

# Integrated Dance as a Public Pedagogy of the Body

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*In this article I examine the possibilities for integrated dance in schools, as a way of opening up how practices of schooling understand dance education and inclusive education. 'Integrated dance' is dance made by people with and without disabilities. I examine integrated dance as a movement based practice and show how dance theatre devised and performed by people with and without disabilities can create non-hegemonic, open and generative knowledges of bodies that are medically coded as having disabilities. Such knowledges offer alternatives to some ways students with disabilities are positioned in practices, and academic discourses, of inclusive education. I argue that integrated dance theatre performances create a concept of an open body, an assemblage of affects that is more than the sum of its parts, in which bodies work together as one small aspect of a larger whole in creating affects read by audiences. This affective pedagogy of dance shows us the value of dance as a form of public pedagogy as well as a classroom pedagogy. It offers representations of disability that illustrate the limits of depending on medical ideas of the 'disabled' body.*

## Introduction

The body is a language that cuts across cultural difference. Dancing bodies can move us to feel differently about people, about ourselves, to see bodies in new ways. Dance can open up communication beyond words. Yet dance in schools often becomes taught, and thought, as Physical Education. This choice to position dance as a vehicle for 'fitness' and corporal 'discipline' rather than as an aesthetic practice is a political act that values the utilitarian function of corporeal movement over the politics of aesthetics embedded in dance practice. Dance has a radical history of offering new ways of relating to bodies. This history is disavowed in rendering dance as a way of 'getting fit'. Furthermore, inclusive education in schools seldom includes dance, focusing on literacy and numeracy as key competency areas. Bringing critical perspectives on these fields together, I argue that integrated dance has the potential to perform a range of critical and pedagogical functions for schooling. Integrated dance is a method that not only teaches students to know, and relate to their bodies in new ways, it also teaches students with and without disabilities new ways of being a person with a disability and relating to people with disabilities. Further, dance theatre devised and performed by dancers with disabilities can act as a radical tool of the social imaginary, creating new social and cultural meanings of disability. I begin this argument through gesturing towards a body of work in integrated dance that provides a unique methodology for inclusive practice.

## Public Pedagogies and Competing Knowledges of Disability

Medical discourses of disability not only serve as means for clinical definition, they also function as dominant public pedagogies of disability. That is, they constitute the overriding public discourse of disability and are remade in different ways across numerous forms of public media and in an array of social fora. I will give a brief definition of my use of the term public pedagogy for those who may be unfamiliar with it. For me, the term public pedagogy mobilises a history of critical scholarship that features important feminist voices. In *Feminisms and Pedagogies of Everyday Life* (1996) Carmen Luke established the agenda to study public culture and texts available in public culture, as the materials that critically inform our social imagination. Elizabeth Ellsworth (2005), Jenny Sandlin et al. (2011) and Elaine Swan (2015) also offer key contributions to these debates about how culture and media teach, and alternatively disrupt, ideology.

As a brief example, I want to offer a discussion of medical categories of disability used for defining intellectual disability as the ideological 'truth' of having an intellectual disability. The definitions of intellectual disability I consider here have been chosen because they were developed by medical practitioners for a lay person's consumption rather than classifications couched solely in medical terminology. The World Health Organization's (WHO) definition of disability is perhaps the most popular public pedagogy of disability, and as such I take this as a starting point (see Healey 2000: 1). The WHO definition is later employed as

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a global comparison of local classifications of intellectual disability. The World Health Organization's definitions of impairment, disability and handicap established global models for disability service provision.

For the World Health Organisation:

- *Impairment* is 'any loss or abnormality of psychological, physiological, anatomical structure or function';
- *Disability* is a 'restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being';
- A *handicap* is a 'disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors)'. The term is also a classification of 'circumstances in which disabled people are likely to find themselves'.

These interconnected ways of thinking about disability, impairment and handicap were constructed to facilitate cultural awareness of, and practical support(s) for, a wide range of embodied states that differ from a majoritarian norm.

