

Who's Normal Here? An Atypical's Perspective on Mental Health and Educational Inclusion

The article uses autobiographical reflection to argue for mental health as an area of cultural difference that merits inclusion in multicultural education.

The key deficit found in children and adolescents with Asperger's Syndrome (AS) is their lack of social skills. They do not know or use the basic social skills that come more naturally to other people (Krasney et al., 2003). They often do not have a full appreciation of the social "rules" of interaction. . . . AS is a psychological disorder that falls under the umbrella of autism spectrum disorders. . . . The deficits that these children show are thought of as falling on a broad continuum. (Painter 13)

This description of Asperger's syndrome is characteristic of the ways in which people with atypical neurological makeups are described in both psychiatric and mainstream publications and conversations. It is based on the view that there is a psychological norm, and that those who deviate from it are in "deficit" to "normal" people.

I would like to challenge this assumption, based on my own experiences as one who has raised a child who has been diagnosed with Asperger's syndrome, Tourette's syndrome, depression, obsessive-compulsive disorder, chronic anxiety, and oppositional-defiance disorder (see Smagorinsky, "Confessions," "Every Individual"). Through this process I have come to the realization that my own gene pool has likely produced a good part of this makeup in my daughter. As Tim Page notes, many adults come to a recognition of their own place along the mental health continuum when their children get diagnosed for what are known

as mental illnesses. My pathway of realization has followed this route, and not always easily. I will talk about both my own experiences and those of my friends and loved ones as a way to think about what it means to be considered mentally ill in a world where some notion of normalcy prevails. In this world, those with power—in this case, the psychiatric community and those who act on their judgments of abnormality—often stigmatize those from outside the normal range by treating them as "disordered."

Ultimately, I have come to view mental health as a critical area of multicultural education. Multicultural and diversity education tend to be concerned with differences across race, ethnicity, social class, gender, and other familiar categories because often such categories are used to justify discriminatory behavior. Given the fact that people from outside the diagnostic mental health norm are believed to be in deficit, to be disordered, to be lacking "natural" social skills—even by those such as Kim Kiker Painter who consider themselves part of the solution rather than part of the problem—it seems that mental health variation meets every criterion for consideration as a multicultural education category. Given the fact that young people sometimes act out violently for the treatment they endure for being different—from taking their own lives to lashing out at others (Mental Health America)—there appears to be nothing short of an imperative to integrate mental health considerations into any inclusive effort in education.

TERMINOLOGY

I use the term *neuroatypical* as a play on *neurotypical*, the term used by people with Asperger's syndrome to characterize non-autistics. The term is used ironically as a way to dismiss the notion that following other people's social rules is desirable. People with Asperger's syndrome tend to be puzzled by the ways in which neurotypicals obsess about following social rules and conventions. Rather, they consider most social conventions to be of dubious value and to promote disingenuous behavior. I wonder if J. D. Salinger's Holden Caulfield of *The Catcher in the Rye*, with his continual observations about other people's phoniness, might be exhibiting signs of a pre-diagnostic case of Asperger's syndrome. (Asperger's was first described in 1944 but was not formalized as a diagnosis until the 1990s; *The Catcher in the Rye* was published in 1951.) I have adapted neurotypical to produce neuroatypical, a word that seems to me to provide a way of referring to people who have uncommon makeups in a manner that is less judgmental than mentally ill, mentally disordered, socially deficient, abnormal (as in "abnormal psychology"), and other deficit-oriented terms.

The second term I introduce is *extranormal*, a word that I think is less pejorative than, say, "deviant." One thing I've learned through my exploration of mental health issues is that there is an assumption of a neurological "norm" that I don't believe exists. Rather, there is a broad spectrum of ways of being that produces large grey areas between what is now considered to be mentally healthy and mentally ill, normal and not-normal, typical and atypical. A term such as *non-normal* or *non-normative* assumes that there is a norm, and that a person so categorized is not part of it. I have found that *extranormal* not only contests the notion that there is a norm to begin with, but that falling outside the presumed range can, under the right circumstances, provide one with something that is indeed "extra" rather than lesser or disordered.

I further reject the term *disorder*. First, it assumes that there is an order. Given my own rejection of many social norms, I cannot presume that some "order" exists and that people who do not follow it should be, if you will, "dissed." Many of us follow our own orders, and quite well from our perspective, even though this order is not necessarily recognized as worthy or followed by others. Yet, it suits us in many cases, and even can serve as an asset. For example, I tend to finish tasks quickly and completely. The fact is, I *have* to finish them, or I become highly anxious. Further, as one on the Asperger's spectrum, I have a narrow range of interests that I tend to pursue in excruciating detail, a disposition that serves me well as a researcher. Under favorable circumstances, then, the order that I follow can make me a productive person in light of the goals I seek to achieve.

