To move beyond the theory and practice divide, to leave the mind-body distinction behind us, to affirm lives rather than negate them, are among the most wise principles of our age. They are lessons learned from Spinoza, Deleuze and Guattari: we still do not know what bodies can do, because we still think of bodies and minds in restrictive and hierarchical ways. Yet few, very few works push through to the other side or even show us what it might look like, instead of merely preparing a cerebral path, and in so doing falling back into older modes of thinking and outdated cultural models. The great achievement of Anna Hickey-Moody’s book on intellectual disabilities, dance and philosophy is then to have shown us a way to truly think of disability as ability, creatively, within multiple cultures and in changing environments. In offering a thoughtful, sensitive and genuinely practical immersion in the work of the Restless dance ensemble, she puts Deleuze and Guattari’s concepts to work so that we may not only understand them, but also discover a world where they find a setting suited to a novel emphasis on multiple differences resistant to simple ordering and judgement. This allows for a powerful critique of medical discourses in their reliance on terminologies based around impairment and lack. Hickey-Moody demonstrates the cost of defining levels of ability against norms and around the concept of wholeness. More importantly, though, thanks to her work on dance she shifts the academic, political and ethical frame for living in a world of different abilities away from classification and coping, and towards forms of affirmation sensitive to the power to challenge limits embodied by senses, affects and ideas. This book will change disciplines, not only because it makes us think in new ways, but because it releases minds and bodies too long devalued in bygone ones.

Professor James Williams, the University of Dundee

Unimaginable Bodies draws on the thought of Spinoza, and Deleuze and Guattari, in novel ways in order to confront medical and sociological categories of intellectual disability. When this philosophical approach is coupled with Hickey-Moody’s fascinating reflections on her work with Restless Dance Company, the ethics. This vital and empowering book promises to transform mundane sense(s) of ability and disability.

Professor Moira Gatens, University of Sydney

‘Unimaginable Bodies is an indispensable study that deepens our understanding of disability and corporeality — and offers us a luminous reframing of long-standing questions about bodies, ethics, senses, movement, and power.’

Gerard Goggin, University of New South Wales, Australia

Cover Image: Ziggy Kuster, Ggibori, Photography David Wilson © Restless Dance Company
Unimaginable Bodies
TRANSGRESSIONS: CULTURAL STUDIES AND EDUCATION

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Scope
Cultural studies provides an analytical toolbox for both making sense of educational practice and extending the insights of educational professionals into their labors. In this context Transgressions: Cultural Studies and Education provides a collection of books in the domain that specify this assertion. Crafted for an audience of teachers, teacher educators, scholars and students of cultural studies and others interested in cultural studies and pedagogy, the series documents both the possibilities of and the controversies surrounding the intersection of cultural studies and education. The editors and the authors of this series do not assume that the interaction of cultural studies and education devalues other types of knowledge and analytical forms. Rather the intersection of these knowledge disciplines offers a rejuvenating, optimistic, and positive perspective on education and educational institutions. Some might describe its contribution as democratic, emancipatory, and transformative. The editors and authors maintain that cultural studies helps free educators from sterile, monolithic analyses that have for too long undermined efforts to think of educational practices by providing other words, new languages, and fresh metaphors. Operating in an interdisciplinary cosmos, Transgressions: Cultural Studies and Education is dedicated to exploring the ways cultural studies enhances the study and practice of education. With this in mind the series focuses in a non-exclusive way on popular culture as well as other dimensions of cultural studies including social theory, social justice and positionality, cultural dimensions of technological innovation, new media and media literacy, new forms of oppression emerging in an electronic hyperreality, and postcolonial global concerns. With these concerns in mind cultural studies scholars often argue that the realm of popular culture is the most powerful educational force in contemporary culture. Indeed, in the twenty-first century this pedagogical dynamic is sweeping through the entire world. Educators, they believe, must understand these emerging realities in order to gain an important voice in the pedagogical conversation. Without an understanding of cultural pedagogy’s (education that takes place outside of formal schooling) role in the shaping of individual identity—youth identity in particular—the role educators play in the lives of their students will continue to fade. Why do so many of our students feel that life is incomprehensible and devoid of meaning? What does it mean, teachers wonder, when young people are unable to describe their moods, their affective affiliation to the society around them. Meanings provided young people by mainstream institutions often do little to help them deal with their affective complexity, their difficulty negotiating the rift between meaning and affect. School knowledge and educational expectations seem as anachronistic as a ditto machine, not that learning ways of rational thought and making sense of the world are unimportant. But school knowledge and educational expectations often have little to offer students about making sense of the way they feel, the way their affective lives are shaped. In no way do we argue that analysis of the production of youth in an electronic mediated world demands some “touchy-feely” educational superficiality. What is needed in this context is a rigorous analysis of the interrelationship between pedagogy, popular culture, meaning making, and youth subjectivity. In an era marked by youth depression, violence, and suicide such insights become extremely important, even life saving. Pessimism about the future is the common sense of many contemporary youth with its concomitant feeling that no one can make a difference. If affective production can be shaped to reflect these perspectives, then it can be reshaped to lay the groundwork for optimism, passionate commitment, and transformative educational and political activity. In these ways cultural studies adds a dimension to the work of education unfulfilled by any other sub-discipline. This is what Transgressions: Cultural Studies and Education seeks to produce—literature on these issues that makes a difference. It seeks to publish studies that help those who work with young people, those individuals involved in the disciplines that study children and youth, and young people themselves improve their lives in these bizarre times.
Unimaginable Bodies

*Intellectual Disability, Performance and Becomings*

Anna Catherine Hickey-Moody

*University of Sydney*
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INTRODUCTION

_Unimaginable Bodies_ explores the politics of intellectual disability. Through building relationships between academic discourses and communities of integrated dance theatre practice, I argue that performance texts, specifically dance theatre devised with, and performed by, young people with and without intellectual disability, possess a unique capacity to reframe the ways in which bodies with intellectual disability are known. I then apply this proposition to a particular context in thought, arguing that dance theatre performed by young people with and without intellectual disability, creates a context in which the intellectually disabled body is understood in terms other than those that pre-suppose a Cartesian mind-body dualism. Through this focus on integrated dance theatre, I examine the work of Restless Dance Company (in Adelaide, Australia) as a site of inquiry and a source of knowledge production. I critique aspects of medical discourses of intellectual disability, arguing that Cartesian methods for thinking about the body are recreated within these discourses. Further, I illustrate how Cartesian ways of conceiving corporeality can be traced through select studies of the social construction of intellectual disability. This book argues for an understanding of corporeality that medical and sociological discourses of intellectual disability are not able to realise. The argument for theorising corporeality and embodied knowledge that is constructed is a theoretical interpretation of the processes of knowledge production and subjectification that occur in integrated dance theatre, in which knowledge produced within integrated dance theatre is translated into thought in order to explore the affective nature of performance texts.

Three main lines of argument are advanced, not necessarily successively, across the monograph. Firstly, comparative discussions of the intellectually disabled body in integrated dance theatre, medical discourses of intellectual disability and some studies of the social construction of intellectual disability are provided. Secondly, the ways processes of devising and performing integrated dance theatre inform dancers’ subjectivities are considered. Thirdly, integrated dance theatre as text is analysed. As a textual form, integrated dance theatre can affect, or augment spectators’ subjective limits. From the perspective developed in _Unimaginable Bodies_, the intellectually disabled dancer’s body becomes a site of multiple surfaces that are connected through the performance of embodied affects. This position in thought is constructed by drawing both on ideas developed in the work of Deleuze and Guattari and in the work of Spinoza. Creative processes are theorised as corporeal becomings and are translated into thought in order to map new conceptual terrain. The notion of a “being of sensation” (Deleuze & Guattari, 1996: 165), as the affective force that is contained within art, is taken up to argue that through integrated dance theatre, bodies as multiplicities become united as a performance ensemble that creates a “being of sensation”. As a synergy of movement, music, design, staging and conceptual development, a “being of sensation” is an affective whole that is equal to more than the sum of its parts. Such sensation has the capacity to alter the ways in which audience members think.
about intellectual disability. When experienced by an observer, sensation produced by integrated dance theatre is a site of multiple processes of becoming-other. These processes are corporeal affects, which involve renegotiations of viewers’ subjective limits. My construction of this argument is informed by a comprehensive engagement with the work of performers with intellectual disability. This study signals new ways of thinking and writing about intellectual disability and posits a broader project of ceasing to define bodies with intellectual disability in terms of what they cannot do. I now briefly discuss the research methodology I developed as part of this research.

RESEARCHING DANCE-THEATRE PRACTICE

In turning my focus to methodology and research method, I map the “house” (Deleuze & Guattari, 1996: 186) or cultural territory of Restless Dance. The cartographic tools I develop in order to map the terrain of Restless are research journals and particular ways of constructing, thinking about and theorizing these journals. From these research journals, a broader methodology emerges. I theorise the ways in which Restless, as a corpus, constitutes a territory created through collective processes, a space which both opens up to, and enfolds the outside, through the production of change. In theorizing the ways in which Restless constitutes a territory that opens out to chaos, I also describe some problems with the Company’s working method. My critique of the politics of the Company’s work nevertheless recognises the cultural landscape of the Company as a positive and productive context for working with people with intellectual disability.

RESTLESS DANCE: THE COMPANY AND ITS METHODS

In order to contextualise the overview of the Company’s history and description of cultures of intellectual disability I give here, it is important to acknowledge that
my work with Restless is subjective practical experience. The embodied vantage point from which I write, and the conscious and unconscious assumptions which accompany this position, have shaped my perceptions of the Company and influenced my writing. The Restless methodology, a method for devising integrated dance theatre, is configured around aesthetics of intellectual disability. In describing the Company’s work this way, I employ the term ‘aesthetics of intellectual disability’ to describe the personal styles, nuances and attitudes of dancers with intellectual disability. The Restless methodology is based on ensemble process, movement improvisation, some contact improvisation and other contemporary dance and physical theatre techniques. The work of community dance practitioner and choreographer Sally Chance, who pioneered the Restless methodology in collaboration with the Company’s Youth Performance Ensemble and associate directors, underpins and informs this discussion of the Restless methodology. Chance and Hughes (1998: 1) outline the Restless mission “… [t]o be Australia’s leading youth dance company inspired by cultures of disability” (Chance & Hughes, 1998: 1). Chance and Hughes employ the plural ‘cultures’ here, rather than the singular ‘culture’ as there is arguably no single, containable, ‘culture’ of intellectual disability. In positioning itself as such, Restless clearly situates itself within “cultures of disability”, however the exact nature of these “cultures of disability” is not specified. Such an amorphously defined, yet very real and affective entity as a ‘culture’ is one that, by its very nature, eludes definitive containment.

At the same time as Restless positions itself within “cultures of disability”, the vast majority of Company dancers identify as being either with or without intellectual disability. There are few members of the Youth Performance Ensemble who identify as being solely physically disabled. Defining borders between different cultures of disability is an inherently problematic task, due to the fact that ideas of cultures are constructions and cultures (as well as ideas of cultures) are continually in flux. My concern here is to establish that there is a range of cultures that exist within the broader framework, or cultural territory, of Restless. While pioneering the work of Restless, Sally Chance developed two theories of practice that were intended to offer a description of the Company’s working philosophy. These are ‘cultures of intellectual disability’ and ‘reverse integration’. I briefly discuss these working philosophies before offering some practical examples of Restless process. I begin this discussion by acknowledging that writing about practice is controversial. The politics of writing about people with intellectual disabilities are compounded because my work is not easily accessible to the people whom I write ‘about’. Rather than positioning myself as writing about Company members with intellectual disability, I see myself as writing before them. My purpose here is to illustrate the work of the Company and detail the nature of their methodology.

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

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. They achieve this by employing the movement based methodology that is the articulation of ‘cultures of intellectual disability’ and ‘reverse integration’. These working philosophies offer an illustration of the Company’s dance practice and are manifest in the development and performance of dance theatre based on the aesthetics of intellectual disability. Within the Company, these theories of practice have been developed through the work of dancers with intellectual disability, and these practical ideas foreground the personal styles of people with intellectual disability. A result of this practical focus is that these ideas are not rulebooks for practice; they are a way of describing an ethics of practice. They are methods of practice that are contingent upon 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. Therefore, my writings on these topics are offered as a description rather than a definition. Dance technique within Restless becomes a method for foregrounding the aesthetics of people with intellectual disability, a process both technically challenging and politically complex.