The WHO later remodelled this three-part definition of disability, impairment and handicap as the International Classification of Functioning, Disability and Health, or ICF. The ICF guidelines for assessing health and disability were designed to reconfigure existing ways of thinking about disability, a goal which is transparently acknowledged by the WHO. This conceptual focus is illustrated in statements such as:

ICF changes our understanding of disability which is presented not as a problem of a minority group, nor just of people with a visible impairment or in a wheelchair. For example, a person living with HIV/AIDS could be disabled in terms of his/her ability to participate actively in a profession. In that case, the ICF provides different perspectives as to how measures can be targeted to optimize that person's ability to remain in the workforce and live a full life in the community ... The ICF takes into account the social aspects of disability and provides a mechanism to document the impact of the social and physical environment on a person's functioning (W.H.O. 2001).

As this quote suggests, the ICF classification guidelines are broad in the respect that they are skill based, rather than defined in relation to people's clinical medical

conditions. As such, people with a range of quite different conditions might be grouped together through a shared focus on their life skills, competencies and (in)abilities. The W.H.O. ICF classification guidelines are implemented in 191 countries around the world as the international standard for assessing and conceptualising health and disability (Steiner et al. 2002).

As a discursive system, the ICF does not solely inscribe the identities of people with intellectual disabilities on a wall of medical signifiers of a particular condition. Identities are also produced through corporate interpretations of the associations and affiliations made in response to the ICF, and through considering what bodies do and do not do, rather than through connecting a body's identity to a singular trajectory of medical thought. In many respects, we could consider that the W.H.O. has endeavoured to think about bodies in terms of what they do, rather than in terms that suggest what bodies 'are'.

Systems of classification quickly become public pedagogies: everyday knowledges that circulate through vernacular and popular cultures. Understandings of people with intellectual disabilities that are not grounded in medical discourses are rare, because even if the topic of intellectual disability is approached from a non-medical background, information relating to – and experiences of – people with intellectual disability tend to be grounded in existing medical knowledges of intellectual disability as they are a dominant frame of reference. My experience as a dance workshop facilitator working with people with disabilities supports this contention, in the respect that I have repeatedly been introduced to participants in light of medical readings of their disabilities.

As the Disability Information Resource Centre (2001) definition suggests, 'intellectually disabled' is a name that is applied to a diverse array of bodies. This point is further illustrated by the fact that – for example – facilitating workshops for people with CHARGE is experientially very different from facilitating workshops for those with Angelman's syndrome. In both instances, in order to offer constructive directions and develop enjoyable, appropriate movement tasks, I need to estimate what will and will not be possible for these participants, working from an imagined sensory template which is markedly different from my own. For example, inverted yoga positions are not possible for people with CHARGE due to their breathing difficulties, as the participant's airways are further restricted or blocked by the inversion. The participants I have taught with CHARGE needed to be positioned in the darkest areas of a workshop space, a consideration that meant re-orientating rehearsals in relation to the position of the sun. At times, verbal communication needed to be given in close proximity to the participants in question, as

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broad group directives would not be heard. The diagnostic criteria and characteristics of a particular intellectual disability translate into a range of very different people. While medical perspectives on intellectual disability offer certain kinds of insights into the life worlds of people with intellectual disabilities, medical definitions cannot be read as totalising statements on a body's nature or capacities.

### Integrated Dance

Integrated dance is a term used to describe dance that brings together people with and without a disability. Hilde Holger is widely credited as the mother and founder of contemporary integrated dance practices. Born in Vienna in 1905, Hilde was an internationally established expressionist dancer when she gave birth aged 44 to a second child with Down syndrome. Responding to her son's embodiment, Hilde began teaching dance to trained dancers alongside students with Down syndrome, autism and physical disability. One of Hilde's students, Wolfgang Stange, founded the first integrated dance theatre company inspired by Hilde's work. Amici dance theatre, founded by Stange in London in the 1980s, still operates under Stange's directorship. Building on the groundbreaking work of Holger and Stange, integrated dance theatre companies such as DV8 and CanDoCo (London), Axis, Full Radius, The GIMP Project, and The Olympias (US), and Restless, Sprung, Murmuration and Weave (Australia) have shaped contemporary geographies of dance and disability.

