

dear  
elisa



mimi  
khuc

LETTERS FROM THE  
ASIAN AMERICAN ABYSS

dear

elia

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khúc





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## THE HANGMAN

[PLATES 1 & 2]

The Hangman: art by Camille Chew, text by James Kyung-Jin Lee.

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. \* James Kyung-jin Lee



[PLATES 3 & 4]

The Student: art by Matt Huynh, text by students everywhere.

The Student is the twenty-ninth card in the major arcana, sometimes known as the lost card. The Student cried the day of graduation. They play one role for the Mother, another for schools, another as the Daughter, another for workforces, another as the Model Minority, another for the state, always in the pull of the annihilating void. The Student is, at essence, a note-taker: be grateful / always be ok / chase the promise of / this, for hours / never complain never be sick keep going / nothing is ever enough the work goes impossibly on / is college life normal stress? / *what would it mean to leave* / we are finishing our parents' immigration stories / leaving behind the fact of living / we are not grades / a condition of what can't / *don't feel guilty*. Drawing the Student card in a reading reminds you that Student debt extends forward and backward across our collective lifetimes. But ask yourself, what is it you actually owe? Your entire personhood, and then more. *We gave you your past, now give us your future.* The Student urges us to refuse. If schools are a feeder system for churning out good citizens, embrace being a bad citizen. Embrace being a bad subject, a bad student, a bad child, a bad person: a revolutionary. Remember that the Asian American Movement was birthed in the fires of student protest. \* *students everywhere*



## THE PANDEMIC

[PLATES 5 & 6]

The Pandemic: art by Nguyễn Khôi Nguyễn, text generated collectively, edited by Mimi Khúc and Lawrence-Minh Bùi Davis. This tarot card was collectively created in the culminating event of the UCI Center for Medical Humanities' 2020–21 Open in Emergency Series curated by Mimi Khúc. (*continues*)

The Pandemic is the thirtieth card in the major arcana. It has been a long year like a long decade, one of atrophying time. We miss the way it feels to walk in a city, in the current of everyone going somewhere. We don't remember why certain things felt important in the beforetimes, do remember seeing a classmate in a casket on YouTube livestream. The Pandemic unmasks the lie of the word essential: who provides care, who deserves care, death visited disproportionately on the poor, the black and brown, the lower caste. Returning to normal is an impossibility brimming with longing and terror. In the center of the card is a discarded mask, an iPad by a hospital bed: say our goodbyes however we can. Toilet paper has become a totem of survival, sweatpants an emblem of refusal, sourdough a gift of renewal. All things will pass, like a kidney stone. When will we hold our brother's hand again? Will our kids remember this as the worst time of their lives or as something strange and tender? Will our dogs forgive us when we return to work? Drawing The Pandemic card in a reading means a portal is opening. Where it leads is unclear, but remember people have always slept in doorways, huddled under them during bombings. Who knows if The Pandemic will ever end. \* a collective card

CREATED WITH THE SUPPORT OF THE UCI CENTER FOR MEDICAL HUMANITIES

(Plates 5 & 6, *cont'd*)

Series facilitators Simi Kang, Yanyi, and Shana Bulhan Haydock returned to lead breakout groups to generate language for this card, while Nguyễn Khôi Nguyễn joined to live illustrate. Mimi Khúc and Lawrence-Minh Bùi Davis drew upon the breakout groups' discussions to coedit this card for the Asian American Tarot project, documenting our collective unwellness during the COVID-19 pandemic.

28



SUICIDE

[PLATES 7 & 8]

Suicide: art by Matt Huynh, text by Terisa Siagatonu.

Wanting to die is only frightening to those who have never been exhausted by the audacity of their own survival. Killing yourself is only terrifying to those who have always put their faith in a light ahead of them—rather than bearing the ancestral duty to be the light itself. Suicide is the twenty-eighth card in the major arcana. It speaks not simply to suffering, but to the life that holds the suffering as long as it can. You, who must endure being your ancestors' wildest dreams amidst the colonial terror that killed them, and left you with... what? Intergenerational trauma? Your war-torn homeland, bloodied by the genocide of your people? No wonder you chose this card at this moment. Or rather: this card chose you. Its image of a tired hand reaching to extinguish the flame of a candle symbolizes that yes, the light goes out, but like all candles: it can be lit again. What often goes unnoticed in the image on this card is what the rest of the body is doing that we cannot see. When chosen, Suicide is not a destiny. You are never to blame for what colonization has made you believe is your fault. This card chose you as a sign to pause and feel everything, rather than end. You're left to interpret what the rest of the body is doing while you're still here. Alive. \* Terisa Siagatonu



# 2 touring the abyss

Dear reader,

The places, the hosts, the students have all started to blur together, I have to admit. I want to remember, but that has become increasingly difficult, especially during the pandemic when talks all went virtual. All the Zooms look the same. Sometimes, I'm not even staring at an array of black boxes and unmoving profile pics; sometimes I'm just staring at myself as I talk while interacting with participants through the chat. I've wondered what is lost, who is lost, during this particular juncture of crisis. I tour unwellness and pain, you see, and when that tour moved to the virtual, I worried those screens would obscure the evolving shapes of that unwellness. I should have trusted in what I had already learned in the beforetimes: when you make it safe, people will tell you what hurts.

I've been on a national speaking tour for the last six years, launched into an entirely new kind of orbit with the publication of *Open in Emergency* in late 2016. Some of my speaking invitations come from professional and community organizations, but most come from universities, from academic units, student services, and student orgs. I've now met with thousands of students, teachers, scholars, writers, artists, mental health professionals, community organizers, and university administrators, all wanting to figure out together why and how life feels unlivable, especially for BIPOC students, particularly Asian American ones. I urge them all to think about what the responsibility of our institutions might be—in contributing to our unwellness and being

accountable to our health. University faculty, counseling staff, and administrators have been relatively enthusiastic, recognizing the desperate need for resources but not knowing how (or not being willing or able) to do things differently. But students, students have been electrified by these conversations, by the sudden insistence that they matter, that they are allowed to name and address their suffering.

Vanderbilt, Colgate, University of Minnesota, UC Santa Barbara, UC San Diego, UC Berkeley, UC Irvine, UCLA, Ohio State University, Princeton, Yale, University of Pennsylvania, Georgetown, Harvard, University of Michigan, CSU Fullerton, United States Naval Academy, Gustavus Adolphus College, Tufts, Amherst College, University of Kansas, Williams College, University of Virginia, Smith College, University of Illinois Chicago, University of Chicago, University of Connecticut, Garrett Theological Seminary, Washington University at St. Louis, Pomona, Connecticut College, Northwestern, NYU, Brooklyn College, Barnard, Hiram, University of Southern California, Yonsei University, Colorado College, St. Olaf, University of Toronto. The hunger for conversations on mental health, and disability, and on Asian American experiences in particular, has been overwhelming—but not surprising.

Students in my own courses at the University of Maryland, where I taught from 2009 until 2017, had expressed this deep hunger.<sup>1</sup> When I opened my courses with Eliza’s “A Letter to My Sister,” which I mentioned in chapter 1—her haunting, gut-wrenching indictment of processes of model minoritization in American society for their part in causing her sister’s suicide, her recounting of what it looks like for Asian immigrant families to be both victim and accomplice to the death trap of racialization in the United States—students said *yes, this, more, please*. On suicide, immigrant family dynamics, and gendered racialization. On Asian American studies through mental health and mental health through Asian American studies. Students wanted a language to bridge Asian American studies and Asian American everyday experience, their academic and home lives, their immigrant parents’ version of the American Dream and their own. Day one, this discussion cracked something open for them. The stakes were laid bare, the needed language began to form. Together we began the work of grappling with why their—our—lives have felt unlivable. And they wanted to know: *How do we live?*

Fast forward to my speaking tour, where I took these questions on the road. I’ve met students at every university I’ve visited, some organizing my visit themselves. And while there are historical and geographical and structural specifics for each place, student experience has been eerily, horrifically, similar across my visits.

