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**Elegies of Social Life:  
The Wounded Asian American**

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In his now classic meditation on pastoral care, *The Wounded Healer*, Henri Nouwen reaches into an even more iconic, ancient Talmudic legend to recast the role of the Messiah in the work of social transformation.<sup>1</sup> There is, Nouwen recounts, the story of Rabbi Yoshua ben Levi

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<sup>1</sup>Henri Nouwen, *The Wounded Healer: Ministry in a Contemporary Society* (New York: Doubleday, 1979).

asking the prophet Elijah when the Messiah will come. “Go and ask him yourself,” Elijah replies. The rabbi, astonished, asks where he is, and Elijah tells him that he is sitting at the gates of the city. When Rabbi Yoshua wonders how he will recognize the Messiah, Elijah describes him: “He is sitting among the poor covered with wounds. The others unbind all their wounds at the same time and then bind them up again. But he unbinds one at a time and binds it up again, saying to himself, ‘Perhaps I shall be needed: if so, I must always be ready so as not to delay for a moment’.”<sup>2</sup> Nouwen uses this image of the Messiah as a wounded healer to offer an image of pastoral care in which one’s own sense of woundedness becomes the basis for recognizing the woundedness in others. It is this simple idea, woundedness as a more common bond between persons than any other form of sociality, that undergirds much of what it means to provide pastoral care to others in religious contexts, and in more secular parlance, to provide some measure of healing beyond therapeutic cure. You might imagine these pastoral and therapeutic encounters as intimate, face-to-face explorations of the soul and psyche, envisioning a chaplain’s ear inches away from the raspy whisper of a patient lying on a hospital bed, or a counselor sitting side-by-side with a client who cannot face the world by herself. You might even recall, if you are so inclined, to reach back into that vision of the Messiah unbinding or binding his own wounds at the gates of the city, or of the story of Jesus inviting Thomas to touch the wounds on his hands and feet, visible evidence of his torture.

Keep all of these images in mind for another story. This one probably never happened, but still remains terribly true. It was first uttered in 1957, but few people listened then; over the

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<sup>2</sup> Robert C. Dykstra, ed., *Images of Pastoral Care: Classic Readings* (St. Louis: Chalice, 2005), 76.

next half century it has been told and taught to thousands of people, mostly college students, by hundreds of people, mostly college professors of English and Asian American Studies. This story picks up after another has ended. Ichiro Yamada, just returned to his hometown of Seattle after spending four years away—“two in camp and two in prison”—visits the University of Washington where he had been an engineering student before World War II forced him, his family, and hundreds of thousands of other Japanese Americans along the U.S. West Coast into camps (places ostensibly for their own protection, but which would invariably wound them all in ways immeasurable). Two years into his time “in camp,” Ichiro makes the fateful decision that a few thousand other Nisei, U.S. born and second generation Japanese Americans, made when compelled to reply, “No-No,” in response to two “loyalty” questions—whether they would willingly serve in the U.S. Armed Forces and whether they would forswear allegiance to the Japanese emperor. John Okada narrates in what would be his only published but now canonized novel *No-No Boy* (1957), that for this Ichiro was sent even farther away than his initial experience of internment, away even from the camps in which most Japanese Americans were confined; no-no boys were either sent directly to federal prison or spent the war years at the Segregation Center at Tule Lake, California. But this physical isolation from the main body of his community pales in relation to his return. In the eyes of those with whom he had grown up, Ichiro is seen as little more than an emasculated traitor, repugnant perhaps even more in the Japanese American community than he is in the national imagination that forced young men like him to make such impossible choices. He is, in the eyes of most in his community, socially dead. During his visit to the University Ichiro meets his former teacher, Professor Brown, whose

overfriendliness does not disguise his desire to end the reunion prematurely. Although he acknowledges the injustice of the internment even before Ichiro does, Professor Brown quickly stands up and offers an insincere invitation to visit again. “It was seeing without meeting,” Ichiro thinks to himself, “talking without hearing, smiling without feeling.”<sup>3</sup> One need not doubt that Professor Brown has the best of intentions when he meets his former student, but no amount of goodwill can attend to the pain that Ichiro continues to experience, now exacerbated all the more; his pain, while acknowledged, is hardly reckoned with, so that the scene closes with Ichiro feeling “empty and quietly sad and hungry.”<sup>4</sup> Professor Brown cannot look Ichiro in the eye, nor does he set up conditions under which Ichiro might feel authorized to reciprocate and participate in such communion.