Integrated dance is a contemporary dance methodology that explicitly acknowledges the politics of corporeal aesthetics. This article draws on empirical research with Restless Dance Theatre (Australia), and develops a philosophy of integrated dance theatre practice based on the company's work.

The Restless method for devising integrated dance theatre is explicitly configured around aesthetics of intellectual disability. The personal styles, nuances and attitudes of dancers with intellectual disability are foregrounded in the company's work. The Restless method is based on ensemble process, movement improvisation, some contact improvisation and other contemporary dance and physical theatre techniques.

The work of dance practitioner and choreographer Sally Chance, who pioneered the methodology in collaboration with the Restless Youth Performance Ensemble, underpins the Restless method. In the company's early days, Chance and Hughes outlined the company mission '[t]o be Australia's leading youth dance company inspired by cultures of disability' (1998: 1). Chance and Hughes employed the plural 'cultures' here, rather than

the singular 'culture', as there is no single, containable, 'culture' of intellectual disability.

While Restless broadly positions itself within 'cultures of disability', the majority of company dancers identify as being either 'with' or 'without' intellectual disability. Dancers with intellectual disability are generally accorded power within the company. Cultures of intellectual disability are read as the styles of embodied relation, movement and distinctive characteristics that constitute the performance material that Restless foregrounds through performance texts.

The Youth Performance Ensemble members are aged between 15 and 26. The artistic rationale of the company states:

The company creates dance theatre built from the aesthetic sensibility of the dancers with a disability, which they have because of their disabilities. The company's methodology ... embraces far more than the simple inclusion of ... people with a disability in an existing dance activity (Chance 1999: 1).

Restless works to do more than 'simply include' dancers with intellectual disability through employing the movement based method that is the articulation of the methodologies, or working philosophies, 'cultures of intellectual disability' and 'reverse integration'. I discuss these methodologies before offering some examples of the Restless process.

'Cultures of intellectual disability' and 'reverse integration' have been developed through the work of dancers with intellectual disability, and these methodologies foreground the personal styles of people with intellectual disability. When extending these methodologies, inclusive arts educators might invite students with disabilities to write their own assessment brief, and to determine how and on what terms they want to make a dance work. Student-centred, historically aware and responsive practices of art-making that position disability as an aesthetic source can be seen as extensions of the Restless method.

The methodologies of 'cultures of intellectual disability' and 'reverse integration' are not rulebooks for practice: they are a way of describing an *ethics of practice*. They are orientations towards practice that are contingent on their constant re-definition on the terms of dancers with intellectual disability. Providing the space in which this constant evolution can occur is inherently political, and forms the basis of much of the company's work. My writings on these topics are offered as a description rather than a definition. Dance technique within Restless

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becomes a method for foregrounding the aesthetics of people with intellectual disability, a process both technically challenging and politically complex.

As I have suggested, the phrase 'cultures of intellectual disability' refers to a space without defined boundaries, within which bodies 'with' intellectual disability are foregrounded. The concept of a culture of disability is a core aspect of much disability-powered artwork (Allan 2005) and underlies the work of many studies of the social construction of disability (see for example Fine and Asch 1988; Garland-Thompson 1997). As a derivative of this broad concept constructed around the empowerment of people with disabilities, the term 'cultures of intellectual disability' is employed in a range of differing global contexts. Within *Restless*, the term is used to describe the fact that:

Belonging to a culture of intellectual disability is offered to the members of *Restless*, within the specific context of the company, as a possible means of forging individual identity (Bullitis, et al. 1989: 9).

The group dynamics and personal styles of dancers with intellectual disability are acknowledged as sites in which dancers' histories and identities are actualised. Everyone's 'history' and 'identity' is lived and embodied (and hence located in their personal style). However, foregrounding the creative, physical work of people with intellectual disability is a particularly valuable method for exploring ways of being 'other' than intellectually inadequate, as through this methodology, power is attributed to form, and an abstracted notion of thought is not privileged over matter.

