

Introduction

Folded Time and the Presence of Disability

In 2005, the South Korean scientist Hwang Woo Suk and his associates published an article in the journal *Science* claiming that they had achieved the world's first cloning of "patient-specific" embryonic stem cells.¹ This success drew immediate national acclaim, as the media lauded him as enhancing national pride and honor. Shortly thereafter, the public television (KBS) program *Open Concert* aired an episode with the theme of the future of science and technology. The concert featured President Roh Moo Hyun's recorded message touting the importance of science and technology and promising his administration's continued full support. After the celebrity singer Kang Won Rae, disabled with a spinal-cord injury, performed in a group and danced in his wheelchair, Hwang appeared onstage with the minister of science and technology. He remarked, "I haven't found the solution to this incurable disease yet. But I hope to make Kang spring to his feet, so that on the concert stage after the next one, he can show us again the quick dance moves he used to have. And I will move forward with all citizens in a search for the path to the day he performs his wheelchair dance to reminisce about old times." In Hwang's view, Kang's pre-injury ability to dance would be restored in the very near future and his wheelchair dance belonged to the future's past. This desire for cure was captured emotionally: while Hwang described the agonizing sadness he felt watching Kang's performance, the frame switched to a slow-motion close-up of Kang dancing in his wheelchair.² As the cure rhetoric and spectacle fold past and future over the present, disability surreally disappears. One newspaper captured this disappearance with the headline "No More Wheelchair for Kang Won Rae."³ Kang merely served as the magician's assistant to prop up the illusion of cure in front of the applauding audience, as if he had already been cured. In these folded temporalities, only his nondisabled past and his cured future become meaningful.

To honor Hwang's success, Korea Post issued a special postage stamp, "Stem Cell Cloning Process and Hope," featuring another kind of temporal folding (see figure intro.1). The images of bodies of the present and the future all appear over the images seen through a microscope. On the left side of the stamp, on top, several cells appear with instruments; beneath this, a needle introduces a nucleus into what seems to be a human egg. Emerging from the left, a figure (gendered as a man) in a wheelchair is shown in progressive changes in his pose within five silhouettes: he is sitting in the chair, raising himself up, running, then leaping, and, at the end, he is embracing another figure (gendered as a woman). This process captures how curative science enables intimate relations, making visible the assumption that normative functioning is the precondition of social inclusion. The right side of the stamp features a bright center, representing the limitless possibilities and hopeful future to which the title of the stamp refers. The curative process is visualized in a way that is similar to the notion of progress in what Anne McClintock calls "pan-optical time," being "consumed—at a glance—in a single spectacle from a point of privileged invisibility."⁴ As if filmed in stop-motion, the five figures appear as a single body being fast-forwarded through time. Adding to this effect of animation, a hologram creates depth and glow in the horizontal movement of "progress" to arrive at the privileged, nondisabled body.

In the examples of the concert stage and the postage stamp, the cure that has yet to materialize, the nation-state, and disability are represented on unequal terms to form a nationalist spectacle. Both translate the event that might have happened in the laboratory to a powerful drama of imagined bodily transformation and, by extension, national transformation. Time is folded and contracted with one purpose: to construct the power of the nation by making disability disappear.

Emphasizing the nationalist significance of his technology in its international reach, Hwang also mentioned Christopher Reeve as another example of a life he could transform through his stem cell cloning and claimed that Reeve had contacted him. Much like the singer Kang on the concert stage, Reeve was featured in a curative spectacle—in his case, in the well-known U.S. commercial for an investment company, Nuveen, aired during the 2000 Super Bowl. The commercial is set in the near future and shows the onstage celebration of a "remarkable breakthrough in spinal-cord injuries." The host introduces the special guest who is to present the award, and the camera focuses on the legs and then feet of a man slowly walking forward. The viewers then discover that it is Reeve who is approaching the podium. As the host greets him, the audi-



Intro. I A special postage stamp issued in 2005 by Korea Post, “Stem Cell Cloning Process and Hope,” dedicated to Hwang Woo Suk.

ence rises in a *standing* ovation, welcoming Reeve—who can now stand and walk, and thus provides evidence of the breakthrough—into the normative society. The voice-over addresses the viewers in the present: “In the future so many amazing things will happen in the world. What amazing things can you make happen?” Two frames of text are shown: “Invest well. Leave your mark.” This invitation offers the promise of satisfaction from contributing to the cause of curing disability. It entirely omits any image of science, instead addressing the viewers as potential investors and as the benefactors who will shape the future. Reeve becomes the iconic beneficiary, the “mark” of the moralized deed of private investing for profit. This capitalist spectacle of Reeve’s virtually cured body covers over his disabled embodiment.

While the Nuveen commercial encourages private investment, in Hwang’s case the nation-state emerges as the visible benefactor. Funded largely by the government, Hwang was known to have patriotically refused to accept foreign investment. On the stamp, a disabled person in a wheelchair appears as an object of intervention offered in the name of KOREA, printed alongside the magnified spectacle of life as a site of cure and advancement. The curative power, in turn, fundamentally relies on the presence of disabled bodies framed with a certain emotional effect.

To cure is to properly govern the body and its social relations. *Ch’iyu* (治癒), a Sino-Korean word for cure and healing, is made up of two individual words: *ch’i*, “to govern,” and *yu*, “to cure.” Disability has long been connected to the imaginary of the colonial Korean body politic during Japanese rule. After Independence, the division, and the Korean War, rehabilitation of the dis-

abled nation, largely tied to capitalist economic development, emerged as the primary goal of postcolonial South Korea. In the new millennium, as the emphasis shifted toward people with disabilities as beneficiaries of the already-rehabilitated nation, the fact that the nation itself was in need of reconstruction began to fade from the collective framework of national identity. Technological, economic, and medical developments confirm the shift in South Korean national identity from a country relying on other countries' aid to one able to govern its citizens through its power to cure disabled others and to offer international assistance to "those in need."⁵ The power to physically transform a disabled individual through biomedicine becomes part of the branding effort of the normalized ethno-nation-state.

The magical spectacles of cure on the South Korean stamp and in the U.S. commercial were each contradicted by different realities, however. Korea Post stopped selling the stamp in less than a year, when part of Hwang's research was found to be fraudulent. The national excitement—called "Hwang Woo Suk Syndrome"—turned into shock and shame. He was eventually convicted of various charges, including illegal trading in human eggs, research misconduct, and embezzlement, and received a suspended sentence. And though the commercial featuring Reeve did not claim that the image was real, it similarly misled its audience: people inquired for more information about his "cure."⁶ Although no one expects a television commercial to be held to the same standard of truthfulness as a report of scientific research, the realness of the virtual image of Reeve standing and walking was extraordinarily powerful: in effect, viewers were guided to situate this imagined future in their present.

Even the exposure of his scandalous fraud has not stopped Hwang's pursuit of therapeutic cloning to cure disabilities and illnesses. *Nature* recently reported on Hwang's success in cloning animals and on his goals of "producing drugs, curing diabetes and Alzheimer's disease, providing transplantable organs, saving endangered species and relieving grief-stricken pet owners."⁷ The continued government funding of and international attention to his efforts show that the drama of cure has expanded from the possibility of curing disability to attempting to "cure" environmental loss, defying the extinction of species and to "cure" the emotional experience of loss, defying mortality itself. It signals yet another way of folding time: an insistence on making the present disappear by replacing it with the normative past, simultaneously projecting onto it a specific kind of normative future. This ironically has the effect of solidifying the status quo, as the assumption embedded in the societal mandate

that disability needs to be cured before disabled people can “return” to society is not questioned.

The international debate over therapeutic cloning has been concerned with ethical and moral issues, while emphasizing potential benefits and legal barriers, but it has also been tinged with nationalism and international competition. Following Hwang’s alleged success, researchers in the United States expressed frustration at falling behind because of the legal restrictions they faced, which had “given other nations some significant advantages.”⁸ Technological advances imbued with nationalism threatened to upset existing international hierarchies.

South Korean disability activists spoke up against the emphasis on curing and normalizing disabled people, because the perceived need for cure generally reinforces prejudice against disabled people.⁹ Tari Youngjung Na writes, “We shivered whenever we heard the word ‘therapy.’ When disabled people did music, it became music therapy; exercise became rehabilitation therapy; stage acting became theater therapy; painting was quickly named as art therapy. Even though these activities could be used for the purpose of treatment, we knew that, regardless of specific purpose or content of an activity, they were so easily considered therapies, because of the belief that disability should be cured.”¹⁰ The need for cure extends to the activities of life and transforms them into exceptional interventions solely for the purpose of “improvement,” with the eventual aim of eliminating disability or of approximating able-bodiedness.

The singer Kang Won Rae seems to have known well that Hwang Woo Suk and the media exploited him as an icon of disability cure to illustrate the significance of biotechnology.¹¹ Kang stated that he wouldn’t wait around doing nothing or put all of his faith on cure but was determined to live his life. He rejected the implied passivity of disabled people in hoping for cure, instead advocating for improving the lives of people with disabilities. He claimed his disability identity when some in the disability community considered him not disabled because of his celebrity status and class privilege.¹² But at the same time he praised Hwang’s alleged breakthrough and hoped that it would be developed into a real cure for his spinal-cord injury. His dual desires for cure and for living fully with disability are not represented equally, however. In the same year that he appeared with Hwang on *Open Concert*, Kang released a music video that featured him getting up from an *armchair* and dancing, a scene made possible by special effects, including invisible wires, a body double, and computer graphics. This activity was in fact meant to reenact his past, before

his accident, rather than to create an illusion of future cure. But the media emphasized his standing, with one newspaper going so far as to lead with the headline “Kang Won Rae Got up from His Wheelchair,”¹³ even though the performance in the video consisted mostly of his dancing in a wheelchair together with nondisabled dancers standing or dancing in wheelchairs in unison. That his album included two songs about the disability movement’s push for accessible transportation, and that he produced another music video in collaboration with disability rights activists, which included scenes of large-scale disability protests from the 2002 documentary *Let’s Ride a Bus*, received little attention. Though for Kang the need for community recognition of disability identity, the hope for cure, and the commitment to structural changes seem to coexist, for the mainstream media the focus remains on cure.

Seeking Disability in the Spectacles of Folded Time

To cure typically means to restore “health” by removing illness and disability through medical treatment. Figuratively, according to the *Oxford English Dictionary*, it also means “to remedy, rectify, or remove (an evil of any kind),” illustrating that moral judgment about its object as “evil” is an important component of its meaning. The existing critique of cure within disability studies with a Western focus has targeted medical cure and its social impact, tied to criticism of the medical model that sees disability as an individual deficit or pathology to be corrected through professional interventions.¹⁴ The medical model also denies or obscures disability as a valuable element of human difference. Importantly, this criticism challenges the perception that disability needs to be cured and denounces the priority of cure over other social and environmental changes that enable people to live with disability and illness. In other words, the compulsion of cure, regardless of whether any cure is available, preempts social and practical solutions to many of the problems and struggles that disabled people experience. Eli Clare relocates the site that needs “cure” in the context of the United States: “The disability rights movement, like other social change movements, names systems of oppression as the problem, not individual bodies. In short it is ableism that needs the cure, not our bodies.”¹⁵ The critique of cure, therefore, has attempted to shift priorities and to valorize disabilities as differences.