Taking the Romance Out of Mental Health Difference

While arguing for a broader notion of normalcy, I do not wish to suggest that I have an unrealistic or romantic view of those outside the normal range. In another essay (Smagorinsky, "Confessions"), I discuss at length the event that prompted my own recognition of my neuroatypical makeup. My crisis occurred during a talk I tried to give at the 1999 NCTE Annual Convention in Denver, at which I was forced to walk out after only a few minutes because I experienced a sudden, terrifying, and disabling panic attack. This experience, it turned out, was a function of chronic anxiety of the sort that is also evident in my long-time fear of flying and agitation within closed spaces generally (e.g., being inside a room with the door shut). I have always been anxious; I have gnawed and picked at my fingernails, for instance, throughout my life, often to the amazement of those around me who cannot imagine that there is anything left to masticate. But in Denver, undoubtedly tied to other highly stressful issues going on in my life at that time and for the prior 20 years, I experienced a meltdown that not only caused me to leave my own talk mid-sentence, but to leave the conference early because the panic attacks continued in other meetings I tried to attend, even among friends and close associates.

Since 1999 I have taken paroxetine (Paxil), a medication that moderates both anxiety and obsessive-compulsive thoughts, on a daily basis. I have also begun taking two other medications for occasions that place me at risk for panic attacks. I rely on alprazolam (Xanax) as a preventative measure before boarding planes. If I don't medicate myself before getting on board, when I eventually strap myself into the airplane seat that is never large enough to accommodate my frame, and when I feel entombed in the cramped and unfriendly confines of the tube that my seat is bolted into, and when that tube is five miles above the earth hurtling forward at more than 500 miles per hour, I will urgently feel the need to *get out*. For the first few years following my panic attack in Denver, I also took Xanax before (and, on occasions when it wasn't enough, during) public speaking such as conference presentations. Because it can produce a "dopey" feeling that is not optimal for trying to

seem intelligent, I found an alternative in a drug in the beta-blocker family (Inderal). This medication suppresses adrenaline rushes that lead to panic attacks, yet does so without producing the inebriated feeling that Xanax can impart, and so serves me better when I feel trapped by the spotlight of the conference presentation.

I acknowledge my dependence on medications because I don't want to convey any sense that I think that neuroatypicality is simply a different way of being that presents no difficulties to those occupying unusual places on the mental health spectrum. Raising a child with Asperger's syndrome, Tourette's syndrome, an obsessive-compulsive makeup, high anxiety, chronic depression, and oppositional-defiance tendencies has not been simple—especially when in the process of raising that child, I learned that most of these conditions are ones I share (all, indeed, but the last two, although some colleagues and administrators along the way might dispute the latter claim). My daughter, for instance, slammed the door to her room so often and so violently that the entire doorframe eventually fell out of the wall, and for several years we simply stopped repairing walls in our house because the old holes she kicked in them were soon replaced by new ones. Couple that with my own high-level intensity, one that did not tolerate such episodes generously, and our house was not an easy place for any of us to live in. (My daughter, and others I refer to in this article, have given permission to have their stories told.)

My family is hardly the only one that includes people of extranormative makeups who have been difficult to live with. I have friends whose son has been arrested for multiple violent felonies committed as a consequence of a perfect storm of neuroatypical conditions, exacerbated by a car accident that added new challenges to his life. I know of no parents who have invested more in a child than they have in theirs, yet his life has taken a decidedly tragic turn, and as a consequence, so has theirs. I have friends and family members with children who are more severely affected by autism—one with a son in his 20s who is only recently out of diapers and who has never spoken—and so am decidedly aware that when I talk about a spectrum, I know that the outer fringe is fraught with uncertainty and peril. Not all such cases are extreme,

although most require sensitive care. My nephew, who is also on the autism spectrum and is one of the world's sweetest human beings, has recently turned 20 and is likely to live his life under his parents' roof, although like my daughter he is not likely ever to drive a car should he secure a job.

