “will never happen” and that the only way it would happen would be an intervention “that would be so coercive” that Moore would likely refuse (Brodwin 96). Consequently, the contrast between the documented and documentary subject is not simply a matter of abstracted, rhetorical reconsiderations, but directly produces conflict.
between the case manager and the client. As case managers grow increasingly frustrated when the client does not match the arc of progress narrativized by the treatment plan, clients reciprocally begin to distrust the intentions and efficacy of the case managers. Caregiving becomes limited the farther the documented subject strays from the documentary subject, whereby caregivers attend to and rehabilitate a simulacrum of a patient and their symptoms, rather than the patient themselves. Following this logic, one wonders what is at stake for medical literature and caregiving when investigating the gaps between the documented and documentary subject? What happens when the documented subject possesses no sign of symptoms or disability, but the documentary subject does; when the documentary subject goes undocumented by caregivers; or when the documentary subject resists documentation?

Broadening the concept of paperwork technology, it is essential to note that paperwork technology is not confined to the case manager’s desktop database or manila folder but is one of the greatest relational interfaces in an increasingly industrialized and scriptocentric society. Whether patient files, political correspondences, boundless archives, or declarations by institutions, paperwork technology encompasses the documented, often textual, materials that shape how documentary subjects become documented and socialized. In relation to the socialization of Asian Americans, the hallmark paperwork technology according to many contemporary historiographers is the 1966 *New York Times* article “Success Story, Japanese-American Style,” released by writer William Petersen (Abad 305). In his article he conceives of the term “model minority” to describe Japanese American economic uplift into middle-class echelons preceding their internment during World War II. Simultaneously, his use of the term “problem minorities” to depict other communities of color, often connoted with Black and Latine communities who had comparatively lesser economic mobility, was articulated under the racist assumption that they were not trying hard enough, rather than an acknowledgment of the structural and historical disenfranchisement they faced.

This in tandem with revisions to immigration policies in 1965, which relaxed ethnic quotas and granted visas to Asian immigrants who were “the wealthiest and most educated groups in their native countries,” resulted in a cultural boom that drastically expanded model minority status from the Japanese Americans that Petersen cites to Asian Americans writ large (Yen 2–3). Consequently, by the middle and end of the 1960s, “educators, the media, politicians, and even the White House bestowed upon Asian Americans such titles as ‘America’s Super Minority’ and ‘America’s Greatest Success Story’” (Yen 2). Further, by 1984, President Reagan in a public declaration exclaimed that Asian Americans continue the American Dream “by living up to the bedrock values” of “human life, religious faith, community spirit and the responsibility of parents and schools to be teachers of tolerance, hard work, fiscal responsibility, cooperation, and love” (Yen 2). Thus, as politicians flaunted their love for Asian Americans, one essential omitted piece of information was that this love was always already conditional. For a politician to love an Asian American was the equivalent of them patting their own back as they were the ones who
constructed the laws and visas to handpick the yellow “doctors, engineers, and mechanics” they deemed useful for the rapid flourishing of the American state (Hong 13–14). To tout one’s love for an Asian American at the time consequently meant to love the extremely specific category of an Asian turned Asian American after the economic, educational, and political vetting, while giving the appearance of an unconditional appreciation for the new racial minority in town: “See! Anyone can live the American Dream! they’d say about a doctor who came into the country already a doctor” (Hong 13–14).

Intrinsic to this post-racial narrative was its paradoxical establishment of a racially deterministic view of social and economic uplift. In lauding Asian Americans as the exemplars of success, politicians had to find a way to overlook the differing structural and institutional conditions that made Asian Americans more economically successful in juxtaposition to the “problem minorities.” In essence, an addendum to America’s chronicle of race was required. As a result, attributions that blurred the lines between cultural and biological qualities including “greater intelligence,” “enterprise,” “wisdom,” and “resiliency” were ascribed to Asian American subjectivity (Yen 2; Blakemore). Consequently, narrativization assigned the symbolic and material burden of hyperproduction and resiliency onto Asian Americans to usher in a new chapter of twentieth and twenty-first century post-racial liberalism.

Returning to paper technologies, the capacious tapestry of immigration quotas, New York Times articles, and presidential declarations that documented the Asian American subject was one intent on depicting their exponential uplift with little attention to the Asian American documentary subject that increasingly could not match the demands of this narrative. Tracing the fault lines and disjunctions between the model minority documented subject and the Asian American documentary subject, a group of public health experts from the New York University School of Medicine found that these narrative dislocations resulted in Asian Americans being “not given vital [mental health] resources”; in the rush to document resiliency, these paperwork technologies have elided and compounded the swath of study outcomes finding “increased depression,” “anxiety,” “suicide rates,” and “lower likelihood of seeking mental health services” (Blakemore).

It should come as no surprise to the medical humanities community that diseases are social creatures that take up the contours of race, gender, class, sexuality, and other social axioms. Diseases in turn become racialized, sexualized, and classed, which makes certain illness narratives more accepted and prominent than others. Johnathan Metzl’s The Protest Psychosis thoroughly investigates the linkage between Blackness, aggression, and schizophrenia in the 1960s; Abraham Verghese’s memoir, My Own Country, describes how the American HIV/AIDS crisis was seen as a disease that affected the “4 H’s” of hemophiliacs, Haitians, heroin users, and homosexuals (283). Kimberly Sue’s Getting Wrecked acknowledges that the brunt of the American opioid crisis arrives at a unique intersection of “white, suburban, and rural households” that juxtaposes itself to the War on Drugs, which was racialized as a Black and Brown health (and moral) crisis; further, it is unsurprising, yet still
unfortunate, to see news articles tack on photos of Asian Americans and Chinatowns when reporting on the COVID-19 pandemic. However, the corollary to interrogating the intersections of race and disease requires acknowledging the moments in which race and disease are actively disentangled. Beyond the racialization of disease, purveyors of illness narratives must foreground a consideration of the deracialization of disease that obfuscates the way illness and disability are silently woven into bodies, intimately sutured yet always excised from the purview of care.