Cure entails an individualized approach, which is likely to be determined by the affordability of medical care. Analyzing the Nuveen commercial and the film *In the Gloaming*, directed by Reeve, which depicts a character liv-

ing with AIDS, Robert McRuer argues that the focus on cure prevents people from having conversations about the systems of power and about everyone's complicity in them. McRuer emphasizes that curative approaches to disability and AIDS are inseparable. He argues that "people with AIDS are not passive observers who are simply waiting for a cure" and it is important to recognize that disabled people are making coalitions with other oppressed minorities and are demanding broad social and political changes.¹⁶

Disability studies scholars increasingly seek to examine the interlocking nature of oppressions among various marginalized groups and to highlight the importance of making existing medical care and prevention affordable and accessible, of eliminating ableist medical discrimination, and of undertaking efforts at prevention based on proper education and health care. What is problematic in the drive for medical cure is its narrow, simple focus on the gains and benefits that cure may bring, disregarding its associated harms, risks, and disabling effects. It also closes off ways to support, in the present, "untreated" and "incurable" lives, that is, people who have a disability or an illness, as well as people who refuse or cannot afford treatments. When bodies are pronounced "incurable," they are read as being in a condition of a "nonlife" — without a future and denied meaning in the present. At the same time, cure denies a place for disability and illness as different ways of existing in the present. Cure discourses and imagery operate in political, moral, economic, and emotional realms that go beyond individual medical treatments and personal desires for remedy. An emphasis on cure as the only path forward is damaging, because it obscures the fact that cure is always a multifaceted negotiation, often enabling and disabling at the same time, and may be accompanied by pain, loss, or death.

If cure eliminates disability, why is disability persistently present within the drama of cure? The commercial about Reeve's cure does indeed picture the presence of disability in the future, while rendering it unrecognizable. In addition to those who are watching the broadcast celebration on-screen with a sense of wonder, four people with visible disabilities walk behind Reeve on-stage. They may be featured to represent either those still waiting to be cured, once greater sums are invested, or those who, like Reeve, are walking after a long period of using a wheelchair. As much as the image of Reeve's walking surprises the viewers, it also shows new markers of disability, inviting a scrutinizing gaze at his virtual motion, which might seem different. He grabs the arms of the chair for balance as he rises, and he takes each step with care. As he gazes to the side, his neck doesn't turn; the camera focuses on his face,

his head (cropped from the image of his disabled body) digitally attached to the walking body. Significantly, this commercial shows a future inhabited by disabled bodies, including that of Reeve. In order for the imagined cure to be meaningful, then, it has to be accompanied by disability. Although disabilities of the individuals and Reeve onstage are read as soon-to-disappear, the very presence of disabled bodies counters the assumption that cure eliminates disability. This may bring us a different understanding about cultural productions that frame embodiments always in reference to one another.

For many, cure demands that we suspend our living in the present and instead wait for a future without disabilities and illnesses, urging us to not live in the present. Alison Kafer calls this temporal framing “curative time”: “In our disabled state, we are not part of the dominant narratives of progress, but once rehabilitated, normalized, and hopefully cured, we play a starring role: the sign of progress, the proof of development, the triumph over the mind or body.”¹⁷ In the South Korean context, I add to this list the observation that a rehabilitated or cured body becomes a sign of decolonized and sovereign statehood under capitalism, for the colonized and communist state was understood as a disabled and even nonhuman body.¹⁸ Set against the impossibility of inhabiting the present, the promised transformation through cure is enticing enough to make losses and hastened death acceptable, even expected. Kafer continues, “Within this frame of curative time, then, the only appropriate disabled mind/body is one cured or moving toward cure. Cure, in this context, most obviously signals the elimination of impairment but can also mean normalizing treatments that work to assimilate the disabled mind/body as much as possible.”¹⁹ The curative drive also demands an approximation of normality through “habilitation” (the acquisition of skills and abilities) and “rehabilitation” (the regaining of skills and abilities that have been lost or impaired).

If one refuses to read the presence of disabled bodies as always moving forward on the compulsory path to be cured or to die, those four individuals with disabilities who follow Reeve onstage might be imagined as the disability community that congratulates him for his chosen transformation and his belonging to—rather than his departure from—that community. Even though Reeve’s focus on cure constrained his relationship with disability rights movements, this kind of imaginative reading attempts to disengage from curative time, which considers one embodiment an improvement from the previous one. This imagining attempts to unlearn the habit of projecting the cure imperative onto disabled bodies, instead focusing on the presence of disability itself and envisioning a future when cure exists as a negotiated transformation.

The presence of disabilities in the representation of cure helps me situate cure in the work of time to examine how cure, even at an individual level, does not always provide relief or advance one's health and functions. What happens when cure promises to take bodies from the category of disability to that of normality, but leaves them in the middle? Can cure coexist with disability? The analysis of cure informs us that disability never simply disappears through attempts at cure; it is recognized, then disfigured and disinvested. The curative attempts also affect gender, age, class, sexuality, race/ethnicity/indigeneity, religion, health status, and nation-state. The temporal and rhetorical politics of virtual cure and the heightened emotions surrounding images of cure—hope, hopelessness, the sense of empowerment, nationalist sentiment, and so on—underscore the need to examine visual and literary cultures of cure beyond medical, scientific, and bioethical frameworks. What do emotional and material investment in cure and the political criticism about cure tell us about our identification and disidentification with disability and otherness? In many cases, curable and cured bodies are disabled, because of the history of disability they carry and because of the unending rehabilitation, up to a certain age, to gain the better bodies that supposedly await in their future. Much as happiness, as explored by Sara Ahmed—who draws from feminist, black, and queer scholars who criticize happiness as a device for oppression—is a wish that keeps “its place as a wish by its failure to be given,”²⁰ so too cure keeps its place as a destination at which one can never arrive. In that sense, for disabled people normality exists always one moment away, urging us to suspend our life in the present and not to attempt social changes.

Curative Violence turns its focus to the centrality of disability's presence before and after cure, existing in between the past and the future and in between otherness and normality. In these in-between spaces, cure and disability coexist as a process. I examine the suturing together of disability and cure in Korean cultural representations situated in historical and transnational contexts. In this nexus, the violence that is made invisible in the name of cure emerges as an important theme. Focusing on disabled bodies visualized and narrativized in the landscapes of multiply constituted boundaries of otherness and normality in folded time, I explore various imaginations and practices of medical and nonmedical cure in colonial Korea (Chosŏn) during the height of Japanese rule in the late 1930s and in South Korea since the division. The analyses in a given political and historical context are put in dialogue with the concerns of the contemporary South Korean disabled women's movement.

Conceptualizing Cure

Because the workings of cure are complex, close attention must be paid to the interactions among politics, cultural representations, and social movements that all seek various sorts of transformation. Cure operates with the social compulsion of gender conformity and heterosexuality as conditions of recognition and belonging, as well as with normative pressures that vary with context. The imperative of cure is produced by historical and cultural circumstances that make life with disability difficult and unlivable. To deconstruct the oppositional relationship between disability and cure in the societal drive toward normality, I approach cure in two ways: first, as a crossing of times and categories through metamorphosis, and second, as a transaction and negotiation that involves various effects, including the uncertainty of gains and the possibility of harms—caused by what I call “curative violence”—as well as what are considered benefits. These two broadened conceptions of cure help me articulate the multiple ways in which cure is imagined beyond the medical realm.

Hans Christian Andersen’s *The Little Mermaid*, a story about a fish-tailed, aquatic being who wants to become an air-breathing human with legs, may be taken as an example of how the two conceptions of cure are narrativized. The mermaid desires to become an ambulatory human being with the bonus (by virtue of her humanity) of an immortal soul. The sea witch tells her, “You want to be rid of your fishtail and instead have a couple of stumps to walk on, just like human beings, so that the young prince will fall in love with you, and then you’ll be able to have him and an immortal soul as well! . . . Your tail will part and shrink into what humans call nice legs, but it will hurt, just as if a sharp sword were passing through you. . . . Once you have taken on the shape of a human being, you will never be able to become a mermaid again.”²¹ In this transaction, she gives up her fishtail and tongue and instead gains legs, pain, and muteness. After the mermaid drinks the potion, “she fainted from it, and lay as though dead.”²² When she wakes up, the lower half of her body has morphed into two legs, enabling her to walk; but with every step she feels pain. What she wants is to live in a different world as a human and to be in an intimate relationship with the prince she loves, desires that all involve corporeal, spatial, and species crossings. This crossing cures her of her previous embodiment through a metamorphosis, but it also disables her. The complete crossing is possible only if she wins heterosexual love and becomes the prince’s wife. After the prince chooses another woman for his bride, the mermaid dissolves

into foam in the sea. Without marital heterosexual love bestowed by a high-status man, the possibility of her cured, disabled, trans-species embodiment dissolves, forever caught in between the realms of water and air.

Cure appears in this book as an attempt at crossing, involving a transaction with benefits and harms done by curative violence and with other ambiguous effects, often bringing about liminal existence. In addition, the connection between cure and heterosexuality, which is exemplified in the example of the postage stamp, illustrates how the dimension of desire is employed to reinforce the imperative of cure.

Cure as a Crossing

By folding time, cure demands temporal crossings to an imagined or remembered past through “rehabilitation” and “recovery” and to a future without disabilities and illnesses. Cure also attempts to bring about category crossing, altering how a body is classified in ways that may or may not involve actual bodily change. If cure is a crossing from a category of otherness to that of normality, what enables that crossing? What marks the completed crossing to normality, when disability involves bodily, social, and environmental interactions and the histories that bodies carry? Cure appears as an attempt at crossing that can reveal the multiplicity of the boundaries that divide “human” and “inhuman” as well as “life” and “nonlife.” Cure seen as a crossing provides an insight not only into disability but also into various thresholds of the normative body, such as race, gender, and sexual and familial relations.

