The Intersection of Arts Education and Special Education:

Exemplary Programs and Approaches

Art, Developmental Disability and Self-Representation

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Since the 1970s, teachers have broadened the scope of their classrooms, replacing traditional curricula-centered teaching practices with student-centered learning. Teachers implementing methodologies, such as the theory of Multiple Intelligences and differentiated learning, have initiated new strategies in education. Ideological and practical changes are meant to accommodate children with a variety of abilities. In their search to find supportive resources that sustain and enhance these approaches, educators might look to other fields and models outside their domain that serve children, adolescents and young adults with disabilities.

Community art centers for individuals with disabilities have been employing non-traditional strategies for the past 40 years, and many might serve as exemplary instructional models for public education. Success lies in the staff’s awareness of disability from the point of view of the disabled artists’ visual representations. The art centers’ categorical rejection of methodology that reflects the prevailing medical paradigm of disability within the discourses of genetics, biology and inheritance has also become an important conversation in higher education (Derby, 2011; Eisenhauer, 2007, 2008; Wexler 2009, 2011). The medical model designates a determinist viewpoint toward disability rather than situating it within a range of social variation. In contrast, Creative Growth Art Center (CGAC) in Oakland, California, and Grass Roots Art and Community Effort (GRACE) in Hardwick, Vermont, use methods of teaching that allow artists to develop their own iconography without restriction. What has emerged are the artists’ own narratives and self-representations, bringing art and education closer to eroding the boundaries between normality and disability as these terms are defined by Western cultural standards (Wexler, 2011). They imply that social systems can be reoriented so that individuals with disabilities exist as active agents in a participatory environment, that “…only this body, this voice, can communicate in this time and place” (Swan, 2002, p. 294). In this paper, I argue that the medical model suggests that people with disabilities lead stagnant lives and should be cured. In contrast, community arts centers offer an alternative model that might influence unexamined expectations and assumptions about disability that drive special education practices.

Children, adolescents and young adults with intellectual and developmental disabilities
present a pedagogically challenging situation for art and special educators. Education practices often embody the medical model of disability and use such techniques as external rewards that do not honor the disabled individual’s ways of knowing. Rather, special education services are charged with bringing children closer to the physicality, behavior, thinking, and reasoning of “normals” (e.g., walking is better than not walking, seeing is better than not seeing, hearing is better than not hearing, talking is better than not talking, etc.).

Many educators are not yet prepared to engage emotionally and empathetically with children with developmental disabilities. Only 40 years ago, before the Rehabilitation Act of 1973, and later the Education for All Handicapped Children Act of 1975 (now called the Individuals with Disabilities Education Act (IDEA)), children with these disabilities would not have enjoyed the civil right of being educated in the classroom. Institutionalization would have been the only option for children considered “uneducable,” the label used at the time. As a result, institutionalization has left its traces of an institutionalized identity on its former inhabitants by framing the individual in medical terms. For example, in the 1920s children with Down syndrome were “unable to speak.” Until the 1970s they were “unable to read.” But miraculously, today they can. What changed?

**Roots of Bias**

Pedagogical ambivalence with severe physical and mental “abnormality” is a reflection of a historical fear of the incarcerated—the intentionally invisible Other—safely removed from the world. The division between normal and Other has roots in the collective unconscious, archetypes, myths, and legends. In order to judge the roles that myths play, particularly in literature, Fiedler (1996) writes,

> We must understand what myths really are: namely, projections of certain unconscious impulses otherwise confessed only in our dreams, but which once raised to the level of full consciousness serves as grids of perception through which we screen so-called “reality.” When these myths are embodied in literature, translated into words on a page or images on TV, they become part of our daily experience as “real” as any other. (p. 34)

Myths and legends are the language of emotion, sometimes mixing the “real” with fear and apprehension. Fiedler’s reality lies between quotation marks, between conscious reality and the conflicted inner reality that responds to mythic representations of difference in literature and other art forms. The fear that we might appear freakish to someone else lies in our adolescent
unconscious only to rise up at the site of physical and mental deviation. Almost universally, activation of fear is preceded by gut-level physiological responses (Adams, 2001). But rather than reassuring us that we are normal, the Other reveals what Fiedler calls the Secret Self. Now that psychoanalysis has mined the depths of our unconscious, how might we “…coexist with others who are unlike us instead of engulfing or rejecting their differences. We need better ways of accommodating the broad swath of human variability…” (p. 9).