James Kyung-Jin Lee notes in his monograph, Pedagogies of Woundedness, how an overarching model minority narrative and deracialization of illness inform the documentation of and documenting by Asian American subjects within medicine. Citing the robust list of Asian American physicians and their memoirs including, but certainly not limited to, Michelle Au’s This Won’t Hurt a Bit, Anthony Youn’s In Stitches, Atul Gawande’s Being Mortal, and Abraham Verghese’s My Own Country, Lee illustrates how this proliferation of memoirs, while certainly valuable literary pieces, potentially hold the inadvertent consequence of proliferating a subgenre of Asian American caregivers that, sans interrogation, reaffirms a narrative genre that expects Asian American excellence and health. After all,

what genre of life writing better affirms the model minority trajectory than that of the young Asian American who toils away in dissection, pores through anatomy and physiology books, memorizes pathologies and diagnoses ad nauseam, deprives herself of sleep and pleasure during internship and residency, and sacrifices a sexual and social life for the sake of her vocation to achieve a social identity that is fundamentally constructed as being “the paragons of making ill and disabled bodies better,” sequestering the question of what happens when Asian American bodies are the ill and disabled ones themselves (Lee 11)? Thus, further legitimacy is granted to the exceptional status of Asian Americans as the documentary subjects themselves are now personally performing the documentation process that initially non-Asian documenters (such as Petersen) were performing.

While Lee’s monograph conducts a phenomenal account of the contemporary rise in the Asian American physician memoir as well as analyzing the importance of Asian American accounts of illness including Mel Chen’s Animacies: Biopolitics, Racial Mattering, and Queer Affect, S. Lochlann Jain’s Malignant: How Cancer Becomes Us, and Christine Hyung-Oak Lee’s illness blog—all of which depict scholarly and personal reports of chronic illness, cancer, and stroke, respectively—lesser attention is given to the elusive nature of Asian American mental illness. Considering historiographical examinations in which notions of mental fortitude, intelligence, and psychic resilience all were the ontological composites of Asian American subjecthood, it remains critical to grapple with and

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5 See Roy for a greater account of how popular media outlets have used images of Asian Americans and Chinatowns in association with the COVID-19 pandemic.
deconstruct the monopoly the model minority has in speaking to and for Asian American existence. This project thus requires excavating narratives that directly disrupt the racial hygienic project, which seeks the perfectibility of Asian American mental health. In Tanaya Kollipara’s Stigma: Breaking the Asian American Silence on Mental Health, Kollipara engages in documenting more than twenty stories of Asian Americans and their continued navigation with mental health and illness. To preserve their anonymity, Kollipara substitutes names with pseudonyms and consolidates these narratives into eight stories, each depicting “one component of the [mental health] journey.” Recognizing Kollipara’s Stigma as a set of documented, and thus narrativized, accounts of Asian American mental health offer rich study into how contemporaneous documentation further contours historic paperwork technologies which both mold Asian American subjectivity. In placing some of Kollipara’s accounts of Asian American mental health, Lee’s deep theoretical examination of Asian American disability studies, Hong’s conceptualization of Minor Feelings, and the historiographical narrative of the model minority myth in conversation with one another, novel narratives and stories can be forged to articulate what is to be made of the (im)possibility of Asian American health.

**Multitudes: Understanding the Heterogeneity of Asian American Existence**

Among the working class, Asians are the invisible serfs of the garment and service industries, exposed to third-world work conditions and subminimum wages, but it’s assumed that the only group beleaguered by the shrinking welfare state is working-class whites. But when we complain, Americans suddenly know everything about us. *Why are you pissed! You’re next in line to be white!*

—Cathy Park Hong, *Minor Feelings*

It is an unfortunate truth that the future does not wait for the past to catch up. As the model minority myth cemented itself as a racial and cultural staple in articulating the Asian American condition, the continuous drudge of time meant gone were the days when the majority of Asian Americans were of highly educated and economically stable descent. US military interventions in Southeast Asia during the Cold War resulted in one of the greatest refugee crises in history, with more than three million people fleeing Vietnam, Laos, and Cambodia during the fall of Saigon from 1975 to 1995 (Roos). Rather than bringing material and economic inheritances, the one million Southeast Asians that sought refuge in the United States through refugee resettlement and immigration programs inherited the spoils and scars of war (Asia Society). Additionally, the conscription of Asian labor gradually liberalized, no longer faithful to the standard “doctor, lawyer, or engineer” expectation. Instead, as Evelyn

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6 From Cathy Park Hong’s “Minor Feelings,” page 19
Nakano Glenn explores in her book *Forced to Care*, the importation of both feminized and racialized labor from exploited economies in Latin America, Africa, and Asia have led to a network of informal economies that enfold immigrant women caregivers to perform the “physical, hands-on, ‘dirty’ work of domestic service and home-care labor” (180–181). In a conversation Glenn has with an anonymous, undocumented Filipino immigrant in New York City—the city of which Asian Americans have the highest poverty rate out of any racial group (C. Kim)—the woman articulates her personal experience, explaining,

> My options were limited, my priorities were very clear: support my children, give them a better future, and then to support myself. My only realistic option was to work, and work meant anything that the system will allow. If you don’t have work authorization you can’t find things—even if you have education and skill. So that’s how Philippines [sic] become domestic workers here. It’s not a choice. It’s not the best option for us but you do it to survive and support our families. (180)

Resultantly, the ebbs and flows of American immigration and refugee policies, alongside a ruthless meritocratic and capitalist society that makes social and economic inequities inevitable, ensured that a gradual number of Asian Americans became the unspoken and undocumented underbelly of American life.

Kollipara counts Tyson’s experience as one of the many Asian Americans and Pacific Islanders who find themselves tethered to a historical myth while carrying the burden of the present reality. Born alongside two siblings to a Filipino mother who worked as a waitress and a Samoan father who was a contract construction worker, Tyson and his family sat just above the poverty line (Kollipara 171). By the age of six, Tyson noticed behaviors that differentiated him from the rest of his academic peers. While some days he would “hole himself up in his bedroom” and “convince himself that everyone hated him,” there were other days when he would “almost obsessively be out and about, barely sleeping,” embarking on manic adventures of “creating piece after piece after piece of artwork or digging for treasure” (170). Since “it wasn’t until college that I was diagnosed with bipolar II disorder,” Tyson had no explanation for the mental exhaustion symptomatic of his mental illness, compounded by his economic status and no recognition of his disordered behavior by his peers, teachers, and even family: “I would start so many projects during my manic episodes, like writing a novel or starting a new club, only to abandon them when I entered my depressive episodes shortly after” (170). While his peers and academic supervisors never questioned his need for help as they assumed his parents worked “white-collar jobs” and had “strong familial foundations,” his family would antagonize him amid depressive episodes believing that he needed to “get a handle’ on himself and to ‘stop being selfish’” (171–172). Further, in high school, Tyson’s best friend and swim teammate, Darien, died in a car crash, which drastically
intensified Tyson’s symptoms, inducing an extended period of grief and depression.