At the same time, curative transitions create a space in between disability and nondisability. In the transformation through temporal and categorical crossing, cure can be incomplete, leaving bodies in borderlands. Together with disability, I find cure in liminal places inhabited and frequented during attempted crossings between categories and times. Here, cure coexists with alterations of disability or with the memory of disability; cure is never a simple erasure. Cure often creates or reshapes disability. One can be cured of a disability and must then readjust to a new body, a change that may generate different sets of disabilities. Karen Beauchamp-Pryor discusses her self-identification as a disabled person who has lost visual impairment. After the cure, Beauchamp-Pryor experiences “anxieties of managing and coping” and “a new learning process,” as she deals with “a bombardment of visual information.”²³ Moreover, cure often does not eliminate the stigma associated with a history of disability and illness. Many insights that emerge in experiences of transition are lost in the binary assumption that one is either disabled or nondisabled. Thinking

about *cured bodies as disabled bodies* owing to their history of disability, shared experiences and communities, and newly created differences might be helpful in teasing out the temporal distinctions of “acute,” “terminal,” “progressive,” “chronic,” and “latent” illnesses and their relations to cure.

The mutually constitutive workings of disability, gender, and heteronormativity provide a framework to understand how South Korean disabled women’s perceptions of category crossing as cure in the broad sense are enabled by a recognition of their gender without any change in disability. In the television documentary *Thumbelina Wants to Be a Mother* (2007), Yun Sŏn-a, who has a genetic disability, speaks about her marriage: “I thought the categories of human beings were men, women, and disabled people. Even *I* believed so. When [my husband] said I was pretty and lovely and proposed marriage, I realized I was a woman too and worthy of a man’s love. I feel like I am living a second life.” Yun’s crossing from a disabled person to a woman—viewed as mutually exclusive categories—is enabled by the way she is recognized through a heterosexual relationship. She dreams of becoming the mother of a nondisabled child, and she goes through a process of reproductive engineering to select embryos that don’t contain markers of her genetic disability. Without this intervention, she considers herself unfit to become a mother due to the possibility of passing on her disability.

Cure is a transitory process, which sets in motion intended and unintended transformations of embodiments, affects, and social and material conditions. This understanding of cure as a transformation can be thought of as in connection to the transition that appears in the practice of “transability,” which Bethany Stevens defines as “the need or desire to transition from supposed binary states of physical ability to physical disability.”²⁴ Stevens introduces Sean O’Connor, who desired to be paralyzed and voluntarily transitioned from an ambulatory life to a wheelchair-using life. Stevens explains, “Transabled people are individuals who *need* to acquire a physical impairment despite having been born or living in physically unimpaired bodies.”²⁵ Emphasizing this desire to acquire disability, Stevens views transability “as a catalyst to include disability within the category of body art” created by body modification. In a society that explicitly favors a healthy and normal body, parallels between the transitions from able-bodied to disabled (transability) and from disabled to able-bodied (cure) may not yet be warranted. Alexandre Baril explains that “due to an ableist vision of ‘normal’ and ‘productive’ bodies, transabled people’s requests are most often considered irrational and are denied,” and therefore “a significant number attempt the desired transformations on their own.”²⁶

It is difficult to think of transitions between disability and nondisability as crossings between neutral and equal spaces, given that the desire for disability is pathologized as “body integrity identity disorder,” while the desire for cure is naturalized and mandated. Nevertheless, thinking about cure alongside transability denaturalizes the dogma that disability is undesirable and normality is desirable. It also allows one to imagine crossing the boundaries without violence in a way that can blur those boundaries. In the meantime, the imperative of cure raises important questions: When and how does cure become the only way to make life livable? How does cure preempt the efforts to facilitate various ways to make life livable?

Curative Violence and Cure as a Transaction

Cure involves a transaction with speculative risks that carry the possibility of both gains and losses. Individuals attempt cure with the expectation of functional and social gains that enable them to access other resources. But cure carries a significant risk of unwanted changes or even death. These curative gains and losses are not easily discernible as gains and losses, for what is unwanted by an individual can be perceived as beneficial to one’s family, community, and society and vice versa. The determination is already skewed toward normative personhood, gender conformity, and the performance of heterosexuality within an ethno-racial and national boundary.

But is curing disability the same as curing illness? How about chronic and fatal illnesses that involve “pain, functional decline and loss, or reduced life expectancy,” which make people pause in their claim that disabled lives do not need cure?²⁷ In response to disability rights activists’ claim that not all disabled people want a cure, Christopher Reeve invoked AIDS to emphasize its importance: “I don’t think there is anyone with AIDS who keeps wanting to have AIDS.”²⁸ In his simplistic assumption about the impossibility of wanting to have HIV/AIDS, he did not consider that there might be a difference between wanting to become ill and wanting to be cured from the illness at all costs.²⁹ What happens when individuals choose not to prevent an illness and when those who are affected by illnesses see medical treatments as unnecessary? What happens when state-enforced medical treatments involve significant violations of a person and their families and inflict material and psychic violence that make people run away from cure?³⁰ What happens when the line between disability and illness doesn’t exist in individuals’ experiences? It seems that political and ethical considerations regarding the cures of fatal and progressive illnesses and the ways that they might become available raise more questions

than closing off the discussion as Reeve intended. The projected suffering of those with fatal illnesses is not separate from the ways in which disabled and chronically unhealthy lives are imagined. Political judgments about life with fatal illness as an unquestionable “evil” that necessitates cure also inform the discourses about physician-assisted suicide for incurably disabled individuals. An emphasis on the cure for potentially fatal yet fully curable illnesses can be used by those relying on a cost-benefit analysis to dismiss the need for long-term care for people with disabilities. Prognoses and determinations of what is fatal also involve political judgments that influence how we view an individual’s life or an individual’s suffering as nonlife. Therefore, given how healthiness and suffering are conceived and how the cost of cure is evaluated, there seems to be a significant conceptual and existential overlap between disability and illness.

As a way to govern disabled and ill bodies, cure requires complicated transactions between social and biological benefits and costs, risks of death, and further alienation. Metaphors of war are often used to structure experiences with illness and disability: individuals are said to “battle cancer,” “fight against autism,” or undergo “invasive treatment.” These metaphors tell us about the cost, pain, struggles, and even violence and potential death that accompany curative practices. The idea that illness and disability are enemies is connected to the notion of the body itself as an Other. Simply objecting to cure as a way to affirm disabled embodiment does not capture the way that individuals make complicated moral, economic, and relational decisions to alter their bodies in order to change the meanings of their presence. Disabled individuals might negotiate the potential benefits and costs and decide to go through with various methods of cure. Often, it is not a matter of choice between equally viable options. I use “curative violence” to describe the exercise of force to erase differences for the putative betterment of the Other. Curative violence occurs when cure is what actually frames the presence of disability as a problem and ends up destroying the subject in the curative process. In this sense, curative violence recalls the notion of the *pharmakon*, at once remedy and poison—a remedy that harms.³¹ Various kinds of remedy—symbolic, religious, mystical, and medical—and their meanings in culture and public policy make cure a politically charged practice that profoundly influences how we think about bodies and disabilities. The violence associated with cure exists at two levels: first, the violence of denying a place for disability and illness as different ways of living and, second, the physical and material violence against people with disabilities that are justified in the name of cure.

The consent of a given person to any curative intervention may not erase its violent effect. The notion of consent is fraught with ableist judgments about an individual's mental capacity, which is often taken out of its social and relational contexts. For example, the movie *Sex Volunteer* (2009) briefly introduces a woman with a spinal-cord injury, requiring daily care by her parents; she consents to a hysterectomy so that she will no longer menstruate. In an interview, she talks about desiring her menstrual periods. Her story is not uncommon among women with physical and intellectual disabilities. In this case, the hysterectomy is not even read as sterilization, because her reproductive prospect is never recognized; instead, it is considered a convenience-enhancing treatment. Consent to a procedure for family members' convenience, but contrary to one's own desire, illustrates the problem of simply relying on consent to determine violence. The link between cure and violence does not hinge on coercion or the absence of consent but rather on the perceived and material need for transformation, which is premised on the assumption that the uncured status is not acceptable and on the promised results of cure as betterment. This is not to say that all bodily interventions to ameliorate difficulties are violent nor that disabled people are always victims of violence. Rather, consent and cure are based on complicated material, social, and familial negotiations that occur beyond an individual's desire and volition.

Curative violence constructs the normative body by inducing metamorphosis according to its own determination of benefits and harms, as established by how closely disabled bodies resemble and mimic the normative body. Attempts to cure physical, mental, and sensory disabilities and certain illnesses unveil the ways in which disability is enmeshed with gender and sexual norms that serve individual, state, and activist purposes. *Curative violence* adds to the efforts to expose what Judith Butler calls "normative violence"—the significance of transactions between subjects and the institutions that gain power through their ability to normalize certain bodies. Butler recalls, "I also came to understand something of the violence of the foreclosed life, the one that does not get named as 'living,' the one whose incarceration implies a suspension of life, or a sustained death sentence. The dogged effort to 'denaturalize' gender in this text emerges, I think, from a strong desire both to counter the normative violence implied by ideal morphologies of sex and to uproot the pervasive assumptions about natural or presumptive heterosexuality that are informed by ordinary and academic discourses on sexuality."³² Generating a broader consensus of biopolitical processes, the ultimate ability to cure is to approximate ideal morphologies and to set heterosexuality as a goal.³³ In this transaction,

the major goals of the sovereign nation-state are to secure superior ethnicity, heteronormativity, capital growth, and gender conformity. Rather than being commensurate parallels, sexuality, race/ethnicity, and gender intersect as means of curing disability by making it possible to approximate the normative body, even when such approximation cannot be achieved in all respects.

Resisting the primacy of cure offers an alternative ontology of the present that is made possible by disability experiences. A South Korean independent short film, *Mermaid* (2013), presents cross-species identification in between virtual and actual categories in a way opposite to that found in *The Little Mermaid*.³⁴ A deaf woman challenges her hearing boyfriend, who is reluctant to introduce her to his hearing friends.³⁵ Confronting his ableist shame about her deafness, she invites him into the pool in which she practices diving and communicates in sign language under the water—a place where hearing is irrelevant. She brings her boyfriend down into the water, into her world imagining herself as a mermaid. The film captures the underwater space where her deafness and sign language are reconfigured into a different ontology. By reframing disability as mystical species diversity, the deaf woman leaves the category of human to challenge the deficit model of deafness.³⁶

Even as the meanings of cure remain elusive and expansive, scholars paying attention to small- and large-scale violence agree that “the concept of violence” is also “extremely unstable.”³⁷ Veena Das points out that “contests around the question of what can be named as violence are themselves a sign of something important at stake.” Das continues: “The reality of violence includes its virtual (not only actualized) presence in our lives.”³⁸ Scholars have pointed out that gender is central to understanding what constitutes violence; gender also plays a crucial role in understanding what constitutes cure. The compulsion of cure particularly manifests within sexual violence and enables normative recognition of heterosexual femininity. Disabled girls and women are often subject to rape, explained as a curative intervention. In South Korea, in a series of cases of repeated rapes of disabled women, the attackers justified rape as being a favor to their victims.³⁹ In 2012, the *Global Post* reported that four teenage boys in South Africa were released on bail after raping a girl with a mental disability.⁴⁰ In another newspaper article, the presumed asexuality of disabled women is connected to rape by the claim that rape remedies asexuality and would eventually remedy disability,⁴¹ for it is believed that their disability would make it impossible for them to have sex otherwise. Asexuality here is assumed to be an absence of sexual experience, rather than a mode of being. Disability and presumed asexuality are both pathologized, thereby creating

the need for remedy. Rape of women who identify as asexual has also been reported in the United States.⁴² Similarly, South African activists have named rape of lesbian women “corrective rape,”⁴³ which aims to punish lesbians and enforce heterosexuality. Revealing the violence of the workings of gendered and sexual norms that require physical and behavioral transformation and identity changes, curative violence involves ordinary and extraordinary violence in history and everyday lives.