DANCING POLITICS: DISABILITY CULTURE IN MOTION

The concept of a culture of disability is a core aspect of much disability-powered artwork (Allan, 2005; Kuppers, 2003) and it also underlies many studies of the social construction of disability (see for example Asch & Fine, 1988; Garland-Thompson, 1997; Oliver, 1989, 1983, 1990a, 1990b). As a derivative of this broad concept, which is 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 employed 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, Chance & Doyle, 1989: 9) Restless works to create a space in which the idea of intellectual disability is re-thought. Within Restless, a culture of intellectual disability is seen as the group dynamics and personal styles of dancers with intellectual disability. These sites are acknowledged as primary locations in which dancers’ histories and identities are actualised. Foregrounding the creative, physical work of people with intellectual disability is a valuable method for exploring ways of being ‘other’ than intellectually inadequate, as through this methodology power is attributed to form, and ‘thought’ is not privileged over form. 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, the term ‘cultures of intellectual disability’ reflects the fact that within Restless, corporeal form, or substance, is regarded as possessing an intrinsic power.
The idea of a culture of intellectual disability challenges the power base generally implied by the terms ‘with’ and ‘without’ intellectual disability, which suggest a dominant group ‘letting in’ a minority group. Restless challenges this majority/minority divide through positioning individuals with an intellectual disability as the authors of their own specific 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 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 in order to facilitate a space in which cultures of intellectual disability are foregrounded. The status quo that values dancers with intellectual disability is constructed and maintained through ensemble process, which is carefully facilitated by the Company director or performance choreographer. While the majority of the Company’s ‘cultural development’, or reterritorialisation, is organic (spontaneous), these processes of cultural change always occur alongside/within a framing practice of people without intellectual disabilities walking a fine line between creating or performing with, and supporting, people with intellectual disability. As such, dancers without intellectual disability form also a core part of the Company’s work. However in practice, or on the floor, dancers without intellectual disability are the silent ‘nuts and bolts’ through which Restless works: a Company that produces ‘disability powered’ dance theatre. This irony regarding the positioning of dancers ‘without’ disabilities in the Company can be seen as constituting part of cultures of intellectual disability as manifested in the Company and as forming part of the Company’s foundational philosophy of reverse integration. This paradox is both macro and micro; it is grounded in discourses developed about the Company that are necessary in order for the Company to survive. Certainly the embodied politics of ensemble relations are affected by Company profile, however 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. While these cellular, physical processes of change are fertile ground for theoretical exploration, for now it is important to note the paradoxical positioning of dancers ‘without’ disabilities in Restless as constituting a core part of cultures of intellectual disability as manifested in the Company.

Reverse integration is a term that has been employed within Restless to describe the practice of people without intellectual disabilities ‘integrating’ to fit in with the styles of people with intellectual disabilities. While this term is no longer mobilised regularly within the Company’s working method and the Company culture is considered to have evolved beyond this practice, as a philosophy, ‘reverse integration’ illustrates some foundational aspects of the Company’s work. Within Restless, 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:
INTRODUCTION

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 by asking how the idea of intellectual disability can support rather than ‘disable’ dancers ‘with’. In practice, 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. Within Restless then, the terms ‘with’ and ‘without’ are used in order to challenge the idea of including people with a disability, and by means of constructing an environment for devising dance theatre, a supportive space in which ‘intellectual disability’ is known as an individual’s style of process and their unique performance quality.

As noted above, the method for devising dance theatre that has been developed in Restless, draws upon a range of contemporary dance and theatre techniques. The process of devising a new work is always contingent upon funding, which is generally derived from a range of different sources. The primary funding for the development and performance of a new work (and notably the most significant amount of financial support allocated to the Company) is usually received from The Australia Council Dance Fund. The process of devising each new work is specific to the piece in question. However, every creative process begins with the response to a directorial concept. This process is facilitated by a director or choreographer who works with movement and physical theatre techniques that are their preferred style of practice. Directors, musicians and performers with specialised skills are contracted to contribute their knowledge to the Company, 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’ and was directed by Liam Steel (DV8 Dance Theatre, London). 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 and the themes also reflected the ‘moving on’ of some Company members from Restless to another stage of their career. Liam Steel was commissioned as the director of the work because of his background in physical theatre and dance performance. In addition to Steel’s leadership and direction, performers trained specifically in circus skills were employed to teach Company members (and to perform) circus acts that were ‘techniques of escape’, while ensemble members devised material that explored ‘leaving the nest’, freedom, and flight. Some beautiful solo, duet and ensemble works emerged from this process, works that might have enjoyed individual success in another context, but in the context of ‘reverse integration’ the purpose of
such works was specifically to fit in and enhance an overall aesthetic rather than to stand out as cameo moments.

While all Ensemble members participate in the intensive process of creating material for a new work, the final performance material is carefully selected, re-worked and choreographed by the director/choreographer of the performance. Company processes that focus upon paying attention to movement styles of performers ‘with’ 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. The director/choreographer of a new work also collaborates with the Company Designer, Gaelle Mellis, who designs original costumes and sets for each production. Creative works of eclectic fashion and spatial design emerge as part of the Restless costuming/design process and the core purpose of these works is to frame dancers’ individual styles and make their personal aesthetic accessible, while cultivating an atmosphere that is part of the performance piece. Restless sets provide the landscapes, the physical spaces, in which a particular aesthetic of intellectual disability is performed. Hence, Mellis’ work and the work of a lighting designer of Company choice are a similarly crucial part of every performance. In offering the above description of the Restless methodology and the manner in which new dance theatre works are created, it is my intention to provide an ambience of the Company’s work. It is also my intention to signpost some of the methods through which ideas of ‘cultures of intellectual disability’ and ‘reverse integration’ are employed on a range of different levels, throughout the process of devising and performing dance theatre.

METHODOLOGY: MY RESEARCH PROCESS

I now examine the practices of journal writing undertaken as my research method. These practices were both an articulation of a collective history and a (re)construction of my own actuality (Said, 1979: 11). The process of devising and performing a new work consists of an extensive number of contact hours which increase until the conclusion of a performance season. My journaling practices occurred in relation to the Company’s working hours.

I kept two different kinds of research journal, one of which functioned as an itinerary or logbook of rehearsals. The second journal was a reflective and analytic text, which was written on the cultural politics, aesthetic choices and political significances of the Company’s practice. The styles of my journal entries range from analyses configured around quotes, which constitute discussions of relationships between theory and practice, to theorizations of Company culture, to reflexive pieces about my dance theatre practice. In relation to the timeframe of devising and performing a work established by the Company, I wrote an entry in both my research journals after every rehearsal and during breaks. While performing on tour, I wrote during any allocated free time and after performances. The focus of my journals remained specific to the dance theatre work being developed. My entries changed in nature when I worked as an assistant director. This change
marked the difference in my focus during rehearsals, which moved away from the technical aspects of performing a dance work (which I theorise as crafting corporeal affects) to technologies of mapping and creating textual affects (theorised as constructing a being of sensation). As a dancer, I primarily noticed the ways that Company politics and culture informed my dance practice and that of other dancers. I also worked around personal identifications with the thematic content of performance pieces and I documented the structuring processes of each performance. In contrast to this, my journaling as an assistant director explored group processes and performance methodologies in detail, without including such a self-reflexive approach to writing. The process of journaling as an assistant director also focused on explicating relationships between textual affects and methods of composition. The concerns I focused on as a dancer always existed in relation to the compositional methods employed by our choreographer. Building on and extending this relationship, in my journaling as an assistant director I was afforded the opportunity to note techniques of producing embodied affects through group process. I also traced the conception, production, and detailing of textual affects. As such, my journals written as an assistant director provide a meta-context to the dancer’s work in building performances and my earlier journals, written as a dancer; perform a micro perspective on the construction of integrated dance theatre.

As a site for cultural inquiry, Restless offers a rich array of material and makes connections with a range of issues relating to radical disability politics, cultures of intellectual disability, youth culture and youth arts in Australia. The work of Restless also speaks critically to contemporary dance practices, youth theatre practices and disability arts. These sites of cultural and creative production, or “zones of intensity”, as Deleuze and Guattari (1987, 1996) might say, are surfaces I connect through journaling. The journals, and this study, are not singularly ‘about’ the dancers, youth arts, or cultures of disability. Rather, the journals and this study are “rhizomes” (Deleuze & Guattari, 1987: 3–25). They are texts that have multiple entryways, that employ the power of open connections and are expansive in nature.

My research methodology also included developing specific ways of thinking about the material in my journals and the ways that the practice of journaling speaks back to reading and writing theory. My research methods were integrated dance theatre practice, academic reading and a three-year-long conversation between different styles of journal writing, Deleuzo-Guattarian methods of thought and moments of connection: rhizomes where theory and practice meet in the middle and would shoot out in divergent directions. The journals contained schemes for making rhizomes, schemes that circled around my head and are performed in this study.

The process of writing the journals consistently remained a part of developing an intuitive method for discerning the main themes of the study. For example, the quest of problematising the implications of the term ‘intellectual disability’ began as soon as I started writing about the Company’s work. This journey in thought continued to create intrigue, especially in light of the ways in which the terms ‘with’ and ‘without’ are employed within Restless, as Company culture effectively challenges the ways that being termed ‘with’ or ‘without’ intellectual disability are
INTRODUCTION

often employed. Paradoxically, as soon as one begins theoretical discussions about the application of ‘intellectual disability’ as a way of knowing bodies, Company methods for problematising ‘majoritarian’ (Deleuze & Guattari, 1987) readings of ‘intellectual disability’ lose their significance. This is because, within any theoretical context, the term ‘intellectual disability’ continues to invoke a tradition of dogmatic thought tied to a specific method for conceiving bodies, a method of thinking that this research works to disrupt.

Deleuze and Guattari’s work is a form of performative political philosophy that can actively re-work dogmatic “images” of thought (Patton, 2000: 18). Hence, it is fitting that I find an innate connection between thinking bodies ‘outside’ the conceptual limits of intellectual disability, and what Deleuze described as re-working “something deeper that’s always taken for granted, a system of co-ordinates, dynamics, orientations: what it means to think and to ‘orient oneself in thought’” (Deleuze, 1995 in Patton, 2000: 18). Exploring the ways in which practice speaks back to theory became a major component of my journaling as the relationships between theory and practice that lie at the centre of this project strengthened. I began to structure the journals as a means of further developing connections between practice and theory and I turned my focus to ways that practice can be employed to perform theory in non-traditional ways. For example, my work on ‘turning away’ from intellectual disability (in chapter five) frames Deleuze and Guattari’s development of the concept of “becoming” (1987, 1996) in terms of integrated dance theatre and the specific journey of one Restless performer as located in a series of times, psychological spaces and physical places. Here, embodied negotiations of identity that occur across the process of devising and performing a dance theatre work are enmeshed with theoretical appraisal, as the connections I weave between these two bodies of work become fine spindles. Lived experiences on the dance floor are meshed with Deleuze and Guattari’s (1996: 110–111) suggestion that:

The event in its becoming, in its specific consistency … escapes History … To think is to experiment, but experimentation is always that which is in the process of coming about – the new, the remarkable, and interesting that replace the appearance of truth and are more demanding than it is … History is not experimentation, it is only the set of almost negative conditions that make possible the experimentation of something that escapes history.

In this passage, Deleuze and Guattari describe history as static, a “set of almost negative conditions” (1996: 111), or a territory within thought that becomes de-territorialisied through creative experimentation (Deleuze & Guattari, 1996: 110). One of the ways I have engaged with the double becoming of history is through theorising ‘intellectual disability’ as the local and conceptual terrain that the study reconfigures. My experiences of dancers ‘with’ intellectual disability challenging staid psychological limits which are often imposed upon them, are a local instance of “turning away” from history. Such limits are generally constructed through majoritarian cultural understandings of intellectual disability. In order to reterritorialise intellectual disability; to effect a becoming-other within thought, I emphasise the
INTRODUCTION

ways in which bodies with intellectual disability disrupt, and exist outside, medical discourses. These practices of becoming speak to Deleuze and Guattari’s micro-ethics and it is their argument that creativity is always a becoming, a reterritorialisation. One cannot become-other unless there is something from which one turns away:

Deterritorialisation and reterritorialisation meet in the double becoming. The Autochthon [native] can hardly be distinguished from the stranger because the stranger becomes Autochthonous in the country of the other who is not, at the same time that the Autochthon becomes stranger to himself, his class, his nation and his language (Deleuze & Guattari, 1996: 110, author’s square parentheses).

To rephrase this, whatever has become familiar to the ‘self’, one’s own indigenous territory or core modes of identification and operation, must change in a double becoming. For example, legacies of medical knowledges passed on through socialisation are one ground reterritorialised by the argument that ‘intellectual disability’ must be seen as, rather than an embodied deficit, a problem of philosophical thought. The relationship between theory and practice creates interesting binds that can be shifted through becomings. Dogmatic thought, or “history” as Deleuze and Guattari describe it, has provided conceptual ground upon which this study builds new connections between theory and practice; a ground where dance theatre practice informs theory; and theory morphs in relation to pragmatic concerns. The journals as physical texts are the sites where the crucial exchange of practice speaking back to theory begins.

This relationship is crucial, because the power of thought that theory offers us becomes dogmatic if it is not acknowledged as always already the thought of a collective, developed for pragmatic purposes in order to achieve certain goals. The thoughts I perform are the thoughts of the collectives I draw together in this work of becoming, in relationships which can be described as:

… the constitutive relationship of philosophy with non-philosophy. Becoming is always double, and it is this double becoming that constitutes a new people and a new earth. The philosopher must become nonphilosopher so that nonphilosophy becomes the earth and people of philosophy. Even such a well-respected philosopher as Bishop Berkley never stops saying, ‘we Irish others, the mob’. The people is internal to the thinker because it is a ‘becoming-people’, just as the thinker is internal to the people as no less unlimited becoming (Deleuze & Guattari, 1996: 109)

This study morphs philosophers into non-philosophers, who now speak with “a new people” (Deleuze & Guattari, 1996: 109), upon a new earth.

In the ensuing section, I explicate the practice of reading theory through dance theatre. I also venture towards theorizing the usefulness of this research methodology. I theorise the Company methodology outlined above as the “territory” (1996: 183) within which my research is located. I unpack Deleuze and Guattari’s notions of “territory” and “habitat” as they are constructed in What is Philosophy? in order to discuss the work of Restless and articulate some connections between Company culture, Company processes and Restless’ performance material. Later (chapters five and six) I turn my focus specifically to the production of performance
material, arguing that the Company methodology can be framed as a “plane of composition” (Deleuze & Guattari, 1996) that works with tools which are intrinsic elements of the ways that art functions. Here I do not mean to imply that art is a closed and singular category, nor that art works in limited ways. However, the tools I refer to are the ideas of “affect” and “percept” (Deleuze & Guattari, 1996) and as the study develops, I further discuss and mobilise these terms in order to create avenues for additional discussion of the Company’s work. For now, I turn my focus to theorising Company culture as an enculturated territory and embodied habitat.