In analyzing the disjunction between Tyson’s interior life and his interpersonal life—where he had to navigate his parents’ denial of his mental health struggles, his academic challenges, the death of his friend, as well as the care of his younger siblings—it is critical to note this disjunction’s expansion due to Tyson’s continued internalization and dismissal of his mental state. Confronted with the feeling of “being overdramatic” and “acting up over nothing” since “everyone thought I had nothing worth struggling about,” Tyson felt as if he “was already burdening them by not being the perfect, ‘mentally stable,’ son” (Kollipara 171–172). Revisiting Cathy Park Hong, she articulates the social and structural inertias in even beginning to attempt to have conversations about one’s racial reality. These conversations inevitably become “more than a chat about race. It’s ontological.” As one attempts to persuade others “why your reality is distinct from their reality,” the racial minority must also persuade people against the grain of “all of Western history, politics, literature, and mass culture,” which insists they “don’t exist” (18). Thus, not only did Tyson have to overcome the compounded nature of explaining his racial and psychic realities to his white peers, but he also performed the invisible labor of explaining these psychic realities to his obstinate parents, all within the period of his adolescence. Unable to attain any social or bureaucratic recognition, Tyson turned to self-medicating his symptoms through alcohol.

Michael Kaliszewski notes in Alcohol and Drug Abuse Among Asian Americans that studies in substance use among Asian Americans often find overall lower use rates in comparison to other ethnic groups. Despite this, further investigation reveals that often, “many Asian Americans hide their substance abuse from family and friends” until the substance use becomes so severe that it is impossible to hide, often “resulting in scenarios such as arrest, hospitalization, or homelessness” (Kaliszewski). Thus, while Asian Americans are “more than 3 times less likely to receive treatment,” in the moments that they do receive intervention or treatment, it is often because their circumstances and conditions reach an extreme degree (Kaliszewski). This is compounded by the fact that, irrespective of substance use, it was found that “API individuals are less likely to utilize mental health resources—but have some of the highest rates of using emergency services due to a severe mental health crisis” (Kollipara 58).

Subsequently, figures that depict lower rates of both substance use and disordered substance use obscure the moments when Asian Americans struggle with mediating drugs and alcohol alongside conversations that interrogate how social and structural circumstances may induce the onset of, or further, disordered substance use. For example, while Tyson “knew the risks associated with alcohol,” due to lacking “the tools or resources to deal with” his mental symptoms, alcohol became the “easy solution,” especially when his own father “would use alcohol to cope (Kollipara 176). While Tyson’s experience never reached the degree of arrest, hospitalization, or homelessness, it did exacerbate many negative outcomes congruent with his depressive episodes. “For nearly four months,” he
navigated life through the numbness alcohol provided; despite that, in the moment, Tyson notes he “felt like I was in bliss at the time”; there was the underlying recognition that while it “dulled the pain, . . . it never actually went away” (178). Consequently, amid this period, “Tyson’s grades were at an all-time low,” his swim coach noted his “abysmal performance” during practices and meets, and Tyson now “rarely spoke with anyone” (179). It was not until his coach intervened, as well as consistently worked with Tyson to connect him with mental health services and eventually a psychiatrist who would diagnose him with bipolar II disorder, that Tyson experienced an inflection point in how he navigated his mental health journey. While not denying the degree of continued navigation that will always be required, Tyson finds that through the medical and social clarity that affirmed his experiences, he “was better prepared to deal with everything as they come” (Kollipara 182).

While the experiences of Tyson demonstrate the importance of recognizing how certain Asian Americans evade the experiences assumed by a model minority narrative, these stories should not serve to oppose or deny the experiences of Asian Americans whose experiences potentially coincide with parts of the expectations beheld by this trope. Sara Ahmed, as Kollipara describes her upon nearly reaching the age of thirty, “had everything she had dreamed of”: the “birth of her first child,” “a doting husband who supported her in all her endeavors,” “a forever home in family-centered Houston,” and the achievement of “all her [educational and career] goals” (66, 71). However, reminiscent of anxieties she had hidden since being ten years of age, in which she faced intrusive thoughts about the fragile mortality of her parents, Sara now had these thoughts seep into her relationship with her child. Stating that she would “constantly—and I mean, constantly—go and check on his breathing,” fearing that without 24-7 supervision she would accidentally kill her child. Sara initially dismissed these thoughts as coming with the territory of being a mother (Kollipara 72). Stuck between the paradox of having everything she ever wanted and her mental reality, she expresses the difficult internal truth that this “was the most difficult time I ever had” in her mental health journey (72).

David Eng and Shinhee Han’s Racial Melancholia, Racial Dissociation, explores the seemingly ever-present feelings of loss and melancholia in first- and second-generation Asian Americans. Central to their examination is their attention to the intersubjective and ambivalent dynamics that occur between the two generations. Analyzing the moment of immigration between nations as the theoretical fault line for their analysis, Eng and Han trace how the impetus for immigration contains psychoanalytic residues of transference. Provoking the question, “Can the hope of assimilation and pursuit of the American dream also be transferred,” they describe how the sacrificial process of leaving one’s home country for another creates a moment of loss, which demands assimilation and success in the new country as reparation for that loss (Eng and Han 48). Oftentimes an incomplete mission, in which first-generation immigrants are unable to reap the seeds they sew in a diasporic land through economic success or cultural assimilation, this discrepancy results in a dysregulated and
unwieldly transference onto the second generation, who must take on the burden of achieving the American Dream in lieu of their predecessors.\(^7\) While Eng and Han critically engage with the moments of loss and subsequent cruel hope that get transferred between generations to achieve the American Dream, Ahmed’s experience supplements their analysis by articulating psychosocial pangs that still exist even when the first-generation immigrant “makes it.”

