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Publisher: Routledge

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Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/uqst20>

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Published online: 16 Jan 2013.

To cite this article: Betty A. Block & Gwendolyn M. Weatherford (2013): Embodied Identities: Using Kinesiology Programming Methods to Diminish the Hegemony of the Normal, *Quest*, 65:1, 31-43

To link to this article: <http://dx.doi.org/10.1080/00336297.2012.727370>

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Embodied Identities: Using Kinesiology Programming Methods to Diminish the Hegemony of the Normal

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The concept of embodiment and the reintroduction of the body into the disability movement debate is the focus of this investigation. This paper will include arguments from scholars from philosophy, disability studies, adapted physical education, counseling, nursing, and sociology who recognize that a dualistic approach to dealing with embodied realities is not effective. The philosophies that underlie embodiment, with specific emphasis on Merleau-Ponty and Polanyi, explain how our identities are embedded in our bodies; further, the investigation defines multiple ways in which the “Lebenswelt” of the “dominate normal” does not account for temporal, spatial, and proprioceptive differences for individuals with disabilities. The authors will extend four approaches of inclusion by kinesiology scholars to address societal and professional inclusion issues caused by the dualistic nature of the medical and social models and offer suggestions on how the embodied identities of all who inhabit the lifeworld can contribute, participate, and live life to the fullest.

Keywords Phenomenology, embodiment, kinesiology, adapted physical education, Polanyi

Introduction

Imagine awakening in another dimension of reality where you are part of a colony of ‘others’ existing in a lifeworld radically different than your previously lived experience. The body you were born with is warmly familiar and fully functioning. However, in this new lifeworld ‘others’ have established codes of interaction and communication that are much faster than that which you know. The ‘others’ have accepted you into their space. In fact, public policy demands that everyone have access to all lifespaces. Even so, you find that the ‘others’ do not wait for you to process and respond to questions or return a smile. Their quick scripts for communication and accelerated proprioception differ from your lived experience to such an extent that, over time, you communicate and interact only when you absolutely must. Eventually, you become discouraged and frustrated by the obviousness of your limitations living in this new social order. You are constantly reminded of your incompetence, especially in trivial, everyday interactions. The ‘others’ do not seem to notice their differences at all. They speed through life without giving thought to how quickly they walk, talk, and interact. The ‘others’ have no idea that you feel out of place as they have,

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with pure intentions, included you in their space, and attempted to integrate you by utilizing novel assimilation techniques. They have accepted you as part of their lifeworld with little understanding that the hegemony of their 'normal' everyday reality is exclusive and limiting to you.

How individuals live in their bodies significantly affects their interactions with others and their interconnectedness within society. To better comprehend the concept of differing lived body experiences, we must break out of our traditional mindset of what we know and understand about the world around us and consider what it would be like to experience a world that is challenging and unyielding. We all experience differences and challenges in the world in which we live, but this is especially true for individuals who have abilities or limitations that are below the norm or societal average. To comprehensively examine how individuals experience their own bodies, it is necessary to define the world in which we live (lifeworld) as well as how we experience that world (embodiment). To fully understand embodiment for individuals with disabilities and discuss methods to improve social conditions for the limited group, the concepts of social impairment, embodied disability, hegemony of the normal, socio-materialistic approaches, and kinesiology programming methodologies are discussed. These concepts are grounded in the areas of philosophy, disability studies, adapted physical activity, counseling, nursing, and sociology. The authors extend four approaches of inclusion by kinesiology scholars, Seaman, DePauw, Morton, & Omoto (2007), to address societal and professional inclusion issues caused by the dualistic nature of the medical and social models and offer suggestions on how the embodied identities of all who inhabit the lifeworld can contribute, participate, and live life to the fullest.

