Phantom Limbs of Comfort Women: Exploring the Complexity of Pain through Dance

by

Yu Min Suh
Class of 2015

A thesis submitted to the faculty of Wesleyan University in partial fulfillment of the requirements for the Degree of Bachelor of Arts with Departmental Honors in Dance

Middletown, Connecticut April, 2015
Table of Contents

Acknowledgements ............................................. 2
Abstract ..................................................... 3
Introduction .................................................. 4
Methodology .................................................. 10
I. Phantom Limb Syndrome and Pain Scales ............. 12
   A. Definitions and History of Pain
   B. Pain Scales: NRS, VAS, VRS, and MPQ
   C. Phantom Limb Syndrome
II. Comfort Women .......................................... 28
   A. History of Korean Sex Slaves during the World War II
   B. Persistence of Pain: Scars and Stigmatization
III. Eiko Otake and Hibakusha .............................. 36
IV. Choreography ............................................. 41
   A. Frame and Rationale for Using Hanguk Muyong
   B. Fever Dreams (2014)
   C. Nondisjunction (2015)
Conclusion ..................................................... 83
Appendix ....................................................... 87
   I. Testimonies of Comfort Women
   II. Kono Statement
Works Cited .................................................. 91
Acknowledgements

I give my sincerest thanks to my family and friends. To my father, who I constantly look up to and whose admirable qualities I have inherited. To my mother, for providing me with food, shelter, and undying love since the day I was born. To Hyun-Min, for giving me the chance to learn how to be a good sister. Thank you to Injung Kang and Sang Hyun Choi for investing your trust in me and continuing to keep me in your thoughts despite many miles of distance. Thank you, 235 Pine, for our late night conversations and supporting me at every performance.

Among all the professors whom I was fortunate enough to engage in academic inquiries with, I especially thank Rosemarie Doris for her patient guidance, and Peggy Carey Best for opening my eyes up to a broader perspective on health and medicine.

I am utterly grateful for the amazing dance community at Wesleyan that I was so lucky to be a part of. Thank you to my thesis advisor, Katja Kolcio, for offering your words of wisdom and pushing me to formulate and answer challenging questions. To Nicole Stanton, Susan Lourie, Hari Krishnan, and all other members of the dance faculty for your wonderful classes as well as being readily available for consultation when I needed your help. Thank you, Michele Olerud, for being the super hero departmental assistant that manages it all. To my fellow dance majors, especially the Class of 2015, for all of the talents, intellects and open minds that you bring to the studios. I have no doubt that each one of you will go on to do great things.

To my dancers Rick Manayan, Ella Israeli, Ari Kaufman, Mika Reyes, Megan Dolan, and Abraham Tse. Every single rehearsal was so fun and inspiring because of who you are. Your ideas and movements were truly the most integral part of my research. To my musician Derek Frank, for your beautiful improvisation as well as your commitment to the rehearsal process. This work would not have been possible without the synergy of these clever and collaborative young artists.

Finally, I dedicate my thesis to Eiko Otake – my muse and life mentor, my Japanese grandma. Thank you for your encouragement and trust along the process. Through the times that we spent together I was able to cultivate strong work ethics, playful spirit, creativity, and above all, fearlessness.
Abstract

This research aims to articulate the complexity of pain and suggest movement as a potentially useful tool for communication of pain by focusing on Korean comfort women as a case study. Comfort women were victims of sexual slavery, abused by the Japanese military during World War II and the Japanese colonization of Korea. The pain of comfort women has many dimensions including physical, psychological, and social. Two original works of choreography, *Fever Dreams* (2014) and *Nondisjunction* (2015) were created in order to communicate the pain of comfort women to the dancers and the audience. Dance as a practice has the potential to promote higher self-awareness and facilitate the embodiment of unfamiliar pain. This study recommends further research in using movement as a clinical tool for pain assessment.
Imagine a person who has just sprained his ankle. According to the McGill Pain Index, the severity of the pain that he should be feeling is less than that of amputation, fracture, or toothache. Now, what if the person is faced with the same injury, but he has a history of spraining the same ligament multiple times? Will the pain that he senses remain exactly the same? Depending on whether the injury occurs through falling down the stairs, slipping on the ground, or getting hit by a car, the same person with the same diagnosis may feel different degrees and types of pain.

While shadowing a surgeon, I met many patients with complaints of pain in the outpatient clinic. I observed that there was a great challenge in articulating pain on the patient’s part, and comprehending it on the physician’s part.
Unlike a wound or a deformity, pain cannot be visualized. Physicians have developed several ways of quantifying pain through words, numbers, and visual elements (such as happy or frowning faces). While these scales have certainly been useful in clinical diagnosis, they fail to communicate the experience of pain in its entirety. For instance, using the Numerical Rating Scale (NRS, a pain rating system using an eleven-point scale with numbers ranging from 0 to 10), one can assess the pain of an ankle fracture as 6 immediately after the injury. The physician can continue to check in with the patient over the course of the treatment and compare the ratings that the patient reports to what they were previously. If the rating decreases, the physician might evaluate the procedure as having been successful. However, the psychological component of pain complicates this assessment. If the patient is very nervous about his treatment and does not trust the physician, he may not feel that his ankle is getting better. Thus, even if the physical pain signal is subsiding, the patient may continue to rate her pain as 6 or even higher.

Moreover, pain is personal in that every person has a different threshold and sensitivity to pain. That is, one patient’s 6 might be drastically different from someone else’s 6. If a patient was taught through culture to “tough out the pain,” he may be inclined to say a wound does not hurt that much because he believes that he should be able to tolerate certain degrees of pain. Genetically, some bodies are born with a lower threshold for pain and react more sensitively to stimuli that may not inflict much pain on other bodies (Young, Lariviere, and Belfer). Thus, a physician cannot assume that his or her own idea of 6 on the NRS will be identical to that of the patient’s.
This gap of perception calls for a better language that addresses the multi-dimensionality and complexity of pain. Having studied dance as a tool for connecting the body and mind, I hypothesized that movement can make up for the gap of communication in modern medicine. Embodiment of someone else’s movement can be the access point into nuances that are not so clearly communicated through words or numbers.

Because there are countless cases of pain, each with its own complexity, I chose to focus on one case of pain that I could specifically investigate in detail. In this research, I analyze the pain of Korean comfort women through choreographic research. The phrase comfort women is a euphemism that refers to the victims of sexual labor enforced and controlled by the Japanese military during World War II. Japan ruled over Korea from 1910 to 1945. Among many misdeeds that happened under this violent colonization, the founding of comfort stations\(^1\) was an event that changed thousands of lives. Many women from Korea, among other countries, were kidnapped to Japanese territories. Though the damages done to the victims were immense, the Japanese government has not been very proactive in recognizing the pain of these women and providing adequate compensation or apology. In fact, even the Korean government and society have averted their eyes from the victims and chosen not to discuss the shameful history for many decades. The memory and tangible effects of their trauma still linger to this day. What do you do when the pain is still so vivid that the trauma is causing problems in your daily life, but others refuse

\(^1\) Sites of sexual slavery and labor near military bases. The Japanese government endorsed the creation and maintenance of these stations in order to provide the soldiers with “charm against injury” and “relief from the stress of combat” (Sue Lee 511).
to recognize it as real? The pain of comfort women is in many ways very real, and merits a comprehensive clinical analysis.

In an attempt to bring the pain of comfort women into the medical discourse on pain, I use the clinical phenomenon phantom limb syndrome (PLS) as an analogy. PLS is “a condition in which patients experience sensations, whether painful or otherwise, in a limb that does not exist” (Chahine and Kanazi 345). For example, in a person who lost an arm, the amputated arm is no longer visibly connected to the rest of his body. However, the neural circuits that wired the brain to the muscles of the arm can still remain after the amputation. The continuous functioning of the nervous system can cause anything from slight discomfort to unbearable pain that prevents daily activities for the afflicted patient. This means that even though there is no physical wound that needs further treatment, PLS still generates real, tangible problems in the patient. Thus, the phenomenon cannot simply be neglected as feigned pain, but should also be treated with proper clinical regimen. While there have been attempts to tackle the disorder, many drugs have proven to be ineffective. In other words, science alone has not resolved the lasting pain of PLS completely.

In this way, PLS complicates any simplified notion of pain. PLS and the pain of comfort women are both long-lasting, multi-dimensional, deeply personal, and often misunderstood. The concept of structural violence relates PLS to the pain of comfort women. Coined by sociologist Johan Galtung in 1969, the term structural violence refers to “social structures—economic, political, legal, religious, and cultural—that stop individuals, groups, and societies from reaching their full potential.” Paul Farmer, along with many other researchers, argues that not only
genetic factors, but also these debilitating social structures can “put individuals and populations in harm’s way” (Farmer et al. 1686). Chronic stress caused by social isolation or post-traumatic memory can result in an alteration of DNA methylation, which could lead to expressions of disease (Johnstone and Baylin 806). In this sense, pain is not only biological but also psychosocial, and thus demands analysis through incorporating many different facets of personal experience.

By looking at the intersections between the plight of comfort women and PLS, I aim to articulate the complexity of pain. Recognizing the need for integrative examination, this paper connects physical, psychological and social components of pain. The various dimensions of pain are not separate entities. Rather, they feed into and influence the severity of each other. I examine this topic by specifically looking at various scales developed by the medical community in order to objectify and compare pain. These scales utilize verbal, numerical, and visual indicators. All of those elements have been effective to some degree but also have their limitations. I use the Korean comfort women as an example that shows the complexity and longevity of pain. These women have suffered and continue to be victims to many physical and psychological traumas. As pain is such a personal and hence elusive subject to discuss, I propose dance as an effective tool for not only understanding but also communicating pain. Dance has often helped many artists to integrate their body and mind, by framing them not as separate entities but as important elements of an individual that affect each other. I research the works and philosophy of Eiko Otake, an artist who has dealt with many of the same questions that I am asking. Her work also involves understanding and communicating someone else’s pain to an audience
that is largely unfamiliar to it. She has focused on expressing the silenced narratives of atomic bomb victims from World War II. The relevance of her work to mine and her geographical proximity\(^2\) make her an ideal artist to study. I personally interviewed her as well as witnessed her artistic process very closely as a course assistant for several months. Finally, I create my own choreography and analyze it here to further illustrate and suggest possibilities in using dance as a medium to explore pain.

In this paper I address four specific questions:

1) What are the primary models utilized by the medical community to understand pain? How do they function in the context of complex phenomenon such as phantom limb syndrome (PLS)?

2) Who are comfort women? What realms of pain (physical, psychological, social, and so on) have they experienced? What kind of problems has the miscommunication of such pain caused?

3) How can I use choreographic and staging tools (movement, music, costumes, and props) to ask questions about pain? How can I use such tools to communicate what I have learned to the audience?

4) How does dance help us to understand both our own pain as well as others’ pain more readily, completely and deeply?

Ultimately, this research in itself is an attempt to communicate a specific pain to the dancers as well as audience unfamiliar with the particular group of people afflicted. I wish to inform my readers and audience about the pain of comfort women.

\(^2\) Eiko Otake taught and performed at Wesleyan University from January to April of 2015.
Methodology

The resources consulted for this thesis can be divided into mainly four categories.

1) Medical discourse: I referenced clinical journals, occasionally studying information from relevant newspaper articles or websites. I started by examining how humans have conceptualized pain in the past through a brief summary of various pain theories in history. I researched the neuroscientific pathways of pain as well as looked at pain quantification scales such as the Numerical Rating Scale (NRS), Visual Analogue Scale (VAS), Verbal Rating Scale (VRS), and McGill Pain Questionnaire (MPQ). I also investigated the phenomenon of phantom limb syndrome (PLS) for the purpose of comparing it with the pain of comfort women.

2) Historical and cultural discourse: I collected testimonies of comfort women survivors and used them as choreographic motifs. I referenced academic journals in literature, history, and psychology. I also consulted newspaper articles because of the nature of the issue of comfort women, which is that the conflicts and controversies are still ongoing and hence part of current events. In addition to English sources, I read articles and testimonies originally written in Korean.³

3) Artistic discourse: Eiko Otake has created relevant works that deal with the concept of pain and its pervasive, persistent nature. I watched videos of her works that address various ways of using movement to change distance. Having been her student and now working closely with her as a course assistant, I also referenced my personal class experience, which involved reading, moving and talking in order to

³ Translation of Korean into English was done by the author.
understand the pain of atomic bomb victims. I personally interviewed Eiko and asked her about ways in which she empathizes with pain that is foreign to her own body, and why she uses dance as a medium to communicate pain to the audience.