Then our true story begins. While eating a hamburger, Ichiro encounters the “pleasant, thoughtful old face of Kenji, who was also twenty-five.”<sup>5</sup> Meal completed, Ichiro, the no-no boy, walks with Kenji, a veteran, to his car. Kenji walks very slowly, and in a moment Ichiro discovers why: most of Kenji’s right leg is gone. Ichiro asks Kenji about his wound, and Kenji responds, “Not having [my leg] doesn’t hurt. But it hurts where it ought to be.”<sup>6</sup> What follows is one of the most extraordinary exchanges between two men in Asian American literature. Kenji says, “It’s not important how I lost the leg. What’s important are the eleven inches,” referring to what is left of his amputated leg; “I’ve got eleven inches to go, and you’ve got fifty years, maybe

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<sup>3</sup> John Okada, *No-No Boy* (Seattle: University of Washington Press, 1976), 57.

<sup>4</sup> *Ibid.*, 57.

<sup>5</sup> *Ibid.*, 58.

<sup>6</sup> *Ibid.*, 61.

sixty. Which would you rather have?”<sup>7</sup> Kenji tells Ichiro that the amputations will continue until there is nothing left of his leg and, indeed, even this treatment will not prevent his premature death. Ichiro initially opts for Kenji’s truncated future over his own anticipated long life of social death, but as the two unbind their wounds and show them to one another it becomes clear that the purpose of the dialogue is less to determine a hierarchy of pain and more to confront the other’s loss without qualification. Neither can take away what the other suffers; all that Kenji can say is that “mine is bigger than yours in a way and, then again, yours is bigger than mine,”<sup>8</sup> as each man makes a promise that he will see the other again.

Formally, this exchange establishes the characterological chiasmus bridged between the two men: Kenji’s injury and the ongoing diseases that will kill him prematurely corporealize Ichiro’s condition, able-bodied but suffering a social death exemplified by his complete alienation from his community. Okada uses a similar rhetorical device in another coupling, Ichiro’s mother and the woman, Emi. Ichiro’s mother is described as having “the awkward, skinny body of thirteen-year old...which had developed no further,”<sup>9</sup> and Emi, who in a Freudian fantasy becomes for Ichiro a surrogate maternal figure and lover, as “slender, with heavy breasts. . . [whose] long legs were strong and shapely like a white woman’s.”<sup>10</sup> In this latter case, Okada’s focus on the different bodies the two women inhabit seems to underscore the relative legitimacy of their respective “fantasies”: while Ichiro’s mom is largely viewed as insane

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<sup>7</sup> Ibid., 61.

<sup>8</sup> Ibid., 65.

<sup>9</sup> Ibid., 10-11.

<sup>10</sup> Ibid., 83.

for her fervent belief that Japan has won the war, Emi's deep patriotism to American ideals better masks its similar baselessness, because like her appearance, her rhetoric ("this is a big country with a big heart") is easier to take.<sup>11</sup> But chiasmic renderings invite readers to look for deep connections as much as they highlight differences, and in these two couplings what we discern is not so much that one man is more pained than another (Kenji vs. Ichiro) or that one woman is more mad than the other (Emi vs. Ichiro's mother), but that all of these are expressions of woundedness that stem from the very same traumatic experience of the internment.

No other historical moment in Asian American history is more discussed and researched than the internment, perhaps because it is the signal event that gives the lie to the deep nationalist desire to "belong" to which so many of us aspire. There is something mundanely tragic in the experience of the internment, at once inconceivable and more imaginable than, say, the horrific experiences of outright war, violence, and genocide that has been suffered by so many people of Asian descent (including Japanese Americans). The internment almost immediately invites ironic reflection, even from—perhaps especially from—those who were not sent away to these desert and swampy camps. Chester Himes, for example, begins *If He Hollers Let Him Go* (1945), the novel for which he is most well known, with a slightly wistful but certainly sardonic image of a young Riki Oyana singing "God Bless America" as he and his parents are sent off to the Santa Anita Racetrack-turned-Assembly Center, in preparation for their years in camp.<sup>12</sup> Perhaps Robert, Himes's African American narrator, can speak to this with special valence, given the specificities of his own embodied experience as a person racialized as black in the face of others

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<sup>11</sup> Ibid., 96.