Sara, a first-generation immigrant moving to the United States from Pakistan at the age of six, as depicted by Kollipara, appears to have everything she wants. In essence, she has achieved her version of the American Dream. Despite this, an intangible presence of depression and anxiety continues to haunt and disfigure her relationship with her parents and eventually her children. Contrary to Eng and Han’s theorization of parent-to-child transference, there is no reference to Sara believing that her anxiety is situated in hoping that her child fulfills some incomplete dream that she may possess because of migration. By contrast, Sara possesses an overwhelming fear regarding the mortality of her parents, indicative of an anxious attachment that exists from child-to-parent, an inverse to Eng and Han’s parent-to-child transference pattern. This dissonance between Sara and Eng and Han’s psychodynamic framework exemplifies the opaque conditions, or lack of conditions, that induced her initial feelings of depression and anxiety. Additionally, Sara’s story, which poses circumstances opposite of Tyson’s, who experienced the death of a friend rather than the birth of a family while living in an economically precarious situation, further epitomizes the supposed incoherence of Sara’s position. Even when diagnosed with postpartum depression after the birth of her second child, this diagnosis cannot fully explain either her initial feelings of anxiety related to her parents and not her children or how postpartum depression exemplifies the process of transference that Eng and Han extrapolate in their psychoanalytic inquiry (Kollipara 76). To fully consider Sara’s account of her mental health journey thus requires grappling with the visceral and intimate realities of her health that exceed typical qualifiable metrics for determining why these feelings should purportedly (not) exist. It is apparent that the magnitude of her illness is significant as, after the birth of her second son, she testifies that “I couldn’t motivate myself to shower, to get out of the house, or look forward to things” (74). Moreover, due to her mental health status, she gradually isolates herself from her husband, children, and family, whom she loves, but she just cannot find the psychic energy or desire to leave her room (75).

Reading Sara’s and Tyson’s journeys as foils of one another offers potential insight to reveal the multitudinous existences of Asian Americans that simultaneously betray model minority essentialization and demonstrate Asian Americans’ collective and intrinsic relationship to mental health. Despite beginning with the division between the perceived documented model minority subject and the invisibilized documentary Asian American subject, Sara’s experiences push the parameters in examining Asian American health by democratizing the stakes of illness.

\(^7\) For further explanation of this phenomenon, see Eng and Han’s case study of Elaine.
Instead of continuing the fallacy the model minority myth makes in synonymizing proximity to the American Dream to mental and physical fortitude, concurrent readings of Sara’s and Tyson’s positions gesture to a fundamental inevitability of the human condition: all people, including model minorities, “get sick, become disabled, and, perhaps to the astonishment of their American readers, . . . also die” (Lee 3). Embracing this straightforward, yet radical, fact of life reworks the terrain of Asian American existence. Instead of repeating a meritocratic myth that demands interpersonal or medical care for the sole purpose of economic and social uplift to rehabilitate the model minority, acknowledging illness as both a social modality and inevitability reorients the justifications of care to a more reparative mode of living, one that performs care for Asian Americans regardless of their productive capacity.

While aspirational, inspiring these types of empathic connections offers critical avenues toward deconstructing both internal and interpersonal barriers regarding mental health, particularly within individuals’ most proximate relationships in their local moral worlds. One thematic continuity that ties Tyson’s and Sara’s stories with Eng and Han’s monograph is the central role family plays in mediating explorations of mental health. Particularly for Asian American communities, there appears to be a greater emphasis placed on collectivism that stems from Eastern cultural tradition—with the family serving as one of the most critical collective groups—in comparison to Western individualism. As Kollipara states, transnational idioms across China, Japan, and Korea that roughly translate to “the nail that sticks out gets hammered down” exemplify how group harmony is often valued over individual desires (53). This in turn often constructs cultural barriers to acknowledging and engaging illness. Due to the prevalent inability to pinpoint a particular straightforward cause to mental illnesses along with existing negative stereotypes, there is a prevailing belief that the moniker of illness will reflect “harshly on the family as a whole,” as it gets correlated with “poor parenting, too much freedom and privilege, or an unstable childhood” (54). Subsequently, within the familial structure, there is an inertia that oftentimes motivates silence over conversation. These predominant attitudes magnify themselves within Asian Americans, who must perform both collectivist and model minority obligations that stem from internal family and external racial dynamics. However, as Hong aptly asserts, “I’m also indebted to my parents. But I cannot repay them by keeping my life private, or by following that privatized dream of taking what’s mine” (152). In the place of invisibilizing these struggles and wounds, in the same way success stories are rallied around and collectivized, so too must that compulsion exist for illness narratives in Asian American communities.

Mirabelle grew up in a family that “never spoke about mental health and mental illness (Kollipara 150). Originally born in Iowa and eventually moving to Atwater, California, at the age of eleven, she found that one of the common denominators between the two areas was that there were very few people who resembled her. Mirabelle recites how she remembers in elementary school that “there were only two Korean kids in my entire school,” of which she “was one of them” (145). Further, it was not
uncommon for her to have engagements with her peers where “kids would stick their fingers in my face, asking why my nose was so wide and my eyes so small” (146). As the negative comments compounded, Mirabelle began noticing that it affected her personal evaluation of herself. Fixated by her own physical features, she would “spend nearly the entire weekend” in front of her mirror, “hating what I saw,” with “a voice in the back of my mind, constantly reminding me of how ugly I was” (150). Feeling isolated by her peers, and unable to break the familial barrier regarding conversations about her mental health, her body dysmorphia gradually deteriorated her sense of self and well-being. Unable to find the energy as her nagging thoughts consumed most of her cognition, she became no longer interested in pursuing any hobbies and would spend the day in bed, “dreading the next day and the days after that (151).