4) **Creative discourse:** I choreographed a dance of my own in collaboration with other bodies and minds. I used the rehearsal process as movement research and incorporated motifs obtained from clinical perspectives on pain as well as the history of comfort women. I think of the choreographic research as a series of translations. First, the pain of comfort women was translated within my own brain as I empathized with them and tried to understand their experience. Then, I translated that version of pain to my dancers, who also had minimal knowledge on the topic and thus depended on my translation in understanding that pain. I believe that human beings rely primarily on our own experiences in order to understand pain we have not felt before. Thus I also worked with my own personal pain as well as that of the dancers in my creative process. The dancers ultimately translated my pain, their own pain, and the pain of comfort women to the audience who viewed the performance. In this way, dance was used as both a tool for research as well as for presentation. Not only the movement, but also the music, costumes and props were indispensable aspects of the performance. Specifically for *Nondisjunction*, a live musician was included in this process of translations.
I. Phantom Limb Syndrome and Pain Scales

A. Definitions and History of Pain

Pain, according to the Oxford Dictionaries, is defined as “highly unpleasant physical sensation caused by illness or injury; mental suffering or distress.” Merriam-Webster gives a broader definition:

Localized physical suffering associated with bodily disorder (as a disease or an injury); also a basic bodily sensation induced by a noxious stimulus, received by naked nerve endings, characterized by physical discomfort (as pricking, throbbing, or aching), and typically leading to evasive action

Mental or emotional suffering: sadness caused by some emotional or mental problem

Someone or something that causes trouble or makes you feel annoyed or angry

Acute mental or emotional distress or suffering: grief

In medicine, pain is defined as a signal of “actual or potential tissue damage,” (MediLexicon). Because the unpleasant sensation of pain prompts an animal to evade dangerous stimuli, pain increases the chance of survival. Pain is also used as an important indicator for diagnosis and treatment. For example, one of the ways in which a surgeon can evaluate the success of a surgical procedure is to see if the patient feels less pain post-operation compared to before.

These definitions suggest that pain is neither a concrete nor a specific concept. Pain can be anything from a tactile sensation to emotion, a state of being, a disorder, and even a person. Unlike a wound or a scar, pain is invisible, and that makes it even more difficult for humans to fully comprehend what pain is and where it comes from.
Because of its abstract nature, pain often creates room for miscommunication in conversations.

Pain has been understood differently in various societies throughout history. In ancient Greece, pain was considered as largely an emotional experience rather than a physical sensation. Early philosophers such as Plato or Aristotle believed that pain was an independent entity, outside of the human body, that entered the body and inflicted suffering. Moreover, pain was frequently associated with religion. People believed that pain is what god uses to test discipline humans ("History of Pain"). In fact, the linguistic origin of the word pain is the Latin word poena, which means punishment, and Greek poinē, or penalty (Merriam-Webster). In other words, pain had moral implications. In this era, the heart was considered to be the organ that senses this punishment ("History of Pain."). This school of belief is still held by a significant number of people in the contemporary world. Various languages including English and Korean refer to a strong feeling of sadness as a “heartache” (Merriam-Webster).

During the European Renaissance (fourteenth to seventeenth century), along with the shift from the divine to the corporal as the center of the universe, pain began to be considered as an internal mechanism. René Descartes postulated the existence of nervous pathways within the human body and emphasized the role of the brain in pain perception. In Treatise of Man (1972), he suggested a proportional relationship between the degree of injury and the intensity of pain – that is, more tissue damage will lead to a stronger sensation of pain (Deardorff). He distinguished between the neurons, which are embedded in tissues and sense the pain signal, and the brain,
which is a control center that receives the information from the neurons and makes
the body experience pain (Moayedi and Davis 5). Similar to how the ancient
philosophers thought of pain as motivating the individual to act a certain way,
Descartes also viewed the neurons as a pathway for both sensory and motor stimuli.
But the difference is that for Descartes, the whole process occurred within the
individual, rather than imposed by a deity.

In contrast, scholars such as Lele et al. endorsed the Pattern theory of pain,
which stated that rather than a specific receptor, the “spatial and temporal profile of
firing of the peripheral nerves” is what determined the type of pain felt (Moayedi and
Davis 9). A combination of many different signal transductions would collectively
create a sensation. Pattern theory denied the existence of nerve fibers dedicated only
to transmitting pain, and argued that intense thermal, chemical, and mechanical
stimulation of the nerves became pain above a certain threshold.

While there have been numerous other theories that attempted to account for
the mechanism of pain transmission and perception, the theory that is accepted as the
most likely explanation in contemporary medicine is the Gate Control theory. Gate
Control theory was proposed by Ronald Melzack and Charles Patrick Wall, and
acknowledged evidence that supports both Specificity and Pattern theories (Moayedi
and Davis 9). Melzack explained pain through a concept called “neuromatrix.” In
doing so, he focused on the role of the brain in selectively filtering the various inputs
of pain stimuli that it receives (Melzack. “From the Gate” S123). Because the brain is
actively participating in the creation of sensation, Gate Control theory is in
accordance with phantom limb syndrome (PLS). Even in the absence of sensory
stimuli, the brain can still generate pain. In other words, “stimuli may trigger the patterns but do not produce them” (Melzack, “From the Gate” S124). This is because the neuromatrix is a pattern already established in the brain, and it is the disruption of the original order that causes a certain kind of “stress” on the body and makes an organism feel pain. In an attempt to return to homeostasis, the brain then sends signals to various parts of the body, engaging the sympathetic nervous system and hormones such as the epinephrine. Chronic pain can cause a semi-permanent restructuring of the neuromatrix, which explains how the sensation of pain as well as the pain coping mechanism sometimes continues after the dissipation of tangible stimuli.

One of the most important themes of Gate Control theory is that the central nervous system (brain and spinal cord) plays a crucial role in creating the perception of “self,” a unified entity that is “distinct from other people and the surrounding world” (Melzack, “From the Gate” S123). This explains why phantom limbs, though physically detached from one’s body, is still “perceived as an integral part of one’s self.” On the contrary, “people who have suffered a lesion of the right parietal lobe or any of several other brain areas deny that a side of the body is part of themselves ... even when a particular tissue is “pinched hard so that the patient winces or cries out” (Melzack, “Phantom Limbs” 90). Thus, a holistic view of the human keeps in mind that the brain and the neural circuits determine the self, not just the corporeal features. Gate Control theory has contributed to the medical understanding of pain by moving away from the simple binary of physical and psychological pain “that seeks a simple one-to-one relationship between injury and pain.” Rather, pain is a “multidimensional
experience produced by multiple influences,” which include genetic predisposition as well as environmental influence (Melzack, “From the Gate” S125).

Finally, one last theory of pain that I introduce is the eastern traditional medicine’s explanation of qi.\(^4\) Jun Heo, a court physician of the Joseon Dynasty (sixteenth century) believed that pain results from a blockage of bodily energy termed qi that flows throughout the body in healthy state. If qi cannot flow freely for some reason, the sensation of pain as well as stress response can follow. The effect is the calcification and hardening of various muscle tissues, thereby creating a vicious cycle of pain aggravation, organ malfunction, and the blockage of qi. Heo applies this concept to the health of a society. Just like the flow of energy within an individual body is crucial in maintaining health, the flow of opinions in a society, or “communication” is what keeps a society in order. Heo uses the term “pathway of speech,” which is analogous to the circulatory system within a body (“About Heo Jun”).

In contemporary Western academia, many scholars of not just medicine, but also sociology, psychology and anthropology are investigating the lasting effects of pain. It was once believed that pain was simply a signal for an actual injury and hence was not considered to be a health risk that must be treated on its own. Modern research data have shown that pain can in fact have physiological effects on the human body. In his clinical review article, Cole argues that “the axiom ‘no one ever died from pain’ is clearly incorrect, given the modern recognition that unrelieved pain increases cardiac work, increases metabolic rate, interferes with blood clotting, leads

\(^4\) I decided to mention and consider this theory of pain because it has had medical and cultural significance in East Asia since its development, especially in Korea.
to water retention, lowers oxygen levels, impairs wound healing, alters immune function, interferes with sleep, and creates negative emotions” (24). While acute pain serves a beneficial function by signaling to the body to take caution, avoid danger, or attend to injury, chronic pain “has little protective significance ... and ultimately interferes with productive activity” (Cole 24). The body releases cortisol in response to pain, which triggers a fight-or-flight response and facilitates glucose migration from the liver to the muscle, suppression of appetite and immune response, increasing heart rate and so on. When high level of cortisol is sustained due to prolonged stress or pain, the basal cortisol level (BCL) rises in an individual. When an individual is in the state of high BCL for a long period of time, one becomes hypersensitized to acute pain. This means that an individual’s past history of pain will in fact render one more vulnerable to other events that may cause pain in the future (Vachon-Presseau et al. 823). Thus, in cases like this, episodes of pain cannot be viewed as isolated incidents, as their effects accumulate. The secondary damage caused by prolonged stress response within the body is called allostatic load, which can “accelerate disease processes” and may “lead individuals into social isolation, hostility, [and] depression” (McEwen 108).

B. Pain Scales: NRS, VAS, VRS, and MPQ

I chose three specific pain scales of modern allopathic medicine to examine in detail: Numerical Rating Scale (NRS), Visual Analogue Scale (VAS), and Verbal Rating Scale (VRS). All three of these scales are widely used in medical practice. However, each scale has its limitation, and science is still struggling with the elusive
nature of pain that creates issues when pain must be shared and quantified. In an attempt to overcome the limitations of the previously developed scales, Ronald Melzack created McGill Pain Questionnaire (MPQ). However, the MPQ still does not fully address the complexity of pain. Hence, clinical science still requires further research into developing methods that will accurately communicate pain.

Modern allopathic medicine recognizes five different aspects of pain: “location, duration, frequency, underlying cause, and intensity.” Of these dimensions, “the least desirable system for classifying pain” is the intensity because of the subjective nature of pain (Cole 23). In this section I will discuss the advantages and disadvantages of using each respective scale for communicating the intensity of pain.

1. Numerical Rating Scale (NRS)

Numerical Rating Scale (NRS), as its name suggests, uses numbers to define the intensity of pain. The eleven-point scale, or NRS-11, is the most frequently used one (Hjermstad et al. 1084), where “the end points are the extremes of no pain and pain as bad as it could be” (Williamson and Hoggart 800). Between 0 and 10, the increase in number corresponds to worse or stronger pain. NRS can be administered orally or on paper.

NRS is useful in that it is easy to use, and is not subject to language barriers. Because it uses numbers, the patient does not necessarily have to speak a certain language in order to use this scale. However, there is not sufficient “published information about the distribution or error of data obtained using the NRS”
Furthermore, NRS does not distinguish between acute and chronic pain.

2. **Visual Analogue Scale (VAS)**

Visual Analogue Scale (VAS) uses a 10cm line, the ends of which are labeled “no pain” and “pain as bad as it could be” or “worst imaginable pain.” The patient is asked to mark a point along the line that corresponds to the intensity of the pain that he or she is experiencing. Although VAS is normally administered with a horizontal line, research data shows that “the graphic orientation of the VAS can make a difference” in the data obtained. Notably, in 1986 Aun, Lam and Collett found that in Chinese patients, using the VAS vertically yielded less error compared to the horizontal scale. On the other hand, in 1979, Scott and Huskisson found that for English speakers the amount of errors was the other way around, vertical presentation producing 7% failure rate while horizontal presentation led to less errors. Comparing these two research results, Williamson and Hoggart concluded that “the graphic orientation of the VAS should be decided according to the normal reading tradition of the population on which it is being used.” This is significant in illustrating that when expanding this principle to a more general statement, subject idiosyncrasy must be taken into account in pain assessment. This is ultimately why I decided to use traditional Korean movements in order to understand the pain of comfort women.

The biggest advantage of the VAS is its sensitivity, or the ability of the scale to detect change (Williamson and Hoggart 800). Because technically the 10cm line of VAS offers an infinite amount of stratification within its length, the patient is able to
mark even the slightest changes in pain intensity. However, VAS has its limitations in that if the patient has motor disability, there may be difficulty in the patient accurately marking the desired point on the line. VAS takes the longest time to educate patients on how to use it, and is the most complicated in that sense. In 2002 Rosier, Iadarola, and Coghill found that when VAS was repeated for the same patient, there was up to 20% error especially when the patient did not have access to their previous score. The failure rate of VAS is between 4 and 11%, which is higher than that of NRS or VRS (Kremer, Atkinson, and Ignelzi).

3. Verbal Rating Scale (VRS)

Verbal Rating Scale (VRS) was devised by Kenneth Keele in 1948. This scale uses descriptive language such as ‘no pain,’ ‘mild’ ‘moderate’ and ‘severe’ to gauge one’s pain. Similar to NRS, there are many kinds of VRS, ranging from VRS-4 to VRS-11, depending on the number of descriptors used. While VRS attempts to touch upon the qualitative aspect of pain, it still fails to take into account dimensions of pain such as the duration. VRS provides a limited number of categories, which means that there is a potential for rounding up or down of changes in pain intensity, resulting in under or over-estimation of pain changes (Jensen, Turner, and Romano 388).

VRS is also criticized because of the subjective nature of language. One person may find sporadic bursts of sharp pain as moderate, while for someone else moderate may mean a constant presence of dull pain. The problem of translation also hinders effective administration of VRS. In Aicher et al, 12.6% of patients mixed up the order of ‘mild’ and ‘moderate’ as the German words that these English words
were translated into did not suggest a clear relationship. Thus, not only does the patient have to speak the language that VRS is being administered in, the respective VRS must be translated accurately, which is an elusive task. This also leads to difficulty in comparing research data among speakers of different language, as English VRS might not be the exact same as VRS in other languages.

Fig. 2. Comparison of the three scales (Commonly Used One-dimensional Pain Intensity Scales)

4. McGill Pain Questionnaire (MPQ)

In order to “capture the multidimensional perspective of pain” and enhance the shortcomings of the three one-dimensional scales, Ronald Melzack and Warren Torgerson devised the McGill Pain Questionnaire (MPQ). The MPQ “allows measurement of several features of the pain experience, including location, intensity and pattern of pain over time” (Coll, Ameen, and Mead 128).