<sup>12</sup> Chester Himes, *If He Hollers Let Him Go* (New York: Thunder's Mouth, 1986), 3.

racialized as white, or as Robert himself puts it so succinctly at the end of the first chapter, “the white folks sure brought their white to work with them that morning.”<sup>13</sup> Himes doesn’t dwell on little Ricky, but this light nod to Japanese American racialization even as the young boy sings his allegiance, is Himes’s way of seeing in that moment a recognition of what Vijay Prashad calls the “horizontal assimilation,” which U.S. people of color have learned as they watch other non-white groups suffer the innumerable expressions of white supremacy.<sup>14</sup> What is striking about the internment is the extent to which the betrayal felt by the Japanese American community was also so very ordinary in interrupting the collective, embodied experience of this community. “This embodied agency,” Darius Rejali writes in a very different context, “confers intelligibility on our experiences. Ordinarily we do not notice this embodied universe in which we live, we *do* notice it when the structures and rhythms are interrupted, that is, in the course of ordinary betrayals. When ordinary betrayals occur, when habits that are second nature cease to make sense of our world, we experience our finitude.”<sup>15</sup> The “ordinary betrayal” that is the experience of the Internment interrupted in an instant an entire social narrative, and the reason the experience was so devastating, so traumatic, was its ordinariness. As documentarian Emiko Omori narrates in

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<sup>13</sup> Ibid., 15.

<sup>14</sup> Vijay Prashad, *Everybody Was Kung Fu Fighting: Afro-Asian Solidarities and the Myth of Cultural Purity* (Boston: Beacon, 2002).

<sup>15</sup> Darius Rejali, “Ordinary Betrayals: Conceptualizing Refugees Who Have Been Tortured in the Global Village,” *Human Rights Review* 1/4 (2000): 9.

*Rabbit in the Moon* (1999), her film about the Internment, “The problem isn’t that [the internment] was so bad. The problem is that it wasn’t bad enough.”<sup>16</sup>

This sense that the experience of the Internment wasn’t “bad enough” to illuminate anything more than a diversion from a community’s narrative arc toward greater belonging and assimilation is precisely what consigns the characters of *No-No Boy* to a mode that Arthur Frank calls “narrative wreckage,” an inability to live with and in the story one has previously told of oneself, and the utter incapacity of that story to represent adequately the experience of this embodied existence. Here we might see correspondence with Rejali’s notion of ordinary betrayal, except that it is not finitude as such that is the source of the betrayal or wreckage but the particular experience of finitude, not one of completeness or *telos*, but one of chaos, of in many ways the loss of narrative’s capacity to mean. Why one’s narrative no longer anchors is articulated in elegant simplicity by Frank: “The conventional expectation of any narrative, held alike by listeners and storytellers, is for a past that leads into a present that sets in place a foreseeable future. The illness story is wrecked because its present is not what the past was supposed to lead up to, and the future is scarcely thinkable.”<sup>17</sup> The internment put the lie to the progressive temporality of Japanese American social and political “health.” Bereft of this

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<sup>16</sup> *Rabbit in the Moon* (1999). There remains an easy and often facile comparison between the experience of Japanese American internment and the Holocaust in which Japanese American suffering is diminished or summarily dismissed in the face of the atrocity of the attempted genocide of Jews and others by the Nazis. I continue to hear objections from students and others from the use of the term “concentration camp” to apply to the internment experience, as this American version—the logic goes—can never approach the horrors of the death camps in Eastern Europe. Not unrelated, this kind of analogical disavowal occurs also to blunt the experience of suffering by U.S. people of color in relation to the pain of people in the developing world.