One through line is that students are ubiquitously encouraged to “seek help at the counseling center,” especially after large-scale trauma. A mass shooting, a peer’s death, a pandemic—certain kinds of crises are legible, and when those occur, universities remind students that counseling centers exist and that they exist to help. Students are told, “You are not alone.”

They feel incredibly, irrevocably alone.

Even surrounded by thousands upon thousands of other students who feel the same.

I'd like you to answer this question for me: *What does unwellness look and feel like for you?* Indulge me, and write it down below: a list, some phrases, some descriptions.

I've made it a practice to ask students this question in my workshops. Exhaustion, they say. Not enough time. Feeling like a failure. An impostor. Feeling overwhelmed. Isolation. No support. Pretending to be well. Pressure to maintain "normal." Hopelessness. Not doing enough, not being enough. Guilt. Feeling like a burden. Feeling lost. Feeling ashamed. Something is wrong with me.

Did any of your answers resemble these?

Helplessness. So many students talked about feeling like they had no control, no choices, no agency in anything in their lives—their families, their classes, their futures, the pandemic, the increasing anti-Asian violence. In the context of college life, they reported about pressures to succeed, to not fail, from their families, from their professors, from their jobs, even from the very spaces that are supposedly created to provide support: counseling centers. All the different responsibilities they've faced, all the choices they didn't feel they had, the tunneling of their future that felt like suffocation, like drowning. Be well, do well, at all costs. No wonder "seek help at the counseling center" rings hollow.

Just asking them this question of what unwellness looks and feels like is stunningly transformative. I'm not sure they've ever been asked before. Asking them, and affirming their answers as real, opens a door they didn't even know existed. Students respond powerfully when they are given permission to hurt. They want to know that their pain is real, that it matters—and that it is shared. They want to know they are not alone, that others who look like them feel like them. There is something incredibly powerful about being in a space with dozens, hundreds, of other Asian Americans and discovering that others feel the same fears and longings as you. That others also want something different than what they've been given.

Students want to know that shame belongs to people and structures inflicting the pain, not to those trying to survive its crushing weight. They want to know that failure is not what they've been told it is. They want their humanity, their complex personhood, seen. Something changes for them when their suffering is no longer an individual pathology to be measured and then cured but a collective trauma that is both normal and completely unjust—and deserving of care.

And then I do something even more unfamiliar to them: I ask them what they need.

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*What does wellness look and feel like to you? What does “mental health” mean to you? Hazard a list yourself. Ask a friend to do it with you. Really take a moment to do this before you go on reading. It’ll be worth it, I swear.*

I ask students what *mental health* means to them, and I write their collective answers on a whiteboard. Across my dozens of workshops, there's some of what we might expect: the ability to cope and bounce back from setbacks, not being depressed, not being "mentally ill"—whatever the fuck that means. But also, some richer, perhaps unexpected, answers. Feeling safe. Belonging. Having community that you trust. Liking yourself. Experiencing a full range of feelings, not numbness. Feeling fulfilled. Having a purpose. Healthy boundaries. A supportive community. Feeling valued. Feeling understood. The ability to "be yourself." Hope. Feeling like you have a future. Being happy. Laughing. Being able to be vulnerable with others. Holding loved ones. Agency—feeling like you have control and can make choices. (As I list these here, I find myself once again in wonderment. Students know what's up. They have a vision for themselves so rich, so full of deep longing, my heart aches and is healed all at once. Their yearning, and hope, is fucking breathtaking.)

Then, inspired by Kai Cheng's essay, I show them the World Health Organization's definition of mental health:

Mental health is defined as the 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.<sup>2</sup>

Students stare in horror at this definition. Their eyes flit back and forth between the two lists. The WHO definition feels both familiar and foreign: its focus on productivity, individual coping and functionality, and the ability to “contribute” to society is what they’ve been implicitly told their whole lives; simultaneously it looks absurd now sitting next to the definition we just collectively generated. The dissonance hums in the air.

Then I give them humanities tools to examine this dissonance. We close-read the WHO definition together, identify its assumptions and assertions, reflect on its consequences. What is “potential” and who gets to tell you it’s been “realized”? What are “normal stresses”? (Is racism a “normal stress”? I ask them. Is student life “normal stress”?) What counts as “productive” work and valuable “contributions” to society? Then we compare the two definitions, side by side. Students easily point out the differences. They easily see the limitations of the WHO definition even as they recognize its dominance in their lives. They recognize they have already been dreaming much bigger than the WHO definition, even if not consciously or intentionally before. They feel affirmed—and affirm each other—in their collective desire for something more than what WHO promises.

Then I ask the question that usually feels like a gut punch: *Which definition does your university align with?*

At my visit to Amherst College, a counseling center therapist sat among the participants. The therapist slowly raised their hand, still looking at the two lists side by side in horror: “I want to do this,” they said, pointing to the side that we collectively generated. “But I’m pretty sure I do this,” pointing to the WHO side. They then admitted to not knowing how to do the first within the constraints of the university counseling center. Everything put in place is to help students go back to being productive students—no more, no less.

Every single student at every single place I’ve visited over the last six years has said that their university aligns much more closely with the WHO definition.

There is something simultaneously banal and awful about the way mental health is done on college campuses. Mental health “happens” almost exclusively at the counseling center—mental health is the strict purview of the counseling center and a few other units or spaces. There might be a well-

ness center to complement the counseling center (Does this mean the counseling center is the illness center?) that offers a variety of classes on stress management, alcohol consumption, nutrition, sleep, time management. Or wellness programming that includes public talks on “tolerating distress” or “regulating emotion” by counseling center psychiatrists.<sup>3</sup> But by and large, universities imbue counseling centers with the sole authority to “do” mental health, and they turn to their counseling centers as the solution to all crises deemed mental health related. No one seems to question this authority, this strict delineation.

Let’s back up for a second: even if we don’t question this authority, we don’t seem to even notice the very simple contradiction of capacity. Universities keep saying they want more students to go to the counseling center; counseling centers try to invent new ways of doing outreach, including promotional videos meant to demystify counseling center processes.<sup>4</sup> But it is already nearly impossible for counseling centers to see the students that *do* come—students from nearly every place I’ve visited report long waits, limits on number of sessions, rotating clinicians, and inevitable referrals to private off-campus services, not to mention an array of clinicians with little to no training in working with Asian Americans and other students of color (or queer, trans, nonbinary, and/or disabled students). And it is definitely impossible for counseling centers to see every single student on their campus—because, let’s be real, every single student, every person, needs and deserves mental health care. Counseling centers as they are do not have the capacity to serve all their students—numerically or intersectionally.

But beyond the capacity issue, why is it that counseling centers are the official “center” of mental health on college campuses? And why do they get carte blanche decision-making power to determine what that mental health care looks like? No one (in authority) questions what kind of care is being given at counseling centers, the purpose of it, the shape of it, the implications of it.

Remember that all the students I’ve met have said that their universities align with the WHO definition of mental health.

An example: in 2017, I was invited to an elite liberal arts college in the northeastern United States to do mental health workshops for students—and, surprisingly, counseling center staff and academic deans as well.<sup>5</sup> One therapist, a queer Latina intimately familiar with ethnic studies and community organizing and one of the only people of color (maybe *the* only) on staff at the counseling center, saw a need for more—and different—mental health resources for students of color at this predominantly white school. She also saw a need for more and different mental health resources for her fellow col-

leagues so that they could better meet the needs of students. “They need help,” she said to me when I got there. I think she might have meant the counseling center staff even more than the students.