The Effects of Institutionalization

From the 17th to the 19th century, institutionalization and removal from the community are described by Foucault (2009) as an encircling of the “insistent fearsome figure” (p. 5). Justifying the confinement of the “mad person,” the catch-all for all that is menacing in the world, is dependent on the perceptions and causes of and reasons for mental illness, manifested with the metaphors and symbols of the time; an example of which might be madness perceived as deviance, lacking responsibility for the social good and, therefore, deserving of punishment. Like Fiedler, Foucault (2009) writes that the Other’s symbolic placement of madness is turned inward “if we admit that what was once the visible fortress of social order is now the castle of our own consciousness” (p.11). The internalized “fearsome figure” conjured by madness within our consciousness is arguably mortality, death, forces darker than death, nothingness, or “the great solar madness of the world” (p. 28). If madness engulfs the world, then reasonableness (normality) cannot exist to oppose it, hence modernism’s bifurcation.

The notion of normal becomes the standard by which abnormal is identified, encircled, and removed from “normal” society. The abnormal then becomes the depository of the normal’s own alienation. The scientific age of the 19th and 20th centuries inherited the left-over morality and punishment, which “forms the bedrock of our ‘scientific’ knowledge of mental illness” (p. 106). All that was needed was the label “mental patient,” and the proof of progress in the age of scientific positivism was sealed. “In the wake of deconstruction and psychoanalysis, we now seem capable of understanding such extreme corporeal alterity only as a necessary byproduct of the oppressive and exclusionary operations of the normal” (Adams, 2001, p. 9).

In 1972, after Geraldo Rivera’s exposure of Willowbrook State School and Letchworth Village, the latter considered one of the premier American institutions (Trent, 1994), special schools and classrooms were also called into question.
At Willowbrook, Rivera told his viewers, one hundred percent of all residents contracted hepatitis within six months of entering the institution. Most of the severely disabled residents were naked or only partially clothed. Many too lay on dayroom floors in their own feces. (p. 258)

Looked upon as dehumanizing by parents and public officials, their practices generated new debates between conservatives and libertarians, and resulted in what we know as inclusion. In part, the movement toward a more equal and open education was promoted by sociologists who found that the label “mental retardation” had little to do with mental capacity. “Placed in special education programs, children behaved in ways that merely fulfilled the ascribed label” (p. 260).

**Disability Studies: A New Postmodern Paradigm**

The passage of PL 94-142, the Education for all Handicapped Children Act of 1975, revised in 2004 with the reauthorization of the 1998 Individuals with Disabilities Education Act, mandated that all children are to have a free and appropriate public education regardless of ability. Prior to 1975, children with developmental disabilities were considered “unable to learn.” The goal then was to include children with disabilities in regular classrooms, which usually began in the art room. While the landmark law was a profound equalizer toward access to education, it also confined the discourse of disability to the medical model. As early as 1989 Douglas Blandy warned that special education would promote stereotypes about disabled people, “which propagates stigma….The implication of the medical model for schools is that disabled learners are positioned as helpless dependents requiring unusual services from nondisabled educators, paraprofessionals, and peers” (Derby, 2011, p. 96).

Disability studies -- initiated by people inside the label with discursive and narratological accounts of being disabled -- is indebted to the activists of the 1970s who were instrumental in the passage of the landmark public law 94-142. For example, the members of ADAPT (American Disabled for Accessible Public Transit) gathered a “hidden army of civil rights” consisting of angry people with disabilities wanting nothing more than the equal right of access to public transportation, not charity or welfare that perpetuated the myth that disabled people are helpless and dependent. ADAPT focus then was on access to buses, buildings, public places and offices that would make them competitive in the employment market and so, financially and emotionally independent. In 1987, 66 percent of people with disabilities were
unemployed, with two-thirds of those capable of working (Shapiro, 1994). Later, with some successes in basic rights, the disability movement cast a wider net and addressed pervasive discrimination.