The Lifeworld

Our lived reality is referred to as the *Lebenswelt*, or lifeworld. The lifeworld is a concept of philosophy and sociology that is used as the foundation for experiencing and knowing the world. Husserl (1970) explained that time, space, and objects are perceived universally by individuals bound together in the lifeworld, and that all of our experiences exist in a dynamic lived experience. The lived experience of individuals widely varies and is often determined by the standards set by the dominant group in society whether intentional or unintentional. As individuals experience moments outside the dominant, societal group, it might seem as if another dimension of reality is being experienced. Societal groups are often formed according to a person's race, age, sex, national origin, religion, sexual orientation, and disability. It is the improvement of the lived experience for individuals with disabilities that is the focus of this discussion. Scholars (Feltham, 2008; Freund, 2001; Hansen & Philo, 2007; Hodge & Akuffo, 2007; Paterson & Hughes, 1999; Robinson, 1999) have questioned whether the lived experience of individuals with disabilities is being fully realized in the lifeworld. The lifeworld of the *dominant normal* is most often hegemonic which contributes to limitation and exclusion of individuals with disabilities. To limit or exclude any group of individuals from fully experiencing and participating in the lifeworld diminishes us all.

Embodiment

Embodiment is defined by Giummarra, Gibson, Georgiou-Karistianis, and Bradshaw (2008) as a "complex phenomenon that extends from self-embodiment to . . . the normal area of influence of body parts" (p. 144). Merleau-Ponty (1996) and Polanyi (1964) also

suggested that embodiment includes different ways in which we understand and experience temporal-spatial access (or lack thereof) to the world. Taylor, Lord, and Bond (2009) reported that the effects of embodiment are evidenced in how individuals move and position their bodies in space and time and how they utilize approach and avoidance behaviors. The concept of embodiment is grounded in the philosophical works of Merleau-Ponty (1996), Patocka (1998), Polanyi (1964), and was expanded by Hawkins (2010) and Hopsicker (2009) as well as others. Merleau-Ponty (1996) argues for the inseparability between an individual and their consciousness by suggesting they are interconnected through the use of “space, time and the world as we ‘live’ them” (p. vii). He continued by saying that phenomenology “gives a direct description of our experience as it is, without taking account of its psychological origin and the causal explanations which the scientist, the historian or the sociologist may be able to provide” (Merleau-Ponty, 1996, p. vii). Phenomenology is a study of essences where individuals experience and create meaning and access to the world through embodied personal encounters (Merleau-Ponty, 1996):

I am the absolute source, my existence does not stem from my antecedents, from my physical and social environment; instead it moves out towards them and sustains them, for I alone bring into being for myself (and therefore into being in the only sense that the word can have for me) the tradition which I elect to carry on, or the horizon whose distance from me would be abolished—since that distance is not one of its properties—if I were not there to scan it with my gaze. (pp. ix)

Patocka (1998) explained that sensibility to “living horizons outside ourselves” established associations with the experiences of others (p.36). We affect the world and others by projecting our energy through body motion and presence. The problem for persons with disabilities happens when the light of their *living horizons* (to use Patocka’s metaphor) are overshadowed by the projected energy of the normal. Paterson and Hughes (1999) refer to this overshadowing as a “dys-appearance” or a type of exclusion that leads to a form of “homelessness” in the world (p.604). “The information that animates the world is dominated by non-disabled bodies, by a specific hegemonic form of carnality, which excludes as it constructs” (Paterson & Hughes, 1999, p. 604).

Polanyi’s views transcend scientific authority and skepticism to include ways of knowing that embrace individual contributions to knowledge such as consciousness and embodied experiences (Polanyi, 1964). His argument underscores the importance of respecting assertions of truth when those assertions are acted upon responsibly, however, he does not argue for multiple ways of knowing as postmodernists do. His work also criticizes the consequences of relying on skeptical empiricism. Polanyi (1964) warns scientists that the very methods they use to describe the world will, in the end, attack science itself. He asserts,

A society refusing to be dedicated to transcendent ideas chooses to be subjected to servitude. Intolerance comes back full cycle. For skeptical empiricism which had once broken the fetters of medieval priestly authority, goes on now to destroy the authority of conscience. (pp. 79–80)

Vital to the understanding of embodiment is Polanyi’s “authority of conscience” and its relationship to the embodied experiences of individuals with disabilities. Polanyi and Prosch (1975) added to Merleau-Ponty’s concept of embodied experience by arguing that there are two connected, but different, kinds of consciousness, tacit and focal awareness.