<sup>17</sup> Arthur Frank, *The Wounded Storyteller: Body, Illness and Ethics* (Chicago: University of Chicago Press, 1995), 55.



narrative of health so sought after, even as the community was placed behind barbed wire, something that Raymond Williams calls a “structure of feeling” emerged, “affective elements of consciousness and relationships” that moved beyond the known verbal sociology of the community.<sup>18</sup> Indeed, not only did Japanese Americans experience the narrative wreckage of incarceration that made their social narrative no longer one of health but of illness, they also embodied the very essence of the socially ill: Japanese Americans became for the United States a pathogen that necessitated their quarantine, as politicians and military policy makers developed their social epidemiology. The experience of Japanese Americans of illness and as illness disrupted any utopian dream of acceptance. But what it also opened up was a narrative or what Avery Gordon calls a “sociological imagination” in which a new modality might emerge.<sup>19</sup> Thereafter, a new narrative was required, one that placed contingency, exigency, and non-continuity as primary modes of living. As Frank puts it, “In the beginning is an interruption. Disease interrupts a life, and illness then means living with perpetual interruption.”<sup>20</sup>

Both Kenji and Ichiro know all too well what it is to live lives of perpetual interruption in *No-No Boy*, as both of them are marked as ill, albeit in different ways. Kenji drives a brand new Oldsmobile, material reward for his “sacrifice” on behalf of his country, but he must return again

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<sup>18</sup> Raymond Williams, *Marxism and Literature* (Oxford: Oxford University Press, 1977), 198.

<sup>19</sup> “This sociological imagination does not just describe or rationally explain or tell us what to do. It also does not treat social construction—the making and making up of the social world and of us—as a professional curiosity or as the already available final answer to our most pressing questions. This other sociological imagination conjures, with all the affective command the word conveys, and it does so because it has greatly expanded impression of the empirical that includes haunted people and houses and societies and their worldly and sometimes otherworldly contacts.” From Avery F. Gordon, *Ghostly Matters: Haunting and the Sociological Imagination* (Minneapolis: University of Minnesota Press, 1997), 204.

<sup>20</sup> *Ibid.*, 56.

and again to the hospital to amputate more of what is left of his gangrenous leg, which he knows will kill him within two years. He was a good soldier and a “good patient” when he first lost his leg, but as his illness persists Kenji forecloses his narrative of good citizenship: “It wasn’t worth it.”<sup>21</sup> Conversely, and in an important way correspondingly, an otherwise physically healthy Ichiro becomes disease in the eyes of Japanese American veterans. When a flamboyant and bombastic veteran named Bull, who dons a gaudy pale blue skirt and ostentatiously shows off his white girlfriend, bumps into Ichiro in a bar, he “wiggled out into the open with exaggerated motions and began to brush himself furiously. ‘Goddammit,’ he says aloud, ‘brand-new suit. Damn near got it all cruddy.’”<sup>22</sup> We can easily align Bull’s assignment of Ichiro’s “crud” with Mary Douglas’s notion of “dirt” as “matter out of place.”<sup>23</sup> Here, Ichiro’s cruddiness is not simply his polluted status within a community that assigns veterans the role of “pure.” A few lines earlier Bull calls out to Kenji by referring to his condition: “For crissake, if it ain’t Peg-leg.” Although meant in jest, in a kind of deliberate insensitivity designed to shore up a masculinist homosocial bond, Bull demonstrates just how subjected ill bodies are in a world that demands health. It is impossible for Kenji or Ichiro to live lives without interruption; their respective visible conditions (Peg-leg, crud) compel them to answer constantly the implicit question posed by those who consider themselves without injury, illness, or unhealthy: What is wrong with you?

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<sup>21</sup> Okada, *No-No Boy*, 60.

<sup>22</sup> *Ibid.*, 74.

<sup>23</sup> Mary Douglas, *Purity and Danger* (London: Ark Paperbacks, 1966).