As recently as 1988, Lisa Carl rolled up in her wheelchair to a movie theater in Tacoma, Washington, and was turned away. This incident catapulted an army of activists comparable to the aftereffect of Rosa Park's refusal to sit in the back of a Birmingham bus. Carl's story was told in front of the Americans with Disabilities Act (ADA) panel, which would extend the same protection that had been given minorities in the 1964 Civil Rights Act (Shapiro, 1994).

No other group of citizens was so insulated or so removed from the American mainstream….For the first time, people with disabilities were asking Americans to recognize that the biggest problem facing them was discrimination. They sought access and opportunity, not charity. (p. 106)

The civil disobedience of “The hidden army” of disabled activists eventually made possible the passage of the Americans with Disabilities Act (ADA). After a long battle, the ADA bill was signed into law by George H. Bush on July 26, 1990.

Even after the passage of ADA, the collective psyche remained the same, despite the new positive terminology, such as the language of people first before disability (e.g., individuals labeled as having autism or individuals with or who have a disability). But with ADA enacted, disability activism was free to move from political praxis to academia, problematizing the disabled as invisible in cultural studies that was until then dominated by issues of race and gender. Postmodern and cultural constructivist movements that challenged the unexamined assumptions about race and gender now opened the way for a formal discourse in disability as a discursive category, “previously the exclusive domain of the biological, medical, and rehabilitative professions…” (Jeffreys, 2002, p. 32). A new postmodern paradigm expanded the repertoire of models of physical difference as a cultural phenomenon rather than a biological condition, a nuanced subject of identity and representation in all cultural forms, both aesthetic and popular (Mitchell, 1997). In the following paragraphs I describe a community arts center that is committed to promoting the self-definition of individuals with developmental disabilities through works of art. The production of professional work calls into question public assumptions about the artistic and cognitive potential of individuals labeled as having autism.
Alternative Sites of Learning

Creative Growth Art Center (CGAC) has been operating in Oakland, California for 40 years, which makes it the oldest arts center for individuals with developmental disabilities in the world. Several other arts centers such as Grass Roots Art and Community Effort (GRACE) in Hardwick, Vermont, operate with the same philosophy: to provide optimal opportunities for their artists, both artistically and professionally, in a social environment. Both centers uphold the tenet of “non-teaching.” Both facilitate learning and exploration through a variety of media. Because CGAC has been in existence longer, it has established a broad range of media, such as sculpture, printmaking, wood, ceramics, fiber arts, and rug making, with the recent addition of digital film and animation. Painting and drawing is the mainstay and has served as the entry point for new artists. CGAC opened in 1974 as a part-time program with six students under founders Elias Katz, a psychologist with training in developmental disabilities, and his partner, Florence Ludins-Katz, an artist and art teacher. They recognized the aesthetic value of the body of work made known in the world by German psychiatrist Hans Prinzhorn. His collection was the precursor of Art Brut, the term that artist Jean Dubuffet called his collection of art work in Lausanne, Switzerland. Prinzhorn began his collection as both an art historian and psychiatrist at the psychiatric clinic at the University of Heidelberg.

Although Prinzhorn’s project began for diagnostic purposes, as an art historian his interest in the art of his patients was more subjective than clinical. I conjecture that his collection was the start of an interest in the mentally ill and disabled from less of a clinical perspective and more as a spectator of pioneers in a mysterious art form. Roger Cardinal (1972) wrote Outsider Art as a study of Art Brut, and coined the term “Outsider Art” for the sake of his British readers (Cardinal, 2008). “Outsider Art” became the favored terminology although art historians and critics debate which artists fit into this label.

A central element in the definition of Outsider Art, and one particularly cherished by its first theorist Jean Dubuffet, himself a renegade artist, is that it diverges radically from our shared cultural expectation as to what art ought to look like and how it ought to be produced. Outsider Art represents a mode of independent art making which ignores tradition and academic criteria. Instead, it reflects a strong expressive impulse, running free of the communicative conventions to which we are accustomed. (p.2) Far from a medical model version of the art of the developmentally disabled, the Katzs looked
upon their artists’ works as meritorious and deserving of gallery presence. CGAC’s current
gallery was the first in the country to focus on the art of the disabled. 2

Methods and Strategies

CGAC is a “non-teaching institution” and teaching staff are called peer-teachers or
facilitators to underline the equanimity between the teaching guides and artists. Peer-teacher
Michael Hall describes his primary goal as bringing the artwork to the level that the artists want
it to be. But while the program believes in a hands-off approach, some media involve more
intervention than others. For example, artists in the wood program could not have carte
blanche because of potentially dangerous tools.