So I asked the counselors and the deans what they thought mental health is. Some similar answers to students: having a range and balance of feelings, the ability to be present and to self-soothe. Some wildly different:

- “self awareness of baseline” especially “cognitive”
- “ability to learn, think, problem-solve, self-direct”
- “free of debilitating symptoms” especially “psychosis”
- “awareness and engagement of social rules”

These professionals were defining mental health in terms of students’ ability to meet their responsibilities. Students need to understand their cognitive baseline, need to be able to learn, need to not be debilitated by psychosis, need to follow social rules. The focus here was very individual, very psychological, with a heavy emphasis on coping skills and behaviors. Disturbingly, psychosis, or a debilitating state of being unable to reality test, was the bar of mental illness—and mental health was simply to be free of this. This was so unimaginative in terms of both highs and lows—that being out of touch with reality is the only way to imagine deep suffering and that being free of that debilitation is the only way to imagine wellness. But also disturbing was how these answers reflected institutional expectations. These answers were deeply colored by the counselors’ and deans’ sense of responsibility to the institution, the need to direct students to meet the expectations of the university. Wellness is being able to follow the rules. To be a good student.

I wonder: Would they have answered this way if they were thinking about themselves and not students? Maybe, maybe not. I wonder if they would recognize their own human needs in a different context—or if this ability has been trained, institutionalized, out of them completely.

I’ve already shared what students across the country in aggregate have said about their unwellness and wellness. But I’d like to take a moment to look at what students at this college said in particular, to directly compare with their counselors and deans (see fig. 2.1).

Students there want to know themselves, to be safe, to have community, to feel, to heal. They want an environment that is enriching and encouraging, one that supports them, does not judge them, gives them hope. They want a reckoning with their individual and communal histories. They want so much more than what their college is giving them—more than even what their college, in its counselors and academic deans, dreams for them.

# Mental Health

- resiliency - healing  
- historical reckoning

- sense of who you are - identity

- safety - physical  
- emotional  
- spiritual

- biology - physical wellness

- environment  
- safe  
- enriching - process, reciprocal  
- encouraging

- hopeful - coping with trauma / challenges

- adaptive / adjusting

- regulating emotions

- having a support system

- awareness of needs - asking - community  
- interdependence

- listen + process emotions

- embrace emotion - range of feeling  
- free of judgment

Even more striking was the vast difference between how these two groups defined *unwellness*.

First on the list for the counseling center and deans was “sleep deprivation.” Because of too many “extracurriculars.” Second was “procrastination.” Then “substance abuse.” From there, they were willing to expand to “academic pressures,” “uncertainty about future,” “impostor syndrome,” “social pressures,” “social life/interpersonal conflict,” and “sense of belonging.”

Now let’s look at what their students said (figs. 2.2 and 2.3 on next pages).

Looking at this list again now, I am first struck by how long it was. Two pages. And this was already condensed, me the notetaker writing in short-hand. Second: holy shit, this list perfectly diagnosed how the institution, their college, makes them sick. Unwellness is feeling like you have to do it all alone, like you have to always be productive, independent, high achieving, positive. Unwellness is martyring yourself, not being able to be vulnerable or admit your limits. Unwellness is denying your own feelings, not having language for your suffering, devaluing your own experiences—to be gaslighted, to gaslight yourself. Unwellness is normalizing and romanticizing stress, glorifying busyness. *Unwellness is to be a good student.*

The generous framing of the starkly different perspectives between these students and staff could be to see them as two ships passing in the night. The staff’s and students’ ideas about what hurts and how to care for those hurts differ so drastically; no wonder these groups have trouble connecting. But that framing is too simple. It erases power and structure. Counseling centers are institutional creations, beholden to the larger institution. Counselors are trained in fields that are their own institutions—most often psychology and psychiatry—from which we inherit the medical model of mental health, of individual pathology to be cured. And all institutions are in the business of subject formation—of shaping us into beings that function within those institutions. Counselors and students aren’t simply two equal ships unknowingly passing by each other; students are being crushed by a *Titanic* that tells them (and even thinks) it is helping them. And as they are being crushed, they are told they need to fix themselves—to learn better time management, to drink less, to procrastinate less, to tolerate distress better, to sleep more, and of course, to go to the counseling center—so that they can go back to being good, productive students again.<sup>6</sup>

“Why would you want to place yourself into the hands of an institution that seeks to resocialize you into the environment that made a mess of you in the first place?” Eliza reminds us.<sup>7</sup>

## Unwellness

- isolation

- [REDACTED] structures / culture

- depression

- denial of feelings

- feeling like you have to do it alone

→ responsibility

- perfect [REDACTED] student - "success"

- productive - social

- indep. - achievement

- no depression - no problems

- normalized stress

- stress as romanticized + valorized → jokes!  
↳ glorification of busy

- devaluation of your own experiences

- hard on yourself / expectations

- pressure to be positive

## Unwellness cont.

- competitiveness
- not caring for basic needs
  - ↳ martyrdom
- lack of precise language for feelings / suffering
- lack of trust
  - in people
  - in systems + structures of support
  - ↳ fear of being vulnerable
  - ideas of strength + weakness
    - ↳ capitalism + productivity
- power dynamics!

To be fair, the deans and counselors were very open to hearing from me what students have shared across my university visits. And they were open to hearing that their approaches were missing the mark. I want to be clear here that I don't think their ideas were exceptionally bad. From what I've learned from students across my visits, I would expect most university deans and counselors to answer similarly. In fact, their willingness to meet with me and have this challenging conversation demonstrates that they are ahead of other institutions, with real hope of actually engaging student needs. They actually asked what they should do differently.

So I asked them to generate a list of spaces on campus where college life happens—and asked them what it would look like to understand those spaces as also where mental health happens, and where care might happen as well. What would it look like to extend mental health care across campus, to think about building care across spaces, classrooms, units, communities—to see every person and every unit as responsible for a commitment to the well-being of all whom they encounter, to see mental health as the purview, the right, the responsibility of every person and every unit? This is the transformative work I want to see happening at every institution of higher learning, and these academic deans and counselors were willing to listen and begin the work of imagining more, real, care for their students in these ways. Who knows what has happened there in the years since my visit, but I remain hopeful—because there is no way to stop missing the mark without first doing the hard work of examining the ways you're missing it.

Harvard, on the other hand, provides us with another example of continuing to miss, for Asian American students in particular. In spring 2020, in response to rising anti-Asian racism and violence in the context of the COVID-19 pandemic, Harvard University's counseling center posted resources on its website—resources that came under scrutiny a year later in March 2021, a few days after the mass shooting in Atlanta in which eight people were murdered, six of them Asian/Asian American women. The advice, which was taken down after a Harvard student blasted it on social media, included this piece of wisdom: "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."<sup>8</sup> And it advised Asian Americans to find pride in their communities by seeking out positive narratives in media. Asian American students were outraged, taking offense at the normalization of internalized racism and self-hatred, the implied downplaying of their suffering by invoking supposed ancestral pain, the directive to go seek out positive media representations as a way to shore up self-worth. This psycho-

logical guidance seemed particularly absurd in the context of racist and misogynist murders in Atlanta—students were not feeling shame, did not need reminders about their supposed ancestors, did not need to watch a movie at that moment.

Two ships passing in the mass-murder-filled night?

Let us be a little bit clearer about who was steering one of those ships. erin Khuê Ninh rightly recognizes the Harvard post as an “inside job.” These were the directives not of white counselors without “cultural competence” but of Asian American psychologists. “The call was coming from inside the house.”<sup>9</sup> Asian Americans were reminding other Asian Americans how to best cope with racial violence: individualize and manage pain in order to “succeed” in the United States. This is a message every Asian American is familiar with; model minoritization has been the Asian American path to conditional belonging for centuries, if not always by that name. Immigrants—and especially their children—have been told to keep their heads down, minimize their suffering, and just muscle their way toward “functioning” as good citizens, as good students. The model minority is something you become—as Eliza shows us in her letter, and as erin shows across her work—at great cost.<sup>10</sup> And now here are Asian American psychologists telling students once again how to do so.

But is it really a surprise that some Asian American psychologists and psychiatrists have found a happy marriage between their own racial formation and their professional training? The medical model of individual pathology, the imperative of wellness, and the model minority all walk into a bar together. And they end up at Harvard.

erin points out what the advice does not include: educating yourself about what it means to be Asian American, about why things like this have happened, continue to happen. Joining forces with others working against injustice, finding community through shared commitments. “Process your model-minority formation,” she suggests. Analyze how you’ve been asked over and over to be smaller, to be “good,” to strive for that conditional belonging dangled in front of you that you think is yours until a gunman goes on a racist, misogynist rampage and kills people who look like you or your family, and then you remember that you don’t actually belong, that you and your family are not actually safe, that Harvard will not save you. That Harvard will not save you, and instead those like you in its halls of power will actually tell you that they know what you’re feeling and that you just need to watch some movies and do some deep breathing and focus on staying on track and, don’t forget, *go to the counseling center*.