Within *Restless*, a dancer's physique, their movement quality, and styles of inter-personal relation are considered as sites in which cultures of intellectual disability are primarily located: 'culture' and 'dancer' are inseparable. As a method of practice, then, the term 'cultures of intellectual disability' reflects the fact that within *Restless* corporeal form, or substance, is regarded as possessing an intrinsic value and is accorded power.

The idea of a culture of intellectual disability, as it is employed in *Restless*, challenges the power base generally implied by the terms 'with' and 'without' intellectual disability. *Restless* challenges this majority/minority divide through positioning individuals with an intellectual disability as being the authors of their own culture, rather than being subjects of inclusion in a broader culture. Within *Restless*, the idea of cultures of intellectual disability is also employed to challenge the notion of a majority/minority divide by creating dance texts that are accessible to people with intellectual disability and that are

written *by* people with intellectual disability. This economy of production and consumption is notably different from one which entails people with intellectual disability reading and consuming texts created by others who identify as being without disabilities.

A substantial amount of collective labour is required to facilitate a space in which cultures of intellectual disability are foregrounded in *Restless*. The politics of relations between dancers with and without disabilities are just as related to the production of aesthetics as they are to the company's profile as a disability powered company. Certainly, the embodied politics of ensemble relations are affected by the company's profile, however, arguably such relations are affected just as much by the movement texts the company creates. To perform a phrase devised through another dancer's movement style is to work into the other dancer's body and (re)inhabit their life.

Reverse integration describes the practice of people *without* intellectual disabilities 'integrating' to fit in with the styles of people with intellectual disabilities. Within the company, people with intellectual disability are referred to as being 'with' and people without intellectual disabilities are referred to as being 'without'. Chance (1999: 115) discusses the rationale behind this terminology:

Being 'without' is so often a state of being for young people with intellectual disability; this is why our terminology reverses the state of being 'with' and 'without' so that having a disability is advantageous if you are a member of *Restless*. (The opposition of 'able bodied'/'with a disability' is clearly inappropriate when describing skilled dancers.)

'Reverse integration' plays with the idea of reversal through asking how the idea of intellectual disability can support rather than 'disable' dancers with intellectual disability. Reverse integration is literally about those 'without' fitting in with the styles of people with intellectual disability. The idea of reverse integration also translates practically into paying careful attention to, and offering substantial amounts of, emotional and practical support to people with intellectual disability.

As a general practice of inclusive education, the terms 'with' and 'without' (disability) can be used to challenge the idea of including people with a disability, and as a means of constructing an environment for making art a supportive space in which 'intellectual disability' is known as an individual's style of process and their unique performance quality.

Directors, musicians and performers with specialised skills are contracted to contribute their knowledge to *Restless*,

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and the desired skills are usually an expression of the Artistic Director's concept for the work being created. For example, the company's major new work for 1999 was titled *The Flight*. It was directed by Liam Steel (DV8 Dance Theatre, London) who was commissioned as the director of the work because of his background in physical theatre and dance performance. The Artistic Director of the piece, Sally Chance, received funding from the Australian Council Dance Fund and other funding bodies to mount a work that explored themes of independence, desire, and rites of passage. These themes are issues that were prominent in many company members' lives while the themes also reflected the 'moving on' of many company members from RDT to another stage of their career.

While all ensemble members participate in the intensive process of creating material for a new work, the final performance material is carefully selected and re-worked by the director/choreographer of the performance. Company processes that focus on paying attention to movement styles of performers 'with' a disability and foregrounding their creative processes, personal histories and idiosyncratic qualities are maintained with a unique connoisseurship throughout the construction process. All new works devised and performed by Restless are also accompanied by live musician/s who create an original score for the performance and whose work is an integral part of the devising process.