Returning to Brodwin, one of the most useful analytics he forwards to examine the quotidian is his notion of everyday ethics that grapples with the localized contexts of social norms and the eventual ruptures that proceed from these norms. Conceiving of ethics not as some abstract framework, Brodwin says ethics are best recognized as a set of performances, interactions, and encounters in which people navigate their local moral worlds. Using the example of case managers, he notes that their role necessitates “infinite improvisation,” as the bureaucratic blueprints and guidelines that signify how they are tasked to perform their job simply do not have the capacity to articulate every unpredictable permutation of conflict, desire, and unfinished business that accompany each client (Brodwin 5). Subsequently, in the moments when case managers must improvise—when a client or patient refuses treatment, when their apartment runs out of electricity, or when they face eviction—in which “taken-for-granted routines and social orders” no longer apply to the chaotic quotidian, “their response becomes ethical”; sans standardized rules or procedures, caregivers now face the moral task of navigating and embodying their own priorities in determining what constitutes “the good, the honorable, and the obligatory” (18–19).

It is in one of these unpredictable moments that Mirabelle found herself as she walked home early on a Tuesday afternoon. Usually attending journalism club that day, the editor in chief had to cancel the meeting due to a family emergency. Upon coming home early, Mirabelle was met with her “mother curled up on the kitchen floor, crying” (Kollipara 159). Never having seen her mother show “an ounce of emotion,” Mirabelle was shocked at the sight of her mother having a mental breakdown (159). As if out of instinct, Mirabelle sat beside her mother and started rubbing her back; after fifteen minutes had passed, her mother finally looked up and Mirabelle could not forget the “look of shame in her eyes” (159). Reminiscing about the encounter, Mirabelle describes how “my mom was ashamed just because I caught her in a vulnerable state,” and in doing so “she felt she had failed as a mother” (159). However, recognizing this vulnerability in her mother, Mirabelle realized the importance of helping her mother process her feelings. For two consecutive hours, they talked, and by the end her mother finally inquired, “Is this how you and your brother always feel?” This struck Mirabelle as this was the “first time my
mother had asked about my mental health” (160). This moment between Mirabelle and her mother ruptured their emotional and social barriers, offering the opportunity to seriously reflect not only on their personal journeys with mental health but also on their co-constitutive journeys. Internal mental pangs became collective pangs.

In Our Sea of Islands, Epeli Hau’ofa critiques mainstream understandings of remittances between Pacific migrants, which depict them as “parasites on their relatives.” Appalled by this analogization, Hau’ofa asserts, “This is not dependence but interdependence, which is purportedly the essence of the global system”; to say anything else would be to deny “people their dignity” (36). Striking about this statement is how Hau’ofa brings into conversation and differentiates the two very similar terms of “dependence” and “interdependence.” While both refer to the process of relating to others, “dependence” is often associated with the negative connotation of pathological reliance, whereas “interdependence” is often associated with the positive connotation that describes a mutually beneficial relationship. In essence, despite both relating to the process of relationship making, the critical differentiation between the two is the way each label imposes the assignation of normal or pathological. For far too long the model minority has sought to emulate the American Dream through narratives of rugged individualism, personal uplift, and resilience. The consequence is that dimensions of familial and other essential intramural intimacies between Asian American subjects have been pathologized, whether construed as toxic dependency, unproductivity, the inability to assimilate, or simply a sign of weakness. Thus, the prevailing milieu for many Asian Americans parallels the experiences of Mirabelle’s family: due to the fear of diminishing the power of the collective, family members have been taught to hide their scars, dress their tears up as sweat, and avert their eyes. Paradoxically, the motivation of collectivism has atomized and individualized a community that, especially now, requires a radical interdependency that refuses its nomination as parasitic or any other moniker besides loving. Illness narratives and experiences, consequently, serve as stories that put “an end to the fiction of autonomy,” as it takes seriously the question of navigating “condition[s] of vulnerability” that provide the personal contexts for intersubjective flourishing (Lee 138). Following the guidance of Hau’ofa who understands interdependence as the “essence of the global system,” counter-narratives from the quotidian, local, systemic, and global must proliferate which resist the individualistic beliefs that other people are our pathology, or vice versa, we are the pathology to other people.

To Those Who Don’t Make It: Bending Breaking the Narrative Arc of Restitution

Often, we demand of the American novel to be cohesive. A monolithic statement of a generation, but having grown up post 9/11, cohesion was not part of my generation’s imagination, nor our language, or
our self-identity. And I felt that if I were to write my version of an American novel, it would have to look more like fragmentation.

—Ocean Vuong, Ocean Vuong, Poet and Fiction Writer

Throughout Stigma, Kollipara is keen not to dwell on each person’s respective mental illness as a singular, deterministic ontology. Through depicting the people’s various hobbies, aspirations, and relationships—such as Tyson’s desire to travel the world, Sara’s love for community work, and Mirabelle’s prowess in journalism—Kollipara clearly is cognizant of the way the (over)medicalization of mental illness effaces and omits other aspects of one’s subjectivity, in which they are seen only as patients instead of people. Extending this desire to humanize these individuals, in all of Kollipara’s accounts she specifically attempts to end each narration in an optimistic fashion. In fact, in her introduction, she states that each of her stories is meant to follow “the mental health journey arc,” which follows the pattern of “the initial realization of the mental health struggle to the final step of utilizing professional services” (24). While I greatly appreciate the intentions of Kollipara, I express reticence to this narrative preface that attempts to neatly plot the mental health journey as a singular linear model. Each story neatly narrates an Asian American who, by some circumstance or another, must recognize their mental illness; find support, whether through professional help, medication, or some other support network; and then tidily conclude with some optimistic outlook about their life. For Tyson, “it is clear there are good things to come for him.” For Sara, “she’s no longer inhibited by the inability to recognize her mental health is poor.” And for Mirabelle, “in the end, through her words and the online world, Lei slowly brought herself out of that low place of depression” (Kollipara, 83, 158, 162, respectively). Kollipara, only slightly abridging what Paul Kalanithi critiques about the narrative of restitution, maintains the implicit demand for the ill person to begin and end with perfecting oneself into the image of health no matter what: “Yesterday I was healthy, today I’m sick, but tomorrow I’ll be healthy again” (qtd. in Lee 94).

However, to assume, or even promise, the capacity for restitution reiterates a cruel futurist logic that elides the lived realities of many. For example, Kalanithi, who dies at the age of thirty-seven from metastatic cancer, by the end of his life cannot invest in a belief that asks to resume the

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8 This portion of the video Ocean Vuong, Poet and Fiction Writer | 2019 MacArthur Fellow (see macfound in Works Cited) was transcribed, punctuated, and italicized by me to emphasize how narration, particularly when narration is meant to serve an ethical and/or political purpose, often must resist cohesion or singularity in favor of the ethical and political potential of narrative fragmentation.

