A|L A|R

[Note: We hacked this book, tore out all the pages and replaced them. Thanks, the Editors, AALR]



paw-paw

see also intergenerational dialogue see also grassroots mental health

Kathleen S. Yep | "THERE WAS MORE FOR ALL OF US": INTERGENERATIONAL DIALOGUES AND A GRASSROOTS FRAMEWORK FOR MENTAL HEALTH

My most vivid memories of my paw-paw (maternal grandmother) pop up from when she was a senior citizen. Her name was Sun Ngan "Marie" Lee, and she was under five feet tall. She often held her hands folded in front of her belly button, whether sitting or standing. When I would lean in to hug her, she would clasp her hand around my neck and say "good girl" in English and then chuckle boisterously. I remember her signature crocheted hat and her sweater vest with a pocket bulging from bunches of used tissues. She often wore a sweater vest layered over another sweater and a turtleneck, so I was never sure exactly how big or small her actual body frame was.

After my paw-paw passed away in her seventies, family members cleared out her cramped apartment in Ping Yuen, a housing project in San Francisco's Chinatown. My mom opened a hall closet and a rainbow of bright purple, green, and brown homemade crocheted hats tumbled out. We scrubbed the thick brown sheen on the walls left from decades of burning incense at the altar. As I cleaned the tiny kitchenette, I placed my hand on two sterling silver butter knives, tracing the elaborate patterns on the handles. Finding these knives made my late paw-paw both familiar and a mystery.

Decades after her death, I learned that Asian women over the age of sixty-five have the highest rate of suicide among women of all racial groups over the age of sixty-five in the United States. I began to muse over what made my paw-paw and others like her feel sadness or joy. What contributed to or undermined her sense of well-being? How did she foster joy, appreciation, positive relationships, motivation, and resiliency?

In 2010, one in eight elders in the United States was foreign-born. The U.S. elderly immigrant population increased 70% from 1990 to 2010, a trend expected to continue, with the number of immigrant elders in the United States predicted to quadruple by 2050.

The growing research on immigrant and refugee elders documents how structural barriers undermine their mental health. 8% of the total population of elderly in the U.S. live below the poverty line. For the foreign-born elderly, that number doubles to 16%. Studies show that having money shapes not only access to health care but also how long you live. Money correlates to power and privileges to address health concerns and mediate chronic stressors. I devoured this scholarly literature yet yearned for something more. Intrigued about the connections among wellness, social justice, and immigrant elders, I wanted to open up the space for intergenerational conversations. What would this look like if we created conversations in culturally relevant and democratic ways? I wanted to make visible the social determinants of mental health, or how broader things like war, affordable housing, colonialism, institutional violence, and language barriers impact the wellbeing of immigrant and refugee elders. And I wanted to listen to how these elders created responses and fostered their wellness.

LEARNING TO LISTEN

The delicate patterns on the butter knives in my paw-paw's kitchen drawer contrast with her hidden history of grappling with the chronic stress of poverty, institutionalized racism, and heteropatriarchy. My paw-paw immigrated from China to the U.S. as a teenager in the 1930s. Like thousands of other Asian immigrants entering through the West Coast during this period, she automatically was detained and interrogated at the Angel Island immigrant detention center under the Chinese Exclusion Act. After "passing" through Angel Island, she worked at a garment factory and raised four young children as a single parent. Then she spent her last decades in the housing projects in San Francisco's Chinatown in the 1980s and 1990s.

As a scholar, I am able to piece together her life through archival materials and texts about garment workers and San Francisco's Chinatown during this period. However, these do not reveal her daily life as a single parent in a housing project, her feelings about these challenges, and her strategies of creating community and fostering wellness.

Some twenty years after my paw-paw died, I am surrounded by immigrant seniors in Monterey Park, a suburban community east of Los Angeles. On Monday nights, my college students and I walk up the lengthy staircase to the second floor of

the well-lit public library. We pass by the chatter of the children's section and make our way towards the adult literacy classrooms. Under the florescent light are a group of male and female elders huddled together, talking animatedly and waiting for us. For the next two hours, college students and immigrant and refugee elders will dialogue about their life stories.