According to Melzack, neuromatrix is unique to each organism and distinguishes the self from the environment and the others (“From the Gate” S123). If
so, it is not surprising that trying to communicate the pain felt within oneself to someone else is an extremely challenging process. Melzack has come up with a system to rate various types of pain on a quantitative and qualitative scale, through using numbers and words. This system is called the McGill Pain Index (MPI).

The index relies on the patient’s choice of 102 descriptors compiled by Dallenbach, Melzack and Torgerson from literature and clinics. Melzack categorized the collected words into four groups (sensory, affective, evaluative and miscellaneous) and 20 subgroups. He put two words in the same group if many of the surveyed physicians thought the words describe a similar kind of pain. For example, tugging/pulling/wrenching (Group 6) were considered to be one type of pain, while spreading/penetrating/radiating/piercing (Group 17) were considered to be another. Aside from these descriptors, Melzack also included an intensity scale called Present Pain Intensity (PPI), where patients could chooses from numbers 0~5 (no pain/mild/discomforting/distressing/horrible/excruciating) to describe how severe the pain is (Melzack, *Pain Measurement* 41-45). The McGill Pain Questionnaire (MPQ) is widely used to gauge the pain experience of a patient in clinics nowadays.
Fig. 3. McGill Pain Questionnaire
(Melzack, *Pain Measurement* 44)

Unfortunately, because pain is such a complex and private experience, the MPQ has shortcomings that prevent it from being an absolutely accurate measure of pain. Just like the three one-dimensional scales introduced earlier, MPQ cannot thoroughly take into account the different tolerance levels for pain depending on the individual. The physician’s idea of “distressing,” for example, may not be the same as that of a particular patient, which may also vary from another patient’s. Another limitation of the MPQ that Melzack himself acknowledges is the intersubject
variability. For example, the reduction of pain score from 30 to 15 has certain a
significance within the individual, but does it have the same meaning when another
person tries to digest those numbers? Even if two people suffer the same injury, such
as an ankle fracture, one person may perceive the pain as being mild while others may
see it as excruciating. Furthermore, because the MPQ relies on the patient’s
perception of pain, the patient’s attitude and mindset matters hugely. If the patient is
afflicted by great fear of his or her situation for whatever reason, the perceived pain,
which may not feel as bad in a calm state of mind, can be increased in its intensity.
Various background information such as religion, socioeconomic status, illness
history, gender, and other cultural factors can play a role in modulating pain within an
individual as well.

Thus, it becomes a challenge for physicians to have to account for such
differences when prescribing medication and performing surgery. An experienced
physician has his or her past patients to compare the current case to. But ultimately,
because a physician is also another individual, the problem of miscommunication still
remains a tricky one to solve.

There are other examples of pain scales such as the Wong-Baker FACES Pain
Rating Scale (which uses drawings of faces, used in pediatrics for assessing pain of
children) that are clinically used. These scales are not discussed because they show
similar advantages and disadvantages as the NRS, VAS and VRS. While every scale
is useful to a certain degree, all of the aforementioned one-dimensional pain scales
fall short of capturing the complete experience of pain. Particularly, the psychological
aspect of pain, though an integral part of pain experience according to neuromatrix theory, is not assessed at all by these clinical scales.

In order to address such problems, this research seeks to find ways in which movement, another language besides words or numbers that is not used extensively in clinical settings, can play a role in effective pain communication. Currently, there is no widespread clinical pain scale that utilizes movements or gestures. Dance could potentially be a powerful new tool due to its ability to connect the body and mind in a way that these scales cannot.

C. Phantom Limb Syndrome

Many clinical conditions inflict pain on the human body. Among them, I now wish to introduce a condition called phantom limb syndrome (PLS).

PLS is a sensation felt in body parts that have either been amputated or missing since birth. Melzack reports that up to 95-100% of amputees who lose an arm or leg experience phantom limb sensation at some point. PLS can be manifested as various types of pain such as a tingling, itchy, or burning sensation, and the phantom can take definite shapes. As time passes, phantoms may telescope, meaning the contours of the sensed body part become dull and the phantom morphs into what Melzack calls a “stump” (“Phantom Limb” 88)

In this paper, the discussion of PLS serves two main roles: it is an apt example of a condition that is consistent with and is explained well by the neuromatrix theory, and it can be used as a frame to understand the pain suffered by comfort women. Often in daily discourse, the plight of comfort women is only discussed in terms of
history and politics. In making a close analogy with the clinical phenomenon of PLS, I wanted the physical nature of the pain of comfort women to be highlighted. There are many illnesses that comfort women have suffered and are currently suffering from, which demands medical attention. The concept of structural violence can effectively explain the hormonal imbalance in and rewiring of these women’s bodies. The biological effect of chronic stress is so tangible for comfort women.

PLS shares four similar characteristics with the experience of comfort women: longevity, heterogeneity, vividness, and definition of one’s identity. First and foremost, phantom limbs last through time even after surgical amputation. This is comparable to the pain of comfort women, who are still suffering from the damage even after sixty years since the initial trauma. Specific examples of various lasting effects of sexual slavery and violence will be discussed in a later section. Second, “PLP is a highly heterogeneous syndrome in terms of the development, frequency, intensity, and quality of pain, ranging from occasional slight painful sensations to constant severe pain” (Foell et al. 224). Each phantom is unique, just like there are as many comfort women narratives as there are comfort women. Many testimonies share similar experiences or sentiments, both in the case of PLS and sexual slavery, but no two stories are exactly identical. Thirdly, while PLP is invisible to the eyes of others, the sensation and the experience is very specific and real to the affected individual. Melzack introduced examples of patients who testified to the feeling of passing gas with the rectum removed, being able to orgasm despite having the penis removed, experiencing menstrual cramps with the uterus removed, and feeling of urination without the bladder (“Phantom Limb” 89). It is important that these testimonies are
taken seriously and not assumed to be fabricated, for there are not only a few but numerous people who suffer from PLP. Similarly, the experience of comfort women is still very real to many of the survivors. When asked to talk about their time in comfort stations, many women have very specific memories about a particular event and are able to tell the account in great detail. They can recall the weather, time of day, the food they were given, ages of people they met, and even clothes that the soldiers were wearing (“Testimonies”). Just as repeated reports of PLP support the fact that the phenomenon merits clinical attention, the current as well as past experience of comfort women was also real and deserves proper discourse. Finally, both the phantom and the comfort women experience play a huge role in the self-perception of affected individuals. Again, even after physical removal, the amputee’s brain perceives the amputated body part as still being part of the body. For comfort women, their experience and the stigma have shaped their identity and affected their social interactions. The long-lasting, large-scale influence that phantom limb and sexual slavery have on the affected individuals supports further research and investigation.
II. Comfort Women

A. History of Korean Sex Slaves during the World War II

“Comfort women” is a term that the Japanese government and the military used to refer to women sold into sexual slavery for the Japanese soldiers during World War II. “Many of the young women were forced into servitude and exploited as sex slaves throughout Asia, becoming victims of the largest case of human trafficking in the twentieth century” (Brooks). These women were recruited from various countries, including but not limited to Korea, China, Philippines, Malaysia, and Taiwan. At the time Japan had colonized Korea, Korean women comprised the biggest portion (80%) of the total comfort women population. Japanese officials preferred Korean women to those from other countries because Korean women were able to understand Japanese and were also more accessible in terms of government cooperation in recruiting these girls (Sue Lee 512). Korea Chongshindae’s Institute, an organization involved in research, publication, funding and education activities for comfort women, estimates that the total number of comfort women enslaved by the Japanese military during the war could have been anywhere from 50,000 to 300,000. Although it is true that a small fraction of these women were already prostitutes practicing either domestically and internationally, a larger number of them were involuntary slaves. The police lied to these women by telling them that they would go work in a factory and get paid high wages which would help them to support their families, which were usually impoverished under harsh colonization (Sue Lee 513). As the war continued, soldiers even resorted to abducting young girls from villages
and fulfilling the wanted supply of women that way. The girls that were kidnapped ranged in age from early teens to late twenties (Korea Chongshindae’s Institute).

Once these women were transported to “comfort stations” throughout Japan and Japanese territories in China, Manchuria, Borneo, Burma and Korea, the women served multiple soldiers every day (Sue Lee 516). As a result of unsanitary conditions and violent treatments, the women commonly suffered from various diseases. Sexual organ abnormalities, sexually transmitted diseases such as syphilis, and trauma due to physical torture and violence are among the most common health issues. The women were also very vulnerable to gastric and pulmonary illness as well as infections such as malaria and typhoid. Many girls also attempted suicide by drowning or hanging themselves. The women were not treated humanely for these illnesses once they developed. Opium, a highly addictive substance, was commonly used to alleviate pain that came from wounds or diseases. Salvarsan 606, or arsphenamine, was injected into the patients to treat syphilis. This arsenic compound is now known to have detrimental side effects such as infertility. Mercury, which is now commonly known as a poisonous substance, was also used to treat STDs (“Report of Comfort Women Testimonies and Statistics”).

Although the tolls of this violence were enormous, the women were not compensated for their sufferings. Even though the soldiers paid small fees to receive service from the women, most of the revenue went to the owners of the comfort stations (Sue Lee 516). Even when the women did get paid, they were forced to deposit the money into the Japanese military savings accounts. Appropriated by the government, the money was not returned to the women after the war was over. On a
larger scale, the Japanese government has denied its responsibility for wartime sexual slavery and has refused to acknowledge the victims or provide monetary compensation.

The most immediate problem was that majority of the women died either during the war or right afterwards, and did not survive long enough to tell the tale. Until the 1980s, voices demanding feedback from the Japanese government regarding comfort women were low and unheard. This is due to both the patriarchal shame placed upon sex slavery victims as well as the passivity of Korean government. Having lost their chastity, one of the important feminine virtues at the time, comfort women were neither welcomed nor honored by the Korean society even on the rare occasion that they were able to return to their hometown. Furthermore, even after the end of World War II and Japanese colonization, the relationship between Japan and Korea was far from equal. From the fear that it might worsen the diplomacy between the two countries, the Korean government did not want to take an active stance in supporting the sex slavery victims. Moreover, some Korean government officials were involved in the trafficking of women to sustain the comfort stations. To evade the blame, many Korean politicians argued that comfort women were voluntary prostitutes. Many official documents were destroyed both willfully and accidentally throughout the war. The victims were silenced, either through shame or death. In this way, the pain of comfort women remained invisible for several decades.

In the 1990s, the discourse on comfort women started to become more active and public. The Chief Cabinet Secretary at the time, Yohei Kono, “issued a formal statement in 1993 admitting his country’s forcing of Korean women into sexual
slavery during World War II” (Eun-joo Lee). In his statement on the result of the study about “comfort women,” Kono admits to the government involvement in the creation and maintenance of comfort stations. He states:

Comfort stations were operated in response to the request of the military authorities of the day. The then Japanese military was, directly or indirectly, involved in the establishment and management of the comfort stations and the transfer of comfort women.

... The Government study has revealed that in many cases they were recruited against their own will, through coaxing, coercion, etc., and that, at times, administrative/military personnel directly took part in the recruitments.”

Unfortunately, since the Kono statement, the Japanese government has made a constant effort to overturn the statement and dodge responsibility for the plight of comfort women. One recent example of such effort is when the current Prime Minister Shinzo Abe sent a committee of diplomats to the publisher McGraw-Hill in response to what they claimed as false information in the American textbook Traditions & Encounters: A Global Perspective on the Past. One of the authors of the book, Professor Herbert Ziegler, testified: “the publisher and I have been contacted separately by representatives of the Japanese government, essentially requesting some sort of revision of the offending narrative. Neither the publisher nor I entertain any such notion” (Martin). McGraw-Hill also released a statement making their stance

---

See appendix II for the complete statement.
clear: “scholars are aligned behind the historical fact of ‘comfort women,’ ... and we unequivocally stand behind the writing, research and presentation of our authors” (Fackler).

While clearly there is ample documentation that serves as evidence as well as the testimonies of Japanese soldiers that prove the social injustice that comfort women were subjected to, the Japanese government to this day continues to deny its responsibility. Comfort women are yet to receive an appropriate apology for their plight. The survivors who are still alive are continuing their effort in making public statements through Non-Governmental Organization campaigns and interviews. There is no doubt that the denial and silencing of pain add more burden onto the survivors.

**B. Persistence of Pain: Scars and Stigmatization**

What characterizes the pain of comfort women is its longevity. Even after they were freed from captivity and were returned to the arms of their family, the victims continued to and still feel the effects of their past misery. The pain of comfort women is also multi-dimensional in that the consequences of their suffering range from physical, psychological, and social pain.

On a physical level, the torturous experience caused lasting deformities of the body. Center for War and Women’s Rights released the Report of Comfort Women Testimonies and Statistics in 2001, for which they interviewed and analyzed 192 surviving comfort women. The report shows that many victims suffered from various sexually transmitted diseases (syphilis, gonorrhea, etc.) as well as infectious diseases
(typhoid, malaria, etc.). 34.9% witnessed violence and torture while they were serving in comfort stations, 15.1% witnessed suicide, and 14.1% witnessed homicide. Especially in the case of violence and torture, 62.5% testified that they personally experienced them. Considering 34.9% were classified as “unknown/data not obtained,” the percentage of women who experienced violence is extremely high. In terms of current status, 59.9% of researched women reported having some form of chronic health condition (excluding 15.1% who could not be interviewed because they were deceased or otherwise could not be found). The chronic illnesses include arthritis, heart disease, respiratory disease such as asthma, uterus-related disease, and gastrointestinal disease. While many of these conditions could have developed as a result of aging, compared to the control group of women that are of similar age but without the experience of sexual slavery, the victims are significantly more affected by trauma-related health concerns (Shim et al.).

