

Sickness and Disability in Children's Literature: Using Picture Books as a Path to Understanding
and Empathy

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On my honor, I pledge that I have neither given nor received any unacknowledged aid on this
thesis.

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Note to the Reader: Many of the children's picture books used in this thesis do not have page numbers; however, when available, page numbers will be cited.

"It is not enough to simply teach children to read; we have to give them something worth reading. Something that will stretch their imaginations-something that will help them make sense of their own lives and encourage them to reach out toward people whose lives are quite different from their own."

Katherine Patterson

Introduction

Literature has been directed towards sick children since the Victorian sick rooms in the 19th century. Nurses comforted and captivated children with magical stories in order to distract and entertain children while they were forced to remain imprisoned in the dark rooms as part of their treatment to get well. Today, as understanding of both sickness and disability has increased, authors continue to entertain children with enchanting narratives, but have also added an additional purpose to their writing on sickness and disability in children: education. Authors use information to educate children about the sickness, disease, or disorder, and subsequently are able to ease some of the fear that children might feel about being sick or disabled. However, authors have also expanded the reach of their audience, as they create books on sickness and disability intended for the well- and able-child audience. These books can help increase practical understanding of the sickness or disability in children and lead to a more empathetic response to their sick and disabled peers.

In this paper, I investigate three niches within this category of children's books on sickness and disability: books on common illnesses, books on disabilities, and books on serious or chronic illnesses. Each chapter is devoted to one category; the progression of increasing

severity in the chapters allows for a culmination of ideas, where entertainment, education, and inspiration are interwoven goals in many of the books presented within the various niches. However, as the seriousness of the condition increases, the value placed on entertainment diminishes in favor of other educational and inspirational purposes. My analysis reflects this shift; while the first chapter on common illnesses relies heavily on close-reading analysis of books to describe some of the techniques that authors use to achieve a desired effect, the following chapters gradually move away from this type of exploration to discuss some of the larger implications of these techniques within the scope of the authors' more serious purposes. This is a logical movement, as the gravity of serious and chronic illnesses in children greatly overpowers the lighthearted stories of books on common illnesses.

Scholars, however, have not written much on the subject; therefore, this thesis serves to fill a gap in the current literature on sickness and disability in children's literature. In addition, I provide a resource in the appendix for parents, educators, healthcare professionals, and community members: a brochure that can be used as an aid to find picture book texts on various illnesses and disabilities. It is my hope that, in addition to being a work of literary analysis, this thesis will also be able to provide those individuals dealing with a sick or disabled child the resources to find and use picture books to help educate, ease fear, and increase understanding in both the sick or disabled and well or able audiences.

Chapter 1: Common Children's Illnesses

Introduction

Ranging from the sneezing and sniffing of the common cold to the aching, fevers, and itching of the chicken pox, a plethora of picture books on children's sickness exists. Even if some books may share the topic of a common illness, authors and illustrators have many different objectives in creating picture books on children's sickness. However, patterns do exist across the genre, and picture books of this type can usually be placed into one or more of the following categories of purpose: to ease fear or anxiety over being sick and going to the doctor's office; to entertain children that get sick of cartoons and watching TV; to encourage good behavior to get well and return to good health; and finally, to educate children on sickness and how they can help prevent it. Illustrators bolster the text by creating pictures that reinforce, supplement and parallel the author's purpose; the illustrations ultimately depend largely on the type of book. However, within this genre of less-serious children's illness, artists usually design brightly colored pages with bold lines to accompany the upbeat and humorous narrative stories told by the authors. In this chapter, I will investigate a variety of different books within these categories, describing the devices that the authors and illustrators use to accomplish their purpose, whether it is easing fear, entertaining, encouraging good behavior, educating, or a combination of these objectives. In addition, I provide two in-depth close readings of Arlene Alda and Lisa Desimini's *Iris Has a Virus* (2008) and True Kelley's *I've Got Chicken Pox* (1994) as examples of entertaining and informational stories that touch on several of the four purposes mentioned above; *Iris Has a Virus* uses a humorous approach to ease the fear of

children with the stomach flu and *I've Got Chicken Pox* contains informational tidbits to educate children on what to expect from the chicken pox.

Easing Fear

In the article “What Do Children Worry About? Worries and Their Relation to Anxiety” published in the journal of *Child Development*, Wendy Silverman, Annette La Greca, and Shari Wasserstein examined the frequency, intensity, and amount of worry that elementary school-aged children experience. They found that health, along with school and personal harm, is one of the most common areas of worry and it includes a wide spectrum of specific worries: “of the children who indicated Health worries, specific worries included someone else’s health (e.g., parents’), operations, receiving medical care, specific bodily symptoms, contracting AIDS, and getting sick (other than AIDS)” (676). They suggest that some of this anxiety stems from the media’s increased attention on health care issues; however, children’s views on specific illness are also highly influenced by the experience of their peers (Santilli, Roberts).