Working with Pitzer College's Community Engagement Center and funded by the Weingart Foundation, I initiated a partnership with Literacy for All of Monterey Park (LAMP) in fall 2009. Housed in the Monterey Park public library, LAMP is an adult and family literacy program that furnishes language classes, computer classes, citizenship classes, and individual tutoring to a growing immigrant population, many from China, Hong Kong, Indonesia, Korea, Myanmar, the Philippines, Taiwan, and Vietnam. Most of the LAMP learners have resided in the U.S. for over ten years and are over the age of sixty. Many have experienced war, colonialism, or other major upheaval. Most of the LAMP learners who participated in our dialogues had immigrated more than five years earlier but not more than twenty. Most had completed beginning English-as-a-Language class and thus no longer "qualified" for continuing adult education classes.

A small suburban community in the heart of San Gabriel Valley, east of Los Angeles, Monterey Park is 94% non-white and 54% foreign-born. 76% of the city's population speaks a language other than English at home. When the 1965 National Origins Act ended a century of immigration restrictions targeting Asians, Monterey Park was transformed. In the late 1970s and 1980s, Monterey Park shifted from a predominately white to majority Latinx and Asian population.

My college students provide LAMP students English-As-A-Second-Language support. Simultaneously, LAMP students teach the Claremont College students about language ideologies, gendered and classed immigration adaptation contexts, and agency. Over the last six years, a small group of elders has gathered for creative writing, another group to practice spoken English.

In our community partnership, we talk and we listen. Our collective intention is to use storytelling to foster community efforts to create a culture of health and wellness. Inspired by Paulo Freire's education for critical consciousness, Thich Nhat Hanh's engaged Buddhism, and June Jordan's poetry for the people, we created a space for hidden stories and feelings to be made transparent in community. Although the formal intention was to foster adult literacy for limited English

proficiency, these working relationships cultivated layers of deep listening and storytelling to foster wellness, mindfulness, and nonviolent social change.

After a few weeks, a comfortable rhythm developed. Slowly, the stories began to tumble out. John was a quiet but active participant who usually took a backseat to the other LAMP students. He would come regularly to class and simultaneously express hope and discouragement for immigrants in the U.S. One day, in his typical matter-of-fact tone, John explained: "In my own language, I can say everything. In English, it is not all. Here, I am nothing."

The dialogues among the elders and college students revealed textures to chronic stress and depression. One Vietnamese man, Tom, worked the graveyard shift but always arrived at LAMP early. After a year of many conversations, the pieces of Tom's story slowly came through. He had served in the Vietnamese army and was imprisoned afterwards in a reeducation camp. After escaping Vietnam, his family persisted in a refugee camp in Southeast Asia for years. He was quietly proud that he had managed to bring many generations of his family to the U.S. With characteristic self-effacing humor, Tom recalled an event during his transition to the U.S.:

It is funny, but it was true story in my life when I first came here: my family went to Pizza Hut; I was on line waiting to order. My turn came; the young girl took my order asked me what kind the topping I would like to have; I did not understand what she meant; I was so ashamed. I tell her my name: Tom La. Still now, my children still talk about that every time family gather together and they making fun of me saying: "Tom La Pizza."

An older Chinese man, Scott, had a mellow and low-key energy. He always wore crisp tan khakis and blue polo shirts, his hair combed impeccably. Scott recalled his own moment of facing language barriers:

For instance, I do [house] remodeling. When you don't understand English, you go Home Depot, to buy stuff, you just have no idea. It could be a big trouble. For instance, when you look for something, it might take only five minutes, you get it and leave. It takes me three hours and I still can't find it. That's the most basic thing. For instance, when I eat at McDonalds, I don't know how to order, I just point at the menu. Often times, I order the wrong thing and even if it's not what I wanted I just take it. I have to take it.

In addition to the wearing away of wellness, elders talked about the accumulation of burden. Their conversations revealed how mental health is frayed by the pile-up of risk. Myriad aspects of daily life combine together to cause harm. One

Chinese woman, Joan, wrote about the impact of her migration experience in an imaginary letter from her husband to herself:

Dear Niu.

I like calling you "Niu," a nickname used only between two of us. You know the meaning of "Niu" right? Simply call a girl in Chinese in a loving tone. It wasn't easy to live in a new country but we both have tried very hard to help each other and make our life filled with harmony, care and fun. I so appreciate your efforts, courage, diligence, intelligence and positive attitude towards life...In the first two months, you were doing as everyone else does: grocery shopping, cooking, traveling, learning to drive...However after a while you started feeling uncomfortable both physically and emotionally somehow. The symptoms were fast heartbeat, neck stiffness, slight fuzziness. You felt so lonely when I was at work. You tried to watch TV but could not stand the noise. You also easily felt fatigue though not really doing much. As a result you didn't want to do any exercise any more. The doctor said it might be caused by the sudden change of the living environment. It's actually a cultural shock. There's not much the doctor could do about it. The only solution is to slowly adapt to the new life. We realized that many things here were actually all stress on you: driving, language, food, home, no job, no friends, no income, etc, etc. I didn't truly understand the impact or the shock you had gone through until the doctor suggested. I'm so sorry that at that time I didn't know how to handle the situation. I thought you might have to go back to Shanghai and that could help you out. But, you didn't because you knew I would miss you badly.