FROM BODY TO HOUSE

“Art begins not with the flesh but with the house”. (Deleuze & Guattari, 1996: 186)

Artists and art works are a product of their context. The “house” (1996: 186) to which Deleuze and Guattari refer, is a cultural space, a territory created through collective processes. This terrain opens to a continually unfolding ‘outside’ in the production of change. Art begins with cultural territories, rather than with the flesh, or the person, as the flesh is too tender, too raw and malleable to experience the force of art directly (Deleuze & Guattari, 1996: 179). The ever-vulnerable flesh needs a house, a cultural context, within which it can engage with the production of newness. The flesh is the “thermometer of becoming” because it registers and articulates becoming, but the process of becoming itself extends beyond individual bodies. The theorization of Restless as “territory-house” undertaken in this section explores the production of art as a collective undertaking and briefly introduces the conceptual tools of percept and affect, further explored in chapter one, to theorise art as a technical skill and an act of creation. I describe the Restless methodology as serving to extract material blocs of sensation, or percepts and affects, from a cultural territory.

I begin by unpacking the ideas of the territory as milieu and the house as a mode of embodiment shaped by lived habits, before distancing these sites from the process of creating percepts and affects. This distance is necessary in order to theorise the productive capacity of performance work, as what a Restless production ‘does’ can be distinguished from the way that Company culture works. Deleuze and Guattari (1996: 183) suggest “the animal … carves out a territory and constructs a house”. The territory and the house exist in close alignment; they are part of the same habitat. A house is constructed upon a given territory. The territory and house form a nexus that is produced by the transformation of life habits, a process of change which is part of the production of “sensory qualities”. These sensory qualities, notes in a territorial refrain, are compressed into a bloc of sensations, forming a plane of composition, which is a “compound of percepts and affects” (Deleuze & Guattari, 1996: 164).

Deleuze and Guattari’s discussion of territories is inspired by “the animal that carves out a territory and constructs a house” (Deleuze & Guattari, 1996: 183). In being lived habits, the territory and the house are habitats. Deleuze and Guattari
argue that the territory–house is a site in which regulatory or disciplinary functions are often performed (such as sexual practices, thought practices and other lived, organic functions) these regulatory functions also provide the means through which the territory is created. The territory-house is a nexus produced through the transformation of habits of life, an alteration that occurs in the production of specific “sensory qualities” (Deleuze & Guattari, 1996: 183). Deleuze and Guattari describe this production of new sensory qualities as follows:

… transformation does not explain the emergence of territory and house; rather it is the other way around: the territory implies the emergence of pure sensory qualities, of sensibilia that cease to be merely functional and become expressive features, making possible a transformation of functions (Deleuze & Guattari, 1996: 183).

In the space of the territory, the sensory becomes ordinal. The production of sensations denotes a territory that is then actively (re)constructed into a “house”; a monument that celebrates the sensory as a powerful and productive entity, opening up lines for the production of art:

This emergence of pure sensory qualities is already in art, not only in the treatment of external materials but in the body’s postures and colours, in the songs and cries that mark out a territory. It is an outpouring of features, colour, and sounds that are inseparable insofar as they become expressive (Deleuze & Guattari, 1996: 184).

Expressive sensations are points of entry to a “territory” (1996: 184) that is identified through its own refrain. The production of art via an artistic method occurs on this territory through the construction of percepts and affects. An example of this relationship can be drawn from the work of Restless and the notions of territory, habitat and house can be employed to articulate the political, aesthetic and cultural significances of the work of the Company.

Restless Ensemble members begin the process of creating art through moving. The tasks the Company director sets for the Ensemble and the way in which the Ensemble responds to these tasks, are always/already part of what eventually becomes a Restless show. These stages of creative development are also “sensory qualities” (1996: 184) that reside “not only in the treatment of external materials” (1996: 184) such as directorial tasks and the conceptual development of the production, but also “in the body’s postures and colours, in the songs and cries that mark out a territory” (Deleuze & Guattari, 1996: 184). Thus, this “territory” (1996: 84) or cultural milieu, is a compression of “pure sensory qualities” (1996: 184), “an outpouring of features, colour, and sounds that are inseparable insofar as they become expressive” (Deleuze & Guattari, 1996: 184) of a particular cultural environment.

Deleuze and Guattari argue that “the refrain”; that which denotes a territory, is “already in art” (Deleuze & Guattari, 1996: 184). For Deleuze and Guattari, “art” is a powerful singularity, an entity that exists on its own terms, a “bloc of sensations” (Deleuze & Guattari, 1996: 184) that has affective capacity and is composed of sensory affects.
In suggesting that a bloc of sensations has an affective capacity or ordinal power, I am arguing that art has the capacity to re-work a body’s limits, to reconfigure individual arrangements of structure/agency, and augment what a body is or is not able to understand, produce and connect to. As such, creating new senses allows for the construction of new thought. This enhancement of subjective limits is the process I refer to in suggesting that art has the capacity to rework a body’s capacity.

I would like to elucidate the differences between a bloc of sensations (a work of art) and a terrain (or cultural habitat). As I have suggested above, the territorial refrain is not art by virtue of its creation; a collection of bodies moving is not necessarily dance. In Deleuze and Guattari’s (1996: 185) terms, the production of art is contingent upon opening up to chaos, a line of deterritorialisation which opens up a territorial refrain (acculturated sensory vocabularies) and connects it to other spaces (rhizome) and melodies, forming a chorus:

Every territory, every habitat, joins up not only its spatiotemporal but its qualitative planes or sections: a posture and a song for example, a song and a colour, percepts and affects. And every territory encompasses or cuts across the territories of other species, or intercepts the trajectory of animals without territories, forming interspecies junction points (Deleuze & Guattari, 1996: 185).

These “junction points” (1996: 185) are created through artistic methods, specific, technical material workings. These practices draw on already acculturated material and craft compounds (blocs) of sensations. These are quite distinct from a general collection of bodies or, for example, an unstructured dance, or the singular bodies and choreographies that are worked together until they pass into a sensation. Deleuze and Guattari are adamant that it is artistic method that serves to extract the materiality of art, blocs of sensation, percepts and affects, from a territory. It is this distinction between territory and a bloc of sensations that becomes crucial to recognizing the cultural significance of the work of Restless. Deleuze and Guattari (1996: 167) illustrate the productive nexus between embodied subjectivities and the production of sensation, arguing:

By means of the material, the aim of art is to wrest the percept from perceptions of objects and the states of a perceiving subject, to wrest the affect from affections as the transition of one state to another: to extract a bloc of sensations, a pure being of sensations. A method is needed, and this varies with every artist and forms part of the work (Deleuze & Guattari, 1996: 167).

In order to conclude my discussion of methodology, I now explicate the ways in which Deleuze and Guattari’s ideas of percept and affect offer important opportunities for theorising the work of Restless. This explains how I theorise the process and labour of constructing artwork. This labour folds in on itself, in comprising the territory-house of Restless and it is this specific terrain that is opened out through the production of sensation.

A key aspect of the method of thought proposed by Deleuze and Guattari through the ideas of percept and affect is thinking about a work of art as being an autonomous reality (1996: 164). The miniature universe created in a work of art
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can perform a pedagogic function, in that it can remain with a viewer and expand their personal capacity after the artwork has been experienced. In suggesting that the viewer or hearer only experiences an artwork “after” it has actually been observed, Deleuze and Guattari are arguing that art can create and imbue new milieus of sense; new methods for knowing; a new ‘reality’ that in atmosphere and rhythmic flow is unique.

Elements of difference that are created through art can be retained by the viewer and integrated into what the viewer ‘is’, what they can or cannot do, how they work as a body. This method of thought focuses not on where the artwork comes from, but where it goes, what its affects are and what it can produce. For example, Deleuze and Guattari (1996: 163–4) suggest that it is useful to consider a work of art as being “independent” from its creator, in order to focus upon the future possibilities opened up through the artwork and the ways in which this process of opening up occurs. These methods of thought hinge upon the ideas of percept and affect, and allow me to focus upon the ways in which the work of Restless creates and presents sensory differences. Ensuing theorisations of the Company’s work, particularly in chapters five and six, explore the technical production of percepts and affects.

The territory of the Company is the physical, cultural and political spaces it creates and inhabits. It is an assemblage that is produced by specific methods of behaviour and social beliefs. This territory is an environment in which the Restless members labour to move beyond their habits and produce affects and percepts. Habitats produce habits, embodied ways of acting and reconstructing one’s own subjectivity. The bodies that populate this cultural landscape continually perform and reconstruct their territorial refrain, a collection of embodied habits. A territorial refrain is a multiplicity of embodied ways of acting, feeling and thinking which aligns its actors’ subjectivities in particular ways. The refrain, or multiplicity of embodied actions of Restless, constitutes the raw material from which Company choreography is crafted. Choreographic material is then compounded with sound, light, the colours and textures of design and certain spatial locations in order to produce the sensory landscape that is a performance text. The concepts of affect and percept open up opportunities for theorising the ways in which processes of creating sensory landscapes or blocs of sensation occur. These blocks of sensation shift viewer’s subjective limits and establish new kinaesthetic economies of relation, through which bodies with intellectual disability can be known.

The research sensibility which drives this study, the means through which I have developed this project and the support and encouragement offered by the community of practitioners I write about, all point towards the prospective usefulness of this work. I am inspired by Gatens and Lloyd’s (1999: 4) suggestion that:

There are perplexities in our contemporary understanding … of our sameness and difference, which arise not at the level of conscious belief but rather from the operations of the imagination. Imagery, and the affects that accompany it and that are organised through it, can persist in the form of powerful social fictions even when the explicit beliefs associated with these images and fictions are not consciously endorsed.
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I sincerely hope that the beliefs and attitudes I advance here create images within thought around which positive and productive social imaginings of people with intellectual disability are configured.
… [the] rhythmic unity of the senses, can be discovered only by going beyond the organism. The phenomenological hypothesis is perhaps insufficient because it merely invokes the lived body. But the lived body is still a paltry thing in comparison with a more profound and almost unlivable Power [Puissance]. (Deleuze, 1990a: 39)

Art expresses force. It articulates the “profound and almost unlivable Power” to which Deleuze refers in the above quotation. As a compression of skills, labour and beliefs, dance theatre is one means of articulating, through aesthetics, “a ‘logic of the senses’ which is neither cerebral nor rational” (1990a: 37). As a specific modulation of the force of art, dance theatre affects the senses by engaging spectators kinaesthetically, aurally, visually and temporally. As explained in the introduction, this book is concerned with a particular kind of dance theatre, “integrated dance theatre”, devised and performed by people with and without intellectual disabilities. This chapter’s title, “The Thinking Body and Art as Force” highlights two focal points, which are: to develop affirmative ways for thinking about bodies with intellectual disability and to do so through studying dance theatre texts.
Firstly, the chapter critiques Descartes’ mind-body dualism, a concept that haunts ideas of intellectual disability. A Cartesian framework of philosophy is referred to when an intellectual disability is diagnosed in relation to a person’s capacity for abstract thought. Because corporeal potential is discounted, the untheorised body constructed by the term intellectual disability is but a virtual paradox created by Descartes’ claim that the positioning of corporeality outside thought is constitutive of thought itself. It is necessary for popular assumptions about ‘thought’ that arise from this conceptual ground to be re-designed, in order for intellectual disability to be theorised positively in relation to an active concept of corporeality. Bodies with intellectual disability need to be known in terms of what they produce, rather than by reference to what they are not.

Secondly, a focus on developing affirmative ways for thinking about bodies with intellectual disability is explicated by turning to monism as a way of thinking about knowledge as embodied. The work of Spinoza (2001, 1996) is deployed to bring an understanding of corporeality as constitutive of knowledge and as possessing equal power to thought. Spinoza’s ideas of physical, bodily complexity connect his theory of corporeality with his conceptualization of sensation, memory, imagination and inter-personal relations. These aspects of Spinoza’s work are grounded in bodily physics. Corporeal imaginings of bodies are described by Spinoza as bodily affect. Affects are a product of the contextualised, embodied nature of the imagination. Bodily affects are learnt. They are brought about through corporeal relations and the material residues of experiences that live on in the human imagination. These material residues are traces of experiences past that provide points of departure, and points of reference, for future experiences. These traces inform the construction of human passions. Passions either add to, or detract from, a body’s capacity. Joy, sadness and desire, the products of embodied relations, orientate a body’s thoughts and actions. Theorizing the embodied relations between individuals and wider collectives requires conceptions of affects, passion and emotion as physical events. Within such a framework, spectators and performers of dance theatre devised and performed by people with intellectual disability are part of a shared community by virtue of physical proximity. They share sensory tropes developed within the work.