9 More detailed explanations of Tyson, Sara, and Mirabelle’s hobbies can be found on pages 83, 158, and 162, respectively.

10 I italicize the word “the” to denote both Kollipara’s usage of it in her term of art “the mental health journey arc” and its status as a definite article that assumes a singular journey of how mental health stories unfold, which is further emphasized by the singular form of mental health “journey” (in comparison to mental health “journeys/arcs”).
steady march of living after stumbling. For many, illness is not simply a stumble, nor “always a simple pause; sometimes it is existential violence, a differential ontology by way of life shattering,” and for Kalanithi it results in him “careening into an altogether different path” that would not be imagined for a neurosurgery resident at Stanford (Lee 94). While Kleinman lays the groundwork for the notion of the illness narrative, Ronald Dworkin and Arthur Frank interpolate a new potential for it to transmute into a “narrative wreckage,” in which “the illness story is wrecked” as the “present is not what the past was to lead up to, and the future is scarcely thinkable” (qtd. in Lee 17). Consequently, if one were to dislocate the preset narratives and hobbies assigned to the narrated individuals Kollipara discusses, questions arise that skepticize the idealistic futures marking the end of each ethnographic account: What if Tyson’s bipolar disorder results in an inability to travel the world? What if Sara has a third child who elicits a postpartum depression that results in isolating herself from the community she cares so much about? What if Mirabelle’s body dysmorphic disorder results in renouncing journalism to avoid the public eye? While of course none of these outcomes are desired, these questions necessarily fabulate the inverse potentials latent to illness to seriously consider their magnitude and their prognoses that get dismissed to ensure a more desired, more palatable, narrative conclusion.

Even amid Kollipara’s desire to punctuate every person she covers in her monograph in an optimistic manner, one person offers a glimpse at a potentially not-so-rosy future. Not given a name, he is simply alluded to in the chapter on Mirabelle as her younger brother. Growing up in a strict religious household, he is confronted one day by his mother over his “sappy smile” while looking at his phone, in which she discovers his smile is directed to his boyfriend (Kollipara 152–153). After freaking out and attempting to have him converse with the priest to “suppress his ‘gay desires,’” and while Mirabelle personally contemplates her own homophobic beliefs, Mirabelle’s brother gradually began to “spend his time in his room,” “cut things off with his boyfriend,” and acquire a decreased appetite that made him “lose weight until he was nearly just skin and bones” (153). After the previously discussed mother’s mental health epiphany with Mirabelle that results in helping Mirabelle find online therapy groups, Mirabelle’s parents “invested in a therapy dog” and “professional therapy services” for her brother (161). This is followed up with an addendum exclaiming that, despite these efforts, “they haven’t fully accepted her brother’s sexuality” (161). In concluding remarks regarding her brother, Mirabelle (through Kollipara’s narration) appraises his mental health and progress and hypothesizes, “I know it will take them time to fully accept him, but at least now his mental health is at a better place” (161). However, given both Kollipara’s proclivity to assume an optimistic outcome and preceding accounts covered in this essay of how family members often dismiss or downplay the mental state of their kin,

11 To clarify, Ronald Dworkin coins the term “narrative wreckage,” while Frank describes how the “illness story is wrecked” and its subsequent implications for the past, present, and future.
one wonders how useful or truthful these speculations are. After all, while Kollipara insists that the “final step of [the mental health journey is] utilizing professional services,” it is uncertain whether these services effectively engage with not only the brother’s depression but also his continued struggles with sexuality and intimacy within and beyond his family.

Lee articulates how, within the realm of physician memoirs, the recurring trope that operationalizes the martyr-esque role dying patients have produces transformative and affective experiences in both the physician and the reader. As the physician “watch[es] us die with all the care and empathy they can muster,” they will be so moved that it will “transform them to take better care of future patients (Lee 16). Under this narrative form, it is the physician and readers who are the “principal agent[s],” while the patient—in all their satisfying suffering—becomes an object from which useful lessons can be learned, and, in turn, their life can be legitimated as “still a good life,” shortened as it might be (20). In a similar manner, the brother—who has no name or any personal testimony in Kollipara’s monograph—becomes a literary object for Mirabelle to deconstruct her internalized homophobia, for the family to discuss why mental health matters, and for Kollipara to optimistically reassure the audience that “though he still struggles at home with the tensions surrounding his sexuality,” he is able to “find the support” to “deal with it all” (163). In effect, the brother serves as the unnamed narrative backbone for all stories but his own.

Consequently, I express hesitation in accepting a narrative structure that writes solely in optimistic and restitutive tones or that prophesizes desires and futures with unlimited potential—particularly in the context of Asian Americans—when there exists already a compounded aversion to recognizing and grappling with the visceral and psychic realities of Asian Americans who experience illness. “The model minority is a haunt that is awfully hard to exorcise,” and Kollipara’s monograph (and even returning to CAMHS’s statement) illuminates how even in moments that attend to Asian American health, there is an instinctual desire to retrofit Asian American experiences back into linear narratives of sickness unto health unto productivity (Lee 21). When a reader is unable to dwell within the discomfort of an Asian American teenager grappling with disordered alcohol use, an Asian American daughter who lives every moment petrified with fear about the death of her parents, or the depressed Asian American boy who must simultaneously deny his family and his sexuality in an attempt to reconcile both, the reader can, instead, timidly retreat to these Asian Americans’ love for journalism or their desire to improve their community through volunteering, all reminiscent of the productive model minority. Subsequently, Kollipara’s transcription and narration of Asian American lives, while trying to prevent essentializing Asian Americans and Asian American mental health, holds the potential to inadvertently contribute to both. While deconstructing the trope of the ill and resilient subject, Kollipara synthesizes the two into a new semi-textured, yet still monolithic, trope of the resilient, but ill, Asian American who retains an
optimistic outlook for their illness prognosis, their support network, and, ultimately, their model minority future.