Until about two years ago, half of CGAC’s teaching staff consisted of art teachers from
local public schools. This relationship was mutually beneficial because both agencies could
provide richer services for adults and adolescents with disabilities. It also provided CGAC with
more monies to service their artists since they didn’t have to pay the peer-teachers’ wages and
benefits. With the economic downturn, the collaboration ceased to exist. Although a critical
period for the art center, newly hired peer-teachers brought new media and talent to the
program (J. DeStaebler, personal communication, July, 2012).

According to Studio Manager Jordan DeStaebler, the process of making art is not
always comfortable, as most artists, disabled or not, will agree. The “sidelining” of the teaching
staff provides room for disturbing emotions and thoughts to be worked out through materials.
But not all materials for all artists will translate their demons into symbolization and metaphor.
Availability of various materials provides opportunities for artists to produce work that reflects
their psychic needs. A well-known example is Judith Scott3 who seemed disengaged until she
stumbled into the fiber arts “class,” and went on to became an internationally recognized fiber
artist.

“CGAC was not on my radar. I just needed a job,” says Destaebler (Personal
communication, July, 2012). Without previous contact with disabilities he was overwhelmed
and anxious, but in time the barriers disappeared and were replaced by personal relationships.
“In my time here I’ve been repeatedly and pleasantly amazed at how intelligence manifests
itself in a myriad of ways when there are obstacles to someone unable to communicate verbally
(J. Destaebler, personal communication, July, 2012).”
The staff privileges art over disability and finds the work of their artists to have the same merit as mainstream art. Similarly, Hall says he focuses on the person and not the disability, working around and through its limitations.

For example, Carl Hendrickson, who has severe cerebral palsy, who can’t do the physical work that he wants to, but he is determined to do as much of it as he can. And he can’t communicate; he’s non-verbal, so you just find a way to work with him. And he comes up with brilliant solutions all the time. So it’s working with the person, and then you run up against part of his disability that is a challenge for a moment and you find a way around it. (M. Hall, personal communication, July, 2012)

The egalitarian culture of CGAC promotes non-judgmental approaches. Permanent changes in the perspectives of the non-disabled are usually motivated by mutuality and friendship. In contrast, the inclusion and special classrooms of public schools often reinforce the inaccessibility, both physically and mentally, of the curriculum, events, and socialization for children with disabilities. The terms themselves, “special needs” and “special education,” set up barriers to a shared education and socialization between children with disabilities and their non-disabled peers (Derby, 2011). “Special” and other euphemisms prohibit students with disabilities from acknowledging their own real differences. Euphemisms prohibit the placement of disability—a term representing a large minority with strengths and weaknesses—on the same continuum as ability. The terminology conveys the “boosterism and do-gooder mentality endemic of the paternalistic agencies that control many disabled people’s lives” (Linton, as cited in Derby, 2011, p. 103).

This is not to say that the biological and psychological scars of the disability disappear. Many of the first generation of artists came from institutions and were saddled with the “mentally ill” label before autism was diagnosed. As mentioned earlier, institutionalization had effects on personalities, but while some artists might be withdrawn, “their art can be incredibly expressive, indicative of an internal state of being that might not be apparent” (J. Destaebler, personal communication, July, 2012). Recognizing artwork as aesthetic in and of itself—not a device for diagnosis or normalization—is a critical difference between the practices of community arts centers and the artistic methodologies of special education and art therapy. Children who make art in self-contained classrooms and residential facilities are often considered without talent because they cannot render a recognizable human figure,
understand the difference between foreground and background or two-point perspective. Because of the restrictive national and state art standards that trickled down from the mainstream, students with disabilities are unable to find their own symbols and metaphors that are carriers of raw emotions and internal conflict. Assumptions are made about the lack of their internal life that precludes the making of personalized art. Special education constructs the very barriers and walls that are intended to be brought to the ground.