Tacit awareness is a kind of consciousness that has to do with knowledge embedded within one's lived experience and is referred to as *attended from awareness*. *Attended to* awareness occurs when personal knowledge that is learned and embodied as we experience the world is directed or focused on something (Polanyi & Prosch, 1975). For example, an amputee with a prosthetic leg will use both focal and tacit awareness to walk through a crowded room to talk to a friend. Focal awareness is representative of the motivation to direct their attention toward their friend or attend to the friend and to cross the room. The amputee will also use tacit awareness or embedded knowledge and past experiences of balancing and falling off balance in order to stay upright. They will transfer their weight and adjust their tempo to negotiate the space without actively attending to the mechanics of walking with the prosthesis. Tacit awareness or awareness of previous movement/embodied experiences allows a person to focus or pay attention to other stimuli or motivation rather than on the specific mechanics of how to move. It is the varied use of and negotiation between tacit and focal awareness that greatly impact how a person experiences their lifeworld.

Hawkins (2010) described *attended from-to* knowledge as "we are said to dwell in the subsidiaries as we dwell in our bodies. We are not consciously aware of our bodies when we engage the world; we dwell in them to attend to an external focal object" (p. 242). Polanyi (1964) and Polanyi and Prosch (1975) described *attended from-to* knowledge in terms of *indwelling* while Hawkins (2010) and Hopsicker (2009) specifically put *indwelling* in perspective for kinesiology professionals. Their investigations of skilled motor behavior and phenomenology referenced Polanyi's *indwelling* as the ability to use many subsidiaries to create smooth and skillful movements (Hawkins, 2010; Hopsicker, 2009). Subsidiaries include any external stimuli that do not directly contribute to the performing or accomplishment of the primary goal or task (Hopsicker, 2009). Hopsicker (2009) explained that a conscious effort to expand subsidiaries and the knowledge to skillfully apply them must be present in order to skillfully produce movements automatically. Over time and practice the novice performer changes focus from the subsidiaries to the intent or goal of the movement. The subsidiaries become background information that is embedded and embodied. The issue for persons with disabilities happens in day-to-day attempts to function in the space/time of the able-bodied. Often focal awareness is distracted or disrupted and the individual with a disability is forced to shift their focus to a subsidiary. Hopsicker (2009) explains that skill level will most likely decline if one focuses on a subsidiary during the performance of a motor skill. For example, focusing on the baseball glove position rather than the incoming baseball could cause the catcher to miss the catch. Likewise, if the amputee were to focus on the prosthetic shoe making contact with the floor rather than the pathway to visit with their friend, a lack of attention could cause an imbalance, a fall, and an injury. Successful task completion or goal attainment requires the proper balance of attention to the end goal while integrating subsidiary information (Hopsicker, 2009).

These concepts of embodiment have strong implications and significant effects for individuals with disabilities. Able-bodied modes of navigating world-space and time are embedded in the social order as normal persons establish what the social norms or social order will be. According to normal curve theory, roughly 68% of the overall population is statistically referred to as normal or average (Sherrill, 2004). Similar to adapted physical educators and adapted physical activity specialists, we are concerned with and advocate for persons that fall below the statistical average as they experience a lifeworld that is defined and arranged by the normal or average person. The lifeworld of the normal is not specific to their needs and in many cases is unyielding. Because persons with disabilities often function at a lesser capacity than the average person they are often forced to attend to subsidiaries rather than being free to focus on their own intentional goals. Hansen and Philo

(2007) explained that understanding the embodied reality of disability in everyday life is crucial . . . [specifically] the embodied ‘art’ of managing the time, space and speed realities of ‘doing’ daily living demands more recognition” (p. 497). We suggest that professionals study and understand the concepts related to embodiment and address how our lifespaces (classrooms, playing fields, parks, recreational facilities, etc.), professional practice, and social interactions affect persons with disabilities.