Students are tired of being told that they should be well, at all costs. That when they are not, when they break, it is their fault.

They want to know that we are *all* broken, together, and that the world is broken, and that there is life in that brokenness, hope not despite it but because we share it.

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### *Does your university care about you?*

The answer from students is always at first an uncomfortable chuckle. I can sense the rapid sequence of questions running through students' minds: Does it? Is it supposed to? Of course—but wait, does it? Then, ultimately, they answer: *No*. Particular people care about them—peers, some faculty, some student services folks—but the institution as a whole does not engage in this thing called “caring.” At least, not in the ways the students think about it.

But universities often say they care. No university would be caught dead without a counseling center, some kind of hotline, a poster that tells you to seek help. Georgetown has caring in its mission; it bought a subscription to a deep-breathing app for all of its faculty and staff in spring 2021. I’ve received regular university emails about more and more resources for wellness during the pandemic.<sup>11</sup>

What kind of wellness is all this striving for?

And what of the ways the university itself makes us unwell?

Students at the liberal arts college in the northeast were very clear about how their university generates and feeds unwellness through a culture of hyperproductivity, overwork, and martyrdom. It bakes racialized ableism into its expectations, into normative ideas of success and failure. It creates an imperative to be the “perfect” student, and mental health structures to help students socialize into these systems, to function *well*. To pretend well.

The irony of all this university care and supposed concern for student unwellness isn’t just that the university makes us all unwell. It’s also that there are dire consequences in the university for failing to be well. Esmé Weijun Wang shows us how Yale “cared” for her through a mental health crisis as an undergrad, encouraging a medical leave—and then refusing to let her return afterward. The university cares until it won’t. Wang had become a liability after her crisis, breaking the unspoken rule, the compulsory wellness that transmutes into student success and university success. Once broken, students must be discarded, the ones who don’t “make it” clearly not meant to be there in the first place. Their failure is the sign that they actually never belonged at all. Meritocracy remains intact, upheld. After you fail so spectacularly, no

amount of reperforming wellness can prove that you can be once again trusted to uphold Yale's wellness as a good student. A mental health crisis is actually perhaps the worst kind of failure: a failure not of behavior but of personhood. An endless failure, as we've learned. The permanent morphing of the Good Student into the Bad Student.<sup>12</sup>

But students already know all this. They know university wellness is unlivable and unsustainable. They know it is killing them. They are trying to tell us.

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I always like to say that students know what the fuck is up. And while the talks have begun to blur together, a particular (prepandemic) few stand out in my memory because they were organized not by academic units but by students who already knew they needed to organize for their own lives. Students at Tufts University brought me out in fall 2017. The main organizers were student leaders of the Vietnamese Student Association (vSA) who were taking a disability studies course and reading parts of *Open in Emergency*.<sup>13</sup> They organized one of the larger in-person events I've done—nearly one hundred attendees, mostly students, almost entirely Asian American, on a weekday evening, for a lecture and discussion (and, of course, food). To have almost one hundred Asian American students in a room, giving them permission to talk about mental health, is something magical. Initial reticence turned into collective laughter and groans and “mmmmms,” shared looks of recognition, even high-fives. Individual and collective vulnerability. Mental health is something we all know and don't know at once, a taste we can't quite name but all recognize. Then suddenly it is named and we take a gasp of air together.

It was clear that students wanted and needed to talk about mental health, Asian American students especially, but there had been no spaces or mechanisms for doing this collectively. And they clearly wanted to do it collectively. They wanted to gather as a community and take that collective breath of air together.

But there were several “unicorn” aspects of this Tufts event. On college campuses, VSAs are notoriously social groups, focused on social gatherings of Vietnamese Americans and other Asian American students around things like phở and cultural fashion shows—not usually interested in advocacy, organizing, or cultural critique. (Why that is so is a topic for another essay!) I'm not sure why this vSA was different. I do know though that the two student leaders who invited me were exposed to *Open in Emergency* through a disability studies course—a course taught by an adjunct instructor who happened to be Lydia X. Z. Brown, one of the most prominent disability justice advo-

cates in the country. Lydia herself has a short story in *Open in Emergency*, and Lydia personally has been a big influence on my own intellectual growth, especially around issues of autism, neurodivergence, and access. Lydia's approach to teaching has also been an inspiration—not simply student centered but fiercely access centered, treating students like human beings with deep needs and limits, practicing a radical pedagogy of care.

This suggests to me that disability studies and disability justice act as a catalyst for thinking about mental health. And *Open in Emergency* acts as a catalyst especially for Asian American students. Together Lydia's disability justice course and *Open in Emergency* nurtured new language and new spaces for students to name their struggles and build care for themselves. These frameworks give permission to ask questions of mental health out loud. They give permission to claim need. And they authorize students as experts of their own unwellness and agents in their own care. Students know what's up, and disability justice concepts and arts interventions like *Open in Emergency* help them take the next steps.

I'm also wondering if there was something catalytic about my own identity as a queer Vietnamese American woman scholar/writer/teacher/artist, a very different model of knowledge producer and community leader. I often describe myself as irreverent—and I'm irreverent publicly with intention: to offer a feminist and queer model of dissent and refusal and subversion; to give permission to others to find ways of moving in the world that exceed what is expected of them. I queer up spaces to try to create more breathing room for those being strangled by normative subject formation. I wonder if my two Vietnamese American women hosts saw the potentiality of that in my writing and my project. I hope so.

My visit to Tufts also reminds me that adjuncts save lives. Contingent faculty are doing the work of transformative care in the classrooms—and increasingly so, given the rapid adjunctification of academia. It is contingent rather than tenured faculty who are most often willing to explore new ways of teaching to meet students' needs. Lydia is their own unicorn, for sure; they light the way for so many of us, in everything they do, and no one can replicate what they do. But it is no coincidence that they are an adjunct, teaching a one-off course (likely for shit pay) that the university has no intention of supporting in a sustainable way, let alone growing, disconnected from any larger program or set of student resources. Lydia's course changed the lives of the students taking it, and by extension another hundred lives through the event they organized around mental health from it. These are students who now question the ableism baked into university standards and refuse to

value themselves or others by those standards any longer. But that happened in spite of Tufts, not because of it. Tufts is not invested in understanding this kind of magic or supporting it. No university is.<sup>14</sup>

One more story. In spring 2019, Asian American student groups at the University of Chicago organized a day-and-a-half symposium on Asian American mental health called “Break the Silence” and invited me to give the keynote. This was their second time organizing this conference. That year, seventy-five students across the Chicago area from four or five different universities gathered in a lecture hall to hear me and other experts talk about Asian American mental health. I use the word *experts* here intentionally, because while organizers did program the usual “experts” of mental health—that is, psychotherapists, psychologists, and psychiatrists—they also chose unusual suspects: me, a humanities scholar and artist; local community organizers; and student peers.<sup>15</sup> They wanted skills, yes, but they also wanted stories, stories that would offer more than a generic list of do’s and don’ts or how to “manage stress.” Stories of how to understand, name, and survive the forces constraining their lives: family dynamics, toxic masculinity, stigma, domestic violence, impostor syndrome.<sup>16</sup> Stories to help them figure out how to live through these forces. The students recognized the need for different kinds of storytelling—and ultimately, different kinds of knowledge making and care.