On a psychological level, research data supports that the women, even after many decades since independence, are still suffering from post-traumatic stress disorder (PTSD). Shim et al. used Rorschach ink blot tests with the survivors to analyze the lasting effects of PTSD. They found that in the comfort women survivor group that their research addressed, there were many responses that were observable in past research with other PTSD-afflicted groups. Trauma Content Index as well as Color-Form Index (indicating impulsive tendencies) were significantly high in survivor groups in comparison to control. Min et al. further elaborated that PTSD in the survivors were often accompanied by severe depression and mood disorders.
Finally, on a social level, the victims were frequently subject to stigmatization and marginalization. Yang explains how there was forty years of multi-layered silence, on five levels: silence of the global community, of the Korean government, of the family and neighbors of victims, of the survivors, and of the dead. Simply put, not being able to express their anger, or even “not knowing what (who) to be angry at” was part of the pain that comfort women faced. “The Korean government and the society treated this matter as if ‘nothing ever happened,’ condoning the poverty and prejudice that troubled the victims.” She firmly claims that the silence was “severely painful and violent” (Yang 135). Social shame altered the self-perceived identity of the survivors and resulted in loss of agency. “Normal women, in the era that these women lived in, were expected to get married, have children, and take care of the family. In the Report of Comfort Women Testimonies and Statistics, 44.3% answered that they are currently living by themselves, as opposed to with a spouse or with family. Many women testified about not being able to get married because of shame, not necessarily because they did not want to find a spouse and form a family. Naturally, the survivors avoided social interactions and were shunned by others” (Min et al. 746). In this way, the social environment has incited persistent pain in comfort women, not any less than physical scars or bruises have.

Sexual slavery not only caused pain when it happened, but still haunts the bodies and minds of the survivors to this day. Varying in forms and degrees, the pain of comfort women has not fully healed nor has been appropriately treated. It must be noted that these three main dimensions of pain (physical, psychological and social) are not isolated phenomena. Prolonged psychological trauma may cause biological
change in individual bodies as well as interfere with social interactions. Scars and illnesses could undermine the self-perceived identity of an individual and cause social anxiety. In this way, all three dimensions can aggravate one another and are organically related. The social and psychological stressors clearly correlate with biological harm along with the already evident physical damage. Hence, these changes can and should be monitored, measured and treated through clinical intervention more effectively with further research.
III. Eiko Otake and Hibakusha

In the artistic realm, Eiko Otake has been doing extensive work with trauma and pain. With her partner Koma Otake, she has been performing vulnerability and pain in many of her dances.

In *Wallow* (1984), Eiko and Koma lie on the beach of Point Reyes, California. They are wearing shiny black costumes which resemble the fur of seals. Their bodies are portrayed as helpless against the cold wind and the ocean waters, with minimal movement kept very close to the ground. They are not afraid to let their bodies undergo extreme circumstances. In fact, they take on not only the movement quality of seals, but also the living environment and the appearance. The resulting effect on the audience is empathy and appreciation. In what seems to be moments of great distress, she flails and pounds her body against the ground. This created a visceral emotional response in me, and I was able to feel pain in my heart as well as on my skin.

She explained herself, in a personal conversation with me, that the experience changed the depth to which she was empathizing with the seals. She said, “At first, I was looking at the seals to think about what it must feel like to be them. Then, at a certain point, they started to look back at me. They were asking ‘who are you?’ and that is when everything changed.” By dropping the researcher’s gaze and being just another kind of animal like the seals, she was able to shorten the distance between the observed and the observer. Spatially, the height of her gaze was important because

---

6 Japanese word that is literally translated into English as “bomb-affected-people.” The word is used to refer to atomic bomb survivors from World War II (“Who are the Hibakusha?”).
getting down to the ground and looking at the seals at eye-level helped her to see
different details and feel a different power dynamic than when she was looking down
at them from above. Rather than simply being spectators, Eiko and Koma try their
best to actually become seals through their dance.

In her seminars with students, she explores how bodies can be both passive
and active. She describes being a victim as being in a passive state, but being an artist
is an active state. The atomic bombing of Japan during the World War II must be a
painful experience on many levels, physical and emotional. However, those who were
not there can only imagine by recreating the visual, olfactory, tactile sensations in
their own brains. Her job as an artist is to communicate and provide access points for
strangers of the incidents to enter the emotional sphere of the victims. In order to do
this, in contrast to Melzack who used words, Eiko uses movement exercises. One
activity called “surrender” requires the students to raise their arms in the air as if
surrendering in a warfare, and slowly walk towards their partners while lowering
themselves. During this exercise, not a single word is spoken, but everyone in the
room is able to sense the energy. As a participant, I was able to tune into the state of
mind of a victim. Having to convince the person in front of you that you are harmless
and beg for your life is a debilitating and debasing experience. Rather than being told
so, however, physically moving towards the ground and being in a lower position
than my partner is what really helped me to understand what being in low power
position feels like.

In her Artists’ Notes, she reveals how she views and deals with pain in her
own life. She explains how life is a difficult process for many people and that
“throughout the overwhelming part of our common history, to live has been to see others die and to anticipate our own death close by” (Eiko + Koma). Various large scale disasters such as the atomic bombings or the more recent Fukushima explosion are prime illustrations. Even though it is unpleasant, Eiko believes that “our pain is as much a part of our nobility as are our love and joy. It is simply one of our truths” (Eiko + Koma). Thus, she does not want the pain of the numerous victims of such disasters to be forgotten or masked. Rather, her dance serves to remember, commemorate, and embody the pain of others in one’s own body and thus be able to relate to them. This is related to qi and Jun Heo’s concept of communication within a society. Extending the analogy of a person to a society, active attempts such as Eiko’s to enter into others’ sphere of pain and to re-live it in one’s own body create a flow of energy throughout the society. The connection results in a stronger sense of community. For Jun Heo as well as Eiko, the members of the society are not limited to just human beings. Animals, plants and even non-living landscape such as the river and the ocean also share the energy that flows through the earth and participate in the collective life of the world. That energy, in relation to the discussion of pain that took place earlier in this paper, is qi, the essential force of life. The philosophy of qi can explain why structural violence and healing are tangible forces that can interfere with an individual’s health. Because qi flows through everything and everyone that inhabits the earth, a blockage of qi in one individual can affect the well-being of another in the same community. Hence, the Korean government, and even the global community on a larger scale, has a certain kind of responsibility for the obstruction of social justice that is a problem for Korean sexual slavery survivors.
I had the chance to interview the artist herself through personal conversation on February 17th, 2015. This is the summary of Interview with Eiko Otake, structured around two main questions.

Q1: How and why do you relate to the experience of the atomic bomb victims, even though it is something you never experienced first-hand?

She said that she felt a great sense of regret about what had happened in Japan during World War II. Though the massive bombing and air raids haven taken millions of lives, the country as a whole has not necessarily been sympathetic to the pain of the people in Hiroshima and Nagasaki. If they had been, “Fukushima would have never happened.” So once she had that realization she went back to graduate school and created her own major, and delved deeper into the history and the political underpinnings behind the atomic bombings. She felt that “we have not listened enough to the victims,” and by researching and creating performances as well as teaching in order to relay the victims’ voices she was “acknowledging the pain and calming them down.” Eiko, nor anyone else living the present, cannot change what had happened to hibakusha. But ignorance propagates the pain, whereas “paying attention” helps us to not forget.
Q2: How do you communicate to the audience that is not familiar with the pain of hibakusha at all? How is dance helpful?

She used her background research to inform, shape and energize her performance. Her relatives and family, as well as mentors such as Kazuo Ohno and Sakaguchi Ango were all directly related to the war and were alive during when the war was actually going on. She emphasized learning more about the victims and reading and doing the research as the prime gateway into accessing the pain of hibakusha and accurately communicating it to the contemporary audience.

She also mentioned how modern dance is actually quite ambiguous, and she does not believe it is a comprehensive tool by itself. Hence, she teaches at colleges in the United States and in Japan to articulate her message more clearly, using all the tools that she has including texts, movies, and of course, movement. However, dance performances do reach out to the audience in ways that words cannot access. Because movement is a universal language, you do not have to speak the language in order to understand, appreciate and learn from dances originating from a particular culture.

Moreover, each person possesses one body. In that sense, she said, dance is “democratic.” Dance also provides a special time and place that is slightly removed from everyday life, to which the audience can connect to. For these reasons she has continued to dance in order to communicate. Dance can be done anywhere by anybody, without any expensive instrument.
IV. Choreography

A. Frame and Rationale for Using Hanguk Muyong

In making a dance to commemorate and embody the experience of Korean comfort women, it was appropriate to borrow certain ideas, forms and movements from Korean traditional dance, or Hanguk muyong. I believe that the aesthetics of the dance symbolize the cultural background that these women and Korea as a country have. Specifically, there are many elements of Hanguk muyong that highlight the main arguments that I make through my work.

For the purpose of this research, I have identified three main characteristics of Hanguk muyong: suspension, continuous flow of energy, and delicacy. The classification was made in reference to Judy Van Zile’s analysis on Hanguk muyong in her book *Perspectives on Korean Dance*, with my modifications. I had the chance to train in and learn the philosophies of Hanguk muyong first-hand, and I reflected back on the experience to distill the essence of the dance form.

Van Zile writes that “feeling of suspension” is a “distinguishing feature that pervades many forms of traditional dance. The dancer begins a movement that rises, in some fashion, and then appears to stop abruptly … This moment of suspension, a delicate hovering, provides a strong, dynamic tension for the viewer” (13). This “abrupt” or sudden quality of movement parallels the quality of pain, in the sense that pain is an abrupt interruption of mundane motions of life. For example, when we have noticeable pain in our foot for whatever reason, movements in daily life that we performed without giving much thought require much more effort. The acute sensation of pain interrupts walking, bending down, shifting weight, reaching and so
on. Thus, working with suspension and abrupt changes in motion was a visually and internally satisfying way of embodying one of the experiences of pain as well as creating a visual experience for the viewer that represents pain. In doing so, I was working with “a particular way of using the foot,” or footwork (balditgi). Whereas in Western ballet, the toes do most of the work and are emphasized in the lines of the body, in Hanguk muyong, all movements originate from the heel. So in Fever Dreams, the dancers were taught how to walk with stepping with the heels first, then shifting the weight onto the balls of the feet and then finally the toes. Rather than emphasizing pointed feet, the natural curves of the feet were embraced. And the balditgi was enhanced by the use of poson, white cotton socks with pointed ends, or “upturned toes.”

Another vital quality of Hanguk muyong is what Van Zile describes as “motion in stillness.” Whereas in ballet, isolated shapes are emphasized and each position is like a fixed snapshot, Hanguk muyong is more concerned with how the energy continues to flow through the whole dance. The transitions in and out of positions are just as much a part of the dance as each shape itself. This philosophy generates a “curvilinear shape as well as a rounded, ongoing quality of energy use” (14). In practice, the continuous quality of Hanguk muyong was achieved by the emphasis on breath and circles. I emphasized breathing through the movements during rehearsals; breathing in with rising of the feet or the arms, and breathing out and releasing when coming down from a movement. That way, each movement was no longer isolated but a wave of oscillation was created. Furthermore, both in the way the dancers used their limbs as well as in the trajectories they took on stage, they
utilized the image of circles. In Hanguk muyong, the body is thought to be made of curves, which contrasts the emphasis on linearity in ballet. I told my dancers that even when their arms are spread out to the side, the elbows should always slightly bend to allow for the natural curve of the arm. Gulshin, or the bending of the knees (similar to plié in ballet), is an important movement that initiates gathering of energy from the ground which allows for the next rise of the body. In certain sections of the dance in which the dancers walked all around the stage, I told them to draw circles on the floor with their footprints, feeling the centrifugal force that draws them toward the center of the circle. Finally, there is a section in which they sit in a circle, facing each other and forming an energized space within their bodies. This sense of continuity is ultimately apt for portraying pain, for pain often gets carried with life for a certain period of time, and therefore is continuous to some extent. Especially for chronic pain and trauma, a lot of which comfort women have been dealing with, the longevity of pain is a crucial aspect that cannot be left out in the discussion. Memories of the victims travel in circles, always going back to where it all began. Even though the actual event of abuse may have happened more than sixty years ago, throughout those sixty years they have revisited the moment numerous times. In this sense, life is not linear but closer to a shape of the spiral. The radii of the circles that we draw may get bigger as we grow, but we do not ever leave the curvature of our past completely behind.

Finally, Korean dance confers to the viewer a sense of delicacy and lightness. All jumps are resolved in a soft landing and never a harsh, loud thump. The dancers pay attention to little details such as the ends of their fingers. The hands move in a
motion of its own, just whole body rises and falls. Flowy costume (long, bellowing skirts or pants and long, wide-sleeve shirts) adds to the effect by waverling with each subtle movement of the body, accentuating the continued transmission of energy that pervades the space. To me, this quality seemed to capture the delicacy of comfort women’s pain. When they were first taken to the comfort stations, most women were in their teens or twenties. Many of them had not had fully matured bodies, and psychologically at a very sensitive period in their lives. Often in the discussion of comfort women, the women are likened to a flower or a butterfly. In medical settings, pain is often also described with the word “tenderness.” When we have a cut or a swelling, we feel that the area is tender. All of these images and sensations are effectively captured by the tender quality of Hanguk muyong. Thus, my dancers spent a lot of time working on perfecting such quality by paying careful attention to what I called “every little corner of the body.” Yes, the big muscles and skeletal structures that support the whole body, such as the quadriceps and the lumbar spine are important. But if those parts ground the body by functioning like a tree trunk, fingers and wrists can be likened to flower and fruits. In every little corner the dance blossoms, becomes complex, mature, and unique.