A Socio-Materialistic Approach

The study of disabilities originated with the medical model that viewed the individual as having a damaged body or mind (Hansen & Philo, 2007). This model emphasized the process of overcoming the disability by adjusting one’s self to more normal ways of existing. Disability studies in the eighties adopted a social model that focused on accommodating individuals with disabilities and emphasized removing social and environmental barriers to inclusion. This social model grew in the nineties to also include cultural and political-economic barriers to inclusion. Many positive gains in disability studies were made during the transition from the medical model to the social model (Hansen & Philo, 2007). However, the growing consensus is that the social model that includes integration is not always the most efficient way to socialize individuals with disabilities into a social order (Hansen & Philo, 2007; Paterson & Hughes, 1999). Integration in its extreme form can be construed as normalization rather than a celebration or inclusion of differences. We advocate for inclusion in the sense that the average person accepts others’ differences and both persons will actively work toward accommodation and modification of the lifeworld such that the lived experiences of both persons will be meaningful. Paterson and Hughes (1999) strongly disagree with the philosophy of integration by saying:

Contrary to received wisdom, the reversal of segregation can mean the exacerbation of xenophobia and prejudice. Intercorporeal encounters become ‘demands’ for disabled people to normalize themselves, to express themselves carnally in a manner conditioned by ableist norms of bodily comportment. Integration is not a celebration of difference, but assimilationism, an anthropophagic form of social control, a form of cleansing in which the impaired other is expected to re-cast his/her identity in the image of the oppressor. The price of integration is ‘normalization.’ (pp. 608)

Hansen and Philo (2007) contend that the social model of disabilities studies is at a cross-road, “. . . disability studies arrives at the seemingly odd position that the impaired body per se—in the specificity of its physical differences—ends up strangely evacuated from studies being undertaken” (p. 494). The fear of some, they posit, is that “. . . opening to the materiality of the impaired body will risk the return of the medical model” (Hansen & Philo, 2007, p. 494).

According to Reindal (2010), the dilemma at this time is whether or not scholars should accept the disability activists’ redefinition of disability as a social issue and reject the medical model. Reindal (2010) believed the question that must be asked is: “What is the social aspect in disability” (p. 125)? To address the role of socialization, Reindal (2010) uses the framework of the World Health Organization’s International Classification of Functioning Disability and Health (ICF) to address and argue for the interaction between the individual and social elements, the interplay between impairment and disability, contextual factors and disability, activities and roles, and spatial barriers and human flourishing.

This new, rather radical, praxis of disability studies is based on the phenomena of embodiment and the idea that humans exist with multiple, textured identities in an inter-subjective world of perceiving (Paterson & Hughes, 1999). The phenomenological nature of our lived experience in the lifeworld suggests an “essential ambiguity of human embodiment as personal and impersonal, objective and subjective, social and natural” (Paterson & Hughes, 1999, p. 601). To objectify a person’s embodied existence to their disability is to reduce the person to one component part of a complex whole, and disregard the spatial relationships, timing, and perspectives that they bring to the lifeworld.

Freund (2001) presents a sociological perspective of the body and disability that expands the social model to include general relationships between embodied agency, psychosomatic capacities and society with particular emphasis on the aspects of a social-materialist approach. The social-materialist approach locates the mind-body in space. Freund (2001) explained that the social model has focused “on embodiment and the complex, often contradictory and ambiguous relationships between bodies, selves and social environment. They have, however, somewhat neglected the spatial and temporal macro- and micro-geographical contexts in which movement is organized and mind-bodies function” (p. 689). Additionally, the over-emphasis on differences has over-shadowed the social and structural constructions that individuals with disabilities might have in common. Freund (2001) illustrates by explaining that individuals with different disabilities often find themselves “segregated and sequestered in either institutional or domestic space” as a result of six conditions: “function of the design of a space, the rhythms of social time, the available material culture (technology), the way the use of the material culture is organized and, most significantly, the ‘fit’ between their psychomotor capacities, and the organization of space, time and motion” (p.690). Freund (2001) suggested that, “If people with an impairment are not automatically or ‘naturally’ disabled, it is also possible that those who are *not* impaired may be *disabled* in a particular temporal-spatial context” (p. 693). Common examples of disabilities that occur in a temporal-spatial context for an able-bodied individual include an illness, an injury, or any temporary factor that causes a person to experience and function in the lifeworld to a degree that is challenging and different from their previous experiences.