For my keynote, I offered them a short talk unsettling ideas about wellness and unwellness—and then I walked them through two activities. (Workshops can work for large groups too!) First, a tarot activity in which they formed small groups and pulled cards from the Asian American Tarot to read and discuss together. Second, a discussion of understandings of success and failure—which led to a deep impromptu discussion on immigrant family dynamics and the crushing weight of their families’ expectations, their filial duties, the unending and unpayable debt they feel toward their families, their desperate attempts to pay that debt while finding some measure of agency and personhood outside of that debt. In other words, their mental health as the children of immigrants. I introduce them to erin’s work on what it looks and feels like to be raised as model minorities in Asian immigrant families (a process I reflect on in detail in chapter 3), and something shifts palpably across the space. Hope seeps through the cracks.

While in Chicago for “Break the Silence,” I also did a workshop specifically for first-year Asian American medical students at the University of Chicago. The student who organized this had been an undergraduate at Vanderbilt in 2018 and had heard me speak there on a visit; he was also slotted as a student speaker for “Break the Silence” on their graduate student panel. He invited

me to come speak with his med school peers, first years on a trajectory to become doctors, on how to think about their own mental health *and* the mental health of their future patients.<sup>17</sup> These medical students, often embodying the success frame, the perfect model minority lives, already knew they wanted to live better lives somehow. They wanted to know how to save their own lives while living these supposed “best lives.” And they wanted to know how to be ethical in the work they were getting trained to do, realizing already the limits of their medical training and wanting to inoculate themselves against it.

Students are already looking elsewhere beyond their counseling centers, beyond those deemed the only experts. They are creating spaces that center mental health and encourage new dialogues. They are seeing the need for new resources. The students at “Break the Silence” wanted to directly interrogate the narratives around them—and were desperate for tools to make sense of the very specific pressures they experienced as racialized, model minoritized Asian Americans. It is clear to me that Asian American students want—and need—Asian American studies *as* mental health and mental health *as* Asian American studies, a synthesis that helps them move in the world in their daily lives. They wanted that at the University of Chicago. They have wanted that in every Asian American studies class I have ever taught. My sense is that this is an invisible tide across the country, a kind of student-led insurgency demanding care not only in institutional structures but also in their classrooms and curricula. They already know they deserve more; they are increasingly willing to ask for it, especially if others are willing to ask with them.

In my workshops, I invite students to directly name their unwellness, define their own sense of wellness, ask critical questions about the university’s role in both of those things, and begin thinking of how to build what they need. I pose: *How might you ask the university to be accountable to the kind of mental health you want? What structures would foster this kind of mental health, and what would it take to build them?* Meaning, what would it look like to build an infrastructure for your mental health within and outside of the institution(s) you are a part of? Essentially, I ask them to deepen the work they are already conducting, performing a humanities close reading of the university, drawing upon a mental health framework grounded in disability and racial justice, and daring to unapologetically claim both unwellness and need. Students have grasped these tools tightly and turned to wield them like a torch.

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Nothing (besides contingency) has helped me to see the contours of the neo-liberal university more than talking with students. Their lives, and deaths,

show me that wellness has become a new tool of neoliberal racial capitalism, that it works hand in hand with meritocracy, a trusty tool of neoliberal racial capitalism. Talking with Asian American students in particular reveals that the American Dream remains both horizon and chokehold for our communities, that the model minority is a death trap Asian American students continue to feel keenly—one their families desperately invest in at all costs, an investment the university and the nation happily exploit. Chapter 3 looks more closely at the immigrant family, while chapters 4 and 5 follow the logic of meritocracy through the university, across the academic profession, and in our classrooms. All three chapters continue to center students—their experiences, their expressions of need, the consequences for them in the choices universities make—because it is students who have shown me that the university is a central site of Asian American unwellness.

University ableism affects everyone in the higher ed ecosystem, but differentially; ableism's intersections with model minoritization are perhaps some of its deadliest manifestations. This is the other irony of university care and counseling centers. Counseling centers are failing our students, yes, and universities are missing the mark, yes—but on top of these failures of care is the reality that Asian American unwellness is produced most efficiently and devastatingly *in* the university. It is not simply that the university doesn't provide enough care; it is that the university is an unwellness engine for Asian Americans. An incubator.

We sort of know this, but we get there backward by way of the stats. We love to cite that Asian American students have the highest rates of suicidal ideation among college students (I did so myself earlier); the other stat often cited is that Asian American women ages eighteen to twenty-four have the second highest rates of suicidal ideation by age group, gender, and race.<sup>18</sup> A few more: among all Asian Americans, those ages twenty to twenty-four have the highest suicide rate. In fact, suicide is the leading cause of death for Asian Americans ages fifteen to twenty-four.<sup>19</sup>

We don't really ask why Asian American unwellness seems to cluster around late adolescence and young adulthood.

We simply use these stats to deny that we're the model minority.

Look, Asian Americans are suffering too! Look, we're not just success stories! Look, we need access to more mental health resources! Look, the university needs to provide more care!

Public health and psychology focus on risk factors and protective factors, when they bother to do research on Asian Americans at all. Examining mental health disparities and the social determinants of mental health begins to

widen the framework ever so slightly—though it is still safely within a medical model of individual pathology. None of these approaches really ask and answer the question of what makes life feel unlivable for Asian American teens and young adults. None ask what is happening to our students. “Asian cultural values” is an Orientalist, ridiculously simplistic, woefully inadequate analytic for engaging Asian American life.<sup>20</sup>

But if we understand unwellness not as decontextualized individual pathology to be cured but as a direct product of structural violence—if we are all differentially unwell, in relation to the various structures of power and exploitation and degradation around us—then the question is not how to medically treat all these teens and young adults, or even how to expand access to treatment for them. The question becomes: What are the structures producing Asian American unwellness in this period of Asian American life? And how do we dismantle them?

Because I don’t want students to simply “resist” suicide.<sup>21</sup> I want them to better understand and be able to name the systemic forces that make their lives feel unlivable. I want them to figure out how to make their lives feel more livable, together. I want them to have all those things they dream of in their definitions of mental health. I want them to figure out how to opt out of the things that stand in the way of that. What I’m seeing throughout my ongoing tour is that the university is one of the main institutions that stands in the way. (As erin teaches us, the immigrant family is the other. More on that, and how it works in lockstep with the university, in chapter 3.) Yes, racialized unwellness is produced everywhere—that is how racism works. Its violence manifests insidiously across every discursive context, every institution. But the university is an institution uniquely positioned to produce Asian American unwellness, because it is where the model minority intertwines mostly powerfully with ableist meritocracy, unwellness allowed to bloom in a discursive echo chamber under the careful “care” of capitalist education. Academia reproduces these forces in hyperfocused, largely closed-circuit form. For Asian Americans, attending college, taking classes, visiting the counseling center, and so on all constitute opting in, inescapably, to the processes of racialized subject formation.

The university produces model minorities. By way of its own meritocratic myths and culture of hyperproductivity. By way of how it bolsters racialized narratives of success and failure. By way of what it tells Asian American students they must be. And by way of how it gaslights students into thinking something is wrong with them and not the university.<sup>22</sup> Nowhere else in adult life (except maybe the military) will students so thoroughly be immersed in

institutional messaging and control. The discursive power of the university is near absolute. Networked communication channels—recruitment and admissions, financial aid offices, orientation tours, email blasts, university websites, campus signage, registration offices, residential life, transportation and parking services, dining services, rec centers, student groups, student clubs, student services, academic departments, academic advisors, faculty, teaching assistants, syllabi, course pages and student portals, libraries and librarians, research portals, career advising, work study—are all telling students, *We are getting the best education in the world! We are on our way to bright, successful futures! The university is the mechanism by which we achieve more wellness! Work hard, in the ways that the university tells you, and you will succeed. You will be worth something. Trust in the university; it will save you, and your family, and deliver everything you think you owe to the world.* This messaging comes precisely at the developmental moment students are pulling away from parents and family environments, becoming adults, and being vested legally and socially with decision-making powers.