Given this, one wonders: Despite the instinctual, and often well-warranted, fear of overdetermining identity with a single facet (such as mental illness), is there a potential analytical and affective benefit to intentionally recognizing and working through that facet? If one purposely sheds the compulsion to narrate more about the optimistic experiences of a broken/breaking subject than about the subject themselves, what remains? This is not to deny the moments or experiences of people that exceed the register of illness, but rather, it is to inquire about the cognitive and empathic benefit of requiring one to grapple with the existential reality that mental illness, can, does, and will leak into the hobbies, the desires, and the relationships of these individuals. In this conventionally more fatalist—or perhaps, more realist—reading that engages in all the speculative capacities of mental health without cherry-picking its cheerier renditions, can we reveal a new degree of complexity that resides within the supposedly monolithic frame that is illness? While there is a plenitude of resiliency and restitution narratives that have echoed for decades within the barrel of the Asian American can(n)on, there remains a scarcity of illness narratives that provide the cognitive or experiential content that encourage recognizing the progression of a subject not in spite of illness, but simply with illness. I deploy the term “progression” not to signify a sense of inevitable development or growth, but to merely allude to the subject as they progress through time. By embracing this ambivalent use of progression, instead of requiring its suture to the narrative arc of “Yesterday I was healthy, today I’m sick, but tomorrow I’ll be healthy again,” we can craft a narrative (or anthology of narratives)—sans an arc—that insists, “Yesterday I was both sick and healthy, today I’m still figuring things out, and tomorrow has yet to be determined.” Although certainly less succinct and catchy, this jettisons the expectations set when applying the orderly storylines of certain paperwork technologies to the inherently chaotic and precarious lives we inhabit by embracing the quotidian moment of “still figuring things out” as the impetus for engagement.12

This linguistic shift from instituting the (cohesive) mental health narrative to a (fragmented) mental health narrative interpolates Vuong’s notion of fragmentation to consider and acknowledge that no one—at any point in time—is of perfect health, but rather exists along a continuum of illness and health. Consequently, this unlocks a linguistic and empathic capacity to care for the documentary subject and not just the documented subject. In the experiences and narration of the unnamed brother—initially a fragmented plot device in a chapter entitled “Mirabelle Lei”—the demands that accompany tending to the wounds of mental health are acknowledged. The brother’s depression is a condition that encompasses an amalgamation of racial expectations, religious anxieties, sexual desires, and countless other unnarrated or unrealized intersections, none of which can be hygienically excised, surgically sutured, or narratively resolved. Especially for those who bear the mark of generational trauma, structural

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12 See Brodwin’s Everyday Ethics.
debilitation, and racial violence, in which the future—its predictability, its cohesion, or even its presence—is not promised, fragmentation entails having readers, caregivers, and everyone else continue caring for these bodies, even if an optimistic prognosis or completion of a story is not seen on the horizon. This fundamentally emotional task is particularly important for those enfolded as model minorities, whose value in society has been contingent on the dream of “inhabit[ing] indefinitely healthy bodies” and performing the viscerally grotesque task of neurotically caring for “the self” to “optimize one’s economic [and social] potential” for the sake of everyone but themselves (Lee 3). Thus, when these model minorities are unable to fulfill this (nonconsensual) social contract—which demands them to continually articulate and justify some benefit to their inclusion—we must continue to bear the question: will individuals, mental health organizations, and societies continue to “keep loving anyway” (Thom 82)?

If words, as they claimed, had no weight in our world, why did we keep sinking, Doctor—I mean Lord—why did the water swallow our almost human hands as we sang? Like this.

—Ocean Vuong, *Time is a Mother*13

I still clung to a prejudice that writing about my racial identity was minor and non-urgent, a defense that I had to pry open to see what throbbled beneath it. This was harder than I thought...

—Cathy Park Hong, *Minor Feelings*14

What now? In the aftermath of a narrative wreckage, one which upheaves the assignation of standard literary procedure and character tropes onto documentary subjects, what can—should—come next? Returning to Lee’s observation of the disproportionate swath of Asian American physician memoirs which reify Asian Americans as both paragons of health and healing, it is imperative to consider what experiences lie outside this genre. If historic and contemporary paperwork technologies have animated troublesome conceptions of Asian American existence, it can be reasoned that these technological modalities also hold the potential to proliferate the alternate realities Asian Americans occupy to create an economy of narrative plenitude rather than scarcity.

In a conversation with Nicole Chung, Ocean Vuong recollects the motivations behind his poetry collection, *Time Is a Mother*. Chung depicts Vuong’s life and mourning after the death of Hong, his mother, due to stage 4 breast cancer, as one that “bears witness to love, loss, and trauma in a way that may feel especially resonant to readers right now; it reads as a search for meaning and truth in a life remade by grief.” Vuong says this reconstruction, this *life remade by grief*, functions as both impetus and process: “Grief might actually be the mode in which I write—not all my poems are mournful, but they’re haunted by the inevitability of death” (Chung). Death, illness, and grief all are fundamentally human

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13 Excerpt from Ocean Vuong’s “Almost Human,” in his poetry collection, “Time is a Mother,” page 79.

14 The original formatting of Hong’s text has been changed, and enjambments have been added to align with Vuong’s formatting of “Almost Human.”
conditions—in inevitable and insistent. Yet, Vuong’s “Almost Human” notes how Asian Americans are often denied access to these experiential registers; allusions to woundedness and imperfection, including the “substance & sinew, damage you could see / by looking between your hands & hearing / blood,” or being “Indecent, tongue-tied, bowl-cut & diabetic,” all end up being eclipsed; these visceral and emotional experiences, when spoken, are rendered illegible as these words are met with the belief that they “had no weight,” neither to the authoritative figures of the “Doctor” and “Lord” (Vuong, Time Is a Mother 79). Despite this, the utterance that these words mean nothing, paradoxically, are words that mean something. They are words that suppress, and these words’ power is monopolized for only a few to wield. Thus, to reclaim these words—to reclaim grief, illness, and death—all become imperatives. As Vuong states in his interview with Chung, describing his interactions of seeking care for his mother and his intentions when writing, “Here we are again: I have to speak for you. I have to speak for your pain. I have to verbalize your humanity. Because it’s not a given. Which is the central problem with how we value Asian American women.” To be human is to learn how to speak and navigate the inevitabilities of these pains. Thus, to move beyond this almost human status requires not abdicating the vernacular that speaks to these experiences but engaging in the difficult work of appropriating them. This narrativization remains difficult work insofar as it speaks to what was considered unspeakable. As Hong reflects on writing her memoir, she bluntly speaks to the internalized inertia she had to overcome because of external sociocultural attitudes: “This was harder than I thought, like butterflying my brain out onto a dissection table to tweeze out the nerves that are my inhibitions”—inhibitions that ultimately reinforced the idea that her “racial identity,” and thus she, was “minor and non-urgent” (Hong 146–147).