Rumors about the terrors of the swine flu or the bliss of unlimited ice cream after a tonsillectomy circulate the child’s world and help to form their opinions of sickness and subsequent treatment; however, the information provided via word of mouth does not always prove true and, when exaggerated or maligned, can contribute to a child’s anxiety. Picture books can help dispel these rumors and ease a child’s worry about getting sick and/or going to the doctor’s office, especially when dealing with predictable illnesses that take a particular course. They do this by providing a realistic and informative description of the sickness and its natural progression: whether that includes simply ameliorating the symptoms with over-the-counter medicine and chicken soup, visiting the doctor to get a prescription, or undergoing a small

operation in the hospital. In addition, this type of book usually includes loving figures that care for the sick child (e.g., parents, friends, doctors, etc.) and an underlying humorous tone frequently provided by an outside conflict (e.g., sibling rivalry). In this subsection of the chapter, I will investigate the techniques that authors use to ease a child's worries about getting sick, primarily the inclusion of caring figures and the creation of conflict and humor through the use of siblings. In addition, I include the first close reading of Alda and Desmini's *Iris Has a Virus*, which uses both of these techniques to ease the fear of children who come down with the stomach flu.

Many children's books on sickness include loving figures who care for the sick child; these characters become increasingly important when children are exposed to the unfamiliar and uncomfortable symptoms of being sick and the sometimes-intimidating people and environment of professional health care. With an increasing number of individuals involved in the child's health care today (e.g., doctors, nurses, specialists, etc.), professionals can increasingly be seen as "strangers." With the concept of "stranger danger" saturated in society and with the popular scary stock character of the "mad scientist" or "Doctor Evil," sick children frequently fear seeing the doctor or being left alone with the doctor in their office; authors recreate this fear in the sick characters that inhabit picture books on children's illness. In order to ease this specific anxiety, authors and illustrators consciously portray doctors as knowledgeable, gentle, and kind, and commonly include the sick child's parent or parents in the illustration to serve as pillars of love and familiarity.

The main character in the book *Felix Feels Better* (2001) experiences a similar fear of going to the doctor; the author and illustrator Rosemary Wells is able to ameliorate this fear by emphasizing the involvement of Felix's mother in the scenes where Felix is at the doctor's

office. In the story, Felix the cat becomes sick and his mama grows concerned and calls the doctor:

“Something is wrong with my Felix,” she said. So Felix’s mama called the doctor.

“Bring him right over,” said Doctor Duck.

“Don’t be afraid, my little moonbeam,” said Felix’s mama.

But Felix was afraid.

Felix was afraid the doctor would ask his mama to leave the room.

But Doctor Duck did not ask Felix’s mama to leave the room. Doctor Duck let Felix’s mama stay with him the whole time.

In this case, the main character’s fear comes from being alone with the doctor in the exam room; however, through a very specific diction and statement structure, Wells dispels her character’s fears and alleviates a similar anxiety that the young reader might experience. First, Wells clarifies Felix’s mother’s motivation for calling Doctor Duck: “‘Something is wrong with my Felix,’ she said. So Felix’s mama called the doctor.” This statement creates a direct association between Mama’s concern for her baby and her call to Doctor Duck with the word “so.” By placing “so” at the beginning of the second statement instead of combining the two into a complex sentence, Wells validates Mama’s reasoning to call the doctor. However, even though Mama is right to call the doctor, she recognizes Felix’s possible fear of going to the doctor’s office, and she attempts to calm him with reassuring tenderness: “‘Don’t be afraid, my little moonbeam,’” but Felix is still afraid. Wells does not make an attempt to mask Felix’s fear; instead, she states his specific anxiety clearly, so she can clearly negate it:

Felix was afraid the doctor would ask his mama to leave the room.

But Doctor Duck *did not* ask Felix's mama to leave the room. Doctor Duck *let* Felix's mama stay with him the *whole* time. (My emphasis)

The use of negative words in the second sentence like “but” and “did not” help to refute Felix's fear. The following statement does the same in an affirmative way, by confirming that Doctor Duck “let” Felix and his mama to stay together for the “whole” examination. Wells accompanies her text with simple illustrations; she places Felix and his mama close together in all of the pictures where Felix's fear of being left alone is mentioned. In fact, several of these pictures depict Felix's mama with protective gestures towards her son, as when Felix hides behind her under her coat when meeting Doctor duck or when Felix sits on her lap wrapped up in her arms in the office.

Similar images and themes of parental protection grace the pages of the informative book *Good-Bye Tonsils!* (2001). The authors Julianna Lee and Craig Hatkoff are a father-daughter team that decided to create a children's book in the form of a “journal detailing Juliana's tonsillectomy so that other children would know what to expect from their surgery.” The illustrator Marilyn Mets helps to document Juliana's experience, and she is able to help ease the fear of children through the repetition of loving figures of familiarity in her illustrations; in all but one of the illustrations depicting the main character Juliana in Dr. Ward's office or the hospital, she is accompanied by at least one of her parents. The Hatkoffs make getting a tonsillectomy a family affair: the “nurse took a picture of me with my mommy and daddy,” and the authors insert the Christmas card-worthy “Polaroid” above the text. In addition, Juliana's parents accompany her to the operating room and are the last thing she sees before she goes under: “my mommy and daddy each kissed me and told me how much they loved me. And that's all I remember about the operation.” In the picture that supplements this text, the warm

familiarity of the faces of her mother and father (and the bright yellow background color) help to soften the cool blues and grays of the operating table, equipment, and the masked faces of doctors.