A friend of mine from college wrote me a few years ago to tell me about his son, who'd always been a "normal" kid until episodes of bipolar disorder disrupted and ultimately ended his first year of college. I saw my friend again recently at a class reunion, and he shared his awakening to some realities about his family. Upon his son's initial diagnosis, he was interviewed by doctors regarding his family history. He told the doctors that his son's condition was the first time he knew of in which anyone in his extended family had exhibited atypical mental tendencies. As his understanding of his son's condition grew, so did his awareness that his pristine family portrait included details that he had not seen, understood, or acknowledged prior to his son's crisis. There had been, for instance, a few suicides that he had previously attributed to other causes but, in light of his son's experiences, he began to view as psychotic breaks that were frighteningly similar to those his son had gone through.

My friend's recognition that his family had included people with bipolar symptoms reminded me of my own realization that my daughter's conditions represented amplified versions of aspects of my own personality. When you are similar to a relative diagnosed as having mental illnesses, it's a surprisingly hard leap to acknowledge that perhaps you too share that makeup, especially when your generation has considered mental illness to be the province of serial killers, people who provide loud soliloquys on city streets, and those committed to lunatic asylums. In my family of origin, there was no such thing as depression; there was only feeling sorry for yourself. If I had a problem, it was my job

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to get over it, not to seek help from a psychologist. This strong sense of individual fortitude with which I'd been engrained through my upbringing was difficult to undo and reconstruct. It was also a major source of conflict in my role as husband and parent once I'd established my own family, one in which the notions of normality and strict parenting were challenged early and often.

My own awakening to my daughter's neuroatypicality, and then my own, were very difficult for me. As I continue to explore mental health variations in this article, I do so with both an advocacy for the potential of people who are atypical and attention to the likelihood that to harness and channel their potential to their benefit, interventions are often necessary. My autistic nephew, for instance, has been through a behavior modification program of such severity that my sister had difficulty being present during the training. Yet everyone who knows their family agrees that the outcome was worth the seeming harshness of the process. My friend whose autistic son has never spoken has had to place his son in a group home where his needs, and those of young adults like him, can be met knowledgeably and firmly. Both my daughter and I have benefitted from medication and counseling, a point I make while also recognizing that not all people familiar with neuroatypicality believe in the medical model of intervention.

Some form of intervention can make a great and positive difference in one's ability to learn requisite social skills without sacrificing the potential available in being extranormal. My daughter, for instance, after having spent several years in a program designed to teach young adults with Asperger's how to live independently, now stands as a great success story: At 27 years of age, she holds a job in a self-publishing company designing books, a position that builds on her advanced literacy skills, her intense ability to focus, and her inclination and ability as an artist (following high school, she spent one year at the Savannah College of Art and Design before flunking out—a common outcome for young people with Asperger's). Given the low rate of employment of adults with Asperger's—one estimate provided by the program she attended placed the rate at 6 percent—her ability to hold a stable job represents a genuine triumph.

Yet other means of correction may be less productive. The young man who committed multiple violent felonies, for instance, was a candidate for prison, the all-too-frequent destination for people who commit crimes that follow from their mental makeup. This intervention may satisfy society's need to sequester and punish him, yet may exacerbate his condition rather than help him address it positively. The horrific events in Newtown, Connecticut, in 2012 have raised awareness of mental illness and how best to address those whose interpretations of their surroundings lead to violent offenses that seem incomprehensible to those on the outside. Society has come a long way in the last few decades regarding the historical tendency to divide the world into good and evil, although such perspectives are still invoked in times of tragedy. Those who believe that the mentally ill should not be incarcerated, but rather diagnosed and treated, have been granted a greater voice in this discussion, however. Gwinnett County, Georgia, for example, has founded a special court for mentally ill people accused of committing crimes, suggesting that society is making progress in seeing antisocial actions as more complex than just acts of evil against the good.

I recently got in touch with yet another college friend who has become politically conservative, a contrast to my own adherence to my parents' FDR New Deal politics. When she read my extended essay on mental health issues, she was generally

sympathetic but balked at the idea that schools should provide more generously for students in the extranormative range, because such measures would require taxation and expense. And yet if schools are truly to address issues of student neuroatypicality, it cannot be done effectively on the cheap. Historically, mental health care has been badly underfunded, both within schools and in state-funded mental hospitals, and this problem is becoming more critically problematic in the current recession (Jackson). I next consider some issues that relate to how schools can contribute to the psychic and emotional well-being of young people whose makeups have historically been considered to be disordered.