The university makes us unwell while telling us that it cares. It tells us that we're not actually unwell, that everything is fine—that everything is more than fine. This gaslighting is particularly devastating for Asian American students and BIPOC students more generally. BIPOC students struggle in predominantly white institutions not just because of racial biases, differential treatment, lack of community, and institutional neglect. They struggle also because the university tells them that their experiences of harm are not real and that they don't actually deserve care. Meritocracy meets neoliberalism meets ableist myth of independence meets racialized pressure to prove you belong. Embody these myths, and don't you dare fall apart, don't you dare fail. The stakes are higher, the abandonment more stark. Asian American students have to work harder than white students for this conditional belonging, but they also think they deserve care less. College is both the training ground and the final test for model minorities. This is for all the marbles. Succeed and become what you're supposed to be, or fail and—no, there is no room for failure.

One more irony: the university is also where students most likely will encounter Asian American studies—and critical race more broadly, and gender and feminist studies, and LGBT and queer studies, and disability studies—for the first time, maybe the only time, and that's if their university even offers these classes and if students manage to find their way over from their majors on the other side of campus. When done well, these are the classes that work to undo that gaslighting, that begin pointing to the structural conditions of students' lives. When done as mental health, they can save students' lives. But universities are continually dismantling these very programs, cutting funding,

cutting faculty, restructuring. Critical race and gender and disability studies face their own precarity and unwellness within the university—another irony. Actually it's not very ironic; it makes perfect sense. The very tools that would help students save their own lives by dismantling the institutional ideologies and structures that are harming them are of course what threaten the institution the most. This tension is at the heart of these fields and of students' experiences in the early twenty-first-century university.

If you're doing mental health, you have to be looking at the university. You have to be willing to ask how the university contributes to unwellness, both within its boundaries and beyond in the kinds of subject formation it enacts. The model minority leaves Harvard—what happens from there?

The flip side: if you are examining the university, you have to be looking at Asian American mental health. The Asian American mental health epidemic is a central by-product of university functioning. I talk about students being the canaries in the coal mine, and Asian American students are perhaps the best at this (ha, we can be exceptional even in the ways we are unwell!). Want to understand the workings of this institutional machinery? Follow the Asian American student's unwellness; it'll take you to where the sausage is really made.

Somewhere along this journey of discovering the death grip the university has on Asian American students, I've also learned the terrible truth that faculty and staff are the university's magistrates.<sup>23</sup> We execute university policy and culture, we are the upholders of meritocracy, the adjudicators of well-being and therefore belonging and worth. We give assignments, set deadlines, assign grades, create rules, enforce consequences. We normalize the ableist structures of the university, and unfortunately, we align ourselves with those structures. Often we even innovate them, evolving their brutal efficacies. Students do not trust us to see their complex personhood—nor should they. We fail students spectacularly, every day.<sup>24</sup>

We fail ourselves, too.

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When *Open in Emergency* sold out its initial print run by late 2017, less than a year after initial publication, Lawrence and I began planning a reprint and knew from the start that *OiE* 2.0 needed to have a Student card in the tarot deck. Designing tarot cards has actually been an assignment professors have used in *Open in Emergency*'s teaching program, to get students to catalog their affective lives and think about the structural conditions of those lives. But to create an official Student card for the expanded tarot deck, we knew we

had to develop a new process—it couldn't be us, it couldn't even be a student single-authoring it. We would need to crowdsource this card, to channel the cacophony of voices I've listened to for the last decade-plus of my teaching and the last six years of my mental health speaking tour. Community curation in yet another form: we developed prompts for students to submit ideas, experiences, fragments on several of my 2019 visits (most notably Harvard and the Chicago area), and assembled a student editorial team to brainstorm, synthesize, and write.<sup>25</sup> Lawrence and I oversaw this process and finalized the card, trying to ensure it covered everything students have taught us about their lives. Our hope with this card was that every student who read it would be able to see themselves in it, that it would do some justice to the unbearable-ability of their lives and to their dreaming work toward a different futurity.

#### The Student: Art by Matt Huynh, Text by Students Everywhere

*See plates 3 and 4 for full card*

The Student is the twenty-ninth card in the major arcana, sometimes known as the lost card. The Student cried the day of graduation. They play one role for the Mother, another for schools, another as the Daughter, another for workforces, another as the Model Minority, another for the state, always in the pull of the annihilating void. The Student is, at essence, a note-taker: be grateful / always be ok / chase the promise of / this, for hours / never complain never be sick keep going / nothing is ever enough the work goes impossibly on / is college life normal stress? / *what would it mean to leave* / we are finishing our parents' immigration stories / leaving behind the fact of living / we are not grades / a condition of what can't / *don't feel guilty*. Drawing the Student card in a reading reminds you that Student debt extends forward and backward across our collective lifetimes. But ask yourself, what is it you actually owe? Your entire personhood, and then more. *We gave you your past, now give us your future*. The Student urges us to refuse. If schools are a feeder system for churning out good citizens, embrace being a bad citizen. Embrace being a bad subject, a bad student, a bad child, a bad person: a revolutionary. Remember that the Asian American Movement was birthed in the fires of student protest.  
\* *students everywhere*

We finalized the card in late 2019, and I began sharing it on the road. I'm not sure I've seen a tarot card so powerfully wreck its readers. There is something about the fragments in the middle of the card, set off with slashes, that

leave people breathless; audiences hold their breaths as I, or a few of them, read that section of the card out loud. Those fragments are direct quotes, pulled from the writing of various students. The strikethroughs are the most, well, striking. How to read out loud what has been stricken? How to voice what is not allowed to be said, or even thought? Our eyes linger on those redactions, those “errors” of writing, of feeling, of thought. We wonder when and how to move on.

I’ve watched students weep upon reading this card. I want to weep every time I read it.

What are we doing to our students? How have we let student life be . . . this?

The last lines of the card are hopeful. They give direction. All the tarot cards end with reminders and imperatives, what the card means for you when you draw it in a reading, but to echo the students I’ve listened to, I especially wanted The Student to end with a sense of agency. I wanted to help students, on a larger scale, do that work of looking around and realizing they are not alone—and not hopeless. But the imperative to be a bad student, to embrace “failure,” to reject normative subjectivity, to defy structures of power that have told them who they have to be their whole lives—this is absolutely terrifying. The card suggests that freedom and social death are intertwined. Students know the cost of noncompliance perhaps more keenly than the rest of us—I hope this card also reminds them of the possibility in it as well.

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Academic life took a wild left turn in early 2020 when the pandemic hit. I stopped touring; all my in-person gigs were canceled. At this point, I was starting at Georgetown in a visiting position, teaching and mentoring students in the Disability Studies Program. I wasn’t meeting students all over the country anymore, but I had my own students to care for as Georgetown shut down abruptly in the middle of its spring break, telling students to fly “home” and lock down, telling faculty to immediately switch to remote teaching. In a later chapter, I reflect on what teaching has looked like, has had to look like, in pandemic times. Here, I will just mention that I introduced The Student card to my own students that spring and fall (and the following spring while teaching at University of California, Santa Barbara) during remote learning. And though the card was not written with the pandemic as context at all, students still found it deeply resonant—the work went impossibly on *even during a fucking pandemic*. In fact, getting off the merry-go-round seemed to be even harder, as we all tried to continue our working lives in quarantine, on Zoom, with no child care, with more familial obligations, with fewer jobs,

sometimes stuck in toxic living situations, all of us surrounded by seemingly uncontrollable death.

In early 2021, as we closed out the first year of the pandemic and moved into the second, I began touring on the road again—but virtually. By this point, we had all settled into our new Zoom lives and a near-constant stream of virtual events. I received speaking invitations almost every week in those first months, the need for mental health resources more universally recognized than perhaps ever before.

Picking public speaking back up in 2021 required several shifts. Speaking into a screen of black boxes posed new challenges, while using the chat function and breakout rooms helped to create new kinds of engagement. Creating spaces of intentional vulnerability and care was harder to do across virtual space, requiring more energy, less silence. I had to be “on” more, projecting my presence into the ether, often with little of the visual and auditory feedback—nods, laughter, mm-hmms—that I’ve relied on for energy and connection.

But community and care are possible, even within these constraints. All you have to do is keep asking what hurts.