Specifically for Fever Dreams, one particular subgenre of dance within Hanguk muyong called Salpuri was used as primary motif. Salpuri is a dance that was used “to expel evil spirits” by expressing its Han, “a term translated variously as sorrow, bitterness, or unsatisfied desire” (Zile 17). Han is one of the unique sentiments of Korean culture that is essential in the discussion of comfort women. Spirits that die unwillingly or from an unfair treatment are said to possess Han, and
are not able to leave the mortal world because of their anger and bitterness. They vicariously speak through the Salpuri performed by dancers, and are able to communicate their Han to the world. The aesthetics of Salpuri include white (traditional color for mourning the dead that is still used in funerals to this day) costumes and a towel (sugeon). Though sugeon looks like a scarf because of its length, the word literally translates to a towel that we use to wipe our bodies with. There are various theories as to why Salpuri dancers started using sugeon, but it is for certain that sugeon is of prime importance and is treated with great care.

In *Fever Dreams*, the dancers wear white long-sleeved shirt and pants, as well as dance with white sugeon. The sugeons we used are short in length considering it is the dancers’ first time experience with them. I did not want sugeon to hinder their movements. Throughout the dance, the dancers use sugeon to tell a story, wipe themselves or other dancers, and finally to leave their traces behind. Each of their sugeon symbolizes their own selves in the ending image of the dance. In doing this I wanted to create a dance that clearly mourns the death and sorrows – or simply put, the Han – of thousands of comfort women that never had the chance to tell their stories. In fact, since its origination during the Joseon Dynasty, Salpuri survived through Japanese colonization of Korea and the Japanese government’s attempt to oppress Korean traditional culture. Salpuri that is practiced today owes most of its aesthetics to the form that was developed during this period (Kang 36). I believe the resistance and endurance of many practitioners who risked their lives to preserve Salpuri reflects the similar sentiments in Korean comfort women, who have also led a long battle with pain throughout their whole lives.
I bridged seamlessly all of these Korean aesthetics with the primary movement background of my dancers, which were mainly Western. Among dancers in *Fever Dreams*, Ella was trained in ballet, jazz, and modern for twelve years. Rick has a couple years of ballet, jazz, musical theater, and tap along with contemporary which he started in college. Mika’s primary style is hip hop, and Ari has had a few years of contemporary training since coming to college, with additional movement experience through sports. Megan had danced her whole life with a general focus on American modern dance, and Abraham started dancing last year. Rick was the only one who has had any prior exposure to Hanguk muyong, but it occurred when he was very young.

The important point that I want to make is that I was not trying to make a 100% Hanguk muyong piece nor a 100% contemporary Western modern dance. I was interested in seeing how the two cultures and movement styles converse with each other. I stayed away from having separate, distinguishable sections of Korean style and Western style. Instead, I worked with the dancers’ original backgrounds to ensure that they could somehow add a hue of Hanguk muyong in their dancing. The whole dance would then read as a complex but a familiar version of their natural movement styles. The two styles needed to mix without clear distinction that would make each stand out. As a result, I created a piece that did not read to the audience as entirely foreign but also not entirely familiar.

This is similar to the way we process other people’s pain, in that we can only understand others through referring back to our own experience. Certain aspects of another’s pain is similar to what we have experienced before and hence familiar,
while some other aspects are foreign. We try our best to make sense of the comprehensive pain by letting the two engage in a dialogue, which was exactly the process the dancers and I took in creating *Fever Dreams*.

While for *Fever Dreams*, I spent a significant amount of rehearsal time teaching dancers various aesthetics of Hanguk muyong, I did not extensively do so for the next piece, *Nondisjunction*. Over winter break, I visited my former dance teacher Eun Ji Kim in Korea. When I talked to her about making a piece that bridges Korean movements with western modern dance, she said that because I am Korean, whatever I do will end up being a “Korean dance.” This broadened my view of how I was approaching the conversation between my Korean background and the Western (both of movement and of culture). Hence, for *Nondisjunction*, we did not work extensively with Korean vocabulary. Rather, utilizing the dancers’ styles, I tried to teach them about the comfort women and their pain through other creative exercises which included reading testimonies out loud, drawing, and of course, moving. I also taught the dancers my own choreography. I had created the choreography based on my own personal pain. In learning my movements, the dancers’ bodies would engage in a dialogue with my narrative. However, I was still keeping true to the three essential characteristics of Hanguk muyong. I continued to emphasize suspension, breath, continuity and details in rehearsals for *Nondisjunction*.

In making use of the specific aesthetics and vocabulary of Hanguk muyong, I hoped to also contribute to the scarce discourse of Korean culture and styles in contemporary American dance. Various aspects of Korean culture, such as its food or music, are quite integrated into the melting pot of American culture. Even in art, there
are many Korean American writers such as Hak Kyung Cha or Changrae Lee who have brought Korean discourse into the American community. Unfortunately, the presence of Korean culture is minimal in American dance. While there are some specific companies such as the Chicago Korean Dance Company that practice Hanguk muyong in America, Korean movements are not integrated into the rest of the contemporary American dance scene. As a dance major at Wesleyan University, I have enjoyed exploring different facets of contemporary American dance as well as specific cultural forms such as Bharatanatyam or West African dance. Through this research I hoped to encourage more American choreographers to take interest in Hanguk muyong. It is a unique form that has a lot to offer to the discourse of contemporary American dance.

B. *Fever Dreams* (2014)

1. Bodies and Movements

   I started the choreographic process with four dancers, Rick, Ella, Ari and Mika. Two of them (Rick and Mika) identified with at least partial Asian background (Korean and Filipino, respectively). The other two identified as White. Each dancer had varying degrees of exposure to contemporary American dance.

   In creating the aesthetics of *Fever Dreams*, I combined traditional Korean vocabulary and contemporary Western seamlessly. I wanted to include each dancer’s idiosyncratic style of movement, but also weave in motifs from Hanguk muyong. This process of learning unfamiliar movement can be likened to the process of embodying someone else’s pain. In introducing and familiarizing the dancers with
Hanguk muyong movements, which none of my dancers had extensive experience in, I went through the steps advised by artist Hari Krishnan through personal conversation:

1) I taught five different specific movements that resonate with me.

2) I taught them the “politics,” or the ideas behind the genre and the specific movements. I introduced the philosophy of Hanguk muyong to the dancers, explaining that everything is connected and one qi flows through it all. I emphasized the body’s relationship to the ground and the significance of curves.

3) I directed the dancers to generate movement using the newly learned vocabulary. The dancers participated in improvisational structures utilizing what I called the “movement salad.” This means that they had the five different movements that they were taught to choose from, but each dancer was to make his or her own choice about which movement to use, when, and how.

4) I layered the new vocabulary with their “normal language,” which for most of them was contemporary Western dance.

In the completed dance, Hanguk muyong was not contained in a separate section from the rest of the dance, but rather sprinkled in here and there. It made the audience curious and notice an unfamiliarity, but not dissonance with the movements. This harmonious conversation of aesthetics represents my willingness to move beyond the national boundaries with the issue of comfort women. It made the most sense to use Hanguk muyong to understand the specific pain of Korean comfort women, but I also had to include a frame of reference for an audience who is of another cultural community.
2. Music

Just as I was melding the two cultures of Korea and America through movement, I did the same for my sound score. The piece starts with the sound of rain. Raindrops seep through our skin and leave us soaked. In *Fever Dreams* rain represented the all-immersive experience of pain and our effort to physically experience and absorb the pain of comfort women. This section was followed by a soundtrack from *The Housemaid*, a Korean movie. This particular track features a traditional Korean drum (jang-gu) for its bass, but Western string instrument cello for the melodic line. This sound score parallels what I was doing with the movements – layering different cultures and blending them. Both the choreography and the music are also analogous to the process of perceiving and empathizing with pain. We have our own pain that resides in our bodies originally, and are able to find the harmony when we are introduced to unfamiliar pain. Finally, the piece ends with a musical score called *Communication* by the artist DSKK. He was born in Korea, but went on to study at Berklee College of Music. Hence, his music has many motifs from Korean traditional music but is ultimately modern. Using unfamiliar instruments like tank drum, he creates a unique ambience that is not entirely Korean but has a strong influence from the Korean culture.
3. Props

The main props used in *Fever Dreams* are sugeons (towels) and samsaekttí (tri-colored ribbons).

Sugeons, as mentioned earlier, are a part of the aesthetics of Salpuri. In this particular dance, I used short sugeons to make it easy to use for dancers who do not have experience with working with them. In the dance, sugeon is the main object with which the dancers tell the story. Each dancer has his or her own sugeon. The dancers flick, throw, and fold their sugeons. In all of these motions, sugeons are an extension of their fingers and flourish the details of their movements. The end of the piece features all four sugeons laid out on the floor, after the dancers exit the stage. This image represents the longevity and lasting effect of pain even after bodies are gone. Even through many comfort women have passed away, their narratives continue on through the generation, and the fact that their pain was real will not change.

Fig. 4. Sugeon and samsaekttí

---

7 Figures 4, 5, 6a, 6b, 7 and 9: unpublished photographs by the author.
Samsaektti was twisted into one rope-like line that had the colors red, blue and yellow. In the beginning, the line is placed far downstage, separating the dancers from the audience. Midway through the dance, the dancers step over the line, representing the attempt to reduce the distance between themselves and the audience. The dancers step out of the stage light for a brief moment. This signifies that they are also real people from the world that the audience is a part of. The line is then pulled out into the wings, and does not appear again until Ari brings it back out, dancing with it almost as if being suffocated by the samsaektti. Here, samsaektti creates a strong visual effect as well as choreographic coherence. The re-usage of samsaektti also conveys a mixing of his movement experience with the tradition of Hanguk muyong.

![Ari dancing with samsaektti](image)

**Fig. 5.** Ari dancing with samsaektti

### 4. Costume

In addition to incorporating Korean movements, I chose to costume the dancers in Hanguk muyong clothes. To keep it minimal and clean, I used white long-sleeved shirts and pants. White is the color of mourning in traditional Korean culture,
worn in funerals. Hence, the costume signifies that we were dancing to mourn, commemorate, and comfort the dead souls who left this world without having had the chance to tell their narratives.

Fig. 6a and 6b. Costumes for *Fever Dreams*

To emphasize the Korean aesthetic of stepping heel-ball-toe, the dancers wear posons (padded socks) on their feet. The pointed tips of poson brings attention to the feet and balditgi, or the particular way that the dancers are stepping.

Fig. 7. Poson
5. Important Rehearsals

*Conversations of Personal Pain*

I began the choreographic process from the most familiar pain, something that the dancers have experienced first-hand. To evoke some images or feelings, I asked two questions:

1) A time when dance has helped with pain

2) A time when dance has caused or exacerbated pain

I defined pain broadly, and gave them examples ranging from muscle soreness to emotional distress. The pain they chose could be anything that bothered or hurt them, physically or mentally.

Each person briefly shared their answers with the rest of the group. Then everyone found his or her own niche in the studio and create a solo based on the personal story. I repeated out loud certain words that I had picked up from their stories, thus encouraging the use of words (both semantic and aural qualities of them) as tools for generating movement.

After they finished generating a short sequence, the choreography was shared with the rest of the group. The group then broke into two pairs, and in each pair the dancers took turns watching each other’s solo. The task was to take out a snippet or a snapshot of what they thought captured the essence of the movement sequence. A couple of dancers picked what was originally their own material while others chose someone else’s. This was one of the very first moments that made me think about what creates these differences in interpreting pain.
Within a few weeks, the dancers returned to the studio and were given a related but new task. Two pairs were formed again, but this time no words were allowed. Each pair engaged in a “conversation” of movements. Every dancer “spoke” their own pain to his or her partner through dance, and “listened” to what the other person’s movement was expressing.

The movement conversation exercise suggested that dance was a powerful tool for understanding both one’s own pain and someone else’s. After doing this exercise with Rick, Ella said the following:

Dance can communicate the raw feeling of pain. Rick and I used movements instead of words to communicate. The details were not important, as they would be with words. Rather, the only thing I could understand was how Rick felt.

In other words, Ella viscerally felt the physical sensations that Rick was feeling. She was able to then respond to him with more emotional investment. Mika felt that she “learned how dance can be used as more than just a medium of movement but a medium of interaction with [her] being.” She testified to the power of dance in learning about one’s own self:

Dance helped me grapple with my pain. Although I was not as readily willing to share my pain through words, dancing helped me release the burden of this pain to an audience through movement. Ari listened to me despite me being literally silent through this other form of expression. Dance is an avenue to understand emotions but and communicate things words cannot. Movement also gave me the ability
to release the pent-up feelings. It came in good timing because I was able to direct my energies towards something I know I enjoyed and leave some struggles behind for a while.

In addition to self-healing through pain, Mika also experienced “stabilization of [herself]” from “contextualizing [her] pain with respect to the pain of others.” All the other dancers also felt a very similar sentiment. In other words, dance had begun to create a community within the dancers.