Social Impairment and Embodied Disability

According to Paterson and Hughes (1999), the disability movement has “successfully politicized the social and spatial environment” that excludes and oppresses people with impairments from fully interacting with those in mainstream contemporary society (p. 597). In so doing, the disability movement and disability studies have “Cartesianised” impairment to be social and disability to be considered embodied. Paterson and Hughes (1999) commend disability studies for having recognized the social nature of impairment, but add that recognition alone is not sufficient to “trace the patterns of embodiment as they are lived through the mutually incorporated experiences of impairment and disability” (p. 598). They successfully argue against the impairment/disability distinction and propose a radical sociology of impairment based on the phenomenological concept of embodiment (Paterson & Hughes, 1999).

Hegemony of the Normal

Able-bodied modes of navigating space and modes of communication in the social order are ubiquitous: a social order where recognized interactions impede and exclude persons with disabilities from fully participating (Paterson & Hughes, 1999). “In the United States’

culture, there is inordinate emphasis on and preoccupation with youthfulness and the body beautiful [such that] to have a disability is likened to being imperfect” (Robinson, 1999, p. 78). Robinson (1999) explains that able-bodied individuals possess a sense of privilege and act in such a way that privilege assigns rank. The able-bodied, in most interactions, rank lower and value less those who are disabled (Robinson, 1999). Over time, persons with disabilities may internalize their differentness, which can lead to feelings of powerlessness, exclusion, and oppression (Robinson, 1999). A disabled scholar wrote of people who routinely exhibited irresponsible behaviors toward him based on their own embodied reactions to his disability. He stated that:

... Such exclusions from responsibility are a stark reminder of the oppressive logic of the carnal hierarchy; they are a palpable denial of ‘social competence’ and based on a knee-jerk aesthetic judgment. This assumption/conclusion about my (‘lack of’) ‘social competence’ was reached in an instance as an embodied reaction to my bodiliness. (Paterson & Hughes, 1999, p. 606)

The hegemony of the normal, according to Hansen and Philo (2007), is to make minimal accommodations while at the same time being careful to maintain established speed, space and time patterns. Hansen and Philo (2007) noted that:

Much energy [of individuals with disabilities] is spent trying to gain the ‘right’ of passage; to cope with the negative attitudes, the poorly arranged surrounding, the constant fear of being ‘on approval’ in non-disabled space: surely, much *more* could be achieved if this energy were expended in other, less negative ways. (p. 501)

Hansen and Philo (2007) recommend instead a more natural and automatic approach to disability, an approach that accepts and embraces persons with disabilities and accepts embodied differences rather than trying to ‘correct’ the disabled body to more perfectly fit into non-disabled spaces.

Embodiment in Kinesiology

Higher education kinesiology professionals are in the unique intellectual and professional position to address the critical politics of space, time, and proprioception as they reflect the lifeworlds of persons with disabilities. In these author’s experiences, kinesiology scholars think about the body, study the body physiologically and biomechanically, rehabilitate the body, and create multiple opportunities for bodies to move. We honor, and by extension, study the uniqueness of individuals with whom we work in the sub-disciplines with a common focus on physical activity for all. More than other academic disciplines, many kinesiology scholars have, in a scholarly way, created a lifeworld that respects the dignity and embodied integrity of all people. The nature of social impairment and embodied disabilities that comprehensively contribute to the lifeworld of individuals with disabilities necessitates that disability studies scholars also study the theories and best-practices in the field of kinesiology with special emphasis on adapted physical activity, recreation, dance, and sport (Block, B., 2001a, 2001b, 2008; Block, M., 2000; Dunn & Leitschuh, 2006; Seaman et al., 2007; Sherrill, 2004) in order to address the space, time, proprioception, and social issues that concern living in disabled bodies.