If you hear the implication of blame, then you would be reminded of Susan Sontag's reflections on the cultural and social luggage brought to our modern understandings of illness. In *AIDS and Its Metaphor* (1988), the sequel to her groundbreaking *Illness as Metaphor* (1979), Sontag references the disease on which she focuses much of her attention in the earlier essay: "Because of countless metaphoric flourishes that have made cancer synonymous with evil, having cancer has been experienced by many as shameful, therefore something to conceal, and also unjust, a betrayal by one's body. Why me?"<sup>24</sup> It is not much of a stretch to determine that these two questions—What is wrong with you? and Why me? —are intimately connected. This simultaneous identification of the wounded condition as one that invites both shame/blame and (ordinary) betrayal, rests in large part on the imperatives of what Arthur Frank calls the "restitution narrative" that pervades how we narrate our individual and collective lives. "Contemporary culture," Frank writes, "treats health as the normal condition that people ought to have restored. Thus the ill person's own desire for restitution is compounded by the expectation that other people want to hear restitution stories. The plot of the restitution [narrative] has the basic storyline: 'Yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again'."<sup>25</sup> This desire for restitution cannot tolerate a condition in which restoration to full idealized health is no longer an option, as in the case of cancer or AIDS, or in the case of Kenji's disability or Ichiro's diminished social status. At the social level, ill, wounded bodies are made marginal, sent away, their "out-of-placeness" rendering them invisible so that healthy bodies can maintain the

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<sup>24</sup> Susan Sontag, *Illness as Metaphor and AIDS and its Metaphors* (New York: Doubleday, 1989), 112.

<sup>25</sup> Frank, *The Wounded Storyteller: Body, Illness and Ethics*, 77.

fantasy that they are normative, not contingent. Sontag's quote reminds us that such terrified repression of the inevitable (not potential) illness and woundedness of all bodies—what is wrong with you?—takes on moralistic tones, imposed by the healthy and internalized by the ill and wounded. At the level of the self, the ill, wounded body, the restitution narrative is the primary means through which alienation occurs in its most fundamental, existential mode: “The body that turns in upon itself is split from the self that looks forward to the body's restitution. The temporarily broken-down body becomes ‘it’ to be cured. Thus the self is *dissociated* from the body.”<sup>26</sup>

So powerful and compelling is the restitution narrative, so embedded it is in determining the very fabric of our social being, that even when it is made clear to us that restitution is nothing more than a narrative fiction to which we ascribe the status of eternal truth, it still—if we let it—overwhelmingly regulates our behavior and our way of viewing the world. Both Ichiro and Kenji yearn for that utopia in which they are restored to a sense of health and wholeness. “Surely it must be around here someplace, someplace in America,” Ichiro says, but wonders, “Or is it just that it's not for me?”<sup>27</sup> Kenji also thinks this utopia is somewhere else, that place where Japanese Americans can marry “anyone but a Jap.” And who doesn't want to believe in the inevitability of health? Who in our liberal society, correspondingly, does not want to imagine a triumphant future shorn of its racist past? I was reminded powerfully of this imperative demanding health's inevitability while writing this piece, when a bout of illness interrupted me. In June 2010, I began experiencing what I eventually relayed to my doctor as an inability to draw a full breath,

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<sup>26</sup> Ibid., 85.

<sup>27</sup> Okada, *No-No Boy*, 159.

which hindered first my ability to go for my morning run, and later even made it difficult for me to sit or lie still without feeling agitated and breathless. It worried my wife and me enough that I went to see my doctor, who at first thought it a mild case of bronchitis, but later was concerned enough to refer me to a pulmonary specialist.

What struck me about my response to my illness (which was temporary this time around) was how wedded I was to putting on the public persona of a healthy person. I went to my office every day: I would greet colleagues and then shut my door and gasp. I dropped off and picked up my daughter from her pre-school with nary a word about what I was experiencing physically, not to mention the gnawing fear that I might be suffering the effects of my two decades as a smoker. Even in writing that last sentence, I found it difficult to put into writing the word “cancer,” so devastating is its very articulation because as Sontag wrote in 1979, few other illness carry such tremendous cultural weight. Sontag railed against the metaphoric usage of the word in everyday social and political parlance, but perhaps even uttering “cancer” is unnerving because there is a recognition that cancer puts the lie to the restitution narrative’s consistency and permanence, instead highlighting how the contingency of health is more normative than not. That I was confronted with the possibility that I could possibly be suffering from lung cancer, which again turned out not to be the case, made me redouble my efforts to perform as a fully healthy person; I knew that should my fears come to pass, I would experience a social response that has as its implicit questions: What is wrong with you? Why don’t you deserve to get cancer? I knew this would be the response of many even before I reread Sontag’s essays, because this was the conversation I had with myself: you, Jim, deserve this fate, this cancer. I felt on the verge of

being out-of-place in my community and began to experience in a way that I never had before, of my body (the one that hoped for full restoration of health) turning against the one that was ill.