But precisely because all artists use art as language, we are clued into their internal lives. Probably because many of the artists at CGAC are not verbal, such as the well-known Dan Miller, George Wilson, Donald Mitchell, and Judith Scott, their work is complex, dedicated and often more intense than mainstream artists. Possibly they are more intense and revealing because they are not inhibited by “the stifling internal critic that is so lethal,” nor weighed down by art history or academic training (J. Staebler, personal communication, July, 2006).

Although they are considered Outsider Artists, they do not fit into the typical model of the lone artist making art in isolation. They are, however, untrained, most having never made art before coming to CGAC. Community is essential in their process, and they will often be influenced by each other, one of the benefits of the program, says Hall. Artists borrow from each other, develop their own work in a new direction, sometimes returning back again and continuing on to new iconography.

As I sit in my studio, usually alone and isolated, I sometimes think that maybe I’m the Outsider. I struggle to get to the place that people here get to freely. This is a great creative hotbed that can be applied to other sites, not just for people with disabilities. (M. Hall, personal communication, July 2012)

Implications and Conclusion

I argue throughout this paper that behavioral strategies, when used alone, usually do not meet the cognitive potential of children with developmental disabilities that has been revealed through new communication technologies. The model of sharing art, knowledge, mutuality and respect between the disabled individual and the teacher or mentor gives new meaning to the notions of normalcy.

In many instances children with developmental disabilities have revealed fully awake lives and high levels of cognition, notwithstanding bodily tics, compulsive rituals, and verbal perseveration. Our training as educators does not usually offer a broader notion of how arts...
and education service children on the extreme end of the disability continuum. For example, pre-service teachers recently worked with students with developmental disabilities in a course called *Disability Studies in Art Education* at the State University of New York at New Paltz. Matthew, a young man with Down syndrome and autism is limited in his speech, writing, and art making. But he thrives on social interactions and sensual uses of materials. One day the student assigned to him announced, “This isn’t art making or teaching.” This student was expecting to be prepared to perform in a style of teaching that has been handed down since the beginning of public education (Wexler, 2011). Such expectations, depending on their context, suggest multiple meanings, biases, and assumptions. In his blog, Michael Berube (2008) examines the notions of Peter Singer, the controversial Princeton Professor of Bioethics, about what we cannot expect from children with Down syndrome:

The larger point of my argument with your claim is that we cannot (I use the term advisedly) know what to expect of children with Down syndrome. Early-intervention programs have made such dramatic differences in their lives over the past few decades that we simply do not know what the range of functioning looks like, and therefore do not rightly know what to expect…it’s not just a matter of contesting other people’s low expectations of your child, it’s a matter of recalibrating your own expectations time and time again—and not only for your own child, but for Down syndrome itself. (Berube, 2008).

Matthew, like many other individuals at this end of the spectrum, needs us in radically different ways, such as acknowledging his style of socialization with all its perceived inappropriateness. I suggest that educators and the general community have been trained to believe unquestionably in disability experts while ignoring the experiences of individuals with disabilities, their caretakers and mentors. I suggest that we, as educators, study the strategies, philosophies, and practices of artists and the community arts centers that have promoted quality of life for their participants. Sometimes their art work becomes the means of communication, expanding the social definition of communicative forms (Rexer, 2001). At other times the artists choose their own words (sometimes faltering) supported by their mentors. All forms of self-representation continue to unsettle prevailing assumptions.

**Endnotes**

1. “A Hidden Army of Civil Rights” is the title of the fourth chapter in *No Pity* authored
by Joseph P. Shapiro.

2. The artists exhibit regularly at the CGAC gallery, but they also have shown their work internationally.

3. Judith Scott, who recently passed away, is known for her cocoon-like/nest-like structures. Considered by art historians and curators to be among the most important bodies of recent work.

4. Facilitated Communication is an example of communication technologies. The facilitator touches the arm, shoulder or wrist of the typist. Several people in the field reject the achievements made with this technology because they believe that the facilitator is influencing the client. However, people with autism explain that initiation of an action is one of their most frustrating problems. The desire to take action is in the mind but the mind cannot command the body to follow through. This is one of the reasons that people with autism do not do well when tested by external assessors without their assistants. There are also problems about the tests themselves, such as unfamiliarity with testing and lack of preparation, lack of confidence, and test anxiety (Biklen & Cardinal, 1997).

References


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