Kinesiology scholars (Hodge, Murata, Block, & Lieberman, 2003) teach concrete mainstreaming and reverse mainstreaming approaches with the goal to empower pre-professionals to think critically and ethically about day-to-day interactions and to actively help individuals with disabilities become self-actualized. They have academic structures in place that kinesiology professionals can use to determine whether, or when, individuals with disabilities should be integrated into an activity, classroom, or sport, or if segregation or a combination thereof is most appropriate (Seaman et al., 2007; Sherrill, 2004). There are varying degrees of participation that take place in kinesiology settings ranging from full integration to full segregation, depending on functionality, physical abilities, social needs, and interests of individuals who are disabled (Block, M., 2000). Kinesiology scholars have studied and written extensively on the disabled body in motion, and have addressed the psycho-social realities associated with inclusion; however, the everyday realities of kinesiology practitioners will shadow the attitudes of society unless specific steps are taken to train and re-train practitioners and involve them in treatment and individualized educational planning (Hodge & Akuffo, 2007; Krueger, DiRocco & Felix, 2000; Lytle & Collier, 2002; Stopka, Davis, & Mokha, 2005; Theodorakis, Bagiatis, & Goudas, 1995). Kinesiologists are body experts, and as such, should be continually mindful of the embodied realities and lived experiences of all individuals and take the lead in educating society that differences in space, time, and proprioception do exist.

Kinesiology (Block, B., 2010, 2001a; Dyck & Archetti, 2003; Hawkins, 2008, 2010; Hopsicker, 2009; Kirk & Tinning, 1994), disability studies (Freund, 2001; Paterson & Hughes, 1999), nursing (Wilde, 2003), and counseling (Feltham, 2008; Robinson, 1999) scholars have contributed to the literature with regard to embodiment and how our embodied natures inform moving, functioning, and relating to other individuals co-existing in the world. This postmodern break from positivistic views of the body as objects turns our attention to the embodied nature of human beings and everything that embodiment and embeddedness entails. Disability scholars are writing about body agency (Paterson & Hughes, 1999), disability geography (Hansen & Philo, 2007), socio-material space (Freund, 2001), and social versus medical models (Reindal, 2010). All of these scholars recognize and honor the importance of the embodied differences of people interacting with each other in the world together and call for attempts to reverse or diminish the so-called hegemony of the normal. All professions should establish methodologies in the lifeworld that diminish the hegemony of the normal and encourage the concept of embodiment and embodied identities to promote a more equitable existence and social order.

Kinesiology Programming Approaches

Considering how persons with disabilities experience the lifeworld that generally caters to the average population and how kinesiology practitioners academically promote approaches to adjust the lifeworld to provide more meaningful experiences, we detail four methodologies that all academicians regardless of their field of study should use. Seaman et al. (2007) describe four overriding approaches to programming in kinesiology that can be used in other social and professional contexts. In this investigation we changed the foci from programming to embodied social, environmental, and professional interactions in the lifeworld. These approaches are inclusion, noncategorical interaction, universal design, and commitment to liberally applying culturally determined interactions.

Inclusion

Sherrill (2004) explains that social inclusion refers to “reciprocal social acceptance and direct contact with everyone present and specific social behaviors” (p. 760). Social behaviors include knowing and understanding each other, sharing power, respecting and valuing each other, consulting and cooperating with one another in all social orders (Sherrill, 2004). It is the responsibility of all citizens (disabled and able-bodied) to determine the extent to which inclusion should occur. While Paterson and Hughes (1999) have argued against inclusion, in many situations inclusion is appropriate if done properly. Seaman et al. (2007) call inclusion an attitude based on respect and value for all people. Inclusion, therefore, is not a form of social control or a way in which to normalize individuals with disabilities, but rather a way to promote and provide opportunities for participation when, otherwise, interactions would not have been considered. Individuals that dominate a social order have the responsibility to consult and plan with individuals with disabilities to creatively insure an inclusive environment for those who wish to participate. Adaptation theory is a theory that we can use to translate these ideas into action. “Adaptation theory is the grand theory (or meta-theory) that enables the synthesis of the many ideas, theories, philosophies, and practices (some old, some new) that guide every day critical thinking about the beliefs, attitudes, intentions, and actions associated with [planning for inclusion]” (Sherrill, 2004, p. 8). Sherrill (2004) explained that citizens should understand the process of change in ourselves whether we are socially interacting in the lifeworld, professionally interacting, or providing a service.