Even if children's sickness does not warrant a visit to the doctor's office, they often experience worries over unfamiliar feelings of discomfort that accompany sickness; for example, they worry about having a "stomach ache" and vomiting (Silverman, La Greca, Wasserstein). While over-the-counter products exist to help alleviate some of these symptoms, many times the medicine can be unpleasant to take. In many of the picture books I have encountered, the uneasiness of sickness is ameliorated by the special care and attention that loved ones provide. In the book *Don't You Feel Well, Sam?* (2002) written by Amy Hest and illustrated by Anita Jeram, the discomfort of the main character Sam is made apparent by his small vulnerability: "suddenly [Mrs. Bear] heard a cough-*Hck, hck!* And there sat Sam, curled up and small and coughing in his bed." The polysyndeton of this statement emphasizing his weakness starkly contrasts the enveloping love of Mrs. Bear; she wraps her arms around him, "hugged him harder and kissed his warm cheek." This warmth pervades both Hest's text and Jeram's illustrations: as Sam and Mrs. Bear sit in the big purple chair waiting for snow, "Sam leaned back on his mama's soft belly, and it wriggled while she talked." The descriptive familiarity of Sam's mother's warmth engenders feelings of comfortable coziness: "the little fire glowed and the kitchen was warm."

However, familiarity, care, and love need not come from parents; the loyalty of compassionate friends can also engender these feelings. *Bear Feels Sick* (2007) features another young bear protagonist who comes down with a cold; authors Karma Wilson and Jane Chapman dispatch a group of Bear's friends to help nurse him back to health, ultimately providing a touching ending to a charming story. Wilson and Chapman emphasize the discomfort of the bear

using several techniques: the repetition of "...and the bear feels sick" along with the polysyndeton and rhyming musicality of the "symptom" passages ("He tosses and he turns, all huddled in a heap...He sniffs and he sneezes. He whiffs and he wheezes...Bear mumbles and he moans. He grumbles and he groans"). Bear's restless wallowing caused by his cold is surrounded by the constant activity of Bear's friends trying to alleviate his symptoms; the comforting busyness occupies the pages. The touching ending utilizes a technique of reciprocity when all of Bear's doting friends become sick: "He tells all his friends, 'You'll soon feel like new. You took care of me...now I'll take care of you.'" Wilson and Chapman introduce the sickness's negative infectious quality when the friends catch Bear's cold. However, the authors decrease the fear that can sometimes be associated with infection by emphasizing Bear's notice and appreciation of the friends' thoughtful actions and therefore highlight the admirable qualities of kindness and love required to care for someone who feels sick.

On the other end of the spectrum, authors of children's books frequently use infection in a what-goes-around-comes-around-plot, as a karmic way to "punish" those who behave badly. However, authors execute this with tactful lightness and humor, often by creating a silly and good-natured outside conflict between siblings. This humor can help to alleviate a child's worries concerning sickness, as the conflict often stems from feelings of jealousy when the sick sibling receives special attention from the parents. A prime example of this type of humor exists in the book *Goldie Locks Has Chicken Pox* (2002). In it, Erin Dealey tells the story of Goldie's chicken pox in a mix of silly nursery stories and rhyming couplets. As her mother and father care for her, Brother taunts Goldie, advertising her as a must-see oddity to his friend: "Jack, be nimble! Jack, be quick! Come and see! My sister's sick!" Brother makes a business of bothering Goldie when confined to the house, suggesting to his sister, "Let's connect [your spots]!...We