My capacity now to write the word cancer as a potential illness that I might inhabit, as well as my ability now to write about my experience of disorientation, of myself turning against myself, indicates that I have left my very brief visit to a view of the world that Frank describes as the “chaos narrative,” which isn’t a narrative at all per se, but instead “is always beyond speech, and thus it is what is always *lacking* in speech.”<sup>28</sup> Frank adds, “Those who are truly *living* the chaos cannot tell in words. To turn the chaos into a verbal story is to have some reflective grasp on it.”<sup>29</sup> Even though I knew better, my experience in chaos brought me to verbal breakdown; silence became my way of living through my short time there. When I was able to say aloud that I might have cancer, particularly to my wife, I understood that I was no longer living in chaos. I was also no longer in the world in which restitution was my narrative. The experience of being in chaos compelled me to reimagine my relationship to my body in a semantically simple but existentially dramatic shift: rather than contemplating “having” an illness, I began to see myself as “being ill.” That is, whatever I might have “had”—cancer, chronic bronchitis, or some other ailment—was not some extrinsic alien invader that violated the sanctity of my body, and whose subsequent relationship with me would therefore always be one of antipathy and hostility against what made me ill turning my body against itself. Rather, to “be” or to “become ill” meant that illness made up a part of who I imagined myself to be, became intrinsic to my sense of identity.

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<sup>28</sup> Frank, *The Wounded Storyteller: Body, Illness and Ethics*, 101.

<sup>29</sup> *Ibid.*, 98.

This includes my sense of Asian American identity. Here, illness as a mode of woundedness is something that cannot simply be overcome by homeopathy, pharmaceuticals, or other methods of cure, nor is the sole hoped-for outcome the restoration of health. Nor is illness or woundedness something that can be, at any point, disaggregated from other forms of socially determined identity, of which Asian American identity is one, albeit a crucial one. Instead, to embrace woundedness as intrinsic to Asian American identity exposes the restitution narrative of idealized health for what it truly is, which by extension Asian American Studies scholars and activists have been saying for decades about the corresponding narrative of the model minority: a tyrannical expectation whose demand for physical (and social) perfection relegates all persons to failure within both society and themselves. Our colleagues in disability studies have been saying this for decades; there is a necessity to “reverse the hegemony of the normal,”<sup>30</sup> and those of us ensconced in ethnic and feminist studies would surely not disagree with this call to undo the hegemony of normative bodies with regard to race, gender, orientation, class, or otherwise. Yet curiously, there remains something deeply unfathomable even after we have dispensed with the oppressive normativity of the model minority or healthy body in developing a “new ethics of the body [that begins with woundedness] rather than end with it.”<sup>31</sup> This is not only rhetorical sleight-of-hand or analogy: indeed, it is possible that part of Asian American Studies’s profound inability to move “beyond” the model minority has in large part to do with our unacknowledged, passionate attachments to the fantasy of health. To begin with, woundedness demands a constant

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<sup>30</sup> Lennard J. Davis, ed., *The Disability Studies Reader*, Second edition (New York: Routledge, 2006), 15.

<sup>31</sup> *Ibid.*, 237.

acknowledgement that finitude, the end of health, is not only a possibility, but an inevitability. To begin in woundedness rather than end with it means admitting that just as race and gender can render someone silent and invisible, so does illness perhaps more than anything else, lend itself to a solipsism that compels a body to turn radically against itself. In this light woundedness—in all its various forms, of which I emphasize illness—brings into focus the very contours of one’s identity precisely because it foregrounds the contingency of all identity.