It became very clear that we all needed space to share/process/just let ourselves feel the deep suffering of the pandemic. Asking what unwellness looked like in that moment became an urgent necessity. By early 2021, unwellness for students looked like even more exhaustion, even more terror: family members dying, anti-Asian violence, saying goodbye on iPads in hospitals. Toilet paper shortages. Getting COVID. Fear of getting your family sick. No hugs. Having to return to live with toxic families of origin. Or having no place to live at all. Doing classes on Zoom in the bathroom. Hiding with the laptop away from your parents so they don’t overhear the “controversial” content of your classes. Taking care of younger siblings now out of school too. Losing jobs. Getting new “essential” jobs. Wearing masks. Not wearing the right masks. Seeing others not wear masks. Seeing loved ones through glass or across a yard. Your universities and professors saying they care, but everyone trying to continue business as usual anyway. “Instructional continuity” feeling like a cruel fucking joke.

Everything failing you, but you feel like the failure.

The ableism of the WHO definition of mental health has become even more clear now to students. Productivity feels both more pressurized and more ridiculous. It’s a merry-go-round—no wait, it’s a train, already fallen off the track, veering wildly to god knows where, but we are all still riding it, still can’t get off. They want to get off.

People who attended my many virtual events in the first half of 2021 wanted and needed to catalog these losses almost more than anything else. This tells me that ableism left us no space to mourn 2020. It gave us no language and no structures to grieve—and connect—in all the ways we needed. So we were trying to do it over Zoom, staring more often than not at little boxes on a screen while sitting alone in our rooms.

But connection is possible, even through our screens. I have seen it, over and over in the last year and a half. I have created spaces of vulnerability even through the awkward mechanism of a Zoom webinar, by asking the right kinds of questions, by cultivating the Zoom chat as a space of sharing, by being vulnerable myself. The care work that I usually do during in-person visits—body language, eye contact, handshakes, after-talk one-on-ones, dinners, coffees, walks, and don’t forget crying, people always stay after my talks and cry—this care work has had to find translation in the Zoom world.

Part of that translation has been to nurture virtual spaces not simply of vulnerability but also of collective creation. We have needed spaces to mourn in ways that resist the ephemeral nature of events, especially virtual ones that can feel disembodied—our bodies don’t even get to have the memory of going somewhere, of being in a different space, of being with other bodies. And so I started dreaming up ways to make *stuff*. I like to say I make cool shit. Well, let’s make cool shit together on Zoom.

I introduced The Student in a public collective tarot reading at a virtual event hosted by the University of Connecticut in fall 2020, discussing its meanings and resonances with several student panelists, using it as a foundation for opening a critical conversation on what makes the student experience feel unlivable. Students used the card to give themselves new language—and permission—to make sense of their own lives. This is what the tarot cards were meant to do. Watching The Student card take on this life as tool, as impetus, as lexicon, in action was an incredible and meaningful moment for me. But what if we could continue to let students into the creation process as well? What if The Student card could “do” even more in these public spaces? How might we transform The Student card into an iterating process, a foundation for collective creation? I gotta give full credit to Lawrence for this one. When I began planning a collective tarot reading for the Disability Studies Program at Georgetown as one of my in-residence events in early 2021, Lawrence suggested: How about taking the Mad Libs form we used to create tarot cards and using it as a structure to ask the Georgetown students about their experiences? And then compare their answers with *OiE*’s official Student card to see what is revealed.

So I made a Student Mad Libs for that event.

The Student is the twenty-ninth card in the major arcana.

The Student feels \_\_\_\_\_.

The Student dreams of \_\_\_\_\_.

To the Student, failure is \_\_\_\_\_.

The Student's experience of \_\_\_\_\_ tells us that \_\_\_\_\_.

Drawing this card means \_\_\_\_\_.

Remember that \_\_\_\_\_.

Over a hundred students joined that Zoom, writing their answers to each Mad Libs phrase in the chat. The answers poured in faster than I could read out loud. There were only these six lines but students answered endlessly, filling in the blanks over and over for forty-five minutes. The Mad Libs form not only gives permission for vulnerability—it demands it. It asks directly what you feel, what you fear, what you dream of. Starting these sentences for students gives them permission to finish them, compels them to finish them. The blanks call to be filled, like a test where every answer is the right one. Students know tests. They know fill-in-the-blanks. They don't know the safety of answering every single one right no matter how you answer.

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When Jim Lee texts you, “Hey I’m applying for a grant to do some mental health stuff at my university, do you want to be part of it?”—you say yes. Even if it’s the beginning of a pandemic. And thus the “Open in Emergency Series” at University of California, Irvine, was born, with me at its curatorial helm. A series of virtual events exploring critical arts as care spanning the 2020–21 academic year, it represented an opportunity for me to do sustained mental health work. Working within a supportive institutional structure (in Jim), I could build care over time instead of just dropping in for a one-off event. I could bring *OiE* to life in new ways, and push myself to rethink community making and care in this pandemic and this new Zoom world. The series was also a chance to bring in co-conspirators! I learned through creating the special issue that editorial and curatorial work are acts of faith and trust. And now programming could be as well.

I opened the series in the fall with my “What Is Mental Health?” workshop, laying the foundation by cataloging that moment’s unwellness, and beginning to unsettle our frameworks around mental health, detaching our ideas from (racialized) productivity and compulsory wellness. Next, I invited Simi Kang to facilitate a discussion of “emergency” and finding agency during crisis. In the winter quarter, Yanyi and Shana Haydock joined the series, crafting workshops inviting explorations of intergenerational trauma and “healthy” interpersonal relationships respectively. Across these events, facilitators and participants worked together to create archives of feeling and new languages for feeling. Yanyi even took the language offered by the participants to craft collective poems live—which gave me the idea for the culminating event of the series in the spring of 2021. We would collectively create a new tarot card, The Pandemic, via a process similar to what I had done at Georgetown but more elaborate and fine-tuned, with live writing and editing to pull together a draft. And a live illustrator to start rendering the image!

I brought back Simi, Yanyi, and Shana to facilitate the breakout groups that would generate language for the card, and invited artist Nguyễn Khôi Nguyễn to join as the illustrator. Nguyễn and I would move around the Zoom rooms to listen to the discussions. Additionally, I would watch each group’s Google doc as it populated with ideas, language, and imagery. And to help guide the discussions and generate all the elements of my version of a tarot card, I created another Mad Libs.

### The Pandemic

The Pandemic is the thirtieth card in the major arcana.

The Pandemic has been a year of \_\_\_\_\_.

I miss \_\_\_\_\_.

I don’t remember \_\_\_\_\_.

I’m scared of \_\_\_\_\_.

Now, when I hear/see \_\_\_\_\_, I think of \_\_\_\_\_.

When will I \_\_\_\_\_ again?

I wonder \_\_\_\_\_.

In the center of the image is a \_\_\_\_\_.

The image is full of \_\_\_\_\_.

When you pull The Pandemic card, it means \_\_\_\_\_.

The Pandemic teaches you \_\_\_\_\_.

The Pandemic is to The Emergency as \_\_\_\_\_ is to \_\_\_\_\_.

Ask yourself \_\_\_\_\_.

Remember that \_\_\_\_\_.

Know that \_\_\_\_\_.

Tell yourself \_\_\_\_\_.

The audience was relatively small, a mixed group of about twenty students, faculty, artists, and community members. The breakout rooms became spaces of deep vulnerability, each facilitator using their own methods of creating safety and care. It was mesmerizing to watch, and listen, like witnessing that collective first breath. Again, mental health, this thing we all know the flavor of but don't quite know how to name, and then we are collectively given permission to name it, to luxuriate in it, to explore what it looks and feels like.