Thirdly, in bringing an aesthetic focus to strategies for thinking about embodied knowledge, the chapter takes up Deleuze and Guattari’s (1996) contention that works of art can be thought of as compounds of percepts and affects. A percept is a physical fragment of the world imagined through an artwork. An affect is the sense or feeling that is enmeshed with the materiality of the artwork. Combined together in art, percepts and affects constitute what Deleuze and Guattari (1996: 176) call a “bloc of sensations”. Blocs of sensations are the language with which art speaks. When formed by bodies with intellectual disability, blocs of sensations are vectors of the forces that these bodies produce. They establish new economies of relation through which bodies with intellectual disability can be known.
When considering the problematic of intellectual disability, the issues at stake in conceptualizing mind and body become particularly significant. If the mind is conceived as physically disengaged from the body, yet as possessing absolute power over corporeal actions and reactions, then the idea of a disabled mind leaves limited room for inquiry. Descartes’ concept of transcendent consciousness acts as a figurehead for theories of knowledge and fixed subjectivity. Indeed, Descartes is famous for this contention that the mind and the body are different substances. His disembodied image of thought has become known as the “cogito”: after the famous Latin dictum through which he articulated his theory, “cogito, ergo sum”, or in English: “I think, therefore I am”. For Descartes, minds can not be divided and they are not extended in space. Alternatively, bodies are infinitely divisible and are extended in space. “Intellectual disability” is an idea that is haunted by his affection for immaterial thinking substance. The notion of “intellectual disability” only exists because “thought” can already be imagined as materially distinct from bodies. Descartes’ cogito functions as this image of thought that is distinct from the body. While the body is spatially and materially located, the cogito is not. The body is positioned outside thought, yet corporeality and more broadly, matter, operate as the foundation for Descartes’ cogito (or disembodied mind) in the respect that his image of thought simultaneously constructs an assumed, sublimated or invisible corporeality. This marginalisation of the body is a product of Descartes’ positioning of corporeality and sense perceptions as exterior to the realm of pure thought. It constructs the body as unthought and does not offer any grounds on which to consider that bodies may have knowledge (such as somatic responses, ‘muscle memory’, genetic codes).

Descartes’ (1968, a & b) contention that the mind and body are distinct is foreshadowed in his early work Discourse on Method, and begins in proper in Meditations. Here, Descartes argues that the mind and body exist separately, because they can (indeed, for Descartes’, they must) be conceived as distinct substances: the body as a material substance, the defining feature of which is extension, and thought as an immaterial thinking substance, the defining feature of which is abstract thought. Descartes’ argument for this dualism occupies only one paragraph of “Meditation Six”, in which he argues:

I rightly conclude that my essence consists in this [thought] alone, that I am a thinking thing, or a substance whose whole essence or nature consists in thinking. And although perhaps (or rather as I shall shortly, say, certainly,) I have a body to which I am very closely united, nevertheless, because, on one hand, I have a clear and distinct idea of myself in so far as I am only a thinking and un-extended thing, and because, on the other hand I have a distinct idea of the body in so far as it is only an extended thing but which does not think, it is certain that I, that is to say my mind, by which I am what I am, is entirely and truly distinct from my body, and may exist without it. (Descartes, 1968b: 156)
CHAPTER 1

Descartes (1968b: 156) expands upon this contention that the mind and the body are “truly distinct” in his later work *The Principles of Philosophy*. Here he argues:

… [W]e can certainly have two clear and distinct notions or ideas: one of created thinking substance, and one of bodily substance. The way to achieve this is by carefully separating all the attributes of thought from the attributes of extension. In the same way, we can also have a clear and distinct idea of uncreated and independent thinking substance, namely of God. (Descartes, 1999: Part 1, Principle 54)

This contention that there is a fundamental distinction, known within Descartes’ terms as a “real” or “substantial distinction” between the human mind and body, has been described as “… the originary rupture between reason and its others … the constitutive moment of the classical order. In the same dividing gesture, thought drives its others, all that is non/pre/un/thought, out of its sight and site” (Braidotti, 1996: 55). The ways in which Descartes’ metaphysics limit possibilities for theorizing corporeality as an active substance unfold across a range of academic discourses11. It is not within the scope of this monograph to explore these implications in the detail that this line of investigation merits12. Rather, this chapter outlines the primary ways in which Descartes’ philosophy constructs a narrow conception of corporeality and its capacities. I consider the implications of this concept for thinking about “intellectual disability”.

In “Part One” of *The Principles of Philosophy* (The Principles of Human Knowledge) Descartes (1999: Part 1, Principle 11) contends that the mind is better known than the body as “nothing gives us knowledge … outside the mind”. Furthering his polemic, in “Part Two” of *The Principles of Philosophy* (The Principles of Material Things), Descartes employs this methodology to theorise that, “the nature of body does not consist in weight, hardness, colour, or the such like, but in extension alone” (Principle 4). Human sensations and emotions are ultimately a product of the human brain. He contends:

…[E]ven though the human soul informs the whole body, it has its main seat in the brain. This is the only place where it not only understands and imagines, but also has sensations. It has sensations by means of the nerves, which extend like threads from the brain to all other parts of the body. They are connected to them in such a way that hardly any part of the human body can be touched, without the touch moving the ends of some of the nerves distributed throughout it. Their motions are transferred to the other ends of the nerves, which come together in the brain around the seat of the soul. (Descartes, 1999: Part IV, Principle 189)

Descartes acknowledges that the brain is a material entity located in the body that, “not only understands and imagines, but also has sensations”; however, the senses, the emotions and the imagination, are subject to the “greater power” of immaterial reason (thought). Through this particular twist of logic, the human senses, emotions and imagination are considered a product of the disembodied mind, rather than part of a material, corporeal vocabulary. In contemporary contexts, it is difficult to fathom how such a discursive move, contained within a small portion of
text, could exercise the conceptual influence that has been accorded to ideas of mind/body dualism.

Accounting for the pervasive influence of Descartes’ thought, Braidotti (1996) suggests that the construction of the body as unthought is synonymous with the cultural imperative to deface and dis-empower minoritarian bodies:

The exclusion [of the body] is required to validate the positivity of reason, but insofar as the exclusion is constitutive, it grounds thought in mechanisms of exclusion of the other. The other’s silence makes the subject’s speech possible. (Braidotti, 1996: 55)

The mind needs the body in order to exist. The mind needs the body not as a medium of expression, but constitutively—as a substance which is ‘othered’ from the mind. The mind is the product of a body / thought dialectic.

Extending Braidotti’s notion of the flesh as silent “other” that allows the Cartesian subject to speak, bodies with intellectual disability and the ways in which we think about bodies with intellectual disabilities, can be read as discursively marking the unthought in Cartesian philosophy. Offering an alternative to such a divisive method of conceptualization, Spinoza (2001) critiques Descartes’ ideas of the mind and its relation to the body as follows:

Descartes, though he believed that the mind is absolute master over its own actions, tried nevertheless to explain by their first causes human affects, and at the same time to show the ways by which the mind could obtain absolute power over them; but in my opinion he has shown nothing ... (Spinoza, 2001: 97)

Spinoza, making way for scholars such as Braidotti, explains that ignoring the body and its affects does not decrease corporeal and affective powers. It just means we don’t understand them very well. In contrast to Descartes’ argument that there are two mutually exclusive types of substance, a thinking substance (Descartes, 1999: Part 1, Principle 54, 189) and an extended substance (Descartes, 1999: Part 1, Principle 54, 60, 61), Spinoza’s mind and body are different attributes of the same substance. These attributes are afforded equal conceptual status. Rather than valorising a disembodied mind, which has control over the body, Spinoza (2001) contends that our minds are the idea of our bodies. This method for imagining thought as the product of the body affords power and agency to the human form. Spinoza employs the term “reason” to refer to an analogous or reproductive method of thought, a method that he contrasts to the human imagination. For Spinoza, imagination is our sensory experience of the world; an experience that cannot be reproductive, as no two bodies or experiences are the same. Corporeal forms (and thoughts about corporeal forms) are kinds of collective awareness, as bodies are extensions of their contexts (Gatens & Lloyd, 1999: 2).

The idea of ‘intellectual disability’ has become a way of knowing and categorizing bodies. However, it is an idea that describes a mind and not a body. If the mind can be seen as embodied, and articulated in sense-perceptions, emotions and memory, then the abstract definition of ‘intelligence’ that is effected by the idea of ‘intellectual disability’ can be quite removed from the material and sensory
knowledges that are of importance when considering bodies who are categorised as ‘intellectually disabled’.

THE THINKING BODY

Through a Spinozist lens, a body is not able or disabled: it just is. Every body is an articulation of one singular substance, a mode of extension. Spinoza’s method for conceptualizing the body is modelled on relations. Aspects of human bodies; molecules, muscles, blood, bones, communicate to each other, exist in relation to each other, and in relating, join together to form a corpus. Moving beyond the body, contexts and relations between human bodies are equally as constitutive of corporeal capacity. Bodily performances are thought as perpetual, relational processes of becoming. The bodies in relation to which corporeal forms become are enfolded, through interaction, in the embodied subjectivity of a person. Here we find a concept of the body as a responsive, generative form.

Spinoza believed the materiality of sensation is part of our imagination, and the imagination is grounded in the body (Gatens & Lloyd, 1999: 4, 8, 14, 18, 21, 26, 29, 32, 39, 64, 68). The materiality of imagination and the experience of sensation are produced by relations between ideas and the bodies that are their objects; different attributes of the one substance. This physical concept of the imagination, as interactions between individual extensions and thoughts of a single substance, exists in opposition to a Cartesian theory of bodies because of its material locus. In his discussion of God (2001: 16) and his account of the origin and nature of affects (2001: 98) Spinoza articulates this distinctive method for considering corporeality. It is this method that enables him to consider the constitution and power of emotions in terms of ontology. Spinoza argues:

… affects … have therefore certain causes through which they are to be understood and certain properties which are just as worthy of being known as the properties of any other thing in the contemplation of which we delight. I shall, therefore, pursue the same method in considering the nature and strength of the affects and the power of the mind over them which I pursued in our previous discussion of God and the mind, and I shall consider human actions and appetites just as if I were considering lines, planes and bodies. (Spinoza, 2001: 98)

As this quotation makes plain, within Spinoza’s work the ideas of lines, planes, simple and complex bodies, are employed as methods for theorizing corporeality, actions and desires. Spinoza also employs this method of inquiry to investigate the human mind. In taking such an approach to presenting his ideas, Spinoza contends that human actions and desires are powerful and affective aspects of bodies. The body and its emotions are one and the same. To understand the interaction of affect and imagination through the concepts of “lines, planes and bodies” (Spinoza, 2001: 98) is not to reduce these phenomena. By considering embodied affect and imagination through definitions, axioms, demonstrations and corollaries, reason is able to negotiate (or traverse) the imagination. In Spinoza’s (2001: 63) conceptual
Spinoza sustains his focus on corporeal context by arguing that the affections of the human body lay down a range of paths in thought (Gatens & Lloyd, 1999: 25). These paths arise from an individual’s idiosyncratic patterns of experience. Hence, a variety of individual patterns exist in correlation with different people’s lived experiences. All paths are the product of an individual’s engagement with the community. They form geographies of meaning that bind communities. Such a process of engagement occurs by virtue of a body’s existence. Bodies’ articulations of their surroundings are unique because they offer a distinctive extension of their context. For example, Spinoza (2001: 63) suggests:

All ways in which any body is affected follow at the same time from the nature of the affected body, and from the nature of the affecting body … therefore the idea of these affections necessarily involves the nature of each body, and therefore the idea of each way in which the human body is affected by an external body involves the nature of the human body and of the external body.

This quote illustrates Spinoza’s belief that bodies are constituted in and through their relations with others (Gatens & Lloyd, 1999: 77). In arguing that “the idea of each way in which the human body is affected by an external body involves the nature of the human body”, Spinoza (2001: 63) reminds his readers that constructing bodies and actions in thought is an ethical enterprise. What a body might become, how a body is received, already “involves the nature of the human body”. In other words, our understanding of the constitution of the body impacts on how we relate to, and ‘deal with’ the body, and it also shapes the possibilities that are afforded to the body.

Spinoza sees human passion as operating in conjunction with, and being organised around, images (Gatens & Lloyd, 1999). In constructing a relationship between human passions and sensory images, Spinoza maps the creation of geographies of human feeling. Sensory images cluster around points of emotional intensity (Gatens & Lloyd, 1999: 40). Organised patterns of affect and image can be reworked through thought that is driven by emotion (Gatens & Lloyd, 1999: 65). For example, the narrow field within which issues relating to intellectual disability are thought means that there are very select ways in which people with intellectual disability can be imagined. Specific milieus of sense, feelings, expectations, become attached to the idea of intellectual disability and the body of the person with intellectual disability. For example: the sweet and simple minded person14, the dirty, evil idiot15, the social burden16 are but a few popular social stereotypes that arise from medically and sociologically based knowledges of intellectual disability.17

Following on from an understanding of the imagination as an awareness of bodies (an awareness which exists at the same time as being aware of one’s own body), Spinoza’s theory of affect suggests that in order to comprehend something in thought, a person must have a previous emotional relationship to the subject
(Gatens & Lloyd, 1999: 22, 79, 82), a prejudice against it, or fondness for it, based on a prior imagining of the thing’s essence. It is a relationship to this essence that generates affect, such as, a sense of fondness or hostility produced upon initial contact with an intellectually disabled person. An example of modifying the collective meaning or essence of intellectual disability can be found in the way in which Restless dancers with intellectual disability de-territorialize medical and sociological discourses of intellectual disability. Reviews of the Company’s work suggest that it: “... challenges society’s perspective of people with intellectual disabilities” (Goode, 2000: n.p). In other words, their dance theatre creates new affects through which people with intellectual disability can be known.