*McGill Pain Index*

In an attempt to bridge the art of dance with the scientific idea of pain, I incorporated the McGill Pain Index (MPI) into the dance. In the rehearsals following movement conversations, Ella and Rick were directed to each take their own personal pain solos and assess them using the MPI. In the MPI, words that commonly describe different kinds of pain are grouped into categories. I wrote the descriptors on the board and told the two dancers to each pick a group that best describes their own pain. They both picked Group 2, which had the words jumping, flashing, and shooting. Ella explained that she picked these words because she “associated shooting with the word fleeting and flashing, and these descriptors had a temporal element.” Rick was “thinking about recovery from an emotional pain through physical activity like dance.” Both dancers thought Group 2 descriptors “seemed to be the words that describe how neural impulse works, in which neurons move the muscle.”

Following this assessment, Ella and Rick performed their solos together. I did not give them specific directions on how to interact with each other. Rather, I told
them to continue focusing on themselves. This “duet” (they were dancing near each other but not intentionally interacting) was performed in front of Mika, who did not attend the very first rehearsal where verbal conversations about personal pain had happened. Mika watched the dance a couple of times and was given the chance to make choreographic choices about the duet. She was to create her own narrative based on her perception. The purpose of doing this exercise was to observe how much of the “real stories” of Ella and Rick would get communicated to Mika, and also to complicate the narrative of the dance by layering Mika’s experience onto the existing stories.

Surprisingly, Mika picked up on many of the essential elements of the “real stories.” She said that Ella looked “lonely” and that she was “trying to find herself.” Ella testified that Mika’s description felt “specific” and “deep.” There were certain details that did not translate as well. Still, this exercise was significant in that emotions or ideas Ella identified strongly with reached Mika.

*Listening to Comfort Women*

Moving on from working with personal pain, I was interested in seeing how the dancers would respond to the stories of comfort women. For this experiment I decided to use sound only, without any visual or semantic element. Whereas in previous rehearsals words were important communicators, in this experiment the meanings was taken away.

The dancers warmed up by resituating their bodies into the idea of pain, working with the first of the two questions given at the previous rehearsals (when
dance helped with pain). I told them to “embody it, stay in that place, experience it as fully as possible, and practice translating the sensation into the body.” Believing that humans empathize by going back to the place that we are most familiar with, I wanted the dancers to utilize personal access points in understanding the pain of comfort women.

After warm-up, I played the recording of the testimonies of Korean sex slaves from World War II who were subject to various physical and emotional sufferings inflicted by the situation and also by the Japanese soldiers (“Comfort Women: Shadows of History”). The recording included voices of a few different survivors. No one among the dancers spoke fluent enough Korean to be able to pick up any words or semantic meaning from what they heard. The dancers each came up with four “movement words,” or brief, single movements that are analogous to words in verbal language. The dancers then reconvened and “told” others the stories that they heard through movement. Using the “salad” of movements collected from all four of them, the dancers created a group phrase. This process involved collectively deciding which movements to use for what reason, and what they all agreed upon in terms of the content of the recording that they had heard.

During the discussion, the dancers unanimously agreed that the voice they heard was “upset.” They used the tone of voice to determine how the energy of her voice was high in the beginning, was sustained for a while, and eventually dwindled at the end. Not a single dancer in the group was able to interpret the words semantically. However, the dancers still figured out the progression of the recorded testimonies. Some dancers also responded through bodily sensations such as a
“heartache.” By tuning into the corporeal sphere and focusing on how the recorded voice made their bodies feel, the dancers were able to obtain kinesthetic information about comfort women. Rick’s summary of such experience is as follows:

Listening to an actual comfort woman’s testimonial would generate a very somatic response from me. I couldn't help but genuinely respond to what I had seen. I'm someone who likes to work on abstraction, so being able to create a very immediate response was extremely effective.

Furthermore, the dancers were able to translate what they had heard into movement qualities. All four of them agreed that they sensed “tension and release,” “confrontation,” “frustration,” “venting,” “building up,” and “refusal” in the voices. These phrases were used to create the group phrase. When *Fever Dreams* was presented through studio showing and the Fall Thesis Dance Concert, many audience members identified this particular movement phrase as conveying those very qualities.

One particular story that Ella told illustrated the specificity with which the dancers were able to distill the recorded stories down to. Because the dancers could not understand the words in the recording, I told them to feel free to come up with their own narratives. Ella said that she imagined a “mother who is mad at her son. He ran away. She gets flustered, trying to find him, getting more and more filled with tension. She is sad about losing her son, and longs for him to come back, but eventually kind of rescinds.” Notably, the sentiments present in Ella’s story were very similar to that of the stories of the recorded voices of comfort women. One woman in the recording talked about losing her husband through forced draft and missing him
terribly. Considering how Ella had minimal knowledge about who comfort women were before being explained much later on, the similarity between her “sensed” narrative and the actual narrative is very striking.

*Integrating MPQ with Comfort Women*

As a final exploration for *Fever Dreams*, I examined the intersection between the MPQ and the pain of comfort women. Each dancer chose what he or she thought was the most apt word from the MPQ that describes what they felt or heard from the recording. Rick chose the descriptor terrifying (Group 13), and said that he was relating the pain to his grandmother’s trauma. “Losing your own culture and language [felt] terrifying to [him].” Ari and Mika both picked exhausting (Group 11). Mika thought “the voice was frantic, then died out. The defeated tone sounded like she was tired of everything, wanting things to go her way.” Ari added that “chronic pain takes a lot out of you. You don’t realize how straining the pain is until in retrospect you see that you have so much less energy (either physical emotional).” Ella selected tugging (Group 6) because “missing someone is a tugging pain, in that it is not always super intense but constant.”

Following these choices, the dancers were then asked to pick a descriptor that was the farthest off from the pain they heard in the recording. In other words, they had to pick the word that would be a “totally wrong descriptor.” Rick chose tender (Group 10) because “the pain [he] heard is not light or easily coped with.” Ari chose blinding (Group 15), which “means excluding other things or losing sense. But she is very much living with her pain, and it is a part of what she does. If it was a blinding
pain, she would not be talking about it because the pain would be so much that she could not do anything else in life.” Ella picked itchy (Group 8) because though pain is “creeping at her and annoying her, it is very present unlike what the word itchy suggests.” Finally, Mika chose radiating (Group 17) because “the word has a positive meaning. Also it did not sound like she necessarily wanted other people to feel the same way. She is talking about it mainly to vent, not to radiate her pain to other people.”

The result of this experiment is consistent with the subjective nature of pain. The descriptors selected by the dancers do not fall into one group. Though they had all heard the same recording, the dancers experienced idiosyncratic physical sensations that they were using different words to describe. Moreover, the experiment illustrates how words can fail us in communicating pain. Words such as “blinding” and “radiating” carry multiple meanings. It is possible that even if two people feel a similar physical sensation, they choose not to express it in the same descriptor because they interpret the word differently. On the other hand, just because Ari and Mika both chose “exhausting” does not guarantee that they had the same physical experience. They had different rationales for their choices, which indicates that they might not have been defining the word in the exact same way. Thus we are left with the on-going challenge of finding a better communicative tool for the embodied pain.
C. *Nondisjunction* (2015)

1. Bodies and Movements

*Nondisjunction* was performed by dancers Rick, Ella, Abraham and Megan. Rick and Ella were carrying their experience in having worked with me in *Fever Dreams*, while Abraham and Megan newly joined. Racially, Abraham and Rick are both Asian. They have somewhat similar body shapes, sharing traits such as straight black hair, height, muscularity, and skin tone. Ella and Megan also look alike, in that they both have red and curly hair, similar skin color, and are of roughly the same height.

The resemblance between dancers heightened the effect of certain sections, namely what I refer to as “becoming.” The two people that look very much alike stand in front of each other and very slowly do the exact same movements in sync, keeping the pace and shape identical. Many members of the audience found this section to be salient. One audience member said that “it felt like [she] was looking at a person and a mirror, even though [she] knew it was actually two people dancing.”

As mentioned earlier in this chapter, Hanguk muyong vocabulary was not explicitly used in this piece. Instead of teaching specific movements, I emphasized the three essential qualities of Korean traditional movement (suspension, continuous flow of energy, and delicacy). The result was a collective movement quality in which there were no noticeable remnants of Hanguk muyong movements. However, suspension, continuous flow of energy, and delicacy were still key elements of the dance.
In creating *Nondisjunction*, I took part in choreographing a section as opposed to leaving the movement generation entirely up to the dancers as I did for *Fever Dreams*. The purpose of creating a movement sequence of my own and teaching it to the dancers was to see if my personal pain would get effectively translated to the dancers through my movement.

The final performance of *Nondisjunction* contained intertwined narratives of the choreographer, dancers, musician, and Korean comfort women. As was the case in *Fever Dreams*, these narratives did not stay separate from one another but interact with each other originally. To the audience, the performance was one jumbled narrative in which various kinds and degrees of pain could be witnessed.

2. Music

The musical score was an original creation of my musician inspired by our rehearsals. He improvised on the synthesizer every night of the performance. He was aware of certain sections or moods that he would be playing, but the melody and the exact notes were up to his discretion. I gave him some traditional sound scores of Korean music, which he tried to distill the essence of and recreate in his own music. Similar to the dance, the result was music that did not sound Korean but contained certain elements of Korean music.

Using live music was an integral part of my exploration because the musician served as another layer of narrative and translations. In other words, the dancers and the choreographer were trying to communicate our own pain, merged with the pain of comfort women, to the musician. And in turn, the musician was creating his own
interpretation of the information that he received, while inevitably inserting some of his personal narrative into the sound score.

The musician attended multiple rehearsals and participated by sometimes moving or talking with the dancers, instead of being removed in a corner of the room with his instrument. He testified that understanding comfort women through movement was an important experience for him, even though he does not consider himself to be a dancer nor does he feel very familiar with moving in space. The fact that someone who does not have previous training in dance got as much learning out of the moving experience as the dancers suggests a possibility of educating anyone for the purpose of using movement as a learning tool.

3. Props

The main props used in Nondisjunction were sheets of newspaper. I took the Wesleyan Argus, which was the most readily accessible newspaper on campus. That is the sole reason why I chose that particular newspaper, and I had no intention of make any statement about the Argus. Rather, I was portraying the effect of and response to the media in general. Japanese government is actively trying to spread their version of history. I wanted to make a commentary on how painful it is to see a false portrayal of one’s pain in the media.

Hence, two of the dancers (Rick and Abraham) walk onto the stage reading the newspaper. Megan and Ella start to react to them, which prompts Rick and Abraham to join in responding. All four of them move in relation to the props: ripping each sheet into little pieces, rubbing newspaper on their abdomen, spreading the
sheets on the floor and walking on them, throwing paper at each other as well as covering other dancers with it.

After a few rehearsals with newspaper, we ended up with a pile of ripped and crinkled pieces. I realized that this is the perfect visual representation of the mess that builds up through chronic pain. Hence, the pile was placed in a horizontal line upstage and stayed throughout the whole piece. In the section where dancers started to interact with the newspaper, the mess then infiltrated the whole stage as opposed to having been contained in a line. The piece ends with a heightened chaos which is emphasized by the use of newspaper as props. After each night of performance more newspaper pieces would get accumulated. Some pieces would get very dirty and crumpled, but every piece was kept and reused. The upstage pile grew larger and messier as each night of the concert passed by. In this way, I successfully created a historical context over the course of the concert.

Fig. 7. Finale of *Nondisjunction* with newspaper

---

8 Fig 7, 8a and 8b: unpublished photographs by Dat Tien Vu.
4. Costume

The main piece of costume used in *Nondisjunction* was Hanguk muyong skirt. The skirts were yellow with gradation, made in and ordered from Korea. The skirts were somewhat similar to what comfort women might have worn in the early 1900s. By choosing this particular costume I intended to further shorten the emotional distance between the dancers and comfort women. There are two notable choices that I made in using the skirt. One is selecting the specific color of soft yellow, and the other is clothing all of my dancers in the same skirt even though some were male.

I decided to use yellow because of its ability to communicate dual meaning: delicacy and hope, but at the same time danger and instability. On one hand, yellow is the color of many spring flowers. The brightness and warmth communicates happiness. Even though *Nondisjunction* is about pain, I did not want the piece to feel grim. The flowy, yellow skirt made many audience members feel that the piece was “very pretty to look at.” On the other hand, yellow is also the color of Salvasan 606, a compound Japanese soldiers commonly used to treat comfort women suffering from syphilis. As mentioned earlier, Salvarsan 606 often caused health issues in the systems of the women who were injected with it because the compound contained arsenic. In fact, it was later found that Salvarsan 606 can “immediately after injection cause vomiting, nausea, stomachache, bloody diarrhea, convulsion, and edema” (Yang 148). In this way, the color yellow still carried some historical and emotional weight and added to the precarious mood of the dance.

I clothed every single one of my dancers in the skirt even though in Korean culture, skirt is an item that is almost strictly only worn by women. This was because
I did not believe gender to be an obstacle in understanding the pain of comfort women. Just because Rick and Abraham are male should not mean they have any less of an ability to empathize with comfort women. Hence, every dancer was costumed exactly the same, in the yellow skirts with black tops to draw attention to the skirt.