Education and Atypicality

Being typical has its advantages, and being atypical can be hell. But a good part of the hell of being atypical follows from being treated by others as socially abnormal or deviant. I have an interest in the ways in which people of extranormative makeups are constructed, viewed, and treated in school and urge educators to treat them inclusively and without stigma. Lev Vygotsky recognized this possibility when working in the field of “defectology,” an unfortunate term that, in Vygotsky’s day, covered conditions such as blindness, slow or arrested cognitive growth, and other limitations that affected children following the incessant warfare in Russia and its environs from 1914 to 1922. His insights are relevant to a modern understanding of mental health, and I have drawn on them in prior essays to inform my understanding of the 21st-century mental health landscape (Smagorinsky, “Confessions,” “Every Individual,” “Vygotsky”).

Vygotsky resisted the prevalent approach of his day—and ours—that saw children of difference as defective and in need of repair. He instead viewed the question of their condition as one that needed to be addressed *in the environment*, rather than in the individual. Vygotsky’s key insight was that a primary disability—the condition that is diagnosed, such as blindness (to him) or mental health difference (to me)—only becomes problematic when a *secondary disability* is imposed by other people. This secondary disability emerges from the negative social consequences of the primary disability, that is, the stigmas that people associate with difference

and in turn apply such that the person of difference feels rejected and of lesser value. Vygotsky’s solution was not to fix the child, but to *change the context of the child’s development* so that the point of difference did not produce secondary disabilities and the accompanying feelings of inadequacy that follow from social judgment such as pity or scorn.

António R. Damasio argues that brain and body are integrally related not just to one another but to the environment, a belief shared by Vygotsky and others interested in the psychology of human development. A change in the environment, Damasio finds, may contribute to changes in how a person processes new information. In response to developments in the surroundings, the brain will encode perceptions in new kinds of ways. Conceivably, then, changes in school climate can contribute to the emotional well-being of neuroatypical students. Changing the setting of people of difference might involve educating people in the setting about how to view those with extranormative physical or mental makeups and treat them respectfully and in light of their *potential*, a central theme in Vygotsky’s work due to his future orientation and developmental emphasis.

Vygotsky further sought to identify alternative tracks to development. That is, rather than providing extranormative people with conventional tools and then measuring their deficits in using them, he allowed for a broader range of tools to be available to them to help them think through problems. Leslie Susan Cook, for instance, studied young women with depression and found that they constructed their identities by means of art and digital fanfiction writing in online communities that were not available to them in their core schoolwork. Providing such unconventional means for schoolwork would allow for different potentials to emerge, rather than relying on restricted means of performance and assessment. This approach illustrates the ways in which changes in the environment provide alternative paths to performance that suit the unique interests, abilities, and trajectories of people outside the normal range.

My daughter’s experiences with art as a medium of expression and identity formation illustrate Cook’s points well, although her obsession with translating manga from Japanese into English as part of a Web-based “scanlation” project (i.e., one dedicated to scanning Asian graphic novels

and providing English translations) contributed to her dismissal from college because it came at the expense of her assigned work. If better harnessed, however, such interests could conceivably take the place of the rote learning that makes school such a dreadful place for students with extranormative makeups and their means of exploring and constructing their lives through the composition of meaningful texts. (This restrictive conception makes school a dismal environment for many other students as well.) A number of studies have looked at young people's composition of online fanfiction stories (Black), artistic interpretations of literature (Smagorinsky, Cameron, and O'Donnell-Allen) and self (Zoss, Smagorinsky, and O'Donnell-Allen), body art (Kirkland), and other forms of expression that are typically disallowed in school-based assessment. This research consistently finds that these means of interpretation and expression produce meaningful experiences for students, with or without extranormative frames of mind.

By expanding the range of tools and textual forms available to students in school, educators can help to reconsider the range of what is considered standard and normal in school and thus reduce the possibility for secondary disabilities to follow from mistreatment by others. One of the benefits of the intervention program in which we enrolled our daughter was that she was in the extended company of others who shared her makeup. When with others with similar neuroatypicality, she and others in her cohort felt less peculiar and more at home. They saw how people like themselves can be annoying and reflected on how they interacted with one another to minimize society's response to their own eccentricities. But primarily, they found a community in which they were not the odd ones. Providing such communities is immensely helpful to those who have always been told that they have a disorder, or are in deficit to others, or are impaired. In such programs they are the norm and can challenge the sorts of secondary disabilities that inevitably follow from being treated as weird and deficient by others in school, from students to teachers to counselors to administrators.

I make this point while also asserting that sequestering these communities from others can reinforce the stigmas that often follow them, and can further desensitize neurotypicals to the need to

construct more empathic and inclusive communities among the broader population. The balance between creating communities of learners with a shared condition and mainstreaming such learners with their presumably "normal" schoolmates remains a difficult one to achieve.