In offering the above description of the Restless methodology, it is my intention to signpost some of the methods through which 'cultures of intellectual disability' and 'reverse integration' are worked with on different levels throughout the process of devising and performing integrated dance theatre. Here, inclusive education is seen as an iterative practice of including those without a disability in the life worlds and movement styles of those with a disability. The goals of these processes are clearly political as much as aesthetic and, while they require fitness in order to be achieved, they are not goals designed to *achieve fitness* in the same way that school dance curriculum in Physical Education Studies (PE) stipulates fitness as a goal. Schools could teach students a lot about body politics through taking dance out of Physical Education and teaching movement as an aesthetic practice and tradition of activist, and indeed feminist work. Alongside the argument that dance should be taught as dance and not as P.E. in schools, I want to suggest that inclusive education is a practice that should not be confined to schools.

### **Inclusive Education**

Inclusive education is a political and pedagogical project that has parallels with integrated dance. Harwood (2010:

1) establishes the agenda of inclusive education as primarily concerned with building social imaginaries: 'Conceptualising difference is a key task for inclusive pedagogy, and vital to the politics of inclusion'. Such an approach to inclusive education takes it out of classrooms and indeed out of schools, and into the world at large. Inclusive education becomes a project of making culture and making cultural imaginaries. In the same way that integrated dance works to shift dominant stereotypes of disability, inclusive education as a political and pedagogical agenda places people with and without disabilities on par with each other. More than this, it reconceptualises how we might understand 'disability' and invites critical perspectives on the construction of disability through dominant discourses – especially medical knowledges. If we are to consider inclusive education as a practice of generating socially inclusive imaginaries, integrated dance practice can be seen as a key method of inclusive pedagogies. Integrated dance extends school-based inclusive education agendas through generating new public pedagogies of disability.

Maxine Greene (2007: 1) explains the particular role that art has to play in how public pedagogies shape social imaginaries: 'Pondering pedagogy, I think of becoming – teachers becoming, learners becoming. And, yes, I think of making and perceiving works of art, actions that are always incomplete'. Greene explicitly positions works of art as core to processes of creating inclusive teachers, indeed to processes of making new social imaginaries. Works of art teach us to feel and think in new ways. Greene continues:

Certainties, fixities, final solutions; they are yearned for much of the time. On some level, no matter who we are, there is always a desire, a quest for certainty; and numbers of people, at a time like the present, are convinced that they have found it. There has always been a tension between those who depend upon some invisible authority for answers and sanctions and those who have learned to exist in uncertainty, with notions of unrealized possibility rather than the comforts of assurance and predictability (2007: 1).

Greene is instructive in encouraging us to be able to exist with uncertainty and, indeed, in advocating for the role of art in building this capacity to exist with uncertainty. I would take issue with Greene about the 'invisible authority' that provides 'answers and sanctions', as, especially for those working in inclusive education, I would suggest that such authority is by no means invisible. Authority is the black and white striated lines of medical discourses of disability, of curriculum discourses and of STEM areas of core learning – dominant systems of knowledge that

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function as ubiquitous public pedagogies of disability.

Restless Dance Theatre's public pedagogies of disability (Hickey-Moody 2009) have similarities to, and differences from the work of CanDoCo, a London based inclusive dance company with an international profile for creating high quality dance with disabled and non-disabled performers. I discuss the work of CanDoCo as my second example in this paper as, taken together, the work of Restless and CanDoCo show us that inclusive dance practice is a global public pedagogy that is creating social change through aesthetic forms. CanDoCo dance enables disabled performers to have access to high quality artistic work and firmly locates disabled dancers in the landscape of contemporary dance choreography. The artistic co-directors of the company, Pedro Machado and Stine Nilsen, explain the company's work saying:

When we commission choreographers we look for someone who shows an interest in exploring movement, investing in the dancer's movements and challenging them further. We believe this combination of choreographers' vision and dancers' input captures a form of collaboration that lies at the heart of CanDoCo ... Our mix of disabled and non-disabled dancers always enriches the work we do, inherently bringing with it new ways of doing and seeing dance (Machado and Nilsen 2015).