Perhaps the most dramatic rendition of how woundedness can be profoundly revelatory to Asian American identity and bodily ethics takes place in the work of those engaged in the contemporary medical profession. These narratives are most dramatic, even melodramatically so, because physicians, surgeons, and other health professionals have built a medical lexicon and semiotic specifically designed to turn bodies against themselves in the name of curing the wounded body. More than others who encounter ill, wounded, and damaged people, doctors turn the spaces in which the wounded reside—hospitals, for example—into other worlds. Medical sociologist Charles Bosk relates the story of a Dr. Smith who explains how he manages to go to work day after day at a pediatric hospital. “What you have to do is this, Bosk,” Dr. Smith explains. “When you get up in the morning, pretend your car is a spaceship. Tell yourself you are going to visit another planet. You say, ‘On that planet terrible things happen, but they don’t happen on my planet. They only happen on that planet I take my spaceship to every morning.’”<sup>32</sup> The fantastic action of dissociating oneself from the very people one is purportedly called to care for is inculcated early on in medical school, as Dr. Pauline Chen, a transplant surgeon, writes in

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<sup>32</sup> Cited in Arthur Frank, *The Renewal of Generosity: Illness, Medicine, and How to Live* (Chicago: University of Chicago Press, 2004), 22.



her memoir on mortality, *Final Exam*.<sup>33</sup> In what is more than anything a narrative of unlearning the protocols of medical practice that obfuscate real human suffering from the clinical encounter, Chen recounts the moment that the edifice and artifice of medical cover crashes around her when she is about to extract organs from the body of a young Asian American woman killed in a car accident. At that moment of recognition, of the proximity between her body and this dead woman's, any ritual of procedure that Chen uses to objectify herself and dissociate from the experience is rendered powerless in the transformative encounter: a young woman's confrontation of her own finitude in the wake of another's death. "For a moment I saw a reflection of my own life and I felt as if I were pulling apart my own flesh."<sup>34</sup> Of the many encounters with patients, their families and friends, it is this one encounter that inexorably changes Chen to engage those in hospital beds—and beyond—in less clinical, more affective ways. It is this acknowledgment of her inevitable mortal body that enables Chen to move beyond a monadic mode of existence toward a dyadic, communicative one in which her very body—while still presently "healthy"—is no longer closed off from but a member of, the world of ill, dying people too. It is certainly not coincidental that this revelation takes place when Chen encounters another Asian American woman; illness, woundedness, and death are not extrinsic to but intimately connected to, one's race, gender, and other markers of social identity.

What can emerge from this realization of one's intrinsic relation to woundedness, as intimate as one's relationship to one's race or gender or sexuality, is what Frank calls "pedagogy

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<sup>33</sup> Pauline W. Chen, *Final Exam: A Surgeon's Reflections on Mortality* (New York: Vintage, 2007).

<sup>34</sup> *Ibid.*, 201.

of suffering.” In this pedagogy, there is no utopian moment of unadulterated bliss; mourning is part of the line of thought. But unlike the psychoanalytic overdetermination of mourning and/as melancholy, mourning here is not simply for one’s self or for the lost loved object, but includes the ability to mourn for others.<sup>35</sup> This capacity to mourn for others, derived from one’s reimagined relationship to one’s body as communicative toward other (wounded) bodies, does not romanticize or idealize illness as a condition that is fully transcendent—almost no one wishes to be ill, and almost everyone yearns to be healthy for as long as possible—but the consequence of not becoming a communicative body in dyadic relationship with other bodies, of remaining monadic to one’s self and toward others, is as Dr. Smith in his unwittingly eloquent way puts it, to live a life in which one travels to another planet every day. The pedagogy of suffering is the chiasmic relationship between (at least) two bodies borne of a shared acknowledgment of one’s and the other’s woundedness, one that puts the lie to any story of hope made synonymous with triumph. And indeed, it is on this pedagogy that something akin to social justice might emerge, not as mitigation of known social forms and inequalities, but instead as the constant attentiveness to structures of feeling that emerge from one’s vigilance to woundedness, a “sensuous knowledge, of a historical materialism, characterized constitutively by the tangle of the subjective and objective, experience and belief, feeling and thought, the immediate and the general, the personal and the social.”<sup>36</sup> It is a pedagogy that might lead to an ethic of social justice that moves beyond and between discrete identities and the politics of difference, because it recognizes that even the bonds of normative identification are tenuous and provisional, even

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<sup>35</sup> Frank, *The Renewal of Generosity: Illness, Medicine, and How to Live*, 136.

<sup>36</sup> Gordon, *Ghostly Matters*, 200.

and especially the seemingly most stable turned into instances of utter vulnerability. At the last instance, such fragility is all that might be available and one that must be relentlessly cultivated.