might find a teddy bear, or secret message hidden there!” As Goldie continues to feel sick, Doctor Mouse comes to diagnose her and order her treatment: “‘Goldie Locks has chicken pox, a type of virus,’ said the doc. ‘Give her sodas, ice cream, too; a nice cool bath will see her through.’” This special attention elicits jealousy in Brother: “‘Yum!’ said Brother. ‘I want some!’ The doctor smiled. ‘Your time will come...’ ‘No fair!’ cried Brother, with a pout. ‘She gets it all, and I’m left out!’” Brother misses the doctor’s foreshadowing of his own impending sickness and holds onto his feelings of envy and exclusion. This jealousy motivates Brother’s antagonistic behavior; as Goldie wears her socks on her hands to keep from scratching, her brother snickers: “‘Eek-a monster!’ Brother teased, ‘ooxing polka-dot disease!!!’” Dealey ensures that his feelings of invincibility are made clear; Brother is depicted as a super hero called “SUPER LOCKS,” who flies around the living room, wreaking havoc by flying from chair to table, knocking over vases and candy dishes. However, she subtly implies his vulnerability with the doctor’s prediction and Brother scratching his face while he teases. His behavior irritates Goldie, and in a scene of distress, she flings her book, juice, socks, hot water bag, and pillow and screams: “‘Make him stop!’ cried Goldie Locks. ‘I can handle chicken pox! But how am I supposed to rest when my brother’s such a pest?’” In the end, Dealey awards Brother’s bad behavior with a karmic chicken pox infection: “Mother warned him, ‘That will do!’ And then they saw them, then they knew...Her brother’s face showed all the signs, in rosy polka-dot designs.” The final image of Brother under a harsh light reveals four distinct pox on his surprised face; the style of the picture, especially the type of light, is reminiscent of a crime-scene investigation or questioning and lends a sense of justice to the story as a whole. In the end, Mother protects Goldie and Brother gets what he deserves: the chicken pox.

Sibling infects sibling in a similar karmic manner in the picture book *Iris has a Virus* by Arlene Alda and illustrated by Lisa Desimini. *Iris Has a Virus* tells the story of a young girl named Iris who comes down with the stomach flu. Her twin brother Doug blames her for being sick because they will not be able to have fun at their Grandpa's party this weekend. While she is sick, Iris is unable to do any of her favorite activities and has to visit Dr. Sally; however, by the weekend, she gets rid of her stomach "bug" and feels well enough to go to the party. On their way in the car, Doug starts to not feel well, and Iris reasons that he has gotten her "bug." The story ends with Doug sick in bed, while Iris asks her mom and dad: "Can't we go anyway... and have Doug stay home with a sitter?" with "a grin on her face."

Alda lightens the more negative aspects of the book and helps ease children's fear of sickness through the playful musicality of her storytelling syntax and structure. Throughout the book, Alda includes rhymed couplets that stand out from the other text by their increase in indentation; these couplets serve to add an element of musicality to the story, especially noticeable when reading the book aloud. Through their playful nature, they are able to lighten Alda's telling of some of the more negative effects that both Iris and Doug experience while being sick: "Her head was hot. / She threw up in a pot." and "Doug's head was hot. / He threw up a lot." In addition, Alda uses them to start the dialogue with Dr. Sally: "You're looking sad. / It's not so bad. / I think you're OK, except for a virus..." This good-humored rhyme from Dr. Sally highlights her caring and approachable nature, helping to ease some of the anxious tension that young children frequently feel when visiting the doctor. In addition, the two-page spread detailing Iris' dreams of bugs contains four sets of rhymed couplets: "Bugs with spots, / Bugs on cots, / Bugs like ants, / Bugs with pants. / Bugs on a train, / Bugs in the rain, / Bugs that could walk, / Bugs that could talk." These four-line stanzas encourage interaction from the reader or

listener to search for the different kinds of bugs described among the twenty bugs pictured on the page. This opens up a prime opportunity for the child to study the busy illustration on the pages and slows the pace, counteracting the quickened pace of the short couplets.

In addition to her lighthearted storytelling, Alda decreases the child's anxiety of the unknown through the more educational qualities of the text. She subtly includes age-appropriate and understandable facts about viruses so the young reader or listener can learn a little bit about how they work; not only does this information educate them on how to help protect themselves from viruses, but it also gently derails some of the more frightening myths surrounding viruses, like the misnomer that a virus is a "bug." Interestingly, Dr. Sally is the character who initially plants this misconception in Iris' head. She explains to Iris: "I think you're OK, except for a virus. A nasty bug that's on its way out." When Iris returns home and goes to sleep, "Iris' dreams were of bugs." To counteract the possible negative connotations associated with bugs, Alda describes the bugs as benign by using the diction of "dreams" instead of "nightmares" and dismisses them as a threat with her silly rhyming couplets. In addition, the next text page provides an appropriate explanation of the word; after "[Iris] told Doug, Mom, and Dad about her dreams of bugs," Iris' dad clarifies: "'A virus is a special kind of bug,' said Dad. 'It's a germ. You see it through a magnifier called a microscope.'" This inspires thought in Iris; she privately wonders: "*My bug is gone. / If that's so, / where did it go?*"

This statement subtly foreshadows Doug's infection, and sets up his ultimate antagonistic position to create sympathy for the recently well Iris. Alda uses subtle techniques to depict the opposition between Iris and Doug, and subsequently makes an example of Doug's bad behavior to show how people who are sick need extra love and care. Alda enhances this thought through

the reciprocal and infectious nature of the situation: after Iris is sick, Doug gets her bug. Alda describes the night before when Iris:

was not quite right... [and] felt tired. Very tired. The next morning, Iris didn't feel well at all. 'What's wrong?' asked her twin brother, Doug.

“Remember last night,
when I didn't feel right?

Well, today I'm worse,” said Iris sadly. “How are we supposed to go to Grandpa's party this Saturday?