Aesthetics are a focus of CanDoCo's work and they deface 'disability specific styles'. The aesthetic 'defacing' is inferred by the suggestion that the company 'locates disabled dancers in the landscape of contemporary dance choreography', the suggestion here being that the landscape of contemporary dance choreography is not disability friendly unless it is altered to include disability. CanDoCo engages contemporary forms of aesthetic idealism in order to develop ways of understanding bodies with disabilities that are not confined to medical knowledges. As McCarren (1998: 15) explains: 'Because it performs bodiliness, dance exists in close proximity to the idealism projected onto it, to the concept of the pathological that subtends it in the nineteenth century, and to the concept of idea pathology developed from it'. Dance, by its very nature, needs to deface medical codings of bodies, and integrated dance theatre needs to deface disability, rebuilding new aesthetic systems of relation. This argument is also expressed by co-founder of CanDoCo, Adam Benjamin, in his reflections on the 2004 publication of the second edition of the *Oxford Dictionary of Dance*. Benjamin explains:

2004 saw the publication of the second edition of *The Oxford Dictionary of Dance*. Although new headlines of 'sport' and 'shoes' were added, 'disability' remained conspicuous in its absence.

In 1990 this might have been something we would have been rather proud of, believing at the time that there was no need to mention 'disability' to describe what we were doing, and that a disabled person being part of a dance company should not merit any particular mention. At that time I wrote that we only needed to use the word 'integrated' to describe what we did because we lived in a society that was in so many ways 'dis' integrated (Benjamin 2010: 119).

As Benjamin so astutely identifies, disability shapes dance, it changes what dance can do and how it speaks through aesthetics. A clear example of this can be found in Hetain Patel's 2014 work for the company, 'Let's Talk about Dis'. Through spoken word, sign language, dance, vocal percussion and song, the show explores the paradoxes of political correctness that often accompany disability. Partly, the performers draw our attention to the fact that 'political correctness' often limits the ways in which disability is represented. They re-present disability, or as McRuer (2006) would say, 'crip' dominant discourses of disability. Through stories of embodiment, as well as performances of what their bodies 'can do' the 'Let's Talk about Dis' cast humorously and athletically challenge dominant discourses of disability through naming them, and showing the audience they are other than these names. I want to suggest that such dominant discourses can be seen as vehicles for making social faces, or dominant ways of reading disability. In order to analyse the processes of facilitation, or making faces, effected by medical discourses of intellectual disability, I now think through some critical perspectives on the fact that medical knowledges become the primary way social faces for people with intellectual disability are made.

### **Invisible Authorities: Making 'normal' and 'abnormal' bodies**

As technical, discursive systems, medical discourses of the body have been developed to code and alter physical bodies. Such knowledges constitute ideas about how the human body is 'supposed' to be configured and the ways it 'should' work. These ideas can be implicit, perhaps because medical discourses do not act primarily as tools for thinking. They are tools for fixing. In undertaking processes of repair, the nature(s) of the bodies that medical discourses mend are imagined on terms established by (and within) medical discourses. The outcome of these processes is a facilitation of the body: a system of signs and significances in which corporeality is captured and through which the body is known. The categories used for defining intellectual disability outline ways a body is classed as 'disabled' if it differs from a constructed template of the 'normal' human body. This fiction of a normal human body is imagined through medical mappings of corporeality. For example,

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medical frameworks for Down syndrome are laid out, or constructed in relation to, a 'majoritarian' community demographic. The majoritarian (average, standardised) is a demographic not measured by physical mass, but by cultural power. Deleuze and Guattari (1987: 291) describe the exemplar of majoritarian community, as 'man<sup>1</sup>; the molar entity par excellence'. This description is a culturally imagined, virtual human template, in relation to which the majoritarian standpoint as a primary position of reference is justified. The molar itself is a cultural imagining, a collective of power rather than a physical mass. Deleuze and Guattari (1987: 291) elaborate through suggesting:

When we say majority, we are referring not to a greater relative quantity but to the determination of a state or standard in relation to which larger quantities, as well as the smallest, can be said to be minoritarian: white-man, adult-male, etc. Majority implies a state of domination, not the reverse. It is not a question of knowing whether there are more mosquitoes or flies than men, but of knowing how 'man' constituted a standard in the universe in relation to which men necessarily (analytically) form a majority ... the majority in the universe assumes as a pre-given the right and power of man.