![Costumes for Nondisjunction](image)

**Fig. 8a and 8b. Costumes for Nondisjunction**

5. Important Rehearsals

*Authentic Movement*

By getting to know one’s body, one can learn about the person as an individual. The first rehearsal with this particular group (a quartet like last semester’s piece, but two were new members and two had carried over) started with an exercise called authentic movement. In this activity the dancers were asked to pair up, and each take turns being the mover and the watcher. The mover’s task was to move in ways that felt most natural to oneself, while the watchers were to watch for idiosyncrasies and any noticeable movement characteristics that were either similar or different from their own. After the four dancers had all taken turns to be partnered up
with everyone else, we discussed what the experience was like. The watchers noticed minute details such as breathing patterns, as well as general movement qualities such as “so much power,” “flowy,” “resiliency,” “contrast” and “control.” In discussing other dancers’ movements as well as listening to others talk about their own natural way of being, they were practicing the careful observation of bodies that would later be useful. The dancers got to know each other through this simple, low-pressure movement exercise. Watching and noticing was an important theme in rehearsals for *Nondisjunction*. I wanted the dancers to get used to the practice right from the start of the process.

_Abrupt Insertions_

Creating an embodiment exercise of pain was challenging because I did not wish to physically hurt the dancers. Instead, I isolated a specific quality of pain to use in movement investigation.

Pain disrupts us from engaging our regular daily routines. Whether acute or chronic, pain can distract us from moving on with our lives. To embody this experience, each dancer retreated to the place in the studio that they liked and spent a few minutes writing about how their Friday (the day before rehearsal) went. Starting from waking up in bed, they traced the details of the events that happened did throughout the day. The dancers created movement solos based on their recollections. The only task they were given was to “do nothing special” (Hodes 168). This was one
of Robert Ellis Dunn’s assignments that I found to be useful for the purposes of this task. I wanted the dancers to create a movement sequence that felt natural and effortless.

The dancers broke into pairs and introduced “abruptions” into their partner’s phrase. Each person had an opportunity to insert one movement into their partner’s solo. The insertion must starkly contrast the rest of the phrase in tempo, level, size, or any other quality. The purpose of these directives was to translate the effect of pain in our daily lives into movement. When we have a tender spot in our body, or psychologically suffer from a trauma, the pain can affect our regular rhythm of life whether we like it or not. Often the pain is inflicted not due to one’s own will but by an external force. This is why I wanted each solo to be modified by someone other than the original dancer.

After every phrase was reworked, the dancers each took turns performing and watching the solos. The viewers made close observations, as practiced in previous rehearsals. It was observed that when the dancers performed the “insertions” that contrasted the original phrase, they “stopped breathing,” their “facial expressions became tenser and stressed out,” their “legs lost balance,” and their “gaze went down.” Furthermore, the dancers witnessed a sense of “letting go” in the body of the movers, as if the movers did not have control over the movement and the movement was simply “happening.”

---

9 Robert Ellis Dunn (1928 - 1996) was a musician and a choreographer whose work during the Judson years of 1960s such as structured improvisational exercises “helped situate dance as a science within a theoretical framework worthy of scholarly study” (Bélec 18).
These physical responses to abruption are similar to the ones that happen when we deal with pain. Often pain causes us to stop breathing, grimace, lose balance or feel diffident. At the same time, one also realizes the uncontrollable aspects of one’s physical experience and surrenders oneself to the sensation and the changes in life caused by pain. As we continue to experience chronic pain, we find that one way of coping with it is to accept that it is happening. As the repeated experience of pain persists, the pain also becomes neutralized and becomes a part of daily routine. After repeating the reworked solos multiple times the dancers eventually found new pathways that incorporated the abruption into the flow of the rest of the phrase. This exercise was a physical illustration of how we as humans find ways to assimilate the pain and make it a part of our identity. Durational pain does not remain abrupt forever. It gradually becomes natural and effortless, as we integrate it into our lives.

*Embody Me*

To add to the narratives of the dancers and comfort women, I started to bring in my own experience into the piece. I choreographed my own pain story based on a personal experience I had recently and performed it in front of the dancers. The dancers were free to use their imagination or personal experiences to relate to the dance and create their own interpretations. They were encouraged to formulate a specific narrative, regardless of whether it was “correct” in relation to my original story.

The words that dancers use to describe my movements reflected my original sentiment quite precisely. I identified very strongly with the words that the dancers
used, which were: “pleading,” “reaching,” “falling,” “self-defeat,” “desperation” and “boldness.” I was once again surprised by how much detail the dancers were able to obtain from simply watching my movement. I did not have to tell them anything about the origins of the choreography. This was reminiscent the rehearsals for *Fever Dreams* in which the dancers were able to physically sense the sentiments from the recorded voices of comfort women.

Next, I taught my choreography to the dancers so that they could try the movements on their own bodies. The dancers’ responses after engaging in this exercise suggested that they were also able to embody the sentiment. In trying to emulate my dancing, Rick said he danced as if “there was something [he] could never get, something [he] was trying to accomplish but never get done.” This was also an accurate description of my original intention. The movement included many falls and reaches which reflected my sense of yearning. Rick even went on to connect the movement quality with his psyche and suggested, “Perhaps that is where I am right now mentally.” This exemplifies my previously stated notion that humans understand pain through referring back to one’s personal experience.

Even when faced with a challenge, the dancers were still able to utilize bodily experience to gain insight. Megan developed a personal relationship with the movements. The phrase included a fall that was felt uncomfortable for Megan’s body because she had never moved in such a way before. She said, “The first part was easier, but the stressful part was coming up and I had to brace myself for it.” Because the fall was painful and frightening, she realized that she was dreading the fall from the very beginning of the phrase. She was thinking about that particular difficult fall
during every movement that preceded it. This experience reveals what pain does to our lives in general. When we are dealing with a physical or an emotional tender spot, the rest of our life tends to revolve around protecting or bracing ourselves. For example, if a person is walking with a broken ankle, he gains a heightened awareness of the injured body part. As he walks every other part of his body works together in order to prevent the ankle from bumping into a wall or getting twisted in an uncomfortable angle.

In summary, the introduction of my own movement vocabulary into the dance resulted in three consequences. First, I was able to establish a stronger personal connection with the piece. The mixture of narratives in the dance now included my own pain in addition to that of the dancers and comfort women. Second, the dancers were able to comprehend my pain. The result seemed quite successful in the sense that I, as the owner of the pain, was convinced that my dancers understood my experience. Third, by attempting to embody unfamiliar movements, the dancers were pushed beyond their usual comfort zone. This adventure led to new discoveries such as what physical embodiment of unfamiliar pain feels like.

_Putting Things on Scales_

To bring back the medical motif into the dance, I introduced the eleven-point scale used in common Numeric Rating Scale (NRS).[^10] The dancers were to take their modified “Friday” solos that they had created before and play with the volume of the

[^10]: See page 22 for a visual representation of the scale.
They were to make a specific deviation of the abruption for each number between 0 to 10.

The dancers chose three random numbers on the scale and performed their movements in front of each other. The watchers’ task was to guess which three numbers from the performer’s scale the movements corresponded to. After the game was over, I posed two questions:

1) For the watchers: what was your rationale for your guesses?
2) For the performer: what elements of the movement did you think about in creating the particular scale that you did?

For the first dancer Ella (who picked the numbers 4 1 8), watchers’ guesses were very similar (4 2 9, 4 1 10, 5 1 9, 3 1 8). Everyone had the same idea of which of the three movements was a bigger or a smaller number than the others. The guesses were close to what the actual answer was. Megan said “Ella’s facial expression stood out in the last movement,” thus giving it a 10. In contrast, Abraham felt like the last movement was not intense “enough” to be a 10 and thought that a 10 “would have been something more.” Rick guessed 5 for the first movement because “only her lower half of the body was moving.” It turned out that Ella’s rationale was based on her levels, or how high she got off the ground. For 0 through 4, she did not engage her full body. For 6-10, she included multiple jumps with increasing height. She also said the scale was based on “how crazy [she] got” – which included both her facial expressions as well as a loss of her center.

---

11 One of the four sets of numbers belongs to myself (the author), and the other three belongs to the dancers that were watching.
The guesses for Rick’s scale (7 2 0) showed a little more variation (9 4 2, 7 4 2, 8 5 1, 9 3 1), but still followed a similar trend. The most fascinating aspect of these evaluations was how the dancers were anticipating what they did not see in front of their eyes. Ella thought that a 10 “will be more exaggerated” and hence only gave Rick’s first movement a 1. Abraham said 3 and 1 for the second and third movements because they seemed “close but there is a gap.” Somehow sensing that the two movements were not consecutive numbers on the scale (which was a correct guess, in fact) was based on imagining what the dancers did not see – in Abraham’s case, the movement that would correspond to a 2. Rick’s rationale for creating his scale was “increasing commitment.” That is, his 10 was every single movement performed excruciatingly slowly and as if “every part of [his] body is screaming.” Attention to detail, facial expressions, and care in executing the movements were all part of his definition of commitment. He described his third movement, his 0, as being “irrelevant.” That is, just like how on the NRS 0 signifies no pain, 0 in his scale of movements meant not keeping true the integrity of the original movement at all.

When Megan (9 1 7) performed her three movements, there was more disagreement among the watchers (8 5 7, 9 1 7, 2 10 4, 8 10 7). Whereas the trend and the relative size of the numbers were similar in the previous two performers, the watchers were confused about Megan’s first and second movements. Ella thought the first movement was a bigger number than the second one because she hit the ground more times that she did for the second movement. On the other hand, Abraham thought the speed of getting to the movement was more important and since Megan got there faster, the second movement was a bigger number. Following his own logic,
Abraham gave Megan’s second movement a 10 because he thought that there was “no faster way to get there.” Rick gave Megan’s second movement a 10 because it was the original insertion that he gave her. When Megan revealed her rationale, everyone was quite surprised. As correctly guessed by Ella, Megan used the number of times her hands hit the ground as her standard. She hit the ground more frequently for higher numbers on her scale. In addition, the volume of the pounding sound was also a factor. Even though Megan did not use speed as a measure, it could very well have been a valid one. This ambiguity in not knowing the standard of creating one’s scale caused confusion. Moreover, unlike other dancers who worked their way up to the original movement (which often became a 10), Megan placed her original movement at 1 and then increased the intensity of the movement. Rick was very shocked to see what Megan had done with her scale because the way she formulated her scale directly contrasted his. This is yet another illustration of my argument that we fall back to our own perceptions and experiences for reference when we try to assess other people’s pain. We also make assumptions based on our perceptions of people’s behaviors.

Abraham (0 5 6) caused further confusion among the watchers. They ended up changing their minds several times and going back on their guesses. Some of the criteria used to makes the guess were “whether he was breathing out,” “where his legs were when he sat down,” and “whether he was calm or frantic.” His standard of setting the scale was “control” and “posture.” For him, 0 was the “best [he] can do,” in a perfect posture with control. From 5 and on, he started to jump up off the ground, gradually losing more control. By 10, he was falling and slipping after the jump,
having no control over the landing. He also rated his original movement given by Ella to be a 2. This was another way of shaping the scale that was distinct from Rick or Megan’s methods, which either started (0) or ended (10) the scale with the original movements.

This exercise was a movement-based illustration of how different and personal scales can be. The analogy can be conveniently traced back to the assessment of clinical pain, from which I originally borrowed the NRS. In evaluating pain, one may feel that acute pain is more bothersome than chronic pain. However, this hierarchy can be revered in another person with different genetic makeup and cultural upbringing. Just as sound and speed were equally valid standards to base the movement scale on, people can perceive the intensity of pain differently. Moreover, the same rating may carry different significance in different individuals. In certain cultural communities, men are taught to tough up and not admit to being in pain. In this case, the physician cannot readily assume that the patient is fine just because he says so. In movement, what may be a 5 to me could be a 2 or an 8 to someone else depending on their body shape, mass, flexibility, strength, and the kind of injuries they may have. Finally, it was clear how the way in which the dancers devised their own scales affected their perceptions of other people’s scale.

**Salvarsan 606**

One of the goals of this research was to bridge the biology of comfort women’s pain with the aesthetics of the dance. For this rehearsal we did an improvisational structure with the live musician Derek. The compound Salvarsan 606
(common name for arsphenamine) was introduced. Paul Ehrlich developed this arsenic-based drug in 1910 as a cure for syphilis (Yarnell). During World War II, Japanese soldiers mixed this yellow powder with water and injected it into the bodies of many comfort women who were suffering from syphilis. The fear and pain of Salvarsan 606 injections was one of the commonly shared experiences that many survivors told vivid stories about.

![Molecular structure of Salvarsan 606](image)

**Fig. 9. Molecular structure of Salvarsan 606**

I drew the molecular structure of Salvarsan 606 on the board, and asked Derek and the dancers to tell me everything that they noticed from the structure. They could also comment on the emotions or ideas evoked by the structure. The dancers read many shapes such as hexagon, sad face, dumbbell, glasses, bikini, and bonfire. They noted that geometrically, the structure has symmetry and there is exactly one-to-one ratio of lines and alphabets. Derek, utilizing his knowledge in chemistry, pointed out how double bonds and benzene rings are present, which probably is a sign that this is a dangerous compound. Rick also made semantic associations with the words, finding the sound of “ars” to be humorous and HO, OH, As(s) to be related.

In addition to these images and elements of the structure that Derek and the dancers came up with, I explained what I knew about the compound, which is that
Salvarsan 606 in its stored solid form is yellow powder, is intravenously injected to treat syphilis, and that it is unstable in room temperature and hence air exposure must be minimized.

With all the information they had, both Derek and the dancers were then asked to create either a musical or a movement phrase to explain Salvarsan 606 to someone who has never heard of it. All four dancers had to then teach their phrases to everyone else. Utilizing the molecular structure of Salvarsan 606, the dancers were able to incorporate other images relevant to comfort women and their pain into the dance. Using Salvarsan 606 heightened the tension of the piece because the compound had a precarious, unstable quality.