In this moving letter, Joan reveals the build-up of chronic stress. The dramatic changes in all aspects of Joan's life and their accumulative effects created physical symptoms that impacted her sense of well-being. When she started meeting with me and the college students, she was polite and always early to class, but she slowly moved from flat facial expressions to sly smiles and laughter.

For me, learning about these textures of chronic stress helped make the statistics about depression and barriers to mental health of immigrants and refugee elders, like my paw-paw, more real, more tangible, and more human. Listening was important as an empathetic act to create a sense of connection. Empowering formats such as creative writing and discussion opened new perspectives for understanding mental health challenges.

LEARNING TO PRACTICE

At the library with the immigrant elders, my late paw-paw often came to mind. It was usually small gestures and other nonverbal cues that would make me think of her. One LAMP learner would often try to share a wrapped candy with me and then insist by putting it in my hand and closing my fingers. Tissues would slowly fall out of another immigrant elder's jacket as she moved from one chair to another, leaving a trail of white paper wads.

To be reminded of my late paw-paw was both joyful and sad. In some ways, I felt mournful over the lost opportunities, so my response was to bury myself in the scholarship on mental health and immigrant and refugee elders. But the literature did not fulfill the need weighing in my heart.

Alongside the elders and students, I began to feel what it meant to tend to wellness. I moved from studying it, researching it, and writing about it to fostering it.

One night, we were in a discussion with four immigrant elder women. Emma had previously shared that she had tried to commit suicide when she first immigrated to the U.S. Amy, who was older and worked several low-skilled jobs, was a quiet but engaged participant in the discussions. The other two women, Joan and Ellie, were a generation younger than Emma and Amy and had immigrated more recently. On this evening, I invited them to respond to radical educator Michael James's prompt: "I am a woman and one thing you need to know about me is..." At first, they huddled together to talk about the prompt in Chinese. After a few minutes, they popped their heads up, deciding as a group to ask me for clarification in English. They designated one person the advocate, and as she told me the prompt was too vague and too confusing, the others nodded their heads in agreement. They were right.

I listened to them intently and thankfully. We discussed how their audience was someone who did not understand their perspective. We analyzed together how the word "need" was important, defining the word and coming up with various situations in which the word was relevant, such as when you need food, or when you need sleep. The word signaled necessity or something essential. It was not something frivolous. Discussing the word and highlighting its role in the writing exercise was asking them to identify what people do not know about them that was vitally important to learn.

Interestingly, one of the younger participants asked the elders whether she "needed" to "give input into" her family if she were not working outside the home, wringing her hands and looking down as she asked. We asked for more clarification. She felt a sense of inner turmoil about whether she was contributing to her family. The two older women in the group reacted immediately. They spoke vehemently. Emma said: "You are worth something. You need to tell your husband." Amy, the

other elderly woman, quietly nodded her head and whispered: "You need to tell your husband." Then, the four proceeded to debate the topic animatedly.

I was moved by the passion, conflict, and compassion. I kept on hearing their various uses of the word "need" in English but could not keep up with the rest of the conversation as it ricocheted between English and Chinese. I realized I felt frustrated and lost, like I was failing them. I was judging myself and not being in the present moment because I could not speak and understand Chinese. I was not open to what the elders were offering me in their own way and on their own terms.

After the heated discussion, the group decided to write a collective poem based on the prompt, each contributing one line:

I am a woman and one thing you need to know about me is...

I earn money myself, I am independent so I can decide everything, which I like.

I can travel if I have free time and I don't need to ask anybody to agree.

I am a housewife. I can't earn money, Now I depend on my household. In China, I earned money myself.

I feel very independent, strong, and free.

Beyond the rich content of the poem, the act of writing it signaled something important in relation to wellness. Fostering wellness involved being open to the present moment and to others. They reassured me that they wanted to make sure I would not get in trouble with my job. It felt as if they eventually wrote the poem because they wanted to include me and they felt compassion for me in addition to each other.