This quote explains the majoritarian position as one which constitutes an analytic majority and which is assumed as a benchmark for the 'power of man' (1987: 291). This incorporeal body of power is the analytic position of 'average', 'standardised' and 'normal'. The majoritarian standard of 'a normal human' is reflexively constructed through establishing borders between 'man' (the average or normal) and an 'other'. By codifying a normal human body, medical discourses also broadly articulate what a majoritarian body *is not* (for example, intellectually disabled):

Two of the most common genetically transmitted forms of mental retardation are Down syndrome (a chromosomal disorder) and fragile X syndrome (a single-gene disorder). Chromosomal disorders affect about 7 out of 1000 infants. Single-gene disorders affect about 1 in 1500 births. More than 750 genetic disorders have been identified that cause mental retardation (Davis 1997).

In the above quote the word *disorder* is used five times in four sentences. This quote offers an excellent example of how a majoritarian standard of the human body is constructed against and through terms such as 'retardation' and 'disorder'. This negative logic is the mode of operation used by many medical research projects. It is the very visible 'invisible authority' of knowledge about disability with which school teachers are repeatedly called to engage.

As a method of practice and an accompanying system of thought, medical discourses have valid and contextually specific purposes. However, medical systems of knowledge should not be regarded as offering an exhaustive nor exclusive way of thinking about, and teaching, people with disabilities. Indeed, the idea that there is only one system of thought that is the 'right way' to think about anything seems limiting. Despite this, medical systems of knowledge have been globally adopted as dominant cultural paradigms for thinking about bodies (Harding 1991) and medical discourses of intellectual disability have become cultural habits for thinking about certain kinds of bodies. These mindsets can inhibit the observation of the way bodies can work, what they can become and how they can move us to feel.

While definitions of disability, such as the W.H.O. global categorisation discussed earlier, can be adaptable and highly necessary political tools, the enterprise of defining communities and individuals in relation to their functional *limits* is ethically problematic. Through adopting social faces and associated imaginaries made in medical discourses, social faces become synonymous with strategically defined limits. Broadly applicable definitions of disability, as well as quite specific definitions modelled around personal limitations, have pragmatic utility but they also constitute opinions that significantly shape the ways people with intellectual disability can be known. Indeed, as a way of developing an invisible authority, or majoritarian standpoint, medical discourses construct inherently different bodies (e.g. no two cells are literally identical) as being the same. Such comparison also constructs the ideal of a normal human body. The construction of an ideal, normal body allows for the symbiotic development of its binary opposite, the abnormal and in this instance, disabled body.<sup>2</sup> As Diprose (1995) suggests, and as is posited by genetic theory and medical discourses more broadly, medical knowledges do not actively engage with *anything other than themselves*. In suggesting that 'genetics, as theory, has no ethics', Diprose (1995: 168) highlights the symbiotic relationship between genetic theory and genes (the products of genetic theory) and the lack of relationship between genetic theories and other knowledge systems.

Models of knowledge that operate through negative definitions of, and abstracted definitive positions on, the human body have become the primary way students with intellectual disabilities are known in schools. They are dominant public pedagogies of disability. As such, medical discursive constructions of a normal human body – and the limits placed on thinking embodied differences by such discourses – can both be read as discursive markers of the unthought. Taking the political work of integrated dance theatre seriously is one way that we can model new knowledge systems for understanding intellectual

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disability. We can deface the negative white wall/black hole semiotic of 'disorder' and 'retardation' through integrated dance to make new systems of relation that do not focus on bodily limits. As shown through the examples of CanDoCo and Restless above, many integrated dance theatre companies regularly deface medical constructions of disability and build new sensory systems of social and aesthetic relation.