Then the Google docs started populating. Three of them, quickly, with depth and candor and gut-wrenching pain. I started panicking, because I had never had to edit/curate/write in such a drastic time crunch before. So I yelled out to Lawrence, who was at the time downstairs feeding our daughter dinner: Anh!! Come help!! The two of us hunkered down with two laptops and four Google docs—the three from the breakout rooms and the one we created to pull the draft together—speed editing like never before. We read across the docs, pulling lines from each, and dropping them into our shared doc. Lawrence began “Frankensteining” them together. I oversaw the process, continually pulling lines as new ones appeared, while discussing out loud with Lawrence how to stitch them together. We argued over which lines to choose and how to revise them. Whether to keep the “I” or change to “we.” Which lines to be combined, paraphrased, massaged. Which to keep verbatim. Whether to keep jokes. How the card should end, what the imperatives would be. Part of me wishes the participants could have seen this part of how the sausage gets made. The rest of me relishes the intimacy of this work that my partner and I share, that we do only with each other, like a bridge we've built across our minds and hearts, or, better, a muscle or limb we've somehow grown and learned to use together. Our magic.

Here's what we came up with.

**The Pandemic: Art by Nguyễn Khôi Nguyễn, Text Generated Collectively,  
Edited by Mimi Khúc and Lawrence-Minh Bùi Davis**

*See plates 5 and 6 for full card*

The Pandemic is the thirtieth card in the major arcana. It has been a long year like a long decade, one of atrophying time. We miss the way it feels to walk in a city, in the current of everyone going somewhere. We don't remember why certain things felt important in the beforetimes, do remember seeing a classmate in a casket on YouTube livestream. The Pandemic unmasks the lie of the word essential: who provides care, who deserves care, death visited disproportionately on the poor, the black and brown, the lower caste. Returning to normal is an impossibility brimming with longing and terror. In the center of the card is a discarded mask, an iPad by a hospital bed: say our goodbyes however we can. Toilet paper has become a totem of survival, sweatpants an emblem of refusal, sourdough a gift of renewal. All things will pass, like a kidney stone. When will we hold our brother's hand again? Will our kids remember this as the worst time of their lives or as something strange and tender? Will our dogs forgive us when we return to work? Drawing The Pandemic card in a reading means a portal is opening. Where it leads is unclear, but remember people have always slept in doorways, huddled under them during bombings. Who knows if The Pandemic will ever end. ★ a collective card

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When I began touring in late 2016, I brought with me a few ideas from *OiE*, some questions and approaches to mental health, and some critical arts practices—but I was also just meeting and listening and learning from students. I facilitated conversations that expanded my own language around what hurts for students. The Student card is the culmination, the product, of several years of touring, an attempt to synthesize and create something from what I witnessed, something to capture student experience but also to help students continue this work of developing language, of figuring out what hurts and why, and how to care for themselves and each other. I watch The Student card's life in the world now as it helps create spaces of conversation, vulnerability, grieving, care. I love the card itself, but I love even more what the process of reading and writing a card opens up for students. Agency, voice, a chance to generate language and frameworks for themselves. Community. The Pandemic card was born from the latter part of this tour, a collective cre-

ation made by reaching across the expanse of pandemic isolation, of virtual space, of unspeakable loss—and connecting not despite it all but through it.

If you let them, students will go to the edge of the abyss and speak into it.<sup>26</sup>

erin was the first person I've read who asked directly in her scholarly writing, "What hurts?" I've taken that question into the center of my own work, animating everything that I do. I want to know what hurts, and I want to give people permission to say what hurts, together. I've seen firsthand the effects of asking students what hurts. And helping them connect those things to structures, not just individual pathology. Giving them space to think about their pain, to name it, to connect with others. To figure out what they need. To create.

The lesson is simple: listen to students. They are dreaming of more than what universities are giving them. They are trying to claw their way out from the harm institutions are doing to them. From the harm their families are doing to them. Teaching and touring taught me about students' needs, the ways universities do and do not meet those needs, the ways so many of us are failing to meet those needs—and how students are trying to save their own lives.

What can student unwellness and desire for new language for their pain and new structures for their care teach us? What can we learn about mental health, the neoliberal university, our own unwellness, our own complicity? How might we begin asking—and answering—along with students, *how do we live?*

How might we who are not students stay beside them at the edge of the abyss, recognize it as ours too, and speak into it, together?

# interlude 2

# the suicide tarot



[Inter2.i] Suicide: art by Matt Huynh, text by Terisa Siagatonu.  
See plates 7 and 8 for full card.

How do we usually talk about suicide? We think of it as tragic. But often also as selfish and shameful. Common social scripts tell us the person was weak, that they couldn't "handle it," that they "gave up." We accuse people who try to kill themselves of burdening their families, abandoning their responsibilities, seeking attention, being ungrateful. We say something is wrong with them. Sure, we might say they need help. Psychology and psychiatry, the fields chiefly entrusted with understanding and addressing suicide, often frame it as an isolated, discrete illness unto itself, as if the only response to suicidal ideation is to stop the suicide from happening: suicide prevention, they call it. Stop someone's ability to harm themselves. To me, that always seemed so ass-backward: it's taking away someone's way of addressing a problem without any understanding of the problem. People want to die because their lives feel unlivable. Suicide is not an "insane" response to a "sane" world; it's a desperate response to an unbearable existence.

I have wanted to die many times in my life, sometimes more intensely than others. I tell you this because I want you to know that wanting to die is a normal response to pain. I want you to know that your pain matters. You are allowed to want it to stop.

But I want you to live, and I know the only way that happens is if we figure out how to make life feel more livable.

I don't know too many others who approach suicide this way. Eliza's approach was the first I encountered that told me wanting to die is not only normal under unlivable conditions but that it might actually be a form of resistance to those unlivable conditions. Eliza's letter locates suicide at the forefront of what it means to make Asian American art and do Asian American studies—Eliza taught me that my pain, our pain as Asian Americans, matters, and that I'm allowed, we are allowed, to say, *No more*. But I have not encountered many like Eliza since my first reading of "A Letter to My Sister."

Which is why I did not curate a Suicide card in the first edition of *Open in Emergency*'s Asian American Tarot. I did not trust others to write about suicide without falling into the pitfalls of compulsory gratitude or inspirational narratives of "the will to live." I did not trust others to not apologize for wanting to die, to not recuperate their own journeys into the abyss through narratives of "overcoming" and triumph and healing. Until I heard a poem by Terisa Siagatonu, a queer Samoan woman poet based in the Bay Area, including the line: "Wanting to die is only frightening to those who have never been exhausted by the audacity of their own survival."<sup>1</sup> Terisa opens her tarot card for the Asian American Tarot with that same line:

Wanting to die is only frightening to those who have never been exhausted by the audacity of their own survival. Killing yourself is only terrifying to those who have always put their faith in a light ahead of them—rather than bearing the ancestral duty to be the light itself. Suicide is the twenty-eighth card in the major arcana. It speaks not simply to suffering, but to the life that holds the suffering as long as it can. You, who must endure being your ancestors' wildest dreams amidst the colonial terror that killed them, and left you with . . . what? Intergenerational trauma? Your war-torn homeland, bloodied by the genocide of your people? No wonder you chose this card at this moment. Or rather: this card chose you. Its image of a tired hand reaching to extinguish the flame of a candle symbolizes that yes, the light goes out, but like all candles: it can be lit again. What often goes unnoticed in the image on this card is what the rest of the body is doing that we cannot see. When chosen, Suicide is not a destiny. You are never to blame for what colonization has made you believe is your fault. This card chose you as a sign to pause and feel everything, rather than end. You're left to interpret what the rest of the body is doing while you're still here. Alive. ★ Terisa Siagatonu

Folks are sometimes frightened when they pull the Suicide card in a reading. Is this card foretelling their death by their own hand? Of course not. What it does is give us all permission to admit that sometimes things hurt so much we don't want to live anymore. I have come to know that needing this permission is a critical dimension of Asian American life. But it also stretches across communities differentially, and here in this card a queer Pacific Islander poet draws on her communities' experiences to guide us in our own dwellings in unwellness. To think about what it means to try to live under unlivable conditions. To recognize that life is a struggle to stay alive. To reflect on what it is we need in order to stay alive.

I am pulling this card for you and me right now. What makes life feel unlivable for you? What do you need in order to stay alive? Whatever it is, you deserve it, unequivocally. How can we get you what you need, together? What do we need to build, and from what unbearable worlds do we need an exit strategy?