In order to discuss the multiple meanings of cure in between times and categories, it is necessary to highlight the multiple meanings of disability. Leah Lakshmi Piepzna-Samarasinha insightfully addresses the difficulty and importance of writing about disability in a multifaceted way: “It is so difficult to write both of what sucks about disability—the pain, the oppression, the impairment—and the joy of this body at the same time. The joy of this body comes from cripp community and interdependence, but most of all, of the hard beauty of this life, built around all the time I must spend resting. The bed is the nepantla place of opening.”⁴⁴ *Nepantla* is a Náhuatl word meaning “torn between ways”⁴⁵; Gloria Anzaldúa conceptualizes it as an “in-between space, an unstable, unpredictable, precarious, always-in-transition space lacking clear boundaries,” in which transformations occur.⁴⁶ I situate the cultural representations of cure in the political processes of governing populations, in collective and individual struggles, in liminal spaces between otherness and normality, in times between past and future, in narratives existing in between lived experiences and fictions, and in exchanges between nation-states. This in-betweenness creates displacement yet allows individuals to generate knowledge and take advantage of their unexpected and ambiguous meanings. The temporal and spatial in-betweenness, however, does not negate the importance of recognizing the permeability of boundaries or the responsibility to challenge the institutional effects that boundaries produce, because in many ways liminality is not automatically transgressive. Indeed it might instead be instrumental to maintaining boundaries, if the boundaries are not destabilized together.

Situating Disability and Cure in Time and Place

The study of cure in Korean cultural history requires me to seek a transnational approach that does not uphold the nation-state as a universalizing determinant of how history and embodiment are represented. In *Disability and Difference in Global Contexts*, Nirmala Erevelles proposes a transnational,

feminist disability studies perspective that “is neither ahistorical, nor limited by national/ethnic boundaries. It is neither burdened by bourgeois interests nor restricted by normative modes of being.”⁴⁷ I find myself working in tandem with Erevelles’s focus on the material conditions of disability experiences and her effort to complicate Western disability studies by employing both decolonial and nonwhite feminist perspectives. This also requires being open to various manifestations of anti-ableist disability consciousness that may not involve affirmative and identitarian understandings of disability or an anticure perspective. Reframing disability in Euro-American cultures as an affirmative identity—rather than as lack, deficiency, or damage—plays an important role in Western disability studies and the disability rights movement but has also been complicated by scholars who focus on the global mass disablements of people by exploitation, poverty, pollution, armed conflicts, and neoliberal policies in non-Western societies and in marginalized communities in Western societies.⁴⁸ It seems impossible to object to medical cure when basic preventive measures and medical treatments are not available to most inhabitants of the Global South. These critiques call for rethinking disability identity both to incorporate multiple intersections—of race/ethnicity/indigeneity, gender, age, nation-state, sexuality, class, religion, coloniality, and more—and to challenge the privileges and hierarchies within which people with various disabilities are located.

Complicating the close alignment of disability with individual identity, Julie Livingston and Jasbir Puar employ the term “debility” to broadly refer to embodied struggles. Livingston, writing of Botswana, uses debility to mean “the impairment, lack, or loss of certain bodily abilities,” encompassing “experiences of chronic illness and senescence, as well as disability per se.” Her adoption of the word is rooted in her critiques of the way that Euro-American disability studies scholars often rely on “a notion of individual selfhood, complete with an individually bounded body that is itself a social construct.”⁴⁹ The notion of disability pride, the embrace of differences, and self-identification as a disabled person presume a notion of the individual self that may not fully capture the relationality of the identification of disability. Indeed, Puar claims that the work of depathologizing disability and the “attachments to the difference of disabled bodies may reify an exceptionalism that only certain privileged disabled bodies can occupy.”⁵⁰ Focusing on “working-poor and working-class communities of color” in the United States, in which, in a neoliberal economy, “disabilities and debilities are actually ‘the norm,’” Puar argues, “Debility is profitable to capitalism, but so is the demand to ‘recover’

from or overcome it.”⁵¹ Coming from the systems that disable, the demand imposed on marginalized communities that they recover from debility speaks to the cure being upheld as an exploitative imperative for survival.

Consider the neoliberal regimes in South Korea and its immediate connection to the need for getting better. In 2008, more than a decade after the economic crisis that led to intervention by the International Monetary Fund, President Lee Myung Bak claimed in front of New York bankers and investors that he was “a CEO of the Republic of Korea, Inc.,” reiterating his neoliberal commitment.⁵² In the past decade, “healing” (*hilling*) emerged as a key word in South Korean popular culture, along with “cure” (*ch’iyu*) and “therapy” (*t’erap’i*).⁵³ They have almost replaced the all-purpose term “well-being” (*wel-bing*), which became popular around the turn of the century and reflected an emphasis not just on economic growth but on quality of life and health-conscious consumption.⁵⁴ The proliferation of books, lectures, and services that focus on healing seems to indicate that psychological and physical sufferings have become universal. Healing and cure-oriented discourses consist mainly of psychological consolations about the status quo and calls for self-improvement, when individuals are faced with persistent violations of human rights and failures to adequately provide the resources to which everyone is entitled.

The material conditions of debilities and the operations of cure in South Korean contexts reveal the various appropriations of rehabilitation as a goal and a form of power to govern populations. Under colonial exploitations, wars, and subsequent repressive regimes in South Korean history, then, how do we critically engage with both disability and cure beyond the binary framework of affirmation or disavowal? This question, I believe, is crucial when the overwhelming association between debilities and colonial domination, racism, exploitation, war, and violence makes it easy to simply devour disabled bodies to feed the unchanged desire for health and normality, which is often entangled with the idea of sovereignty. It is important to recognize the complicated ways in which meanings are ascribed onto disabled bodies and to move beyond the cause-oriented framework in which disability is frozen in the moment of its creation only to be seen as the consequence of injustice, while at the same time calling for the elimination of the violence itself.

Disabled characters in literary texts, produced at various times in Korean history during and after the Japanese colonial rule (1910–1945), have been read as a metaphor of colonial conditions deployed to avoid censorship,⁵⁵ as markers of outdated values that must be eradicated; as evidence of the costs

of the Korean War, of capitalist economic expansion, and of state violence; and as an embodiment of the fate of the lower class generally. If Chosŏn as a nation were disenabled by colonial domination and subjected to violence and oppression, how would the embodied experiences of disabled others represent the national experience? How do fictional works confirm the national and class representativeness of disability, or deny it by presenting disability as a condition of differentiation within the national body politic? Can they contest the preconfigured meanings of disability or offer a glimpse within disabled persons? How do Koreans with disabilities experience the massive historical changes in their everyday lives, and how do they interact with nondisabled and enabled Koreans? Material and corporeal experiences of disabled people may reveal the internal othering within the colonial space. In other words, the othering is not solely done by the colonizer to the colonized, but complexly entangled with the new arrangements within the colonized people. They also allow the imagining of ways in which disabled individuals transgress the metaphorical perimeter. Metaphoric use of disability in literary texts is not exclusive to Korea, and Ato Quayson points out that disability oscillates between being represented symbolically and empirically. According to Quayson, closing this gap between the abstraction of disability as a symbol and the material experiences of disability does not “mean that we must always read the literary representation in a directly instrumental way.”⁵⁶ Rather, he suggests focusing on the processes of framing and interpreting disability and on the ethical implications of those processes.

Exploring whether a text insists on a metaphorical interpretation and how the details of life with disability and illness in their aesthetic expressions demand the ethical recognition of disability is helpful in analyzing how curability and incurability emerge as a narrative solution or as a result of a set of negotiations between the environment and the disabled body. Disability as nationalized identity produces the mythical experience of shared oppression by the “imagined community” of a modern nation-state that shall be sovereign and autonomous—a community horizontally imagined in the form of an independent, nondisabled body, hiding the creation of the internal Other.⁵⁷ The metaphoric depiction of social hierarchy depends on “the *prior naturalizing*” of the social subordination of the allegorized groups.⁵⁸ Depicting the national body as disabled and feminized under colonial power depends on the prior devaluation of disability and femininity as dependent and inferior. At the same time, those symbolic bearers of the nation (women or disabled people) are excluded from any national agency. As McClintock puts it, “Women

are subsumed symbolically into the national body politic as its boundary and metaphoric limit.⁵⁹ Women's bodies, disabled and enabled alike, play a central role in bearing national culture within nationalist metaphors such as "the motherland" or "the national family."⁶⁰ Korean "comfort women," those who were sexually exploited by the Japanese military during World War II, have been viewed as the epitome of a Japanese atrocity against Koreans. Hyo-Chae Lee, a prominent feminist activist and scholar, states that the creation of "comfort women" "can only be defined as a crime of genocide against the Korean people."⁶¹ Similarly, Katharine Moon points out that, for the leaders of the movement against sexual exploitation in US military camptowns, "South Korea is a colony of the United States, and the plight of the women represents the oppressed plight of the Korean people."⁶² After the Korean War, the raped sex workers "who service foreign soldiers" emerged in literature as an allegory of the nation, as the feminized national identity placed under masculine and imperialist American forces.⁶³ Because of this symbolic resonance, the women engaging in sexual labor are often erased or vilified.⁶⁴ Further, the incidents of sexual violence and exploitation of local women by foreign soldiers were often viewed solely as caused by militarism and the neocolonial power of the United States, while the violence rooted in misogyny, hypermasculinity, and patriarchy in the occupied space was ignored.⁶⁵ Nationalism cannot exist without gendered discourses or be "understood without a theory of gender power."⁶⁶

The construction of postcolonial, capitalist South Korea in alliance with the United States depended on an assumption of ethnic homogeneity and normality defined against communist and underdeveloped nations. This construct played a crucial role in bracketing off disabled, poor, feminine, perverted, and racialized Others as outsiders and objects of the empowered nation's "help," which was often exercised in the form of not only symbolic but also corporeal and material violence. The cure imperative simultaneously demands normatively gendered and sexual performances. The familial and social dynamics in performances of cure reveal that one cannot simply focus on disability in imagining a livable life with differences, as such a focus may not challenge the exclusionary gender system and heterosexist demands that render disabled women as desexualized nonwomen, leading in turn to the intervention to sexualize them.