In order to change established patterns of affect and image within the imagination, one must challenge the appropriateness of the images that lie at the core of organised patterns of affect (Gatens & Lloyd, 1999). Through his belief that patterns of human passion are grounded in the personal structuring of image and affect, Spinoza imbues his analysis of the operations of the passions with practical and personal, ethical dimensions. Spinoza recognizes processes of making meaning, crafting emotional responses and producing affective images as tangible acts (Gatens & Lloyd, 1999). These acts are political in the respect that they inform the possible in social imaginings. Through this conceptual lens, embodied relations in dance theatre can be seen as a way of constructing new imaginings of the social. Kinesthetic communication effected via integrated dance theatre can constitute a re-imagining of bodies otherwise known as intellectually disabled. The following quote elaborates this point:

Do most of the performers look different? Yes, they do (although to me, Elle Macpherson looks different too – it’s just that some sorts of difference are more desirable in our society than others). Are these issues to get hung up on? No, they are not. Precious is another of those shining works that, like the best dance, confirms the power of movement to stir the imagination and the emotions... Precious is brief – scarcely more than 45 minutes – but every moment counts. If only all contemporary companies could say as much (Jones, 2000: n.p)

Through taking up the work of Deleuze (2003) and Deleuze and Guattari (1987, 1996), to extend Spinoza’s concept of affect, the ensuing section explores conceptual tools for theorizing aesthetic economies of relation. Processes of making meaning and producing affective images in integrated dance theatre are examined.

ART AS FORCE

Like Spinoza, Deleuze (2003) and Deleuze and Guattari (1987, 1996) explore ways of thinking the body outside Cartesian dualism. For Deleuze and Guattari, each body’s embodied mind is a performance of difference, the mind is the ‘idea’ of the body; human consciousness is a product of corporeality. So, just as every human body is diverse, every human mind is different. It is thus impossible to compare the individuality of each body: every person has “the individuality of a day, a season, a year, a life (regardless of its duration) — a climate, a wind, a fog, a swarm, a pack”
THE THINKING BODY AND ART AS FORCE

The fundamental relationship between Spinoza’s philosophy and Deleuze and Guattari’s idea of the body is evident in Deleuze and Guattari’s (1987: 262) contention that every body is “… a longitude and latitude, a set of speeds and slownesses between formed particles, a set of nonsubjectified affects”. Here, as in the passage from Spinoza’s Ethics quoted earlier, the body is an extension of substance, a variation of the two universal attributes of substance: thought and extension. Deleuze and Guattari mobilize Spinoza’s ideas in order to think every body as unique and the mind as an extension of individual form. Human bodies are consistently re-making themselves through processes of becoming.

Deleuze and Guattari make a distinction between corporeal becomings, which occur on a plane of sensation, and becomings of thought, which occur on a plane of immanence. Corporeal becoming is “the action by which something or someone continues to become other (while still continuing to be what it is)” (1996: 177). As such, corporeal becoming is a minor-material revolution. Binary terms of power (majoritarian and minoritarian) and dualistic discourses are dissolved through processes of becoming, as: “Only a minority is capable of serving as the active medium of becoming, but under such conditions that it ceases to be a definable aggregate in relation to the majority” (Deleuze & Guattari, 1987: 291). In suggesting such dissolution of binary terms of power (i.e. majority/minority, man/woman, able/disabled), Deleuze and Guattari are not negating the embodied affect of being part of a cultural minority. In paying attention to embodiment and affects of marginalization, Deleuze and Guattari (1987: 257) suggest that rather than knowing what something or someone “is”, (i.e. part of a majority or minority) we can only know what a body “is capable of” (1987: 257).

Deleuze and Guattari’s (1996) argument that works of art consist of collections of percepts and affects offer tools for unpacking the material thinking that art undertakes. Through crafting physical fragments of imagined worlds, artworks make new realities possible, realities in which bodies with intellectual disability are not haunted by belief in their virtual lack. “Percept” is the name Deleuze and Guattari give to physical fragments of imagined worlds. New realities imagined in art are communicated through kinaesthetic economies of affect, relays of sensation between a performance text and audience members. In this context, affect is meta-subjective; it is the sense or feeling that is enmeshed with the materiality of the artwork. Combined together in art, percepts and affects constitute what Deleuze and Guattari (1996: 176) term a “bloc of sensations”.

Art is the language of sensations. Art does not have opinions. Art undoes the triple organisation of perceptions, affections and opinions [doxa: the “essence” of a body] in order to substitute a monument composed of percepts, affects and blocs of sensations that take the place of language … A monument does not commemorate or celebrate something that happened but confides to the ear of the future the persistent sensations that embody the event. (Deleuze & Guattari, 1996: 176–7, author’s square parentheses)

Blocs of sensation are monuments, entities that propel the worldviews and knowledge of those for whom they speak, and in so doing, they create a new
sensory landscape for their beholder. These simultaneous acts of presenting a worldview and creating a sensory landscape occur through an artwork’s affect. This is the way a work of art can make its observer feel; the connection(s) a work prompts its observer to make. The materiality of the artwork, the blocs of sensation of which it is composed, embody the affect specific to the work. Each bloc of sensation has its own affective force or quality.

Deleuze and Guattari (1996: 166) suggest that the person who experiences the force produced by an affect can retain this force, and can also be changed as a result of their experience. As sensation, this force is augmented by the body: “…sensation, when it acquires a body through the organism, is immediately conveyed in the flesh through the nervous wave or vital emotion” (Deleuze, 2003: 40). However, the way in which a sensory affect is experienced, and the way(s) in which an affect works, will always be specific to the body in question. Indeed, whether or not a work of art is perceived as having affect at all is specific to the body in question. As Deleuze and Guattari contend: “it [a work of art] is no less independent of the viewer or hearer, who only experience it after, if they have the strength for it” (1996: 164, author’s square parentheses). As such, while they are material monuments and compounds of labour, skill, time and matter, the power of percepts and affects must also be seen as context-specific and subjective. The forces produced by works of art exist in relation to those who experience them, those who “have the strength for it” (1996: 164). A compound of sensations is quite distinct from a general collection of people on stage, an unstructured dance, or the singular bodies and choreographies that are worked together until they pass into a sensation. As I explained in the introduction, Deleuze and Guattari (1996: 167) are adamant that it must be an artistic method that serves to extract material, blocs of sensation, percepts and affects, from a “territory”.

The nature of such a method is always specific to the work in question, indeed, to the artist in question. Deleuze and Guattari describe this process as occurring upon a plane of composition, and as such, the task of constructing blocs of sensation is specific to this plane or cultural territory. In theorizing the process of making artworks, Deleuze and Guattari (1996: 188) suggest that such an endeavour:

... entails a plane of composition that is not abstractly preconceived but constructed as the work progresses, opening, mixing, dismantling, and reassembling increasingly unlimited compounds ….

Artworks construct their own plane of composition as they are assembled. This point is particularly pertinent to the Restless methodology, which is always contingent upon the ways in which dancers engage with a process, the style of material that they devise, ensemble dynamics and choreographer-ensemble relations. These are just a few of the variable elements that are dismantled, reassembled, opened up and mixed, in order to create a block of sensations with affective capacity.

A bloc of sensations as produced by Restless exists on a full performance piece that is a compression of dancers’ perceptions and lived experiences into embodied percepts. These percepts, or physical acts, dispositions and movements, combined with staging, costuming, lighting and music, no longer speak with the affections
of a youthful ensemble, but with affects. These affects are singularities that cannot be defined solely through affinities of lived experience, but rather, are defined internally to a work of art. New sensibilities, new affects are created within the context of this minor reality: a bloc of sensation that is offered up to the world as an expression of difference. Dance theatre experiences differenciation through creating and presenting differences yet unknown. It has the capacity to re-construct geographies of emotion in the spectator, to re-work a body’s limits, to re-adjust what a person is or is not able to understand, produce and connect to.

This is not to say that a work will necessarily change its viewers in prescribed ways, rather, that dance theatre can create new associations and habits of clustering emotion around new images. A dance theatre work can present a person with intellectual disability in a very different way from other public arenas, by deploying the body’s power to move, feel and sense. Through placing bodies with intellectual disability on stage, embodied histories and cultural modes of imagining and responding to intellectual disability are taken up as raw material of art which is then re-designed and re-imagined through performance. This creates a material, aesthetic reconfiguration of bodies with intellectual disability and an emergent cultural geography of human feelings assembled in relation to bodies with intellectual disability. Mapping human emotions through art connects the work of Restless to aesthetic trajectories that would not otherwise include images of disability, as the following quote illustrates:

It was an amazing and liberating experience. After seeing rather a lot of shallow contemporary dance recently, I felt that I had come home again to dance which dared to express what other art forms cannot. Its rough, sculptural beauty, the repeated challenging question of whether fate is written in the hand and the daring confrontation with suffering and disability, were an affirmation of the power of dance to get to the heart of the matter. The symbolism was simple, but convincing; the 17 dancers were at the centre of their own drama which was … electrifying (Stott Despoja, 2000: n.p).

As a new milieu of sense, and an accompanying series of personal associations, the affect of “rough, sculptural beauty” is incorporated into the subjective modulations of this viewer, in relation to bodies with intellectual disability.

The ideas of percept, affect and blocs of sensation offer critical conceptual resources for theorising integrated dance theatre. This is because they take the body as a vector of force, a positive and productive agent, rather than (after Descartes) a fleshy shadow that haunts pure thought. These concepts catalogue the time, labour and skill that is compressed in the materiality of sensation. By working with the body’s capacity to feel, respond and imagine, dancers with intellectual disability can re-map affective routes that constitute what it might mean to be a person living with intellectual disability. Deleuze and Guattari’s notions of percept, affect, and blocs of sensation offer us means of understanding the material labour that folds in to constitute such practical, aesthetic activism and offer us an applied way of thinking through the force, or power (puissance) of art.
Very specific assemblages of power impose significance and subjectification as their determinate forms of expression … there is no significance without a despotic assemblage, no subjectification without an authoritarian assemblage, and no mixture between the two without assemblages of power that act through signifiers and act upon souls and subjects. (Deleuze & Guattari, 1987: 180)

Social codings of people with intellectual disability are products of despotic, authoritarian assemblages of power. Medical discourses construct social faces of people with intellectual disability through attributing particular significances to their physical features and arguing these are signs of a specific kind of subjectivity. No space is provided for the proliferation of alternative, relational, sense based knowledges.

In this chapter, I develop some critical perspectives on medical discourses of intellectual disability. Structured in three sections, the chapter begins by framing medical discourses of intellectual disability as a discursive system. In constructing this argument, I employ the Deleuzo-Guattarian theoretical tools of prospects and functives (1996: 134–162) in order to contextualise medical knowledges of intellectual disability. As conceptual tools, prospects and functives articulate some limits of medical discourses and explicate the politics of knowledge construction.
undertaken within medical discourses. They offer an insightful way of reading discourses of intellectual disability in light of medical purposes and also in terms of other possible ways for making meaning which medical discourses are not able to realise. The third theoretical tool mobilised in this chapter is the concept of faciality (Deleuze & Guattari, 1987: 167–191). I introduce and outline the concept of faciality after the discussion of prospects and functives, as a way of theorizing the political coding of appearance and the binding of social identity to medical knowledges that occurs in relation to medical discourses of intellectual disability. The primary conceptual tools mobilised in this chapter are prospects, functives and faciality and these are enriched as the chapter unfolds through my mobilisation of Diprose’s (1991) work on genetic engineering and ethics. Each of these academic resources is employed in order to create a space in which sensory knowledges generated through integrated dance theatre are redeployed to read medical discourses of intellectual disability.

I focus my discussion of medical discourses of intellectual disability on one specific kind of disability, Down syndrome. Down syndrome is the most frequently occurring form of intellectual disability (DIRC, 2001; Ruhi, Tukun, Karabulut, Bayazit & Bokesoy, 2001; DSSSA, 2004) and one of the most culturally recognised forms of intellectual disability. Down syndrome is also the most commonly occurring kind of intellectual disability found in the Restless Youth Performance Ensemble. For these reasons, particularly the connection between Restless and people with Down syndrome, I focus on Down syndrome in detail. In doing so, the ways in which medical discourses of intellectual disability fold in to constitute a “black hole/white wall” (Deleuze & Guattari, 1987: 167–191) system of signification, in which social subjectivities of people with intellectual disability are captured, is illustrated. In reading Down syndrome as a signifying system of faciality constituted by black holes of subjectivity and white walls of signification, a brief history of Down syndrome as a medical condition is provided. Medical methods for defining Down syndrome are discussed. This exploration of medical theory informs my
broader analysis of medical discourses of the body; an analysis which turns to
explore the semiotic relationship between genes and phenotypes (or genes and their
external expressions) and social ‘faces’ (Deleuze & Guattari, 1987: 167–191).
Modelled within medical discourses, this semiotic method for reading bodies is a
primary way in which people with Down syndrome are known.
I employ medical discourses of Down syndrome as an illustration of the ways
in which corporeality is coded and constructed as ‘knowable’. In section three I
explore some ethical implications of this coding on the body. In addressing these,
I refer to medical work on mapping the human body undertaken by the Human
Genome Research Consortium. This provides an example of medical epistemology
and its implications for thinking about corporeality and embodied knowledge. It is
here that Diprose’s thinking on and around genetic engineering facilitates a more
conceptually developed discussion of some ethical implications of medical
discourses.
In the process of considering ethical implications of medical discourses, I revisit
earlier discussions of a medically determined semiotic relationship between genes
and phenotypes as a basis for contemporary medical readings of Down syndrome. I
argue that models of knowledge that are not grounded in corporeality, such as
Descartes’ dualism, have been reinforced through medical classifications of and
definitive positions upon, the human body. Medical constructions of a normal
human body, and the limits placed upon thinking embodied differences of the unthought. These limits of thought designate metaphysical positions which
need to be addressed and moved beyond in contemporary philosophy and cultural
theory.