Research indicates positive effects of collective spaces of sharing and caring on the brain and depression. Through this partnership, I also came to understand the practice and its positive effects on an embodied level and with an intergenerational group. It was clear I needed not only to research the impact of compassion on wellness but also be willing to practice it and receive it. Telling elders' stories and histories forms a grassroots mental health strategy. It felt so different than a support group and individual therapy based on a hegemonic psychological model. It was more than keeping the same format but changing out who was participating to Asians and Asians Americans. The intention and capacity to create spaces of sharing and caring needed other facets that were culturally relevant. The act of collective writing fostered self-compassion and compassion for others, which in turn seemed to foster wellness.

LEARNING TO ASK

I learned more about my paw-paw at her funeral than I had in my entire time knowing her. I met her group of close friends, and through them, I learned how she practiced tai chi daily at a park in North Beach and attended an Asian senior movie night. Through the Buddhist rituals at the funeral, I found out she was a Buddhist nun and went to temple daily to pray for hours. During the longevity luncheon after the service, I learned that the butter knife in her kitchen drawer was one of the "liberated" items from a nearby luxury hotel. These facets of my late paw-paw's life, previously hidden to me, revealed her weaving together a web of support to promote wellness and mental health for herself and her working-class Asian immigrant elder friends.

My paw-paw spoke predominantly Cantonese and I spoke only English. In her last years, my paw-paw usually patted my shoulder and said "Ber-kuh-lee" in Canto-English to acknowledge that I was attending school at the University of California, Berkeley. I don't know if she knew I was receiving my doctorate, and I am not sure if she knew I was studying ethnic studies. Simultaneously, there was so much that I did not know about her. My paw-paw never talked about her experiences navigating a new country and building a home in the U.S., and I did not know how to ask. Neither my mainstream schooling nor my family trained me or encouraged me to ask.

I saw parallels between my experiences with my late paw-paw and between my college students and their families. My students were also not taught to ask questions of their elders and themselves. And like me, they had to learn to ask questions in a more engaged and open way.

An immigrant elder from LAMP, Paul, had a wife diagnosed with terminal cancer. Every week it was uncertain whether Paul would be able to attend because it was unclear whether his wife would live more than a few weeks. Every time Paul would show up, Tom and the other group members from LAMP would exclaim with joy. Regardless of the time and agenda of the class, the group would want to hear the details of his wife's health status. In addition, another group member from LAMP would bring tea and herbs for Paul's ailing wife.

While my students would express their respect and appreciation for the elders, the challenge for me was to nudge them towards a more textured relationship. I invited my college students to move beyond passively engaging. My students asked the immigrant and refugee elders about their wishes and hopes for the discussion group. We built a vocabulary of English words related to Paul's wife's metastatic cancer and treatment protocol. After the elders expressed difficulty with pronunciation and navigating conversations, my college students and the elders brainstormed conversation scenarios, and then, focusing on the ones the elders deemed most important, wrote several scripts. These included seeing the doctor for an ear infection, going to the dentist, chatting with a coworker, meeting someone for the first time in a formal setting, and talking with a friend. In addition, the college students made videos so that elders could listen and follow along with the scripts. They included key phrases and vocabulary words, as well as any cultural or sociolinguistic tips about each situation—such as questions you should ask the doctor, body language, and ways to improve one's conversational skills.

While these co-learning products, or "deliverables," were important, perhaps more important was the cultivation of wellness and mental health as a collaborative. The LAMP elders learned to ask for what they wanted out of the program. For the college students, the regular conversations with individuals who were the age of their grandparents had ripple effects. One working-class, first-generation college student from Vietnam, Susan, was charismatic and motivated but missed her family and felt invisible at her predominantly white liberal arts college. One of the elders reminded Susan of her grandparents and talking with him provided Susan the opportunity to speak Vietnamese. Also, the ways the elders described being "stripped away" in a new country resonated with Susan's experiences of feeling small amidst the culture of whiteness and class privilege at the college. Another student, a Chinese American woman, needed to get off campus because she struggled with the theory-based education and abstract learning on campus. The conversations with the LAMP elders gave her a sense of purpose and clarity, and she ultimately wrote a senior thesis based on this partnership. Lastly, three international students from Asia found confidence and a sense of belonging through the intergenerational dialogues. At the beginning of the semester, Yin, Linda, and Zoe often hid in class and deferred to the American-born students during small group discussions. Here at LAMP their ability to speak Vietnamese, Mandarin, and Cantonese respectively was not only an asset but also the basis for helping other college students who were monolingual English speakers. By the end of the semester, they took the initiative to come to my office hours and speak up in class.