The emergence of the physically disabled women's movement coinciding with the Fourth World Conference on Women in Beijing in 1995 illustrates the importance of gender and patriarchy in the experience of disability. Although many disabled women have actively engaged within various disability advo-

cacies and activism that emerged in the 1980s, this new gender-conscious disability movement coincided with the focus on the politics of “difference” (*ch'ai*) among feminists on the margins of the mainstream women’s movement. Feminist scholarship started paying attention to women with disabilities, sexual minorities, sex workers, girls, and members of labor movements, seeking to challenge nationalism, male-centered labor movements, class-based oppressions, and the able-body-centered system that dovetailed with patriarchy. Disabled women distinguished their needs and experiences from those of disabled men and nondisabled women. For instance, sexual violence in institutions and communities, especially against women with cognitive disabilities, is an issue that has been treated only peripherally by both the women’s movement and the disability movement. Disabled women activists who encountered patriarchal and inaccessible, day-to-day operations within the disability movement started organizing women’s groups. The disabled women’s movement began to culturally reframe disabled women’s bodies, challenge ableist norms and social expectations, and provide different perspectives on the body, sexuality, idealized femininity, intimate partner and personal assistant violence, and domestic abuse, alongside inaccessible education and exploitative labor conditions.

Repeatedly finding myself on the edges of acceptable norms of physical and mental health, but always considered nondisabled, I sought a community of women with disabilities and chronic illness to challenge segregation and hierarchy based on normative bodily functions and social expectations, health and disability status, and gender. I joined a nascent group of women with physical disabilities at a disability rights organization. Despite its initial support in organizing the women’s group and hosting the first disabled women’s conference, the organization showed little interest in supporting political autonomy. The layoff of a disabled woman from the organization led us to form a separate group, which eventually created its own initiative.⁶⁷ After a period of exploring how gender and disability experiences coexist and of connecting with other disabled women in Seoul through weekly meetings, we launched the organization *Changae Yösöng Konggam* (Women with Disabilities Empathy, WDE).

The political emergence of disabled women’s activism in the late 1990s has not been monolithic. There are several organizations of disabled women, and they are not all aligned politically on various agendas (including policies regarding reproduction). They are often organized around a particular disability, and their efforts range from promoting specific interests and making resources available for disabled women to broader claims of social justice, human rights,

disability coalitions, antiviolence, and cultural movements. For the past seventeen years, under a number of leaders, WDE has expanded to encompass an independent living center for women, a theater group, and a sexual violence counseling center and has defined itself as a disabled women's human rights movement. Many areas of these activities have been funded by the municipal and central governments. During this period of growth, WDE has faced many challenges, including an increasing workload, high turnover rate, low compensation, a range of education levels, and differing disability statuses, as it relied on grant-funded projects that required high productivity from its workers (although some flexibility has allowed women to participate at various levels). While some women have been experiencing difficulty working full-time, because of long hours or because they risk exceeding the income limit for maintaining governmental welfare benefits, others choose to work full-time or part-time as appropriate given their needs or else volunteer to be involved in various activities. Although the diversity of experiences, capabilities, and perspectives has been crucial in its anti-ableist work, the organization's increasingly bureaucratic structure has created an internal hierarchy based on age, seniority, and education, limiting the sustained participation of disabled women. This problem is not unique to WDE, as many disability organizations have been gradually bureaucratized as service-providing agencies funded by the government: Kang Jin Kyung, an activist who works at WDE, explained to me that it became harder in general for people with significant disabilities to be employed by these agencies.

In WDE, disabled and nondisabled activists emphasize "the receptivity of feelings" (*kamsusöng*), a disability-centered sensibility about experiences that are not one's own and about oppressive social and material conditions. Women with physical disabilities talk about the feeling that comes from familiarity with and responsiveness to women with various kinds of mobility disabilities, mental differences, speech differences, sensory disabilities, or intellectual disabilities. This sensibility, in addition to accessibility and accommodation awareness, reflects the efforts to challenge identity-centered epistemology and to develop interdisability consciousness. The tension between identity-based representation and attempts to transcend the boundaries of identity politics through sensibility provides both opportunities and challenges, raising questions about privilege and power dynamics among people with different bodies and resources. WDE used to have a rule that a majority of executive members should be women with what is called "severe" disability to ensure that it would be an organization led by disabled women, not just an organization for dis-

abled women. The shared sensibility of the experiences of disability, Kang asserts, is generated organically by sharing time in everyday relationships in which individuals invest in each other's lives. Kang explains that the workload and the administrative culture of the organization have made it more difficult to undertake in-depth discussions about differences and that fewer disabled women politically identify as "disabled women," instead seeing themselves as "disabled persons" with specific difficulties that are associated with their gender. Because some workers come to WDE lacking experience of disabilities or familiarity with disability culture, educating them about this sensibility has been necessary, although it can be hard to acquire through a formal curriculum. Despite these difficulties and changes over time, the political activism of disabled women has been challenging the ableist and heterosexist structure of society, providing educations to women with disabilities, and influencing the ways of reading and producing historical and cultural representations of disability and gender, as it provides the space for voicing disabled women's perspectives about how realities are shaped by images interacting with discursive and public understandings of their everyday lives.

Coalitions between various human rights movements and the disabled women's movement have also been forming. In addition, new coalitions based on the alliance of nonnormative families or the movement toward depathologizing asexuality, chronic illness, transgender status, sexual minority status, and HIV/AIDS status have been glimpsed. At the same time, awareness of the needs for an alliance with sexual minorities, laborers, and refugees has increased, and some links have been made as well with organizations for women in the sex industry. The agendas and conversations within these progressive antiviolence, anti-ableist movements and transient communities inform my engagements with texts and historical contexts, as one of the aims of this book is to articulate how the various thresholds of normality—including non-disability, gender conformity, family, and sexuality—constitute and complicate any notion of cure.

Beside these movements and voices, *Curative Violence* closely examines what happens around the necessity of cure, and it conceptualizes cure as a process through which the complicated moral relations between normality and the otherness of disability are produced and reconfigured. To imagine the linkages between various representations that form the repertoire of how different bodies are perceived requires paying genealogical attention to how the present is constituted. In this sense, "Genealogy is a history of events, here understood as discrete, disparate, often randomly connected material con-

junctions of things or processes.”⁶⁸ By unfolding contemporary discourses and tracing them back to prior representations and vice versa, I tease out shifts, resistances, or lineages across persistent images of bodies made aberrant and problematic; explicate the danger that disabled bodies continue to face under the imperative of cure; and glimpse new interpretive and imaginative possibilities that make life livable.

Through the interplays between discursive/audiovisual texts and social contexts, representation constitutes an active process of selecting, delivering, and creating material realities. This meaning-making process shapes experiences, which in turn produce representations. Complex understandings of power dynamics can be revealed when literary and visual representations are read *along* and *within* the social and political contexts identified by examining multiple archives, including newspapers, official documents, policy statements, and activist literature. Rather than evaluating whether we should reject cure or embrace it on the basis of positive or negative consequences of cure in chosen texts or whether the reality in a given time is accurately reflected or misrepresented,⁶⁹ I move in and out of representations of realities and fictional narratives, using analysis to construct connections among texts, interpretations, politics, and historical events.⁷⁰ Trinh T. Minh-ha’s meditation on narrative as a form of political intervention usefully illustrates the importance of *unfolding* time—that is, of imagining the time in between the past and the future—and of claiming presence: “We can rely on the story to tell us not only what might have happened, but also what is happening at an unspecified time and place.”⁷¹ Here Minh-ha points out that literature itself is produced by the imagination of the specific historical moment in which it is immersed. Together with discourses, fictions account for the understandings of and possibilities within social realities by communicating with material and immaterial experiences.

Throughout this book, I use specific designations of disability such as blindness, muteness (or speechlessness), deafness, the names of particular impairments, or medical terms for illness to discuss specific communities and their histories. As the term *pyöngsin* (sick body) became increasingly pejorative and was used to demean or mock certain groups, thereby projecting (and reinforcing) the moral judgment associated with unhealthiness, *pulguja* (presumed to have originated from Japanese) emerged in the early twentieth century as a term for people with disabilities, especially (but not exclusively) those with acquired physical disabilities.⁷² In South Korea, the eugenic phrase *simsin miyakcha* (people with feeble mind and body) appeared in laws around the 1960s

to broadly refer to people with physical and mental disabilities in addition to those who were deaf, mute, or blind. The Sino-Korean word *changae* has been translated as (and used to translate) “handicap,” “disability,” “disorder,” or “impairments.” *Changae* means hindrance, difficulties, or suffering, without any specific reference to ability. Its converse leans toward the notion of normalcy (*chöngsangsong*) or nondisability (*pijangae*), rather than able-bodiedness. “Disability” (*changae*) in this book refers broadly to disparaged and inferiorized bodily characteristics, illnesses, and other differences that are considered aberrant, which includes deviations from historically and culturally specific norms of ethno-racial and gendered personhood in a given historical and cultural context. *Changhaeja* (a person with a burdensome damage) and *changaeja* (a person with *changae*) were replaced by *changaein* (a person with *changae*), today commonly used in both legal and other contexts for people with various disabilities.

Like “cure,” in this book “disability” often is a term more theoretical and political than literal, medical, historical, or legal, used to reveal how certain bodily characteristics are broadly problematized. I use “body” (*mom*) not to put it in a dualist relationship with “mind” (*chöngsin*) but to name an organism, a matter, and a presence that occupies a place and time and is simultaneously physical, mental, affective, emitting, and relational, to distance myself from the ableist determination of personhood. It is easy to picture only physical, mobility-related, sensory, and other visible differences when the body is mentioned, rather than mental and cognitive disabilities, chronic illnesses, and behavioral differences that are not immediately apparent.⁷³ Nevertheless, I rely on the term “body” to encompass those differences in exploring how various disabilities are situated in relation to abstract notions of “complete” humanity, normalcy, nondisability, and healthiness. To refer to a privileged position without markers of aberrancy, I interchangeably use “nondisability” (*pijangae*), “normative status,” “normality,” and at times “enabled” or “normalized bodies” (*chöngsanghwa toen mom*), as to seek cure is to become enabled and gain access to this systemic investment.