Consider, for instance, how we adapt or change our beliefs and attitudes as we learn more about disabilities and individual differences. Altered beliefs and attitudes lead to changes in intentions pertaining to the time we will spend with individuals with disabilities and the ways we will treat them in friendship, service delivery, and leadership interactions. Intentions typically result in actions or behaviors that make us more competent and caring (p. 8). This begs the question: what is the role of scholars in educating different social orders about embodiment and the hegemony of the normal as we attempt to include persons with disabilities without socially controlling them? Seaman et al. (2007) suggested that inclusion should be addressed using a more ethical approach that promotes equal opportunity based on individual ability and not a categorical grouping based on the characteristics of one’s disability.

Noncategorical Interaction

The second approach is called noncategorical interaction (Seaman et al., 2007). This approach is not based on the characteristics of a disability category and what persons in that category can typically achieve, but rather on the characteristics of the individual and what that person can do (Seaman et al., 2007). Individuals with disabilities compensate for differences, find multiple ways to cope, and interact in the lifeworld. Compensations might be performed at a slower pace, include nontraditional adaptations to the *embodied normal* of the dominate social order, or be unique inventions of the individual to cope in the lifeworld. As a society we must recognize that people come to the lifeworld with their own sets of relational and compensatory skills all wrapped up in their bodies. *Inclusion for all* does not fit *all* (Paterson & Hughes, 1999). We learn about the individual embodied experiences of different people through social and professional interactions. Scholars can create awareness for others in society by articulating and demonstrating our altered beliefs and attitudes by accepting the uniqueness of every individual, and their individual embodied

reality. This will be accomplished when individuals who wish to be included in a social order are consulted and accommodated, and embodied identities respected with regard to temporal, spatial, and perceptual realities.

Universal Design

Universal design is an approach that crosses many boundaries and is used in different contexts including social, cultural, architectural, environmental, educational, and psychological contexts. Universal design began as an architectural concept that created physical access to lifespaces for a variety of people in different environmental contexts (Seaman et al., 2007). As the concept of universal design became more recognized, other areas began to use universal design. Common applications include promoting diversity in the workplace, creating flexible instructional design to address different learning styles and intelligences, and expanding views that recognize differences in race, gender, and sexual orientation. The universal design approach is important to disability studies because it employs principles that respect and value diversity, equal access, opportunity for participation that serve individual needs, and favorable conditions for inclusion. Favorable conditions that address temporal, spatial, and proprioceptive interactions include the recognition that people interact in the world with their own set of embodied, individuated physical realities that (as Merleau-Ponty described) moves out from one's self (the absolute source) into the world of others (Merleau-Ponty, 1996). It is in the lifeworld of others that all interactions are sustained including: fast and slow, conventional and unconventional, verbal and nonverbal, assisted and unassisted, sighted and blind, and ambulatory and confined. Hansen and Philo (2007) summarize by saying, ". . . it is a deceptively simple insistence on registering the multitude of ways in which different bodies do (and can do) things differently. To our thinking, accommodationist agendas must be alert to such differences in the doing of things, treating the range here as wholly normal, and resisting banal assessments of 'right' and 'wrong' ways to get things done" (Hansen & Philo, 2007, pp. 502–503). Universal recognition of differences and similarities is paramount in any approach to disabilities studies and should be addressed through interaction with and respect for the uniqueness of all citizens moving as embodied agents among us.

Culturally Determined Interactions

The fourth approach is somewhat abstract in that it liberally applies the other three approaches in a cultural context. Seaman et al. (2007) state, "there is often a tendency to look at the cultural norm and judge people by comparing them to it" (p. 280). In every social order there is a culture of interaction. Swain, Griffiths, and Heyman (2007) assert that an important part of existing in a social order comes from attaining membership and actively participating in the culture of a group. Feltham (2008) asks us to consider one's self in relation to other people in the culture of a social order. He suggested that we particularly attend to body language and visceral reactions while interacting, and that individuals should be cognizant of how they might transfer or project their own realities and fears to others that are unlike themselves. B. Block (2010) suggested that people should attend to narrated, subjective and embodied realities through the stories heard and told. "Recognizing and honoring discussions with others, and learning how to engage with others in a relational and appropriate manner, benefits each person in the relationship and contributes to being part of a quality [group]" (Block, B., 2010, p. 250).