I guess that you care,
but it's just not fair

that you get sick when we're supposed to have fun,” said Doug. A large tear ran down Iris' cheek.

Alda tones down Doug's meanness by using the pronoun “we” (“How are *we* supposed to go to Grandpa's party... *we're* supposed to have fun...”) and through Doug's recognition that Iris also wants to go to the party (“I guess that you care...”), but he still causes Iris to become sad and cry by blaming her for becoming sick and making everyone miss out on the fun (...*you* get sick when we're supposed to have fun.”) (my emphasis). Mom defends Iris by saying, “Of course Iris cares. How would you feel if she blamed you for being sick?” This dialogue precedes the only longer paragraph during the book without rhymed couplets: “Most of Thursday, Iris stayed in bed. She was too tired to read. She was too tired to watch TV. And using her new sketchbook was simply out of the question. Iris felt exhausted.” Alda's exclusion of any rhymed couplets in this passage emphasizes how being sick is no fun. The short and repetitious syntax of the sentences explains how draining sickness can be: “She was too tired to read. She was too tired to

watch TV.” These are some of the most enjoyable activities for kids, so Iris being restrained to her bed and unable to use the “new sketchbook” paints Iris in a pitiable light where children can sympathize with her and see the unkindness of Doug’s response.

Desimini offsets Alda’s sometimes heavy layering of the negative aspects of sickness (e.g., exhaustion, confinement, exclusion) through her colorful and cheerful paper cutout illustrations. Desimini skillfully infuses her pictures with a sunny sense of stability, despite her use of a somewhat distorted perspective. In the one-page illustrations with text on the opposite side, Desimini skews the perspective, with the vanishing point disappearing deep into the picture. This is especially emphasized in the first page’s illustration: the checkers and profundity created by this deep perspective channel an almost dream-like and adventurous tone, similar to the artwork that accompanies stories like *Alice in Wonderland*. While the desks, room, walls, and chalkboard all seem elongated in the first illustration of Iris’ school classroom, it is important to notice that neither Iris nor her teacher seem to be distorted or affected by this skew. This could add a counter-productive frightening and disturbing element to a book intending to alleviate some of the anxiety around sickness and the events surrounding it. This allows the child viewer some stability while looking at the picture, as the perspective engenders a certain uneasy feeling of the unknown, and Iris’ facial expression is one of surprise. In addition, on the opposite page, Desimini ties in a small polka-dotted bug holding up and standing on contrasting polka-dotted blocks to form the shape of the letter “I”; this adds a playfully cute element to the text, making the unknown portrayed in the accompanying illustration a little more friendly for children.

Desimini also includes another type of characteristic illustration that lies in the same page as the text in full color, and usually comprises a close-up of a character. In these illustrations, she does not skew the perspective. In addition, these inserted illustrations usually portray the

characters in a mode of self-reflection, sickness, or evaluation (except in the case where Desimini inserts a picture of Iris' bugs leaving her bed and going to her brother Doug). For example, the first inserted illustration depicts Iris looking into the mirror, probably after she "washed her hands" and she feels that "something was not quite right." The expression of concern on Iris' face with her downturned lips conveys her confusion and inability to pinpoint her unease.

In order to bolster Alda's text that emphasizes the conflict between Iris and her twin brother Doug, Desimini usually portrays Iris and Doug on opposite pages when she includes them in an illustration. This is best demonstrated in the illustration where Doug hurts Iris' feelings and when Iris and Doug are in the car. The first illustration includes Iris and Doug in the kitchen. Again, there is a skewed perspective, as the tile flooring almost looks vertical, while the cabinets and refrigerator in the background look completely flat. However, both Iris and Doug seem to have their usual proportions. The similarity in their features is obvious: the greenness of their eyes, the fairness of their skin tone, the shape of their faces and noses, and the redness of their hair all serve to prove their familial relations and to highlight their likenesses. However, the difference in facial expression supports the text and portrays them in opposition to each other. Doug's facial expression depicts him with inward-angled eyebrows in addition to a mean-spirited mouth that shows his lack of empathy for his sister. On the other side of the illustration, Desimini depicts Iris with slightly raised, unsymmetrical, and unsure eyebrows and a downturned mouth. This illustration could be read as a reaction to Doug's mean comments, and therefore the illustration is arguably read from right to left. This provides an ideal example of Perry Nodelman's theory of pictorial dynamics: when the movement of the picture moves from right to left, opposing the "complex learned behavior[al]" direction of reading left to right, it

creates a feeling of uneasiness and opposition between the two siblings (*Norton Anthology to Children's Literature* 1053).

Books on common sickness in children, including Alda and Desmini's *Iris Has a Virus*, can be used as a tool to help ease some of the anxiety that children might feel about being sick. Authors tend to incorporate two main techniques to achieve this aim: the addition of information to increase familiarization with the illness and its symptoms and the incorporation of humor in the story by introducing a lighthearted outside conflict. The additional element of conflict also entertains the children, adding interest to the storyline and distracting from some of the more negative symptoms of sickness.