Asian immigrant and Asian American mental health is often cast as a series of culture clashes—a divide between the "assimilated" younger generation and the older "traditional" generation, or an insurmountable distance between "American" culture and "Asian" culture. Yet the LAMP experience provides a frame for creating solidarity and shared well-being. Both groups, Asian elders and Asian Americans aged twenty to twenty-four, have significant rates of suicide or suicidal thoughts. Again, of women over the age of sixty-five, Asian Americans have the highest suicide rates among all racial groups. Asian American college students are more likely than white students to have suicidal thoughts and attempt suicide. Among all Asian Americans, those aged twenty to twenty-four have the highest suicide rates. In this shared distress is the possibility of shared healing.

On a recent Saturday afternoon, I noticed a group of elderly immigrant women gathered in the parking lot of the library to practice a fan dance. A boom box echoed as the women made synchronized movements. I recognized several from the LAMP classes. Across the street at the public park, another group of Asian immigrant elders stood in front of a tree. Swaying from the hips and making circular motions with their hands, the elders gathered and released qi. I smile as I think of my late paw-paw practicing tai chi at North Beach and then maybe liberating an eating utensil from a ritzy hotel.

Through these intergenerational conversations, I have learned to listen in a deeper way. As a scholar/activist at a liberal arts college, I was trained to listen solely for the purpose to research and to empower others. But here, I developed the capacity also to listen to my feelings, needs, and thoughts. I began to understand I was grieving over not knowing my paw-paw—and in turn not understanding my mother better. Rather than solely researching or organizing around the issue, I learned to tend to my sadness and shame with kindness.

Our time shared at the library reimagines mental health from a community perspective, beyond hospitals, non-profit organizations, and clinical practices. Adult literacy classes in a public library extended into elders practicing tai chi in a parking lot or meeting with college students to talk and listen. Rather than romanticizing these elders as exceptional individuals who overcame all, we can observe, learn from, and care for their humanness—their suffering from chronic stressors and historical traumas and their creativity in healing.

The title of this issue is "Open in Emergency." It is a call for institutions to recognize the skills and strategies that are within families and communities to heal and create social justice. It is a call for institutions to think about culture in more complex ways. Rather than having a cultural deficit, communities, like the one that formed between my college students and the LAMP elders, invite a broader

vocabulary for culturally relevant mental health support. They show the power of grassroots forms of mental health. The intersections of social justice and community healing practices provide us with a lens to look at the extraordinary things people do in daily life not only to survive but thrive. The immigrant and refugee elders at LAMP show us one way to create a compassionate community and practice radical happiness in the face of inequities.

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NOTE: Names have been changed to respect confidentiality.

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performance art

see also suicide on tour

Kristina Wong | WONG FLEW OVER THE CUCKOO'S NEST AND ALMOST DROPPED DEAD (OR WORLD'S MOST DISCOURAGING ESSAY ABOUT MAKING LIVE ART FOR A LIVING) (OR WHY PERFORMANCE ART IS THE WORST BUSINESS TO GO INTO IF YOU WANT TO MAKE MENTAL HEALTH PROBLEMS GO AWAY)

When I graduated from UCLA in 2000, I thought that a career as a professional performance artist meant that I could enact cathartic rituals in front of live audiences who would pay big bucks to absorb all my psychic pain. I imagined a jet-set life where audiences would worship the minutiae of my every move like a non-profit paparazzi version of TMZ. All my life's agonies could finally be redeemed as rich source material synthesizable into lucrative live performances for packed crowds.

That's not how it worked out for me.

I pursued performance art because I liked the idea that writhing half-naked on an island of butter screaming incoherently could somehow also be a scathing critique of colonialism. And not just any kind of scathing critique—a critique that academics would write about! That the art world would immortalize! That would be presented by the most elite museums in Europe! In the last ten years, I've made my living as a performance artist. I've been at the intersection of mental health and cultural work, and experienced firsthand how making art from pain for profit can actually prolong the same agony I wanted to set free in the first place. I've also learned just how precarious depression is as artistic source material for us artists working with it and how important it is to have self-care, a support system, and an exit strategy.

I found myself spending my first years out of college living in desperate poverty, selling the clothes off my back on Craigslist to pay my gas bill while struggling for the resources of time and money to make art. I'd often eat dinnersized portions of the cheese and cracker offerings at art openings. I practically cyberstalked college students until they brought me to their campuses in often