This essay, ultimately, is about the words we use, the narratives we create, and the stories we choose to listen to. Literature and its related paperwork technologies, including those like Hong’s, Vuong’s, and Kollipara’s, offer the opportunity to deeply illustrate the intricate and often fragmented mental health journeys of Asian Americans. Rather than casting aside the negative experiences endemic within mental illness, these stories articulate the necessity of destigmatizing mental illness by foregrounding them. As Hong states,

Naming that pain takes the sting out of the incident, makes it mortal, manageable, even extinguishable. But I grew up in a culture where to speak of pain would not only retraumatize me but traumatize everyone I love, as if words are not a cure but a poison that will infect others. (121)

Asian American literary production and tradition subsequently provides ample and accessible opportunity to narrate these experiences.

While I have built the case to democratize illness, including through the potential of Asian American mental health literature, the corollary to that will always be to democratize care. As intrinsic as the author and literary
subjects are to the relevance of literature, so too is its audience. This implicit notion is why literary critique, such as the one related to Kollipara’s presentation of Asian American mental health journeys in her monograph, is essential. After all, it is the audience who reads, interprets, and potentially promulgates the paperwork technologies and both their intended and unintended messages in their everyday lives. With regard to Kollipara’s stories, embracing a paradigm of fragmentation amidst narrative wreckage no longer attempts to fabulate the desired, prophesized futures of Tyson, Sara, Mirabelle, or her brother. Instead, alluding to the potential irresolution of these narratives enfolds readers to perform the work of caring for these narratives and its subjects sans the reprieve of knowing their existence will always be better. This is not at all to deny the critical revelations and connections that these individuals made, nor the essential foundation Kollipara has constructed through her work destigmatizing Asian American mental illness. Whether seeking professional medical services, communicating with peers or trusted supervisors, or breaking down intergenerational and cultural stigma, all these actions and quotidian moments play a role in combating a model minority narrative that atomizes Asian Americans from not only the rest of society but also one another. However, all this emotional and material labor performed by Asian Americans can only do so much if there is not reciprocal engagement. As Asian Americans gradually find the psychic and agential capacity to narrate their needs and seek care, there remains the question of whether caregivers—family members, peers, supervisors, or mental health institutions—are ready to meet these individuals where they are.

In contending with irresolution as a literary analytic, one which removes relied upon narrative guardrails in favor of revealing the rich tapestry beyond expected parameters, there lies the possibility of contending with the essence of care, a type of care that sincerely asks the question: “Can you tolerate the pain of another as it enters you and finds your own pain?” (Kleinman, The Soul of Care 249). Kleinman reminds us,

Perhaps that is the bittersweet mystery at the core of care, the soul of care. We are here to care. Yet care is our doubt, our anxiety. It doesn’t tie up neatly, if at all, at the end. Inconvenient; often something we would rather not do; at times truly unpleasant; sometimes taking more than it gives; something that can break us. (249)

This is a type of care that hopes for, but does not expect or demand, joy or other optimistically related affects. For it is one type of empathy to tend to someone knowing that through this compassion and care, that cared-for someone will heal; it is another type of empathy to care for someone and not know they will heal, or even more, know they will not heal. This latter manifestation of care, in all its difficulties, undergirds the Asian American contemporary struggle for recognition and engagement. In a nation that often dismisses Asian American mental health concerns as an individuated resilience problem, unabashed narratives of illness and its related discontents marshal a collective counterforce that rewrites the documented
subject through the arbitration of the documentary subject. Thus, for literary aficionados—whether writers, literary scholars, or readers—whose obsessive and distinguishing trait is contending with the social, political, and humanistic dimensions of narration, it is directly within their wheelhouse to engage in the practice of excavating the precious and precarious lives that continually elide a cohesive narrative arc. This process of tending to, narrating, and cultivating the fragments of Asian American quotidian experiences excavates new opportunities to perform the critical work of pushing the boundaries on how we conceptualize care.

Democratizing illness and democratizing care are cumulative processes. Illness and harm magnify the stakes of care and simultaneously reflect a scale problem with understanding it as a sole quality of formalized institutional health care. Where there is illness, pain, or violence, there is a demand for care. For many Asian Americans, COVID-19 exposed the precariousness of their position: it qualitatively illustrated the symptoms (including the uptick in anti-Asian violence and the escalation of mental health crises) and underlying conditions (including structural racism, socioeconomic disenfranchisement, and COVID-19 itself) that metastasize from the pathologization of race. Amid this metastasis, it is the infusion of care into the everyday life that contains the potential for recourse, for “life is dangerous and uncertain enough to unsettle the most balanced of us,” and, thus, “all of us need care—not only from and for others, but for ourselves—to get through” (Kleinman, The Soul of Care 236–237). While this essay began with a discussion of Asian American mental health, this is by no means where it hopes to end.

Democratizing care means democratizing the processes of deciding both who is a caregiver and who is to be cared for. Everyone eventually occupies both positions. Despite my repeated emphasis on the hardships of practicing this radical notion of care and love, this repetition will always be followed by the firm belief in its necessity and even in the possibility of its eventual ease. James Kyung-Jin Lee notes Eve Sedgwick’s conception of reparative reading, in which forms of reading and writing are understood as a “reparative performance of love”; this intimate engagement with literature seeks to “treat a cultural work as tenderly as one might approach someone on her sickbed,” and, through this emotional vulnerability, trains caregivers (read: everyone) for the moment when these tender demands are transposed off the page (Sedgwick qtd. in Lee 159). While the proliferation of ever-expansive political, social, and humanistic dilemmas accelerates, finding any form of remediation can seem impossible. To imagine these alternatives fundamentally requires a new form of caring, of being, and of living. To foresee these alternatives requires narrative revision.
Works Cited