**Visceral Embodiment**

In contrast to *Fever Dreams*, in which the end was a calm, still image of surgeons on the ground, I wanted to create a high-tension finale for *Nondisjunction*. The pain of comfort women is still very present and not yet resolved, so a clean finish did not feel right. In order to bring out stronger emotional response from the dancers, I used pictures of the survivors along with art works that the survivors created. The dancers responded to each picture through sound as well as movement.

The movements generated in this rehearsal ended up being some of the most powerful images in the entire dance. For example, one of the pictures I provided is an image of the survivor Ok Sun Jung. During the days of sexual slavery, the Japanese soldiers inscribed tattoos on her abdomen as a form of torture and punishment for trying to run away from the comfort station. The remnants are still intact on her skin.
even after many decades. In the dancers, this image evoked the movement of crumpling the newspaper and violently rubbing it “into their guts,” as one audience member recalled. A sense of penetration into a very vulnerable part of your body was captured through the movement of the dancers.

![Image of Ok Sun Jung with tattoos](Ok Sun Jung)

**Fig. 10.** Picture of Ok Sun Jung with tattoos (*Ok Sun Jung*)

It is important to note that the dancers were embodying their emotional response, not simply mimicking the picture. When the dancers began to internalize the feelings and sensations, as opposed to simply thinking about comfort women, the physical presence of the dancers changed drastically. Megan testified that this rehearsal was the most powerful for her in that her relationship to the dance was transformed. She said:

> Moving with the pain of comfort women was different from being told about it. I tried to embody how they were feeling and explore how the pain is expressed on a body. Having to do that processing, having to become someone rather than just watch, was a deep experience that
stayed with me and seeped into my dance throughout the rest of rehearsals.

As a choreographer, I could also tell that her focus had become more deliberate, and her facial expressions were more in sync with her movements. Similarly, Abraham said “[he] felt a lot heavier, burdened down by pain of the comfort women. Each step felt more like a struggle.” In other words, the pain of comfort women was manifested in the physicality of my dancers.

In *Fever Dreams* the dancers used voice and tonal elements and expressed them through their bodies. In *Nondisjunction*, the dancers used visual elements and translated them into sound and motion. In this way I explored how to dance could function as a language that can connect different kinds of communicative tools.

*Ring Dance and Structural Healing*

To conclude the discussion on rehearsals for *Nondisjunction*, I would like to reflect on a special rehearsal in which we did not do anything physically strenuous. When the dancers stepped into the studio space, I could physically sense the exhaustion, frustration, and sadness that they were bringing in. As opposed to forcing the pre-planned activities on this group, I told the dancers to close their eyes. They warmed up in their own niches in space, creating and floating in a “safe haven.” I talked through the exercise, evoking a pleasant, warm, delicious place by suggesting the images of flowers, marshmallows, and warm water. I shifted the dancers’ attention to their breaths. I helped the dancers imagine the positive wave of energy that immersed their bodies. The wave would then carry out anything that they did not
need or want, purifying their bodies of stressors. This exercise involved a non-invasive method in which all I did was talk while the dancers moved within their own bodies. However, even with ten minutes of such simple exercise I noticed that the breathing rhythm of the dancers had stabilized and their muscles were relaxing.

Only then did I feel like the group was ready to talk. My feeling is that if I tried to get the dancers to talk right when they walked in, they would not have been ready. In times of chaos and emotional distress, listening to the body is an extremely helpful way of re-grounding oneself. We shared places in life that needed positive energy from others. When everyone was finished, the dancers went back to the floor, but this time with their heads touching. The prompt was the same this time. They were to retreat back to their safe spaces, and let the air bring in good feelings and carry out all of the things that they wanted out of their bodies.

This communal healing process developed into the “ring dance.” This is an exercise I learned at a dance therapist training intensive. To begin, the dancers formed “rings” by taking a body part and connecting it with another. They started on their own, went on to dance in pairs, and finally the whole group was in contact. I like the ring dance because the opening and closing of body parts is resembles the act of hugging. The ring dance facilitates gentle touch and embrace, as well as the sharing of body temperature. When engaged in the ring dance, one can feel a sense of protection and care. I believe that the ring dance is a great way to use movement for comfort. When we shared our difficulties, we discussed how sometimes phrases like “Feel better” or “It is all going to be okay” are not helpful because you do not feel like the person who is telling you that actually understands what you are going
through. Movement can sometimes convey messages that words cannot. By just physically being there together, I could sense that somehow we were sharing discomfort and getting comforted by presence of each other. After the exercise was over, the dancers commented that they really appreciated this space and the experience. The ring dance had a soothing effect on the dancers, just as much as it did on myself, ultimately creating a positive group dynamic.

Using the ring dance as a movement metaphor, I endorse the importance of “structural healing.” I am using this phrase as the antonym of Farmer’s structural violence, in that it is possible to restore an individual’s health through communal relationships. The ring dance strengthens the argument that “in solving the post-colonial problem suffered by comfort women, the role of the nation as well as the global community of the younger generation is absolutely crucial” (Yoo-Hyeok Lee 293). The ring dance gave dancers a chance to feel connected by expressing their sorrow as well as compassion. The previously silenced narratives of comfort women also need an avenue of expression.
Conclusion

Pain is a complex phenomenon that humans have sought to understand since the ancient times. I have examined the specific pain of Korean comfort women through a clinical, historical, and artistic lens, by using pain scales as well as choreographic research.

Dance is useful in understanding pain, both one’s own and others’. Throughout the rehearsal process of the two dances *Fever Dreams* and *Nondisjunction*, all of my dancers testified that movement helped them to embrace their pain. Additionally, the dancers were able to feel comforted by moving in states of distress. Though there were rehearsals where no words were spoken, movement itself functioned as an access point to tap into other people’s pain. My personal pain and its nuances were translated through the movement that I choreographed and performed in front of my dancers, and the pains of comfort women were communicated to the audience through the performance of my dancers. As Eiko Otake stated in class, “being a victim is to be in a passive state, but to be an artist is to be in an active state.” Those affected by pain, regardless of its nature, can utilize dance to heighten self-awareness, re-wire the neural circuits to turn pain into a positive experience, and use dance as a language to share the experience with other people. All of these processes are crucial in healing and coping with pain.

In my choreographic research, I have used Korean traditional dance, Hanguk muyong, in order to understand and speak about the Korean comfort women’s pain. Hanguk muyong proved to be both an aesthetically pleasing as well as a practically useful tool. Every dancer had a personal access point into the dance. I believe the
individual troubles that they were grappling with in their lives and their willingness to connect it with movement resulted in such a strong, genuine and moving work of dance, as suggested by several comments from the members of the audience with varying degrees of experience with dance.

My choreographic research is limited in that it was a qualitative look at a specific case. Further research can be done with a larger group of people to investigate how different bodies with different backgrounds respond to pain and can utilize dance to overcome it. Moreover, I was not able to extensively obtain or analyze audience feedback. The audience that attended the concerts was a select group of people from the Wesleyan community. I was only able to talk to approximately thirty people among them. Hence, the response that I received cannot accurately represent the general American or international audience. However, certain members of the audience that I talked to picked up on very specific sentiments that were in fact present in the original narratives that we worked with in creating the dance. Moving further, it would be a worthwhile endeavor to conduct several interviews with those who attended the performance to see what kinds of nuances, information, and emotions were translated to the audience through dance. Performing the dance for a more diverse audience will also provide great insight.

Movement is by no means a perfect form of communication. But the advantage and applicability of using dance as a clinical tool has been under-researched. Movement has the potential for being a clinical language. The psychotherapeutic nature of dance therapy has been discussed previously in
literature. Taking one step further and using dance to create a pain scale system to be used in diagnosis may incorporate more dimension of pain in the clinics. The various pain scales already in clinical use have their limitations. The quest for creating a more holistic pain scale that can embrace all dimensions of pain is still ongoing. I strongly suggest that the medical community consider movement as another language for assessing pain.

This research also calls for physicians to be more self-aware, as each pain is unique and personal. Acknowledging that no pain is translated with 100% accuracy will actually facilitate a better communication of pain. With that premise in mind, paying attention to the uniqueness and idiosyncrasy of pain in each patient will lead to a more successful diagnosis as well as treatment. The effort to understand the pain of others requires us to revisit the pain that we are most familiar with: our personal experience. Physicians should recognize this tendency and aim to foster a high degree of self-awareness. Having this attitude will ultimately promote a more effective communication with patients.

Reflecting on the connection between physicality and aesthetics that I have discovered, I suggest the possibility of understanding the physical nature of a community’s experience through looking at its aesthetics. In my research the dancers and the audience were able to gain a deeper understanding into the multi-dimensional pain of Korean comfort women through the aesthetics of Korean dance. What if, then, we try to apply this concept to other art forms for other cultures? Can ballet help us gain understanding of the physical experience of European women?

---

12 Visit www.adta.org for more information on dance/movement therapy and access to American Journal of Dance Therapy (AJDT).
The final agenda of this research is to inform the readers and viewers about comfort women. The plight of comfort women must be dealt with more systematically than just as a political dispute between two countries. The global community can better comprehend the multi-dimensional nature of pain by analyzing the biological effects of structural violence that eviscerate comfort women. Because many victims are passing away, any attempt to re-create and tell their stories is valuable. I would like to foster a transnational discourse about comfort women. I wish that as a global community we can “responsibly resist the current post-colonial paradigm which encourages amnesia” (Yoo-Hyeok Lee 293). In particular, I urge the Japanese government to take responsibility for the forceful abductions and violence that occurred during World War in comfort stations. As Kono states, “if Japan denies the comfort women issue, it will not only lose national credibility from countries in Asia but also the United States and Europe as they will doubt Japan’s awareness of human rights” (Eun-joo Lee). The Abe administration must discontinue the effort to re-write history. The silence has been broken. Pain of comfort women will be carried on to the future generations through countless bodies – including my own.
Appendix

I. Testimonies of Comfort Women

I will include some direct quotes from the testimonies of former comfort women, with the hope that their words and the image that are haunting these women will illustrate the extent of pain that they felt and are still feeling (“Testimonies”). These were also utilized during the rehearsal process to enhance the dancers’ understanding of the historical situation and emotions of comfort women.

“I served 40 soldiers each day, and got beaten to the extent that I was barely alive.”

“When I came back home, my family was so shocked and said ‘We thought you were dead but you’re back – are you a ghost?’”

“At the river we washed the condoms with soap and dried them in the sun. Doing this was when I hated myself the most and I just wanted to die.”

“Idiot, you came here for money – we never forced you.”

“I pleaded, ‘Please let me live,’ and they started giving me opium.”

“We didn’t even know that Japan had surrendered. The soldiers stopped coming, and when I thought about it later, it was because Japan had surrendered.”

“My mother really wanted me to get married, but how could I? I was a comfort woman.”

“This is a place where soldiers come to sleep.’ Even with her explanation and the pitiful face, I couldn’t understand what soldiers sleeping had anything to do with me.”
“The Japanese government denied involvement in the comfort station system.”

“He also said that our Korean race should be eradicated from the earth.”

“I left home after a year since I came back because my heart was troubled.”

“There was a clear knife scar from between her breasts to below her bellybutton. Even after 64 years.”

“The bruises from the beatings are gone, but the burns have not healed still.”

“All I want is an apology before I die. Say you’re sorry. Don’t ask me anything else.”

II. Kono Statement

Statement by the Chief Cabinet Secretary Yohei Kono

on the result of the study on the issue of "comfort women"

August 4, 1993

The Government of Japan has been conducting a study on the issue of wartime "comfort women" since December 1991. I wish to announce the findings as a result of that study.

As a result of the study which indicates that comfort stations were operated in extensive areas for long periods, it is apparent that there existed a great number of comfort women. Comfort stations were operated in response to the request of the military authorities of the day. The then Japanese military was, directly or indirectly, involved in the establishment and management of the comfort stations and the
transfer of comfort women. The recruitment of the comfort women was conducted mainly by private recruiters who acted in response to the request of the military. The Government study has revealed that in many cases they were recruited against their own will, through coaxing, coercion, etc., and that, at times, administrative/military personnel directly took part in the recruitments. They lived in misery at comfort stations under a coercive atmosphere.

As to the origin of those comfort women who were transferred to the war areas, excluding those from Japan, those from the Korean Peninsula accounted for a large part. The Korean Peninsula was under Japanese rule in those days, and their recruitment, transfer, control, etc., were conducted generally against their will, through coaxing, coercion, etc.

Undeniably, this was an act, with the involvement of the military authorities of the day, that severely injured the honor and dignity of many women. The Government of Japan would like to take this opportunity once again to extend its sincere apologies and remorse to all those, irrespective of place of origin, who suffered immeasurable pain and incurable physical and psychological wounds as comfort women.

It is incumbent upon us, the Government of Japan, to continue to consider seriously, while listening to the views of learned circles, how best we can express this sentiment.
We shall face squarely the historical facts as described above instead of evading them, and take them to heart as lessons of history. We hereby reiterate our firm determination never to repeat the same mistake by forever engraving such issues in our memories through the study and teaching of history.

As actions have been brought to court in Japan and interests have been shown in this issue outside Japan, the Government of Japan shall continue to pay full attention to this matter, including private researched related thereto.

(Ministry of Foreign Affairs of Japan)
Works Cited


"Interview with Eiko Otake." Personal interview. 17 Feb. 2015


<http://www.1945815.or.kr>.