Most evidence points to the fact that schools have not yet taken up mental health issues as a critical focus, a problem that has little prospect of being addressed in the current economic climate. Parents and teachers alike express disappointment with the way that mental health issues are addressed in schools (Rappaport and Carolla). In addition, many teachers have little understanding of how to recognize or respond to students with extranormative makeups (Madison). As one involved with teacher education, I try to incorporate such knowledge into my classes, but since they are designed for other purposes, I need to be mindful of how much attention I can give to these issues without shortchanging what the students have enrolled to learn. Once on the job, teachers tend to be overwhelmed with so many other obligations that adding a mental health dimension is often a low administrative priority. Only recently has mental health been identified as a reason to develop an individualized education plan (IEP) for students. Cook notes that students with neuroatypical makeups are often put in special education programs or disciplined when they act out, either as a consequence of their behavior (e.g., a child with Tourette's syndrome's involuntary profanity) or in response to the taunting they face from their peers (Soodak). Providing comprehensive attention to mental health issues seems to be a distant hope at this point, a regrettable dilemma for educators and especially for those students of difference who continue to experience secondary disabilities of low self-worth as a consequence of being immersed in unsympathetic social and academic environments.

Disciplining extranormative students when they act out is common, and this problem became quite evident when I coauthored a study of character education programs in the United States (Smagorinsky and Taxel) in which we found virtually no mention of mental health in the abundant literature on character education. Especially in the southern states we analyzed, young people either conformed to the norm of expectations and thus exhibited

high character, or they behaved outside the bounds of accepted behavior and were deemed to require character education, often accompanied by punishment. These states overlooked the possibility that those who act out might do so defensively and in relation to how their makeups are constructed and treated by both peers and teachers.

Cook argues that a broader environmental change that enables an understanding and tolerance of difference, and gives young people tools for managing their difference, is essential to helping young people construct positive lives for themselves and in turn contribute to a more humane society. Taking a punitive or deficit approach to difference, she argues, is regressive and only makes life more fragile for those characterized as different and more emotionally and cognitively unhealthy for those who surround them. Such an approach is easier said than done, as I can attest from years of personal frustration in trying to understand what was best for our family during episodes of turmoil and challenge, all the while learning to overcome my own socialization in my family of origin to a worldview in which I considered claims of being disordered to be excuses for not getting the job done, and learning that what I was seeing in my daughter was also evident in myself.

Implications for an Inclusive Approach to Education

Carol D. Lee maintains that adaptation is a feature of human life that enables people to evolve their psychological makeup to account for changes in their environments. She argues that the notion of adaptation is relevant to considerations of multicultural education broadly speaking (personal communication, October 24, 2009). Standing outside the norm, she finds, requires additional forms of adaptation, as she learned when visiting Gallaudet University and, as the only person in meetings with the ability to hear sounds outside the interpreter, found herself the outsider in need of acclimating and accommodating her behavior to that of others. She learned, for instance, that the social propriety of the setting required her to make eye contact with the deaf person who is signing, rather than with the translator whose words were audible. In considering mainstream education, she developed the

insight that the more adaptations one must make to fit in, the more obstacles there are to succeeding according to institutional standards. These adaptations are especially difficult when the norms are foreign to the outsiders, and when one's own ways are normalized and naturalized in one's own engagement with the world.

Acting appropriately in any social setting, including school, can be especially challenging for the atypical. Understanding the degrees and layers of adaptation required for any cultural group in any setting is central to providing an empathic and supportive environment. Conversely, constructing the atypical as disordered, dysfunctional, and deficient leaves them with few foundations on which to mount their adaptations.

Given these needs for adaptation on the part of all participants, mental health is a multicultural and diversity issue. Those with extranormative neurological makeups both construct and act within unique cultures that fall outside the current emphasis on race, class, gender, sexual orientation, language, and physical difference. In our household, we accommodated our daughter by changing how we acted, what we expected of her, how we viewed young people, how we conceived of her future, and much else. Our adaptations changed the culture of our household, even as we sought, to little avail, to normalize her behavior before we sought counseling, medication, and programmatic intervention.

When she enrolled in a program for high-functioning young adults with Asperger's syndrome, the culture of acceptance led her and others to regard their unique neurological makeups as potential assets. They were also taught to see aspects of their behaviors as problematic if they hoped to live independently and in peace with their surroundings. If multicultural and diversity education are designed to provide more inclusive environments for the broadest range of citizens imaginable, then attention to neuroatypicality merits inclusion in its purview.