Entertain

After the initial excitement of staying home from school wears off, many children experience feelings of restlessness and boredom when staying home for long periods of time, especially when they are too sick to do some of their favorite activities or see their friends. Some books on children's sickness recognize the tedious nature of staying home and subsequently attempt to alleviate some of the boredom and distract them from feeling icky and sick.

For example, Denys Cazet dedicates his entire *Grandpa Spanielson's Chicken Pox Stories* series to this exact aim. In the first story *The Octopus* (2006), the young pup Barney gets the chicken pox and is devastated that his sickness will last for a few weeks. However, his wacky Grandpa claims: "I can cure him faster than that...And I can do it for free!...I'll drive them out with my famous anti-itch Chicken Pox Stories." Grandpa then proceeds to tell a frightening story about an octopus in order to help his grandson's itching. During Barney's bath, both he and Grandpa become so absorbed in the octopus story that they forget where they are,

and Grandpa ends up jumping in the tub! When asked by his grandmother if he felt any better, Barney responded, “a little...Grandpa’s story helped. It was about an octopus.” Cazet markets his stories in a similar manner to Grandpa, as a promise to help alleviate some of the uncomfortable symptoms of the chicken pox by entertaining them away.

Encourage Good Behavior

Another aim of a children’s book on sickness can be to encourage young ones to have good behavior in order to get well soon. Being sick can reveal and intensify negative behavioral traits in children, and books can help to remind them that resting and following their parents’ and doctors’ orders will expedite their recovery process.

This type of gentle encouragement for good behavior can be found in a humorous tale told by Jane Yolen and illustrated by Mark Teague; in *How Do Dinosaurs Get Well Soon?* (2003), a series of larger-than-life dinosaurs take the place of sick children and the author spends the majority of the pages speculating what might happen “if a dinosaur catches the flu.” In a series of clever rhymes, Yolen describes bad dino behavior:

Does he whimper and whine in between each *Atchoo*?

Does he drop dirty tissues all over the floor?

Does he fling all his medicine out of the door?

Does he flip off his covers with tooth and with tail?

Does he dump out his juice and get sick in a pail?

DOES A DINOSAUR WAIL?

Does he hold his mouth closed when he’s told, “Open Wide”?

Does he scream? Is he mean? Does he run off and hide?

Does he push back each drink, spit his pills in the sink?

Does he make a big stink? Is that what you think?

The vivid action verbs “whimper and whine,” “drop,” “fling,” “flip,” “dump,” “wail,” “scream,” “run off and hide,” “push,” and “spit” bring an immediate and rebellious animation to the extinct reptiles, breathing life into the characters. Teague’s realistic illustrative style accompanies the text, with angry human parents frowning upon their dinosaur “children” performing the terrible actions. The exaggerated difference in size between the parents and their children adds an element of humor to the story and also emphasizes the scope of their destruction. However, Yolen shifts the story by answering her questions with a resounding “No...”, and she continues with a similar style:

He drinks lots of juice, and he gets lots of rest.

He’s good at the doctor’s ‘cause doctors know best.

He uses a hankie on mouth and on nose.

He snuggles right down underneath the bedclothes.

He takes all his medicine without a fight.

He closes his eyes. He whispers good night.

Then Mama and Papa tiptoe out the door.

Get well. Get well, little dinosaur.

Simply by featuring dinosaurs as the main characters, Yolen adds an element of humor to the story; every child in the audience is acutely aware that dinosaurs no longer exist, so their efforts to behave well, while working in the short-term, ultimately don’t allow them to avoid species extinction. However, by describing favorable behavior and insinuating that the dinosaur will soon “Get well,” Yolen associates good behavior with subsequent healing, therefore suggesting

that good behavior will help overcome sickness. The exemplary behavior of the dinosaurs in the second half of the book serve as specific illustrations of how to get well for the young children in the audience.

Educate

Many children's book authors pursue the purpose of educating children on sickness and explaining how to help protect from germs. These books are usually informational and contain more solid facts about the biology and epidemiology of sickness. In addition to educating children on sickness, these books can also serve to spark an interest in the sciences by providing practical and understandable explanations of the ways that our amazingly complex bodies work.

After asserting that "everyone knows that germs can make you sick...but not everyone knows how," Melvin Berger tackles the task of explaining two different types of germs, bacteria and viruses, and he shows how they can cause sickness in his book *Germs Make Me Sick* (1985). His text is solid and factual, even if it is extremely simplified. Berger dilutes the science with humorous comments encapsulated in his characters' speech bubbles. For example, when looking at a young boy with a severe red-spotted rash, the cat in the illustration observes: "He looks like a leopard!" Berger concludes the book by giving children tips on how to help keep themselves "fit as a fiddle" with his eight simple and practical "Rules for Good Health:"

1. Stay away from anyone with a cold or the flu.
2. Wash your hands with soap & warm water to get rid of germs.
3. Eat good, healthful food.
4. Brush your teeth after meals.
5. Get plenty of rest.