Curing the Disabled Spinster:

Gender and Cure in the Premodern Context

Before I enter the time frame of the book, the late colonial period onward, it might be helpful to explore how disability was perceived in relation to gender and sexuality in the premodern context, as colonial modernity is often

thought to have demolished the traditional holistic ways of understanding disabilities. From the late fourteenth century to the end of the nineteenth century, the Chosŏn dynasty governed the Korean Peninsula according to neo-Confucianism principles, and people with physical, cognitive, mental, and communicative differences were sorted into three categories (ordered from most to least significant differences): *tokchil*, *p'yejil*, and *chanjil*.⁷⁴ People with disabilities were broadly referred to as *pyŏngsin* (a sick body), with *pyŏngin* or *pyŏngja* (a sick person) used as an overall term. “The sick body” was used for disability and illness alike. At the same time, in the premodern and early modern periods, individual terms were applied to persons with specific physical and mental characteristics, such as *chŏllŭmbari* (a person with a limp); *anjŭnbaengi* (a person who cannot walk); *nanjangi* (a person of short stature); *changnim*, *sogyŏng*, *chambong*, or *pongsa* (a blind person); *pŏngŏri* (a mute person); *kwimŏgŏri* (a deaf person); *kopch'u* (a person with a humpback); *kombaepari* (a person with one arm shorter than the other); *ŏnchŏngi* (a person with a cleft palate); *mundungi* (a person with skin disease or leprosy); *pabo*, *chŏnch'i*, or *mŏjŏri* (a person with cognitive disability); and *kwangin* (a mad person).⁷⁵

The degree of humanity possessed was inferred from health and disability status. Neo-Confucianism largely constructed the body as a manifestation of moral quality and put forward a notion of “incomplete human beings” (*pulsŏngin*)⁷⁶ that was opposed to *sŏngin* (complete, moral persons; adults), thereby hierarchizing bodily differences. This idea of incomplete humanity is also implied in the colloquial term *pantchogi* (a half person), which refers to a person with a disability. A contrary term, *ssŏngssŏngi* (or *sŏnghaen saram*, a healthy person), has been used in contemporary disability communities to describe physically nondisabled persons.

Noting that distinguishing features of femininity and masculinity have changed over time, Korean scholars have explored whether categories of disability connected with gender and sexuality were different during the Chosŏn dynasty. In addition to conventional categories of disabilities based on physical, sensory, mental, and cognitive differences—which were organized under a single term, the *pyŏngsin*—intersexed persons, eunuchs, castrated men, homosexual persons, impotent men, conjoined children, and children born with albinism appear in the royal records either as needing protection or as “bizarre” and “ominous.”⁷⁷ Proper personhood is perceived to be grounded in the two genders, and as a consequence “living up to a human’s role” (*saram kusil ŭl hada*) has become a gendered moral judgment in Korean culture.

One example of how the view of gender as binary constructed the individual with intersexual difference as “a sick person” appears in *The Annals of the Chosŏn Dynasty* in 1462. A house slave, Sabangji, who lived as a woman, allegedly had an affair with a widow, the daughter of a high official. This extramarital affair was brought to the attention of the Royal Secretariat. Those conducting the physical examination concluded that Sabangji had both sexes, and officials called for an investigation of her sexual relations. King Sejo intervened with the message that “Sabangji is a sick person [*pyŏngja*], so do not interrogate.”⁷⁸ Although Confucian officials petitioned repeatedly for permission to interrogate Sabangji, Sejo denied it to protect the widow’s family honor. Five years later, Sabangji’s continued sexual affair was again brought to Sejo’s attention. Royal officials informed Sejo that similar cases were recorded in a Chinese text, and they explained to him that the moral principle of the universe is *yang* and *yin*, which translates to man and woman; thus this person who was neither a man nor a woman was not to be forgiven. Persuaded by this reasoning, Sejo redefined Sabangji as “not of the human species” and ruled that she should be expelled to a faraway place so that she would not be in contact with other people.⁷⁹ Given that Sejo, who was a Buddhist, was under pressure from Confucian scholars to enforce moral standards, I can speculate that several factors contributed to Sabangji’s transformation from a sick person to a nonhuman: first, the philosophical explanation of binary sexes as a reflection of natural law; second, the perceived subversion of Sabangji’s continued involvement with women for whom sexual relations were forbidden, such as monks and widows; and third, the existence of similar people elsewhere, which demonstrated that Sabangji’s case was not an isolated personal “misfortune.” In addition, Sejo and other scholarly officials understood that intersexed people (*yangsŏngin*) were considered as omens presaging crisis or war.⁸⁰ This brief example illustrates how neo-Confucian natural law enforced the rules of heterosexuality and the two-gender system on which the category of humanness was based. The concept of incomplete humanness, connected to the category of illness, could easily fall into nonhumanness (*piillyu*) when combined with gender and sexual transgression, thereby providing grounds for denying individuals a place in society.

In “The Gaze toward Disabled People: In Premodern Literature,” Park Hee Byoung traces the usage of *pyŏngsin* in the premodern period and argues that though it was first employed as a neutral description, in the mid- to late eighteenth century it became a colloquial pejorative for “inferior” persons. This term was often applied to the corrupt *yangban* (elite class) while images of

healthy bodies and morality helped support the growing power of the masses.⁸¹ According to Park, in the late nineteenth century, *pyöngsin* began to be associated with the internalized sense of inferiority of the colonized citizenry, the symbol of the old customs, and the defective nation-state without sovereignty that needed to be reformed in order to become a strong independent nation.

To show that the premodern perception of disability, though hardly monolithic, was different from the modern conception of disability as explicitly negative, Park introduces Sino-Korean poetry written by Korean writers, including Pak Chi-wön, who describe disability as a relative human difference. Another example of disability consciousness is “A Spinster’s Song” (“Nochönyöga”), which Park closely analyzes. This premodern narrative captures how disability cure works with gender roles, heterosexual experiences, and reproduction. Composed in *kasa*, the traditional poetic prose written in Korean, it consists of a narrator’s preface, the spinster’s soliloquy, and the narrator’s epilogue. An anonymous narrator introduces the story to readers and introduces the disabled spinster in her fifties, described as *kajün pyöngsin* (a body that is sick in multiple ways), who agonizes about being a virgin and unmarried: “I don’t know what marriage is like, what the taste of husband is like, and if it is bitter or sweet; I’m distressed whenever I think about that.”⁸² She longs for “the taste of husband,” *söbangmat*, expressing her desire for heterosexual marriage. Later, she claims that she is not unlike other women and lists her functional capacities in detail. The spinster’s emphasis on her abilities reveals and counters the existing prejudice against disabled women and the view that they are disqualified from marriage.

Even though I am disabled, what can’t I do like others. . . . Even though one eye is blind, the other eye can see well. . . . [People] blame me for being deaf; I can hear if spoken loudly to and hear the sound of thunder fine. I eat with my right hand; what is the need for the left hand? My left leg is crippled, but I can use the toilet fine. My nostrils are blocked, but I can smell easily. . . . Large buttocks would rather make me give birth easily.⁸³

In addition, she lists her intelligence, demeanor, literacy, and knowledge of feminine virtues as well as her ability to control her body (including not passing gas in public), her hygienic practices in the kitchen, and her skills at sewing and cooking—all qualities that define “a good woman.” She then asks why she cannot get married and laments, “How can I not be sad? I alone can’t marry when all other women are married and have husbands.” In her narrative, her ultimate problem is not with her body but her status as unmarried, especially

since being married is crucial for adult women's domestic life and social acceptance. Frustrated by her family's disinterest in finding her a husband, though most marriages were arranged between families, she lists the candidates in the village and picks one name at random. Then she falls asleep and dreams of a beautiful wedding. After waking up with a sense of deep anxiety, she cannot wait any longer to get married. She creates a life-size groom by clothing a wooden stick, which she then uses to perform her wedding. Struck by her sorrow and by her desperation in marrying an object, her family successfully finds a groom—coincidentally, the man she had picked—and arranges the marriage.

Park argues that “Spinster’s Song” confirms the presence of counternarratives to the othering of disabled women in the Chosŏn dynasty. Yet the self-affirmation of the spinster also reveals how central feminine virtues and functional capacities are to her marriageability and shows that heterosexuality and reproduction constitute able-genderedness interlocked with gendered able-bodiedness. The story reinforces the link between disability and singleness, for she is cured after consummating her marriage. The spinster is surprised to find that she can move her arm and is no longer deaf. Subsequently she is overjoyed to give birth to twin sons who display “unusual intelligence and beauty.” Family fortune and honor follow. The narrator concludes that this story is “amusing and wondrous.”

Her cure, as the narrative chronicles her change from a disabled spinster to a nondisabled mother, requires further investigation. In the earlier tradition, the cure of disability shores up religious power. Here, in contrast, the spinster's transformation is framed in relation to her sexuality and the psychosomatic change that sexual relations promise. Traditional Korean medicine emphasizes the healing power of sexual activities, which supposedly strengthen the spirit and circulate positive energy. Marriage and heterosexual experience along with able-genderedness serve as the cultural cure of disability, physically transforming the spinster's body and ultimately leading her to reproduce “beautiful and smart twin sons.” That sexual experience is a force curing disability in turn reveals the understanding that disability is intertwined with desexualization. At the same time, the spinster's refusal of low expectations and exclusion suggests that disability indeed functioned as a marker of disqualification from marriage. “Spinster’s Song” illustrates the premodern perception of disability, which was intermixed with negative expectations tied to exclusion from marriage and affirmation of agency and its potential to effect changes. I want to propose yet another interpretation of the spinster's transition from disability

to normality through able-genderedness. In this case, her “cure” is possible without any change in her body. As she shifts toward becoming a valued wife, disability loses its defining role in her life; the subversive commentary on the disabled embodiment of personhood is incorporated into normative feminine fulfillment housed in marriage.

When the attitudes toward disabled people in premodern Chosŏn are compared to those in modern society, it is difficult to simply posit the premodern as more accepting of disabilities and the modern as introducing negative attitudes toward disabled people. Rather, Sabangji’s case and “Spinster’s Song” illustrate the existence of exclusionary systems that disqualified individuals from sexual relations and the system of domestic belonging, while also revealing individual resistance and cultural room for exceptions (as appeared in the spinster’s arranged marriage). The meanings and conditions of disability have been multiple, and they inevitably challenge its restriction to physical and sensory impairments, mental illness, and cognitive impairments and also exist beyond the binarism of acceptance and rejection.

Constructing the Disabled Others in the Disabled Nation

Japanese imperialism stuck a knife in old Korea and twisted it, and that wound has gnawed at the Korean national identity ever since.

—BRUCE CUMINGS, *Korea’s Place in the Sun*

In this section, I briefly document the key moments in Korean history relevant to this book. These moments will appear in chapters that are organized thematically rather than chronologically. Despite the brevity of this description, it aims to offer a sense of how disability was simultaneously constructed with gender and otherness at specific times.