My views of mental health concern a range of issues. Biologically, many of us have neurological makeups that produce particular ways of acting in the world. And yet one's neurological wiring only takes on meaning in social settings, and social relationships can help to produce neurological wiring, as indicated by Vygotsky's notion of secondary

disabilities. A major implication of taking an inclusive view of difference is to work to construct classroom environments that are not hostile to youth of difference such that they lash out at their tormentors, a major emphasis in many anti-bullying approaches (Orpinas and Horne). A dramatic example of the consequences of not contributing to more inclusive school cultures comes from the Columbine, Colorado, massacre in which two teenage boys from the "Goth" subculture, one of whom took a medication for depression, were routinely taunted and ostracized by the school's social insiders and responded by going on an armed assault that killed 13, including themselves. Evan Todd, a 255-lb. football player who was wounded during the attack, said after the horrific incident that

Columbine is a clean good place except for those rejects. Most kids didn't want them here. They were into witchcraft. They were into voodoo dolls. Sure we teased them. But what do you expect with kids who come to school with weird hairdos and horns on their hats? It's not just jocks; the whole school's disgusted with them. They're a bunch of homos, grabbing each others' private parts. If you want to get rid of someone, usually you tease 'em. So the whole school would call them homos, and when they did something sick, we'd tell them, "You're sick and that's wrong." (Gibbs and Roche)

Such perspectives, while perhaps extreme, are common enough to create settings that are hostile to people of difference. One classroom activity that I developed (Smagorinsky, *Teaching English*) involves role-playing the perspectives of a range of people who are stakeholders in the same conflict. The event can be adapted from a real clash at the school or one that is constructed for the purposes of the activity. The activity can introduce a unit on peer pressure, point of view, or other topic that would promote empathy among groups. After the class agrees on an incident to work with, the students divide into small groups, with each one taking a role from among the participants in the conflict under consideration, for example:

- The student(s) from one of the social groups
- The student(s) from the other social group
- School security guards
- A school administrator

- A teacher (real or hypothetical) present during the outbreak
- Member(s) of other social group(s) determined by the class

Each group would then be responsible for creating a narrative of the incident from the perspective of their character and then present their narratives, giving the class an opportunity to see the same event played out from different points of view. Following the presentation the whole class could consider a series of questions that concern the bases for the different perspectives and why people have different points of view, and how such conflicts can be avoided. I find this approach to making schools safe and secure places a much better idea than providing weapons for teachers and, in some districts I know of, custodians.

Another pedagogical possibility requires an understanding of how different frames of mind can be accommodated in classrooms. I know of many students, for instance, who have been discouraged from focusing their interests exclusively on one topic, author, genre, or other narrow emphasis. A young person with Asperger's syndrome, however, is wired to explore narrow topics in extraordinary detail, a disposition that suits her well in many areas of endeavor. Schools are increasingly coerced into standardizing curriculum, instruction, and assessment. This tendency works against those who fall outside the diagnostic norm and often makes their academic as well as social lives in school quite torturous.

Conclusion

Inclusive education requires an acceptance of a wide spectrum of ways of being. For those whose behavior is dangerous, an inclusive approach would begin with understanding and the construction of appropriate settings, treatments, and support. For those who appear odd or abnormal to others, an educational setting designed to allow for a broader consideration of acceptable ways of being would fit within the scope of multicultural and diversity education, with an emphasis on inclusion and respect. If fewer people are considered to be, and treated as, abnormal, deficient, and disordered, education will come closer to realizing its goals. This understanding will be visible in terms of how neuroatypicals

are constructed and treated by others, including opportunities in school to work with their strengths rather than being viewed in deficit to what schools have historically expected and demanded of their students. This approach could contribute to a broader vision of normalcy, and accommodate a greater range of people in their quest to find fulfillment in their education and their lives. 

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READWRITETHINK CONNECTION

Lisa Storm Fink, RWT

One of the activities presented in the article was having students take on the role of a person and from that, create a narrative. The ReadWriteThink.org lesson plan "Spend a Day in My Shoes: Exploring the Role of Perspective in Narrative" has students imagine spending a day in someone else's shoes. After reviewing the characteristics of narrative writing, they then write narratives from that person's point of view. <http://www.readwritethink.org/classroom-resources/lesson-plans/spend-shoes-exploring-role-265.html>