PROSPECTS, FUNCTIVES AND FACES
Functives and prospects (Deleuze & Guattari, 1996: 117–33) are ideas developed
in order to consider the ways in which scientific systems, such as medical
discourses, operate. Deleuze and Guattari (1996: 117–33) contend that scientific
systems have been developed in order to shape the physical world rather than
conceptualise it. Medical terms, or the terms constituting any discursive system,
form parts of a set that is constructed upon a plane of reference. Deleuze and
Guattari (1996, 1987) argue that thought constitutes (and in turn is constructed
upon) a plane of immanence. Art is constructed on (and makes up) a plane of
sensation. In a similar manner, science builds and inhabits a plane of reference. A
plane of reference is comparable to a two dimensional graph. Deleuze and Guattari
(1996) describe it through suggesting that:

Science is haunted not by its own unity but by the plane of reference
constituted by all the limits or borders through which it confronts chaos. It is
these borders that give the plane its references. As for the system of
co-ordinates, they populate or fill out the plane of reference itself. (Deleuze
& Guattari, 1996: 119–120)
A plane of reference is constructed through discursive systems. As a discursive system, medical knowledges are composed of ‘functives’ (1996: 118) or elements of physical functions that are actualised within the discursive system.

As a method of construction, discursive systems are both pragmatic and political. Making this point, Deleuze and Guattari (1996: 118, original emphasis) suggest “[s]cience … relinquishes the infinite, infinite speed, in order to gain a reference able to actualise the virtual”. In other words, while art and thought open up the actual to possibilities of the virtual, science (or for my purposes here, medicine) crafts physical positions through accessing limited parts of the virtual.

While being a culturally important practical structure, discursive systems of medical knowledge are not concerned with developing socially dynamic meanings. Rather, scientific systems are a means to an end; they are a method of effecting select material changes. This point is illustrated by Deleuze and Guattari’s (1996: 138) suggestion that “[a]cts of reference are finite movements of thought by which science constitutes or modifies states of affairs and bodies”. Acts of reference are singular, limited and defining. Such acts are performances of a scientific epistemology. Deleuze and Guattari (1987: 295, author’s square parentheses) describe binary or punctual systems as being constructed upon “(1) … two base lines, horizontal and vertical … [which] serve as co-ordinates for assigning points.”

This basic constitution of a binary system is expanded in the suggestion that:

The horizontal line can be superimposed vertically and the vertical line can be moved horizontally, in such a way that new points are produced or reproduced, under conditions of horizontal frequency and vertical resonance … From one point to another, a line can (or cannot) be drawn, but if it can it takes the form of a localisable connection; diagonals thus play the role of connectors between points of different levels or moments, instituting in their turn frequencies or resonances on the basis of these variable points … These systems are arborescent, mnemonic, molar, structural. (Deleuze & Guattari, 1987: 295)

Binary or punctual systems are linear sets. They are designed to construct and produce particular states of affairs. The processes of production they facilitate occur through establishing limits, within which a system can exist and can be thought as existent. As such, binary systems operate within boundaries they set for themselves in order to actualise virtual possibilities.

As a kind of thought, a binary system gives meaning to actual states of affairs. Abstract frameworks of medical systems are not concepts, or bodies of thought which productively connect to other systems, mobilising diverse possibilities. Rather, ideas which are supported by points in a discursive system are what Deleuze and Guattari (1996: 137) call prospects. Prospects are thoughts that are proven by a certain way of framing material states of affairs. Rather than connecting and reinventing ideas for utilitarian, political or aesthetic reasons, prospects are statements constructed to be physically proven. They are proven by functives, aspects of the mechanical functioning of the physical world slowed
down to points at which they are observable. In Deleuze and Guattari’s (1996) terms:

… [t]he object of science is … functions that are presented as propositions in discursive systems. The elements of functions are called *functives* … [i]n the case of science … it is a fantastic slowing down, and it is by *slowing down* that matter, as well as the scientific thought able to penetrate it with propositions, is actualised. (Deleuze & Guattari, 1996: 117–8, original emphasis)

Prospects supported by functions of a discursive system are quite distinct from concepts. Deleuze and Guattari argue:

In becoming propositional, the concept loses all the characteristics it possessed as a philosophical concept … [t]he concept in general no longer has a combination [of positions in thought], but an arithmetical number. (Deleuze & Guattari, 1996: 137–8, author’s square parentheses)

The proposition may be derived from a concept, but it is no longer a philosophical body. The proposition is a structural formula which is analogous to a material state of affairs. I am concerned with a specific kind of prospect: statements that are developed to identify, define and categorize intellectual disability. A primary contention of this chapter is that as prospects put forward by discursive systems, medical definitions constitute signifiers which can be re-constructed, marginalized or written over by the affective logic of sense developed in integrated dance theatre texts. Unlike medical knowledges, the logic of sense developed within integrated dance theatre texts is not grounded in proposition-based facts. Rather, such a sensory logic is constructed in relation to the surfaces produced by integrated dance theatre.

I now investigate the concept of faciality developed by Deleuze and Guattari (1987: 167–191). In so doing, I develop the argument that as prospects (propositions) put forward by discursive systems, medical definitions constitute signs and signifiers of a semiotic code. Faciality or the act of facialisation is “a jump … from the organic strata to the strata of significance and subjectification” (1987: 181). Faciality is a system of attributing cultural meaning to material bodies, within which a “single substance of expression” (1987: 181) is produced, as opposed to a dichotomy of matter and its possible meanings. Deleuze and Guattari’s (1987: 167–191) theorization of faciality mobilises a “white wall/black hole” dialectic; as it is in relation to a white wall and a black hole that social visibility and group identity are produced. The white wall is a wall of signification: a collection of signs upon which identifying features are inscribed. Black holes are loci of subjectivity. In order to become a subject, to be consolidated and socially coded, one must also limit one’s capabilities and desires. The subject is captured in a black hole. While the name “black hole” sounds ominous and the “white wall” conjures the image of a prison line up, subjectification is an essential part of life. The individual’s face is constructed in relation to the social, mediated faces of cultural groups. Relations between social and cultural groups are processes of (re)construction in which faces (of both individuals and collective social bodies) are remade, re-visioned and through which some collectives are defaced. In order to have a social identity, a
configuration of bodies must have a face. The face both allows social visibility and delimits some possible actions of those it holds in a black hole.

The face is expressed as social identity but also as capacity, possibility, action, thought and desire. The face is a social and political economy. Acculturated reading practices or visual codings are part of a more comprehensive value system that organises bodies and practices in hierarchies of power. Here external signifiers, such as actions or visible features, are given a comprehensive meaning which stretches beyond their physicality. For example, the human face as a vector of significance is privileged over other parts of the body. According to Deleuze and Guattari (1987: 167–191) visual economies of the developed world are connected to more comprehensive, performative and institutionalised economies.

In a manner comparable to the white wall/black hole of the face referred to by Deleuze and Guattari (1987: 167–191), medical knowledges are grounded in semiotic systems that are performances of a libidinal economy (Bateson, 1972; Deleuze & Guattari, 1987: 167–191), or a structured flow of desire. Here, visual or genetically inherited signs are read as signifiers of a particular medical condition or disease. These signifiers are captured in the black hole of ‘intellectual disability’ as a system of subjectification. Semiotic methods of medical identification fold into a social value system that organises bodies in hierarchies of power.

The classification of a body as intellectually disabled in medical terms can thus be read as a specific socio-cultural positioning. From visual features which identify people as being intellectually disabled, through to contextualised performances of ‘intellectual disability’ within institutionalised systems established to support people with intellectual disability, medical discourses are connected to wide-ranging, performative, institutionalised economies. In order to explore the kinds of medical knowledges I am concerned with, I now turn my gaze to examine medically based categories for defining intellectual disability. Categories of definition, such as those explored below, constitute a white wall upon which the face of intellectual disability is signified; they articulate the signs and significance(s) captured in black holes of the intellectually disabled subject.

CATEGORIES OF DEFINITION

The ensuing overview of medical categories used for defining intellectual disability is based on pragmatic definitions of intellectual disability developed by medical practitioners for layperson’s consumption, rather than classifications couched solely in medical terminology. The focus of this discussion begins with the World Health Organization’s (2004, 2001 & 1999 in Healy, 2000: 1) definition of disability. This definition is later employed as a global comparison of local classifications of intellectual disability. The World Health Organization’s (1999 in Healy, 2000: 1) definitions of impairment, disability and handicap established global models for disability service provision. For the World Health Organization:

– **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”28.

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 in order to facilitate cultural awareness of and practical support(s) for a wide range of embodied states that differ from a majoritarian norm. In November 2001, the W.H.O. 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 W.H.O. 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 (World Health Organization, 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 specific medical conditions. As such, people with a range of quite different conditions might be grouped together via a shared focus on their life skills, competencies and inabilities. 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 upon a white wall of medical signifiers of a particular condition. Identities are also produced through association and affiliation, through considering what bodies do and do not do, rather than through connecting a body’s identity to a singular trajectory of medical thought. The W.H.O. ICF offers a model for thinking about intellectual disability which resonates with Deleuze and Guattari’s (Spinozist) (1987: 257) suggestion that “[w]e know nothing about a body until we know what it can do”. In the ICF, the W.H.O. has endeavoured to think about bodies in terms of what they do, rather than in terms which suggest what bodies ‘are’29.
Employing a different approach from that of the W.H.O., the first major local source I mobilise as a point of comparison to the W.H.O.’s ICF is the South Australian Disability Information Resource Centre (DIRC, 2001). DIRC is the primary resource for information about intellectual disability in South Australia, the place in which the majority of research was undertaken for this study. As such, the initial site of referral when looking for information about intellectual disabilities, or disability more broadly, is usually the DIRC library. A local government funded community resource, the DIRC library consists of a wide range of materials which document medical and social facets of various disabilities. DIRC employs fairly exacting medical categories to define intellectual disability (2001). The ensuing discussion explores some of DIRC’s categories of definition within the heading of intellectual disability. Detailed medical definitions of intellectual disabilities are listed by DIRC, and I discuss the implications of these specific medical trajectories for conceptualising people with intellectual disability, especially in terms of identity, capacity and possibility.

The medical conditions around which DIRC has developed its definition of intellectual disability include, but are not limited to, the conditions of Angelman syndrome, CHARGE syndrome, Cardio Facio Cutaneous syndrome, Coffin-Lowry and Coffin-Siris syndrome, Cri Du Chat syndrome, Down syndrome, Edward’s syndrome, Joubert syndrome, Kabuki syndrome and Lowe syndrome. Each of these medical conditions constitutes a unique set of physical attributes and perhaps more importantly, engenders a particular experience of corporeality and subjectivity. The medical conditions in relation to which DIRC (2001) has developed its definition of intellectual disability, begin with Angelman syndrome. Within medical discourses, Angelman Syndrome (ACF, 2004) is characterised by developmental delay and intellectual disability, an attitude described as a happy or excited demeanour, frequent bursts of laughter, bodily tremor, balance difficulties and speech impairments. Those with Angelman experience hyperactivity, seizures and jerky or agitated movement referred to as “hyperkinetic movement” (ACF, 2004).

Medical discourses (ACF, 2004) also contend that children with Angelman syndrome (A.S.) can be somewhat isolated as a result of their short attention spans. The ensuing proposition that people with A.S are therefore unable to connect with others is discursively constructed in relation to the virtual body of Angelman syndrome as a medical condition. This occurs through appropriating particular responses to facial expressions, social cues and ways of engaging in conversation, as “functives” (Deleuze & Guattari, 1996: 116–133). These are material or physical referents, located in space and time, which are attributed specific functions in the discursive construction of the medical condition. As Deleuze and Guattari (1996: 133) contend: “The function in science determines a state of affairs, thing, or body that actualises the virtual on a plane of reference and in a system of coordinates”. Here, functives are brief attention spans and hyperactive demeanours of those with A.S. that are constructed to constitute the condition in medical terms. I am not afforded the opportunity here to detail more experiential specificities of Angelman syndrome, although the uniqueness of the experiences of those with A.S. is indicated by the traits listed above. The specificities of embodiment for those with
A.S. also include disturbed sleep patterns, a fascination with water and/or plastic and frequent seizures. These characteristics suggest a particular sensory experience and corporeal demeanour unique to the person.

In contrast to the embodied characteristics of Angelman’s syndrome, people with CHARGE, the second disability that DIRC (2001) refers to in categorising intellectual disability as a condition, have very different states of embodiment. Medical discourses of intellectual disability (CSF, 2004) contend that people with CHARGE usually have atypical fields of vision, obscured or difficult respiratory functions and hearing impairments. CHARGE, in the proper noun CHARGE syndrome, is an acronym that stands for choanal atresia (blocked nose), posterior coloboma (an eye condition), heart defect, choanal atresia (repeated), retardation, and genital and ear anomalies. As suggested in the name, vision and hearing loss, breathing difficulties, developmental delay and genital abnormalities are usually present in this disability. Nearsightedness, farsightedness and extreme sensitivity to light are other common features of CHARGE (CSF, 2004). These examples illustrate some ways in which medical discourses read bodies in relation to physical markers and through visual and performance based codes.