In *No-No Boy*, Ichiro's temporary lover, Emi, voices a fantasy of monadic relationship to woundedness. As Ichiro wonders aloud how he will live in his condition of total alienation and social death, Emi invites him to live on another planet, to live in a fantastic world in which the damage of the Internment did not take place: "Next time you're alone, *pretend* that you're back in school. *Make believe* you're singing 'The Star-Spangled Banner' and see the color guard march out on stage, and say the pledge of allegiance with all the other boys and girls. You'll get that feeling flooding into your chest and making you want to shout with glory. It might even make you feel like crying. *That's how you've got to feel*, so big that the bigness seems to want to bust out, and then you'll understand why it is that your mistake was no bigger than the mistake your country made."<sup>37</sup> In the narrative of restitution only fantasy can bring the wounded person back into the communal fold, and the fantasy is not an option but an imperative: that's how you've *got to feel*. And it is precisely the terror of this imperative that makes this world unlivable for Ichiro and, eventually, for Emi as well, when she is no longer "voluptuous," young and healthy. Eventually, all of us will realize that behind the veil of triumph—of which health is the one that we cling to as our deepest fantasy—is the narrative that has the arc and feel of tragedy, the downward slope of the finitude of any social identity that left unattended is the signal mark of despair.

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<sup>37</sup> Okada, *No-No Boy*, 96. Emphasis added.

By the end of *No-No Boy*, Kenji is dead as is Ichiro's mother. The latter dies of and in despair, unable to replace the narrative of Japanese victory with something that provide meaning to her pathetic, racialized reality. Kenji dies as a tragic figure too, as one who saw before his end the poverty of the narrative with which his government and his community tried unsuccessfully to supply him. We don't read this in the novel, but Okada leaves Emi headed into that future as well, a future in which her narrative crashes. Still, that initial encounter between Ichiro and Kenji, during which the two men show each other their wounds and bind them up together—in effect, becoming communicative healers, wounded Asian American storytellers for one another—offers an incomplete, partial model of healing for the Japanese American community in the aftermath of World War II. By the end of the novel Freddie, another no-no boy, is killed, but the boorish veteran Bull doesn't celebrate. Instead he wails, “like a baby in loud, gasping, beseeching howls.”<sup>38</sup> In that moment Bull inexplicably mourns the death of Freddie, the person that didn't belong in the Japanese American fantasy of restitution, and in doing so mourns his own woundedness, the damage done to him by years in camp. This capacity to mourn for others, to engage in a pedagogy of suffering in which a veteran cries for a no-no boy and another no-no boy puts a hand on a hulking veteran's shoulder in a gesture of generosity—both acts of wounded people showing and binding up each other's wounds—this is where Ichiro and perhaps Okada himself senses “a glimmer of hope”<sup>39</sup> If one's woundedness is, like Ichiro's and like mine during my days of chaos, one of profound alienation, isolation, and loneliness, then developing a pedagogy of suffering to bear witness to suffering that is shared—a new social ethic of giving

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<sup>38</sup> Ibid., 250.

<sup>39</sup> Ibid., 261.

voice to that suffering—can expand the capacity to know how society and its dimensions of power can be reorganized. Such bearing witness to woundedness as society’s and indeed humanity’s core undoes what we imagine to be the regulatory impulses that keep social order in check, just as illness and pain destroy any narrative of health and restoration. To embrace woundedness as a pedagogy of suffering invites greater possibility for the work of social justice by compelling us to always keep in mind the equally important work of empathy and listening. Such work is important not because the capacity to see another’s wound as wound, something that corresponds with my own, is a definitive, concrete thing with a guaranteed outcome for solidarity, but rather that this is all the frail connection that we have. It points to a potential transformation— borne of knowing the depths of the passion of woundedness—that “acknowledges, indeed it demands, that change cannot occur without the encounter, with the *something you have to try for yourself*.”<sup>40</sup> Indeed, it is after she experiences her own sense of mortality and grief in her encounter with the dead Asian American woman that Dr. Pauline Chen begins to write stories. It is in the testimony to one’s intrinsic and inevitable woundedness and suffering that cannot be reduced to terms of alleviation that may bring out the impulse to make social meaning in that woundedness, which may indeed redefine the very notion of social perfection.

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<sup>40</sup> Gordon, *Ghostly Matters*, 203.