### Dance as an Inclusive Public Pedagogy

Dance teaches through asignifying affects. An asignifying affect is a bodily change or feeling that has no abstract meaning – it does not 'signify' anything – for example illness or disability – it just is a change or a feeling. Integrated dance theatre, such as the work of CanDoCo, that resituates the contexts in which people with disabilities are seen, makes asignifying affects that are feelings made by 'disabled' bodies but are not aligned to medical readings of disability. They are new cultural geographies of disability. Medical discourses have been developed in order to shape the physical world rather than *conceptualise* difference. As such, medical knowledges of disability, and specifically of intellectual disability, constitute a very limited binary system. Diprose's (1995) work on genetics and ethics helps us to render transparent the self-defining nature of medical knowledges.

In identifying some limits of medical discourses, I have also examined some of the ways medical discourses construct the intellectually disabled body as being abnormal. I have explored definitions of intellectual disability constructed by local and global disability organisations and contrasted these medical constructions of the intellectually disabled body with constructions of 'normality' evident in medical knowledges that inform systems of schooling and dominant discourses of disability education. I have also argued that the idea of intellectual disability, developed within a medical discursive terrain, has operated as a public pedagogy of disability and thus gained a vast amount of social power because it is an easily transferable majoritarian opinion.

The normal body imagined within contemporary medical discourses constitutes a majoritarian analytic position. This position is not actualised in the body of a human being as much as it is constructed through medical analyses of many different human bodies. Although this imagined normal body is not a singular, corporeal active agent per se, it holds much power. This power is attributed to the imagined normal body through the medical discourses that construct it and the bleed of medical terms into vernacular and popular discourses. They are mutually constitutive.

Dance theatre, such as the work of CanDoCo and Restless, defaces medical black holes of disabled subjectification

and moves bodies towards, and in, aesthetic communities in ways that can celebrate difference. Such dance works can be considered critical public pedagogies of inclusive education – texts that offer new ways of thinking and feeling about people with disabilities. The bodies on stage in CanDoCo and Restless performances are notably different from the popular imaginary of a 'dancing body'. Performers use prosthetics, wheelchairs, and move in all kinds of ways. Such a diversity of embodiment can teach an appreciation for the varied forms bodies take and the specificity of the aesthetics of embodiment such diverse bodies bring. Reading the biographies for dancers in CanDoCo, the dancers are often able to talk about how the process of coming to be a dancer has also involved explicitly negotiating embodiment. This negotiation is arguably a core aspect of any dancer's learning process, yet the explicit discussion of experimenting with different bodies – with chairs, crutches, an amputated limb – is a body pedagogy that is unusual to hear, see and read about. Dancers might speak of the work of making their body fit a certain shape, or learning what to make their body become, but this is radically different from the project of learning how to be a body differently through your disability.

It is not a huge leap from here, then, to imagine the kinds of learning about one's own body, other people's bodies, and the nature of embodiment, that can be facilitated through integrated dance theatre practice in schools. As the work of Restless shows us, integrated dance can be a way of 'non-disabled' people learning to fit in with people with a disability. More than this, and as CanDoCo shows us, integrated dance can be a very particular way of learning to be a body, by learning from the body. Integrated dance offers us a critical public pedagogy of disability.

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### Author

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### End Notes

1. Deleuze and Guattari (1987: 291) use the word 'man' here to suggest that a majority of cultural power is held by men. The reference to 'man; the molar entity par excellence' is facetious; a parody of the assumed righteousness which can accompany positions of power.
2. There are paradoxes surrounding knowledge, knowledge production, and 'good' and 'bad' knowledges that are suggested through the juxtaposition of intellectually disabled bodies and normal bodies. These connections are beyond the scope of this paper and clearly warrant further research in this field.

### Crossings

tar river cuts in two  
on the other side  
the path rolls beyond sight lines,  
choose here:  
one place of living      or the other

skies watch  
wait for the turn-back  
breezes pass over  
play grasses on their way  
trailing spoors

scars mark the routes  
to and from,  
yet hunger bites and pushes  
the crossing

little external damage  
organs beaten  
still

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