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. 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 DIRC (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 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. 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 totalizing statements on a body’s nature or capacities.

In providing for the needs of community members with intellectual disability who have been diagnosed with specific medical conditions, DIRC have attempted to be as broad ranging as possible in their definition of intellectual disability. An important reason for this is that the medical conditions encompassed in DIRC’s classification of intellectual disability act as more than medical or clinical identities for people with different kinds of intellectual disability. Medical conditions are also vectors of social organization and a means of constructing social identities. Communities made by family members of people with specific disabilities come together to share insights into, and experiences of, living with specific disabilities.
CHAPTER 2

The kinds of treatment a doctor provides exist in relation to a person’s specific disability. As such, broad yet pertinent examples suggest categories of intellectual disability act as organizational knowledges, in a manner that extends beyond their clinical meaning. DIRC accommodates the many significances that different intellectual disabilities may hold for members of its community, while also illustrating some of the ways in which medical discourses can confine bodies within particular medical or clinical subjectivities.

Interestingly, DIRC (2001) does not refer to, or acknowledge the World Health Organization’s (1999 in Healy, 2000: 1) definitions of impairment, disability and handicap or the W.H.O. ICF (2004, 2001) in their catalogue of medical discourses of intellectual disability. The DIRC website is more resource focused than the W.H.O.’s online site, although DIRC’s categorical inclusion of topics such as Advocacy, Social and Economic Issues, could be read as reflecting the more conceptually developed models of the W.H.O.

The medical style of definition and categorisation illustrated by the above examples is useful for practical reasons. People with intellectual disabilities require access to support services, income and specialised medical care. The administration of these services requires definitions and categorisations such as ‘intellectual disability’. Without definitive medical assessment and certification, persons who require support because of their intellectual disability would not have their needs met by institutionalised services.

In spite of this, the above definitions of intellectual disability, necessary organizational tools though they are, offer little insight into what it might mean to experience intellectual disability, or what can be creatively achieved by people with intellectual disability. Rather, these statements provide very specific, medically framed, details as to what intellectual disability ‘is’. The W.H.O.’s ICF (2004) places less emphasis on the development of medical knowledge and more emphasis on individuals’ experiences. When considered alongside the W.H.O.’s ICF, DIRC (2001) critically limits the social faces produced by—or in relation to—people with intellectual disabilities.

In order to analyze the processes of facialization effected by medical discourses of intellectual disability, I now explore medical discourses of Down syndrome. Down syndrome is the most commonly occurring kind of intellectual disability (Ruchi, Tukun, et al., 2001; DSSSA, 2004) and members of Restless with intellectual disabilities are predominantly considered as having either Down syndrome, or a non-specified intellectual and developmental disability. Some Restless members have Cerebral Palsy. Down syndrome constitutes a particular social face, a visibility constructed in relation to specific medical discourses of intellectual disability.

DOWN SYNDROME

A frequently occurring intellectual disability, Down syndrome is also quite a stereotyped and popularly depicted kind of intellectual disability. People with Down syndrome are usually visually identifiable as being intellectually disabled because their condition is expressed in particular facial and physical features, such
as large slanted eyelids (epicanthal folds), an elongated tongue, short stature, webbed toes and cleft palate. These physical attributes are not present in all people who have Down syndrome. They are, however, common attributes of many people with the condition. In contrast to such visually identifiable characteristics, non-specific kinds of intellectual disability, which are defined in relation to lack of cognitive capacity and developmental delay, are often not visible features of a person. They become apparent in relation to others, but do not have specific visual signifiers. Within medical discourses (Threadgill, 2008; Enable Net, 2004), people with Down syndrome are known for having three chromosomes numbered ‘21’ rather than two. The extra chromosomal material that makes up Down syndrome causes mild to moderate intellectual disability, short stature and distinct facial features including the above-mentioned almond-shaped ‘slanted’ eyes. People with Down syndrome also have characteristic skeletal and facial features.

The existence and positive social inclusion of people with Down syndrome can be traced from Ancient Egypt, to Medieval England into the mid 1800’s in England (Disability History Museum, 2004; DIRC, 2001; Selikowitz, 1999). The medical construction of the condition known as ‘Down syndrome’ began in 1866 (Megahey, 1996: 24) when Dr John Langdon Down’s research on the biology of people with Down syndrome led to his construction of the name ‘Down syndrome’. Previous to the development of Down syndrome as a medical condition, people with Down syndrome were integrated into their communities in a range of different ways (Porter, 1997: 493–524; DIRC, 2001; DSSSA, 2004). Often people with Down syndrome were accorded particular cultural significance within their communities (Disability History Museum, 2004; Megahey, 1996: 16). As such, it can be argued that the social, experiential worlds of people with Down syndrome changed alongside the medical construction of these peoples as being ontologically deficient. Once Down syndrome became considered a medical disorder, people with Down syndrome were removed from their families and placed in institutions. This practice continued until more recent medical research established the effectiveness of stimulation and physical attention in early infancy and across childhood into adult life.

While more recent advances in genetic medicine have led to the increasing identification of specific causes of intellectual disability, Down syndrome’s classification in late 1866 was one of the earliest medical categorizations of intellectual disability. Dr Down’s categorisation of this disability holds as the first medical discussion of this condition, but early visual records of people with Down syndrome living amongst communities in England, Ireland and Europe suggest that the condition now known as Down syndrome has a history predating western medicine (Disability History Museum, 2004).

The history of western medical discourses of Down syndrome and processes of facialization that have been synonymous with the development of medical knowledges of the syndrome, are linked to the emergence of psychiatry and institutionalisation (Gillgren, 1996; Porter, 1997: 493–524). Indeed, until 1962 Australian legal statute did not distinguish those with intellectual disabilities from psychiatrically ill people (Burton, 1996: 6). Up until the nineteenth century, people with intellectual disabilities occupied a range of shifting positions within
community living environments. The early eighteen hundreds saw the development of asylums, or institutions for the insane, accompanied by a substantial increase in the medical and social attention paid to mental illness. During this period (late 1700’s to 1880) asylums were also established for ‘idiots’, the then common name for people with intellectual disability (Porter, 1997: 493–524). In Australia, such residential care contributed to the conflation of mental illness and intellectual disability up until the mid to late 1900’s (Gillgren, 1996: 53–136).

The practice of institutionalisation radically affected the lives of people with Down syndrome and shaped the social face attributed to people with the syndrome. Because of the visually identifiable nature of people with Down syndrome and the resulting historical records of people with Down syndrome living amongst mainstream community, the social effects of medical categorisation can be seen in the ways in which quality of life and physical health have changed for people with Down syndrome since the 1860’s. For example, while the average life expectancy of a person with Down syndrome is now between 55 and 80; until the late 1920’s, eighty per cent of children born with Down syndrome died before reaching 6 years of age (Porter, 1997: 587).

A shift away from the pathologization and neglect of people with intellectual disabilities that was caused by institutionalisation began with the work of Dr Edouard Ségin. Building upon the work of his teacher and mentor Jean-Marc Itard, Ségin established a number of training institutions in France for people with intellectual disability (Megahey, 1996: 18–23). Emulating Ségin’s more considered approach; five housing communities for people with intellectual disability were built in rural parts of England. It was in one of these early institutions named Earlswood, in Surrey, that in 1866 Dr Down classified what he called the “mongoloid” type. This condition had previously been described in 1846 by Ségin as “furfaceous idiocy” (Porter, 1997: 587). Ségin had classified furfaceous idiocy as presenting in particular facial features, delayed and incomplete growth and mental retardation. Langdon Down renamed furfaceous idiocy “Mongolism”. In 1959, a team of three French medical researchers discovered that “Mongoloids”, or people born with what became known as Down syndrome, have an extra chromosome 21. This discovery was the product of major developments in genetic science. In order for the aetiology of Down syndrome to be established in western medicine, biological studies of cell tissue had to develop a comprehensive understanding of the contents of human cells. Genetic material housed inside human cells had to first become known as nucleic acid. In the 1920’s, distinct kinds of nucleic acid were discovered (DNA; deoxyribonucleic acid and RNA; ribonucleic acid) however it was not until 1953 that the existence of human genomic material within nucleic acid became known (Porter, 1997).

In 1953 Drs Francis Crick and James Watson established human chromosomal material as DNA, a twisted chain ladder of microscopic proteins. This discovery founded genetics as a discipline, lead to the identification of trisomy 21 as the cause of Down syndrome, and facilitated other keystone medical discoveries into the aetiology of specific conditions. In the mid 1980’s, this discovery gave rise to the Human Genome Project, an international research project designed to sequence every human gene.
The name ‘Down syndrome’ can be seen as an illustration of the power that medical discourses have over acculturated readings of bodies with intellectual disability. Though, as I have noted, there are seventh and eighth century records of people with Down syndrome participating in community life (DIRC, 2001) the condition has remained named after the English physician whose work began in 1866. A broader point can be made here about the ways in which processes of facialization occur in relation to medical discourses. Like the aforementioned Coffin-Lowry and Coffin-Siris syndromes, the name Down syndrome is a bequest from the medical community and it honours one man’s medical labour. Down syndrome could have been named in a way that reflected or commented upon the experiential nature(s) of the condition. Or which expressed qualities that people with the condition bring to their culture. However, this is not the case. Medical knowledges constitute the primary white wall of signification upon which the subjectivities of people with Down syndrome are captured.

Medical knowledges (DIRC, 2001; Selikowitz, 1999) contend that, in addition to the distinguishing facial features and body shape commonly associated with Down syndrome, people with the syndrome are often born with poor muscle tone, serious heart abnormalities, intestinal problems and vision impairments. The same discourses consider every cell in the human body to contain 23 pairs of chromosomes, a total of 46 chromosomes per cell. Down syndrome is thought as being most often created through a reproductive nondisjunction (failure to separate) of the 21st chromosomal pair. While a cell is dividing in half during the production of gametes (reproductive cells, a process known as meiosis) the 21st pair of chromosomes fails to separate and both chromosomes are carried into the newly forming sex cell. Upon fertilisation, the newly formed zygote ends up with a group of three number 21 chromosomes, thus producing the condition commonly known as Down syndrome (Selikowitz, 1999).

Trisomy 21 (described above) is the most commonly occurring kind of Down syndrome. However, there are three different varieties of the syndrome, each of which is the product of different kinds of foetal development. Ninety-four per cent of children with Down syndrome have trisomy 21 (DIRC, 2001). One per cent of all cases of Down syndrome are what is known as ‘mosaic’ Down syndrome (DIRC, 2001; Selikowitz, 1999), the second variation of the condition. In this instance, a person has both normal and trisomy 21 chromosomal cells. Mosaic Down syndrome ranges from being quite mild to very severe, depending on the ratio of normally paired to abnormally paired cells in an individual’s body (Selikowitz, 1999).

The third type of Down syndrome is translocation trisomy 21. Roughly four per cent of infants born with Down syndrome have translocation trisomy 21 (DIRC, 2001; Selikowitz, 1999). A translocation is a portion of a chromosome attached to another chromosome. All chromosomes are shaped like an X, save for the male sex chromosome, which is shaped like a Y. In the case of translocation, a chromosomal arm, or portion, becomes detached and relocates itself onto another chromosome. Translocation usually occurs between chromosomes from the 21st to the 14th pair, where an arm of one of the number 21 chromosomes attaches itself to one of the number 14 chromosomes (DIRC, 2001; Selikowitz, 1999). Unlike trisomy 21 and
mosaic Down syndrome, translocation trisomy 21 can be genetically inherited (DIRC, 2001; Selikowitz, 1999). In one in three cases of Down syndrome produced by translocation trisomy 21, a parent is a balanced carrier of translocated chromosomes (DIRC, 2001). Balanced carrier parents have a small number of translocated chromosomes which can be genetically passed on, but which do not obviously affect the parent’s constitution. Inherited translocation is a rare occurrence, generating only one per cent of Down syndrome cases (DIRC, 2001).

As the level of detail presented above suggests, contemporary medical knowledges are the most developed existing paradigms for thinking about people with Down syndrome. Some social research on Down syndrome adopts medical knowledges as a template from which to explore inter-subjective and social facets of this disability. Since medical developments in the 18th Century (‘the Enlightenment period’) medical knowledges have come to replace religious beliefs as a global, culturally dominant belief system (Harding, 1991). As such, knowledge of the body and corporeal specificities, such as disability, has increasingly become the prerogative of medical science. At the least, such knowledge has been constructed in relation to the findings of medical science. While an historical analysis of cosmological changes instigated by medical knowledge is beyond the scope of this chapter, the recognition that medical discourses constitute a culturally dominant belief system is crucial to the enterprise of contextualising medical knowledges. Outside a clinical face, the intellectually disabled body has little social identity.


MEDICAL DISCOURSES AND ‘NORMAL’ BODIES

As I argued earlier, medical discourses of the body are technical, discursive systems. These discourses have been developed to repair physical problems. Such knowledges constitute ideas about how the human body is ‘supposed’ to be configured and the ways in which 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 upon the terms established by (and within) medical discourses. The outcome of these processes is a facialization 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 discussed above outline ways in which a body is classed as ‘disabled’ if it differs physiologically from a constructed template of the ‘normal’ human body. This fiction of a normal human body is imagined through medical mappings of corporeality. An example of a body being classified as disabled because it differs from a constructed template of the normal human body can be found in the definitions of forms of intellectual disability offered by DIRC (2001). For example, the framework for Down
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syndrome is laid out, or constructed in relation to, what Deleuze and Guattari (1987) term a “majoritarian” community demographic.