6. Do some exercise every day.
7. Visit your doctor & dentist regularly for checkups.
8. Be sure to get the shots you need.

By giving children the power to help keep themselves well, he avoids a possible fearful or anxious reaction to the information presented in his book. In addition, he also stresses the abilities of doctors to help ameliorate sickness, describing how technology and medicine work to fight viruses.

However, a book does not need to be strictly scientific for it to be educational; many children's books on sickness utilize a narrative plot with a more subtle inclusion of information to explain various sicknesses to their audience. An example of this educational narrative is True Kelley's *I've Got Chicken Pox*. In it, she tells the story of a young girl who catches the chicken pox from her friend Anna at school and has to stay at home for over a week. A young, unnamed female character narrates *I've Got Chicken Pox* in its entirety; by using a less specific narrator to tell her story, Kelley allows all her child viewers and readers the opportunity to personally relate. However, after only a few days at home, the narrator comes down with a case of cabin fever and tires of her coloring books, ginger ale, and baking soda baths, and she begins to miss her friends at school. When she is finally able to return to school at the end of the book, she transforms into a sort of celebrity, proudly telling the other children about her chicken pox experience. Through the addition of "Pox Facts" at the bottom of pages, Kelley includes an educational element to the book as well; children are able to learn some of the science behind how they catch the virus, what happens to their bodies when they have it, and how and when they will get better.

Kelley familiarizes her young audience with the dynamic emotions and symptoms many children experience while being sick with the chicken pox and helps lessen the anxiety children

might feel. Kelley's narrator has varying sentiments of pride, happiness, boredom, anger, and restlessness before, during, and after her chicken pox. These emotions seem to be cyclical, following the natural course of the illness and paralleling the biological predictability of the contraction, progression, and recession of the chicken pox virus. By highlighting the usual course of the chickenpox virus and including some of the symptoms and emotions that young readers may experience, Kelley is able to familiarize them with the illness and help normalize their emotions and symptoms (the amount of pox they have, if they have pox in their mouth, etc.) and therefore decrease any anxiety they might have about unusual aspects of the virus's course. In the beginning of the book, the narrator and her classmates all seem to demonstrate a certain curiosity about the chicken pox. The narrator explains that after her friend Anna is "finally back at school today" after being "out with the chicken pox," "[Anna is] so busy telling everyone what it was like, [she] hardly get[s] to talk to her!" In addition, when the narrator complains of her headache and Anna mentions, "that's how the chicken pox starts," she dismisses her friend's comment with "'oh well...I guess if I'm going to be sick, it might as well be something interesting.'" The degree of excitement and mystery surrounding the chicken pox that the narrator and her peers experience places a certain importance on someone who has had the chicken pox; the well-known illness is experienced by hundreds of thousands of children every year, and therefore is transformed into a rite of passage.

This explains the narrator's excitement of discovering her first pock and being able to "stay in [her] pajamas all *week*," and even motivates her brother Mark to beg her: "'*Breathe on me! Breathe on me!*'" In addition, the lack of negative symptoms that don't accompany the pox until the following day give her time home from school where she doesn't feel sick and can do all of her favorite activities in her robe and slippers:

Mark goes to school, and I get out my crayons and coloring books. Mom makes me put on a robe and slippers even though I hardly feel sick at all.

I fool around all day.

Mom lets me drink about a gallon of ginger ale and watch TV and listen to tapes all at the same time! I read to my animals until my eyes hurt.

The over-indulgence that the narrator experiences seems to foreshadow the symptoms that come the next morning; she explains: “I have a sore throat. I feel so hot, and the itchy spots are everywhere. Even in my belly button!” She also describes another feeling common to chicken pox victims: a loss of appetite. Instead of simply stating this symptom, Kelley incorporates it through the narrator’s brother Mark:

[he] brings me a piece of chocolate fudge cake, but I don’t feel like eating it. So *he* does – right in front of me.

“Mmm, GOOD!” he says. “Want some?”

Dis-gus-ting!

The narrator’s unusually strong negative reaction to the almost universally-yummy chocolate fudge cake helps the readers to realize just how crummy the chicken pox can make someone feel. This is again emphasized on the next page when the narrator exclaims: “Oh *itchy!* I don’t even feel like watching Saturday morning cartoons. I just want to scratch.” However, the narrator’s symptoms are not without a degree of relief and are therefore portrayed as bearable instead of frightening. Kelley introduces some of these home-remedies throughout the text: for example, a mom-administered baking-soda bath to reduce the itching and Jell-O from dad to make the chicken pocks inside her cheeks “feel better.”