At the end of the nineteenth century, the Chosŏn dynasty was under considerable pressure to change—pressure arising internally from the peasants’ uprisings, the shifting economy, and the spread of Catholicism as well as externally from the Euro-American imperial expansion toward East Asia and from developments in Japan, China, and Russia. Chosŏn started its diplomatic relations by signing treaties with Japan in 1876 and soon after with many other Western countries. In 1897, Kojong proclaimed the beginning of the Taehan Empire in order to implement domestic reforms and to build a modern independent state by insisting on equal diplomatic relations with the imperial powers. His attempt to maintain monarchy, sovereignty, and neutrality was short-lived,

however, for Japan's victory in the Russo-Japanese War (1904–1905) greatly increased its power in the region. In 1905, the Ŭlsa Treaty transferred Korean diplomatic representation to Japan, leading to full annexation by Japan in 1910. Bruce Cumings identifies this process of undergoing colonization with becoming disabled: “Korea was Oedipus, blinded by Japan's swiftly rising glitter.”⁸⁴ In this poignant metaphor of disability, colonized Korea is a man who was not only blinded by Japan's shimmer, but also self-blinded as a moral punishment for ignorance about the imperial power. Using another metaphor, quoted in the epigraph, Cumings describes the Korean body being stabbed by Japanese imperialism and suffering a wound that does not heal.⁸⁵ In her influential essay on this tendency in literature during the colonial period, Kyeong-Hee Choi notes, “The nation in crisis is likened to a body impaired by sickness.”⁸⁶ The metaphorical use of disability as a vehicle to represent the violence in national history in effect ties the meaning of disability to the condition of victimization and, in the process, obscures actual violence against disabled bodies within the nation. Some Korean authors sought to use the experience of disablement to represent the social injustice of the capitalism and colonialism imposed on the Korean people. For example, poverty, malnutrition, depletion of local resources, lack of proper medical care, labor conscription, and industrial accidents under Japanese occupation are powerfully illustrated through images of mutilated bodies.⁸⁷ In preparing for the 1929 Chosŏn Exposition, which was designed to showcase modern development under Japanese rule, the police arrested and expelled beggars, including homeless disabled people, from downtown Seoul.⁸⁸

Han Man-Soo associates the frequent appearance of blindness in literary texts in the 1930s with the increased use of the term *munmaeng* (textual blindness) to refer to illiteracy. The movement toward the modern sought to improve literacy rates, and the disability metaphor embedded in illiteracy reflected the assumption that the transition from oral tradition to textual culture was a condition of enlightenment.⁸⁹ The movement to “eradicate textual blindness” (*munmaeng t'ap'a*) blamed the illiterate public for the loss of sovereignty.⁹⁰ Blind people were also associated with superstition, as their traditional role was to engage in fortune-telling—which itself became the target of eradication. From these connections between coloniality and disability emerges the idea of the disabled nation as a cause and result of colonization. The notion of a disabled nation invokes the anticolonial desire for a “return” to a normal, healthy, independent, masculine, patriarchal, and monoracial state.

In order to overcome colonialism, South Koreans, then, must reclaim their proper identity by achieving normalcy and healthiness. This sense of longing is driven by the personal and collective desire for wholeness, or for the idealized, unimpaired body.⁹¹

As disabled bodies were used to depict Koreans' collective self-image under colonial rule, disability emerged as a social and economic product rather than an individual quality;⁹² but the national sense of being disabled did not lead to attention to those living with disabilities or prevent the public from othering disabled people. Rather, it emphasized the national need for disabled people to be controlled so that the national character could be improved. Eugenic discourses—urging that “people with inferior traits” (*pullyang punja*) and the disabled (*pulguja*) must be sterilized and segregated—emerged in the media in the 1930s.

The varied treatment of people with disabilities during the colonial era shows that there was no single paradigm according to which all sorts of disabilities were perceived as products of social conditions. Lee Bang Hyun explains that in traditional society, people with mental disabilities were not removed from their families and that the institutionalization of people with mental illness began during the colonial era.⁹³ A number of different practices intended to cure mental illness seem to have coexisted during the colonial era, and their processes and outcomes were often violent. Traditional Korean medicine considered mental illness to be caused by weakened organs, by blocked energy flow, or by anger; traditional doctors prescribed herbal medicines. People with traditional religious beliefs thought that mental illnesses were the result of possession by ghosts. Records show that shamans, blind prognosticators, or fortune-tellers attempted curative exorcisms by beating, hanging, or starving affected persons.⁹⁴ The colonial regime framed many of these methods as superstitious, barbaric, and inhumane, and it prohibited shamans' activities; it focused on distributing “new” knowledge about how curing mental illness that focused on heredity and social and environmental causes.⁹⁵ Lee also found newspaper reports about the Christian practices of curing mental illness through prayers invoking holy spirits and through the exorcism of evil, which also involved beatings. As people with mental illness were described as dangerous and violent, eugenic ideas were promoted by educated Korean elites and Japanese public health officials, who sought to bar people with mental illness from reproducing and who emphasized the need for their sterilization and special protection. At the same time, lacking resources for mass institu-

tionalization, the colonial law of 1912 made families responsible for supervising people with mental illness and fined them when the patients were found on the street. As a result, disabled people were locked up in their homes; there were reports that they sometimes died in house fires, unable to escape.⁹⁶

The colonial Government General established Chesaengwŏn (the Relief Aid Center) to house and to educate orphans and children who are blind, are deaf, or have a mental disability or illness. In 1911, Government General Hospital's internal medicine department treated 1,276 people with mental illness, and the size of the mental ward gradually expanded.⁹⁷ The Government General counted 2,498 people in Chosŏn with mental illness in 1926 and 3,013 in 1937, and at least 14 percent of them were described as “dangerous” and needing to be institutionalized.⁹⁸ The medical institutionalization policy also targeted people with Hansen's disease (leprosy), and thus Sorokto Chahye Ŭiwŏn (Mercy Clinic) was established in Sorokto in 1916 (see chapter 4).

The unconditional surrender of Japan to the Allied Forces in 1945 brought about Chosŏn's liberation, followed by the occupation of the South by the United States and the North by the Soviet Union. The division was solidified when Syngman Rhee was elected as the first president of a separate South Korea in 1948. The Korean War broke out in 1950, causing large-scale disablement and casualties. The label “disabled” was broadly applied to minority groups, viewed as vulnerable because of a range of conditions, who were subjected to control or protection after the Korean War. The varying conceptions and scopes of disability, along with the often underappreciated racial, cultural, and ethnic heterogeneity of South Korean society, make it impossible for “Korean disabled people” and “Korean disabled women” to be treated as a homogeneous group with fixed status and characteristics. In 1954, the South Korean Ministry of Health and Social Affairs started publishing annual statistical reports on vulnerable populations. The first report included “leprosy patients, mixed-blood children [*honhyŏra*],⁹⁹ widows, drug addicts, patients with infectious diseases, and prostitutes.” A year later two new categories—people with disabilities and disabled veterans—were added to the list. In 1961, the first nationwide census of “handicapped” children included “children of mixed racial parentage” alongside children with various physical and sensory impairments.¹⁰⁰

Rhee's presidency was marked by political repression and corruption from its start until his resignation in 1960, after the April 19 Revolution. A year later, Park Chung Hee took power through a coup d'état, beginning a presidency that lasted until his assassination in 1979. In 1964, Korean troops were deployed to Vietnam for the first time at the request of the United States, and

one result was the production of war films featuring disabled veterans. The rehabilitation of these veterans was tied to images of national economic growth and industrial development (see chapter 2). During Park's military regime, the idea of modern eugenics popularized during the colonial era returned with new vigor, bolstered by the aspiration to establish a strong and able nation. Right after Park declared martial law and put the Yushin system in place, solidifying his dictatorial power, the Mother and Child Health Act was enacted in 1973. The law justified reproductive control by an appeal to eugenics, while continuing to criminalize abortion itself. It not only stipulated the potential parents' "eugenic or hereditary mental disability or physical illness" as one of the exceptional conditions that would permit abortion but also allowed the involuntary sterilization of people with disabilities (see chapter 1).

After Park's assassination, another military general, Chun Doo Hwan, seized control first of the military and eventually of key governmental institutions. He then declared martial law, which in May 1980 provoked nationwide protests and demands for democracy. Chun framed the uprising in Kwangju as a threat from North Korea and used military forces, resulting in mass casualties and disappearances. Estimates of fatalities range from one thousand to two thousand.¹⁰¹ (So far the commission set up to compensate victims and their families has confirmed around five thousand cases, including individuals injured, killed, or disappeared.¹⁰²)

Chun Doo Hwan's regime used the rhetoric of the welfare state to cover up its violent origin. In 1981, the Welfare of People with Disabilities Act was enacted. In the early 1980s, major associations devoted to specific disabilities were formed, including associations of people who are deaf, blind, and physically disabled. Koreans with disabilities also joined Disabled Peoples' International. The International Year of Disabled Persons in 1981, together with the declaration of disabled people's human rights and the principles of antidiscrimination, helped fuel an emerging disability movement in South Korea.¹⁰³ The human rights of disabled people became its dominant theme. Motivated by the democratization movement, various disability groups, such as the National Union of Physically Disabled Students, became politically active, focusing their efforts on the presidential election of 1987. In April 1988, disabled people held a public protest in front of the Myōngdong Catholic Church to urge a boycott of the Seoul Paralympics, because such an international showcase would help the government conceal the severe rights violations and extreme poverty experienced by disabled people in their everyday lives.

The disability organizations shared two goals: to amend the welfare law to

enhance the social status of people with disabilities, and to enact new legislation to promote employment, special education, and affirmative action in higher education. Activists often viewed disability oppression mainly as a class issue and poverty within capitalism, which considers disabled bodies as unproductive. The disability movement celebrated the passage of the Promotion of Employment of Disabled Persons Act in 1990, which requires eligible work places to meet a 2 percent quota. The Act on the Promotion of Convenience for the Disabled, Senior Citizens, and Pregnant Women was enacted in 1998. The 2000 and 2003 amendments of the regulations for the Welfare of People with Disabilities Act added chronic illnesses to expand the categories of disability to fifteen: physical disability; cerebral impairment; visual impairment; hearing impairment; language disability; intellectual disability; autism; mental disability; kidney, heart, lung, and liver impairments; facial disability; gastrointestinal and urinary impairment; and seizure disability. These specific categorizations of disability based on medical diagnoses continue to limit social assistance and antidiscrimination protection for individuals with various differences including HIV/AIDS status, although efforts are being made to include HIV/AIDS in disability categories. In 2008, the Anti-discrimination against and Remedies for Persons with Disabilities Act was enacted. However, the law is seen as having limited effect in substantially changing the situation of disabled women and children and in supporting disabled people's self-determination. Most cases filed under this law have not been successfully resolved, as the Committee of the Rights of Persons with Disability at the United Nations has noted.¹⁰⁴