The majoritarian (average, standardised) is a demographic not measured by physical mass, but rather by cultural power. Deleuze and Guattari (1987: 291) describe the exemplar of majoritarian community, as “man”; the molar entity par excellence”. This “molar entity par excellence” (1987: 291) 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 this 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 pregiven the right and power of man.

The majoritarian position is 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 his ‘other’. By codifying a normal human body, medical discourses also broadly articulate what a majoritarian body is not (for example, intellectually disabled). The cultural imagining of a normal or majoritarian body informs contemporary medical studies such as the Human Genome Project (HGIRC, 2001b) at the same time as it underscores medical knowledges of intellectual disability. For example, in addressing the issue of intellectual disability, The Human Genome Project collaborated with the disability advocacy association called The Arc (Davis, 1997). The rationale accompanying ideas about the intellectually disabled body which were espoused through this collaboration are reflected in the following statement:

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).

This quote offers an excellent example of the way in which a majoritarian standard of the human body is reconstructed in terms such as ‘retardation’ and ‘disorder’ through medical research projects such as the HGP.

As well as being practical systems, medical knowledges are sites in which binary opposition “endlessly develops the law of the One that becomes two, then of the two that became four … [a] system of thought that has never reached an understanding of multiplicity” (Deleuze & Guattari, 1987: 5, author’s square
parentheses). The binary method of thinking the corporeal in terms of ‘normal’ and ‘average’ that has been founded within medical discourses “assume[s] a strong principal unity” (Deleuze & Guattari, 1987: 5). This unity is the process of constructing a human ‘sameness’.

As a method of practice and an accompanying system of thought, medical discourses of intellectual disability have valid and contextually specific purposes. However, medical systems of knowledge cannot be regarded as offering an exhaustive nor exclusive way of thinking about bodies with intellectual disability. 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.

Constructions of intellectual disability that have been developed upon medical discourses speak in a major tongue (Deleuze & Guattari, 1987, 1996) and are essentially opposed to the proliferation of minor cultures. Deleuze and Guattari (1996: 146) argue that words spoken in a “major tongue” are expressions of habits of thought, or what Deleuze and Guattari call “opinions”:

The essence of opinion is will to majority and already speaks in the name of a majority. Even the man of ‘paradoxes’ only expresses himself with so many winks and such stupid self-assurance because he claims to express everyone’s secret opinion and to be the spokesman of that which others dare not say. This is still only the first step in opinion’s reign: opinion triumphs when the quality chosen ceases to be the condition of a group’s constitution but is now only the image or ‘badge’ of the constituted group that itself determines the perceptive and affective model, the quality and affection, that each must acquire. (Deleuze & Guattari, 1996: 146)

This critique of opinion and culturally dominant positions in thought links to earlier discussions of faciality as a kind of libidinal economy (Bateson, 1972; Deleuze & Guattari, 1987: 167–191). Through adopting faces made in medical discourses, or deriving opinions from functives and prospects which then determine the kind of existence a social body can be recognised as having, medical discourses constitute primary, affective cultural opinions about people with intellectual disability.

While definitions of disability, such as the W.H.O. global categorization 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. Broadly applicable definitions of disability, as well as quite specific definitions modelled around personal limitations, have pragmatic utility. They also constitute opinions that significantly shape the ways in which people with intellectual disability can be known.

As a way of developing a 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, intellectually disabled body.\[41\]
As Diprose (1991) suggests and as is posited by the concepts of prospects and functives, genetic theory (and broader medical discourses) do not actively engage with anything other than themselves. In suggesting that “genetics, as theory, has no ethics”, Diprose (1991: 71) means to highlight the symbiotic relationship between genetic theory and genes (the products of genetic theory). This point of argument can effectively be applied more broadly to medical discourses (prospects) and their objects (functives). Diprose (1991: 71) contends:

Genetic theory takes place in a mode of existence which assumes a distinction between the subject and object of knowledge, between the specificity of our bodily being and the discourses which describe that being and make up the world that we inhabit. So genetics, as theory, has no ethics – it does not make the sensory; it makes sense of the sensory. At least its aim is to make sense.

Within biomedical knowledge corporeality is seen as being defined by a person’s genes. Genes, or genetic material, are considered the ‘essence’ of human bodies, a core self which is the product of thousands of years of evolutionary refinement. These epistemic presumptions, which are constitutive aspects of genetic theory, are illustrated by the work of the Human Genome International Research Consortium. The Consortium (HGIRC, 2001b) binds corporeality, medical knowledge and Darwinist evolutionary theory together in its epistemic framework. This inter-relationship between corporeality and knowledge is suggested by HGIRC’s contention that:

The human genome holds an extraordinary trove of information about human development, physiology, medicine and evolution (HGIRC, 2001a: 860).

This quote lays a very broad epistemic framework for what becomes a biomedical semiotics of self. Such a semiotic system assumes genetic relationships between the interior (gene) and exterior (hair or eye colour) of corporeality. The same biomedical semiotics of self can be employed to construct ideals of wholeness and normality (e.g. the human genome will provide a complete map of the human body). It is also through biomedical knowledge that the ideal of a ‘whole’ is constructed as being normative and desirable. Diprose (1991: 71) clearly articulates this point:

To label something or someone defective or inferior relies on the assumption that the ‘proper’ stands alone. Yet, some notion of the proper as sameness does silently underscore the evaluation of differences with real effects.

As Diprose argues, the ‘whole’ or the ‘proper’ can never actually stand alone. Indeed, nothing can be perceived as standing ‘alone’ per se. ‘One’ can only be known in relation to another. This relational equation of knowing becomes focused very specifically within biomedical theory and practice, within which a gene’s ‘function’ is primarily determined in relation to its spacing in a nucleotide chain and is read through exterior corporeal signifiers such as eye colour and shape, height, body shape, craniofacial features and so on.

Through understanding the idea of the normal body and its binary opposite, the abnormal body, as products of medical discourses, we can deconstruct these
fictions. The processes of classifying a body as intellectually disabled can be seen as an act of “territorialisation” (Deleuze & Guattari, 1987: 332–4, 317–323), in which bodies are mapped in terms of dominant medical norms.

In arguing that intellectual disability is constructed as abnormal by medical discourses, I am not disputing the specific natures of bodies with intellectual disability. I am contending that some corporeal specificities come to be known primarily through medical constructions of intellectual disability and that there are limitations to such constructions. These limits give form to the virtual bodies of medical conditions through discursively constructing lived states. To employ Deleuze and Guattari’s (1996: 132) words, such limits become: “points of view in things themselves that presuppose a calibration of horizons and a succession of framings on the basis of slowing-downs and accelerations”. From the perspective of the virtual (medical) body of intellectual disability, lived “affects … become energetic relationships, and perception itself becomes a quantity of information” (Deleuze & Guattari, 1996: 132). A virtual medical body is produced with a particular subjectivity.

Bodies with intellectual disability cannot be thought completely outside the limits of medical knowledge, as ‘intellectual disability’ itself is a medical construction beyond which contemporary culture struggles to think. As suggested earlier, my intention here is not to dismiss medical methods of thought as being without use, as this is clearly not the case. My contention lies in the fact that methods of thought pioneered within medical discourses have been shaped to answer a certain style of problem. Medical discourses have not been developed to solve problems of thought (problems which arise within thought) and as such they should not be employed to address social, affective or metaphysical concerns.

Deleuze and Guattari (1996: 118–133) argue that discursive systems function by virtue of their limits; they hold back the infinite possibilities of the chaosmos in a very different manner to the powers of thought, or art, which embrace and slice through chaos. Indeed Deleuze and Guattari (1996: 118) contend that science can be defined through its relationship with chaos, or the infinite (Deleuze & Guattari, 1996: 118). While binary methods of thought form a crucial component of scientific discursive systems, it is futile to expect these methods developed to fix the world into observable states of affairs to produce new ways of responding to social, affective, philosophical and creative problems. As Deleuze and Guattari (1996: 117) suggest: “The object of science is not concepts but rather functions that are presented as propositions in discursive systems … Science does not need philosophy for these tasks.” This said, the subjects and objects of discourses of the medical construction of intellectual disability are not taken up in the world in purely functional ways. They often become explicitly concerned with conceptual, political and ethical issues.

In spite of their pragmatic purpose, theories grounded in the static parameters of medical discourses of intellectual disability fail to allow for possibilities that exist beyond binaries established within medical knowledge. These possibilities must be acknowledged as compelling virtual materialities. As a proactive enterprise, the task of thinking bodies ‘with intellectual disability’ must be re-approached in terms of what bodies can be, rather than medical categorizations of what they are not.
Such a positive method of thought must be engineered and it is not, as Deleuze and Guattari so wryly note, “waiting for us, ready-made” (1996: 5). They explain:

... sciences, arts, and philosophies are all equally creative, although only philosophy creates concepts in the strict sense. Concepts are not waiting for us ready-made, like heavenly bodies. There is no heaven for concepts. They must be invented, fabricated, or rather created (Deleuze & Guattari, 1996: 5).

Thought holds the possibility to change the ways people know their life worlds. Thinking through difference, rather than abnormality, has the potential to transform what people might know as being ‘disabled’. The problematic nature of much work within medical discourses of intellectual disability becomes apparent when medical knowledges and assumptions, which are produced within medical discursive systems, are repositioned as defining materialities in thought. Deleuze and Guattari describe this problematic relationship as reflecting a kind of “laziness” of thought, or lack of taste, which:

... can be explained by the sluggishness of our brain, by the ready–made facilitating paths of dominant opinions, and by our not being able to tolerate infinite movements or master the infinite speeds [of thought] that crush us ... it is we ourselves who approach the plane of immanence, who are on the absolute horizon [of thought]. It is necessary, in part at least, that illusions rise from the plane [of thought] itself, like vapours from a pond ... We must draw up a list of these illusions [such as the] illusion of discursiveness when propositions are confused with concepts (Deleuze & Guattari, 1996: 49–50, authors square parentheses).

The problem with medical discourses of intellectual disability is exactly this failure to think beyond discursiveness. We need to work with concepts, which are creative, self-referential ideas rather than allowing bodies to be characterised through “illusions of discursiveness”.

A proposition, and the prospect it puts forward within a discursive system is a ‘fact’; a construction that holds true within a certain reality, or set of limits (Deleuze & Guattari, 1996: 118–133). All discursive propositions are specific to the set of limits that contain them, within which they actualise points of chaos as truth. Rather than renouncing chaos and actualising only one point of infinite possibilities, concepts slice through chaos, capturing a cross-section of infinity (Deleuze & Guattari, 1996: 118–133). Concepts are a qualitatively different kind of construction from discursive systems, they are developed for specific purposes, via precise means and they make their politics and ‘modus operandi’ quite plain. Concepts create new assemblages, actualize emergent realities by “sectioning” chaos (Deleuze & Guattari, 1996: 33, 128, 143); and carefully structuring infinite possibilities into a method of thought.

While a concept can offer a new perspective on reality, a discursive system will always operate within a specific set of limits. The limits established through the term ‘intellectual disability’ are problematic. Within these limits, some bodies cannot be actualised without simultaneously being constructed as embodied deficits. No matter what angle of approach is taken to discussing the ‘intellectually
disabled’ body, a complicit acceptance of power structures that are grounded in medical methods of construction is reiterated through this limited citation of difference. Deleuze and Guattari’s (1996: 134–162) model of functives, prospects and concepts suggests that such intra-disciplinary transference of ideas constitutes bad thought. As I explore in more detail in chapter three, the production of bad thoughts, or opinions (Deleuze & Guattari, 1996: 146) about intellectual disability has been one of the most unfortunate consequences of medical discourses of intellectual disability. Models of knowledge that are not grounded in corporeality have implicitly been supported and reinforced through medical classifications of, and abstracted definitive positions upon, the human body. As such, medical constructions of a normal human body (and the limits placed upon thinking embodied differences by such discourses) can be read as discursive markers of the unthought. These limits designate metaphysical positions that need to be addressed and moved beyond.

CONCLUSION

I have argued that medical discourses have been developed in order to shape the physical world rather than conceptualise difference. As such, medical knowledges of intellectual disability constitute a limited binary system. Deleuze and Guattari’s (1987, 1996) work on functives, prospects and faciality provided the conceptual tools through which I have explicated some specificities of the processes of construction undertaken by medical discourses. Along with Diprose’s (1991) work on genetics and ethics, these concepts render transparent the self-defining nature of medical knowledges.

In identifying limits of medical discourses, I examined some of the ways in which medical discourses construct the intellectually disabled body as being abnormal. I have explored definitions of intellectual disability constructed by local and global disability organizations and contrasted these medical constructions of the intellectually disabled body with constructions of ‘normality’ evident in the Human Genome Project and its project of genetically mapping a normal human being. In doing this I have also argued that the idea of intellectual disability, developed within a medical discursive terrain, has 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. They are mutually constitutive.

In illustrating some of the ways in which tools developed within medical discourses inform daily imaginings of the aptitudes of the human body, I have argued that medical discourses should remain firmly grounded in problems of medical practice, as they are discursive systems that serve to ‘mend’ problems within medical science. Such context-specific tools cannot be employed to repair
conceptual problems. The understanding of bodies afforded through employing the term ‘intellectual disability’ within the conceptual structures of medical discourses imposes a set of negative limits upon bodies. These ‘limits’ are performed through the words ‘intellectual disability’, suggesting an embodied lack. In chapter three, I explore ways in which some studies of the social construction of intellectual disability have alternatively taken up or moved beyond limits established in medical discourses.