B. Block (2010) outlines specific culturally determined relating strategies from cultural relational psychology that take into account the embodied nature of people in relationships. These strategies connect people to each other. One person is not “above” another in any philosophical or social sense as a positivist perspective implies; rather, we are all individuals navigating through this lifeworld together.

Connecting with others in a relational manner is important to making all citizens feel part of humanity. There are five primary strategies that support growth through making connections: 1) empathic attunement, 2) contextual interactions, 3) relationship authenticity, 4) tolerating tensions and conflicts, and 5) honoring individual differences (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Miller & Stiver, 1997). They include taking the time to become empathically attuned to the embodied reality of another person both cognitively and affectively.

Understanding the contextual nature of interactions and identifying and reconciling our place in the interactions establish connections with others. Understanding one’s own needs and the needs of the other person in an authentic and honest manner supports growth. Tolerating the tensions and conflicts that happen in relationships, and being willing and capable of risking the change and uncertainty that comes with establishing a relationship with another person gives both people in a relationship the permission to be frank and honest. Finally, honoring individual differences and the uniqueness of the individual with equality and authenticity is paramount, even though we have different embodied experiences and view the world through our own subjective lenses.

Joining with and understanding the subjective experience of another through the cognitive-affective process of awareness allows both people to grow in the relationship and draws both into a common culture (Jordan et al., 1991). This connection is accomplished through an awareness and willingness to understand the embodied realities of other people and expressing those realities through narratives, and engaging in connected relationships with others. B. Block (2010) explains that we express our embodied and embedded experiences by interacting socially with one another and sharing narratives thereby “create an atmosphere of mutual growth and trust in an emotionally connected, authentically honest manner” (Block, B., 2010, p. 257). The ability to connect is what makes us, and the people with whom we connect, a vital part of humanity.

Discussion

Reversing the hegemony of the normal and establishing equitable existence in the lifeworld for all persons is a comprehensive task. Our lifeworld reflects the spatial, temporal, and proprioceptive energy of the *dominant normal* who perceive and interact in the world comfortably together. Most individuals give little thought to their own embodied identities, but rather, *attend to* their goals while easily and energetically navigating through the lifeworld. The 68% of the population that is considered to be relatively similar determines social norms and does so by means of hegemony. However, persons with disabilities that fall below the population averages are constantly reminded of their embodied identities as they are challenged to have meaningful experiences in a lifeworld that was not designed to meet their needs. These individuals are often forced to focus on subsidiary tasks rather than their personal goals. Accomplishing every day, mundane tasks in the lifeworld of the normal can be overwhelming and frustrating to individuals with disabilities.

There exists an ethical and moral obligation of the *dominant normal* to take the time and energy to relate contextually and empathically with people who embody radically

different lived experiences. It is incumbent upon us all to attend to the temporal, spatial, and proprioceptive differences of others navigating in the lifeworld; and, if possible, restructure the environment so that the embodied identities of all who inhabit the lifeworld can contribute, participate, and live life to the fullest. In essence we are promoting the concept of diversity to mean that all individuals regardless of disability or ability benefit from meaningful experiences and interactions with persons that are different from themselves. Awareness of differing space, time, and social experiences can generate new perspectives and is enlightening. For the average individual, experiences with persons with disabilities generates a higher level of understanding and human compassion for their differences; whereas, for persons with disabilities can benefit just as a less skilled athlete benefits from practice and play experiences with a highly skilled athlete.

Diminishing the hegemony of the normal can be accomplished by creating an awareness of the reality of embodiment through the use of inclusion, noncategorical interaction, universal design, and culturally determined interactions, methodologies which lead to tolerance and understanding. As a society, we must understand and recognize when individuals with disabilities expect to be included or segregated. Authentically connecting with individuals with disabilities and welcoming them into the culture of the group can accomplish this expectation. In so doing, the culture will change, individuals in the group will grow, society will benefit, and everyone will become differently better.

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