The government created a national registration system for people with disabilities in 1988, and the number of those registered has been increasing. In 2011, the estimated rate of registration rose to 93.8 percent, and disabled people totaled about 5.61 percent of the population. The fifteen categories of disabilities each have three or six ratings, according to the degree of limitation and impairment. In 2000 there were 51,319 people with disabilities living in a variety of institutions (not just for disabled people but also for children, homeless people, women, and elderly people), and in 2011 the number went up to 72,351.¹⁰⁵ Although the deinstitutionalization movement continues to expose corruption and abuses in residential institutions, the number of institutions for disabled people has significantly increased, going from 237 in 2004 to 1,397 in 2014.¹⁰⁶ After activists in the first decade of the century succeeded in gaining some provision of accessible transportation and personal assistance, the disability movement is now focusing on the elimination of the rating system and recertification processes, which rely entirely on medical examinations to

determine a person's degree of disability. The system makes medical professionals the arbiters who allocate resources, such as pensions, paratransit use, rehabilitation services, and personal assistance, without taking into account the various kinds of disability and individual needs. For example, a woman with a physical disability was rated as having a first-degree (most significant) disability, which was later downgraded in recertification to a fourth-degree disability: as a result, she lost state-funded personal assistant services, her disability pension, and her eligibility to use paratransit, making it impossible for her to attend college classes.¹⁰⁷

The launch of the National Human Rights Commission (NHRC) of Korea in 2001 under Kim Dae Jung's administration has been an important catalyst for individuals with disabilities, who can now file complaints about human rights violations without necessarily filing a lawsuit based on discrimination claims. Although the commission's decisions are not legally binding, its recommendations have been made public and have had some impact (in 2009, under President Lee, the commission's autonomy was reduced). The NHRC has funded the production of films to promote a broadened understanding of human rights that includes minority rights. The first in the film series, *If You Were Me* (2003), features a short segment based on a true story that illustrates both the intersection of disability and ethnicity in the context of an immigrant laborer's human rights and the problem of involuntary institutionalization. A nondisabled Nepalese woman worker who did not speak Korean was arrested for failing to pay for her meal at a restaurant. Considered a Korean woman with disability, she was sent to a mental hospital, where she was diagnosed with "depression," "schizophrenia," and "mental retardation"; she was confined for six years and four months in several institutions. The film focuses on the disability identification of a nondisabled immigrant worker as a horrendous violation of the human rights of immigrant workers, but while doing so, it obscures a state-sanctioned, less-visible violation of civil rights by involuntary institutionalizations that remove sex workers and disabled people from the public and domestic spaces.¹⁰⁸ This provides an example of the limitation of singular identity based human rights approach, which requires a significant transformation to create coalitional and intersectional spaces. Critical approaches to disability have emerged to illuminate social discrimination in volumes such as *I Want to Be a Bad Disabled Person* (2002), which challenges the roles of health and normalcy in Korean society. The book problematizes the institutionalization and confronts the myth that people with disabilities possess a kind of innocence because of their isolation from society. It also ex-

amines mental disability and the importance of gender and feminism within disability studies and movements.

The sense of disablement of the nation's body continued after the colonial era, while the bodies of individuals with disabilities were inscribed with meanings of inferiority and vulnerability. They were also assigned with the obligation of cure and rehabilitation. After the country's democratization, literary and filmic representations of disability began to focus instead on individual stories of specific disabilities, such as autism, intellectual disability, cerebral palsy, Alzheimer's disease, and deafness, with the goal of raising awareness about the minority experiences rather than serving as political trope. The film scholar Kyung Hyun Kim points out, "Recent cinema in South Korea has produced subjects that extend far beyond standard models of semiotics or Cold War political allegories."¹⁰⁹ Films such as *Oasis* (2002) and *Secret Sunshine* (2007), according to Kim, "continue to exploit the subject of trauma," but "they have successfully moved their subjects away from being allegories of the nation's trauma" into "one that has been privatized."¹¹⁰ The image of the nationalized sense of disability, while obscuring the oppression of disabled people and othering, shifted to representations of individual disabilities as conditions of vulnerability and violence. However, attending to disability's political presence in these seemingly "privatized" individual narratives of trauma might reveal the larger structural conditions that create different embodiments and construct otherness. Beyond being privatized stories, they shed light on minoritized communities with shared histories and experiences shaped by political and social contexts, demanding specific kinds of recognition and social transformation.

Overview of This Book

In the following chapters, the workings of curative violence appear in cultural representations of eugenics, reproductive control, human sacrifice, suicide, rape, murder, medical isolation, and humanitarian aid as they interact with historical and political shifts. Against these formulations, the book grounds its analysis in the political and economic backgrounds and cultural movements of women with disabilities who advocate for livable lives free of violence.

Chapter 1, "Unmothering Disability," focuses on the ways in which, in modern Korean culture, reproduction has become a major site of intervention for "curing" inherited disability. First, I explore the emergence of a "heredity drama" that exploits the emotions around the revelation of the inheritance of disability, linking this literary drama to the history of the colonial eugenics

movement of the 1930s. Second, I investigate how heredity has been invoked as a moral justification for rejecting marriage to a person with disabilities and explore the connection between such justification and the legalization of eugenics in the 1970s. Third, I examine the representation of preimplantation genetic screening in the new millennium. The major texts discussed in the chapter are three short stories, “The Ugly Creature” (1936), “The Kangaroo’s Ancestor” (1939), and “A Mountain Valley” (1941); the prominent filmmaker Sin Sang-ok’s film about a deaf couple and their hearing son, *The Evening Bell* (1970); a contemporary independent documentary, *Pansy and Ivy* (2000); and finally the three-part television documentary *Thumbelina Wants to Be a Mother* (2007, 2008, 2009). The chapter argues that placing responsibility on mothers not to reproduce disabled children has a history and that the mobilization of biopolitics based on the presumed desire for disability’s absence often relies on disability’s continued presence at the margins of society to keep reinforcing “undesirability.”

Chapter 2, “Cure by Proxy,” opens with a discussion of the 1937 film *Sim Chõng*, which represented filial piety as a uniquely Korean virtue. It tells the story of a daughter who sells herself to sailors as a human offering to the marine deity in order to pay for the Buddhist cure for her father’s blindness. I explore the relational and interdependent aspects of cure and familial attempts at extraordinary achievement to supposedly compensate for the presence of disability. I chart the multiple ways in which the cures for disability are presented as miracles made possible by the efforts of an able-bodied family member. I call this person a “proxy” for the cure—someone who is motivated to perform extraordinary tasks for the sake of cure accompanied by supernatural, religious, and moral rewards, including reincarnation, class elevation, and social recognition. Curative dependency created by the familial bind and the desire to sacrifice one’s life in seeking a family member’s cure are examined in a number of films and literary works: *Sim Chõng* (1937), *Dutiful Daughter Chõng* (1972), *The Story of Ongnye* (1977), and *Mother Star in Heaven* (1987)—all of which are based on the story of Sim Chõng—as well as *Sergeant Kim’s Return from Vietnam* (1971), and *Yõngja’s Heydays* (1975), which feature Korean War and Vietnam War veterans. Finally, I discuss *A Tale of Two Sisters* (2003), based on a folktale about a murderous stepmother and two daughters, which creates the patriarchal family as a site of trauma and horror in contrast to the intimate dyad of mother and autistic son in *Marathon* (2005), which emphasizes the mother’s effort for her son.

Chapter 3, “Violence as a Way of Loving,” addresses the direct link between

violence and the discourse of cure—a link based on the condemnation of disabled women for failing to fulfill gender and sexual expectations in the making of the normality-centered, modern, capitalist nation-state. I place the work of activists who address the criminal justice system’s failure to recognize the severity of violence against disabled women alongside the curative and violent processes through which certain individuals with disabilities are reincorporated into society. Using literary texts and films, I explore four themes that emerge as a result of the imperative for disabled people to perform normative femininity and masculinity as well as humanity: sexual violence justified to enable “traditional” femininity to return to the past (*The Song of Songs* [2000]), violence as a naturalized response to traditional femininity and its vulnerability (“Adada, the Idiot” [1935], *Adada* [1987]), violence as the price for the transnational purchase of cure and sexual transgression (*Address Unknown* [2001]), and violence as a way to heal the trauma of a nation and as a punishment for incurability (“There a Petal Silently Falls” [1988], *A Petal* [1996]).

Chapter 4, “Uninhabiting Family,” takes the case of Hansen’s disease (leprosy), which is regularly situated in the past. I examine how the contemporary emphasis on its curability and low transmissibility ironically maintains the stigma associated with the disease to this day. I extend the political aspects of the disease’s cure to its cultural history. This chapter first explores the process of removing sick bodies from domestic space during the colonial era (in “The Rock” and “Oksimi,” both published in 1936). Second, it examines technology and the benevolence of medical intervention provided in an American-run institution during the Cold War as a gateway into a heterosexual union (*The Litany of Hope* [1962]). Third, it investigates the marriage between a former male patient and an uninfected woman as a symbol of the political healing of historical trauma and of the integration of two separate worlds (*Your Paradise* [1976]). Fourth, it interrogates marriage between former male patients and female medical professionals employed as a sign of cultural rehabilitation the decisive evidence of cured status (*Ah! Sorokto* [2002]). I argue that a more comprehensive understanding of the cultural and social elements of the stigmatization of Hansen’s disease, and of its historical interconnections with other disabilities and illnesses, is required before we can begin to discuss the ethical and practical limits of public health measures that discount livable conditions of life without violence.

The final chapter, “Curing Virginity,” focuses on the contemporary discourse of disabled people’s sexuality as a biological problem that needs an immediate solution. Dealing with the most recent phenomena, the chapter

examines the emerging public discourse on the “sex drive” of disabled people, largely focusing on men with physical disability, commercial sex services, and humanitarian rhetoric. It analyzes the films *Pink Palace* (2005) and *Sex Volunteer: Open Secret, the First Story* (2009); the contents of and the reactions to the Korean translation of Kawai Kaori’s book *Sex Volunteers* (2005); and the situation of an incestuous rape presented as a cure for a disabled girl’s self-harming behavior, supposedly caused by her sex drive, as imagined in the short film *Papa* (2004). The notions of a necessary “release” (*haeso*) and of the charitable gift or humanitarian offering of sexual services in the practice of “sex volunteering” simplistically equate sexual oppression with lack of a sexual outlet.

In the conclusion, “How to Inhabit the Time Machine with Disability,” I return to the notion of folding time and discuss how the present continues to disappear through the imperative of cure, habilitation, and rehabilitation. By thinking about the imperative of cure as a time machine that seeks to take us to the past and to the future, I explore the possibility of inhabiting in the present with disability and illness. I also discuss the traps that often appear when discussing non-Western societies in Western academic contexts, denying coevalness or universalizing disability experiences across different cultural contexts. My hope is that the analyses can serve as an investigation of the ways in which we can rethink cure, not as unequivocally beneficial and necessary nor limited to biomedical intervention, but as a set of political, moral, economic, emotional, and ambivalent transactions that occur in social relations. To rethink cure is to unfold the past, present, and future in order to recognize the presences of disabilities and to create spaces for them.