As some of the more uncomfortable symptoms begin to subside, boredom seems to consume the narrator as she starts counting down the days until she can go back to school; she cries to her mom “It’s not fair!...I feel like a prisoner. I’m *sick* of chicken pox!” Finally, Kelly brings the narrator’s emotions around full circle as she expresses excitement on returning to school: “At last! Today I’m going back to school! *Hooray!*” On the following opening, the narrator becomes the school celebrity as she tells her classmates about her chicken pox:

I tell the kids about itching all night. I tell them about breathing on Mark for a dime. I tell them about how sick I got of ginger ale and coloring and TV and books. I tell them about the baking-soda and oatmeal baths and the Jell-O cheeks. I show them a pock scar on my arm. I tell them about the pocks even on my tongue and in my throat.

The repetition of a similar sentence structure (“I tell them [the kids]...”) increases the sense of importance of the incidents that the narrator experiences while sick with the chicken pox. The condensed paragraph looks crowded on the page compared to the rest of the text, and it represents a highlight reel of the exciting and interesting parts of being sick with the chicken pox. This elicits a response of curiosity in the other students similar to that of the narrator’s experience in the beginning of the book; they respond excitedly to her story: “AWW, NEAT!”, “COOL!”, and “Luck-ee!”

By relaying an upbeat message to her peers after recovering from her chicken pox, the narrator of *I’ve Got Chicken Pox* helps to ease some of the anxiety surrounding the sickness, reassuring her readers that if they come down with the chicken pox, even though it may seem like they spend an eternity cooped up in their house itching their spots, they will eventually be able to go outside and play and see their friends.

In order to include some relevant but more specific information about the chicken pox virus, Kelley reserves a space for “Pox Facts” at the bottom of every page. These Pox Facts contain information about how chicken pox virus is transmitted, what to expect from the rash, and why getting the chicken pox twice is so rare. In addition, it includes a few “recipes” to help chicken pox victims control their itching and prevent pock scars; Kelley suggests:

For a soothing bath, add one-half to one cup of baking soda (or one-half cup of cornstarch or uncooked oatmeal) to one tubful of warm water. The itching may be worse during the bath, but you will feel better for hours afterward. Bathing does not spread the rash.

Kelley also provides a less “yucky” alternative to the Jell-O squishing that the narrator uses to help the chicken pocks in her cheek “feel better”: “to relieve pocks in the mouth, gargle with an eight-ounce glass of water containing one-half teaspoon of salt.” The Pox Facts at the bottom of the page provide a nice break from the story line as well, addressing the young audience with a casual “you.” This allows the book to be personally adapted to the young readers or listeners and helps ease anxiety over their sickness with more concrete facts about the virus.

Kelley’s young female narrator in *I’ve Got Chicken Pox* humorously tells the story of her chicken pox experience; through the depiction of the natural progression of the illness and the inclusion of Pox Facts, Kelley familiarizes the children with what to expect from the virus and provides them with knowledge, helping to decrease their anxiety about being sick. By concluding with the narrator’s lament that it is “too bad you only get chicken pox once,” Kelley reminds children of the exciting milestones of getting the chicken pox and helps them reduce the feelings of frustration and sadness over the uncomfortable symptoms and other negative side effects of the virus.

Kelley accompanies her humorous story about a young female narrator who comes down with the chicken pox with upbeat and colorful illustrations. Each page is framed in coordinating colors and patterns, fully containing the story that is told and its associated illustrations. Kelley leaves room at the bottom of the page beneath the border to include her “Pox Facts” as mentioned above; these facts are accompanied with several graphics: a drawing of a chicken with the chicken pox and a trail of markings made by chickens’ feet.

In the story *I’ve Got Chicken Pox*, Kelley frames her narrator’s stay at home while she is sick with chicken pox with depictions of her in the school community. The female narrator begins and ends her story at school; she contracts the chicken pox virus from her friend in class, and she happily returns to her classroom after spending a week at home. However, during her time at home, the narrator is almost always depicted alone or with only one other character on the page; the resulting loneliness and boredom serve as some of the primary reasons she dislikes the chicken pox.

When she first discovers her chicken pox and informs her mom, the narrator is elated and depicted dancing with outstretched arms and legs and jumping on the bed. The only foreshadowing of the illness to come is the expression of worry on her mother’s face and the red polka-dotted pajamas she is wearing. The next page depicts the narrator’s first day home, where she acts energetic and playful; this reinforces that at the beginning of the chicken pox, a child can “hardly feel sick at all.” In this opening, Kelley places the narrator in four different situations: drawing with crayons, playing with blocks, watching TV and listening to tapes, and reading to her animals. The variety of activities portrayed in addition to the multiple drawings of the narrator across the pages allows her to completely occupy the space, emphasizing her active state

and decreasing her appearance of sickness; the only evidence of her chicken pox are the faint red polka dots on her skin.

However, the next illustration marks a shift in the story; the narrator starts to feel bad and expressions of discomfort occupy her face and are echoed in her mother's expression and the expression on the furry face of her stuffed animal bunny. Her physical signs of illness become more apparent: her spots are more pronounced and her mother feels her head while holding a thermometer. The illustration on the page reinforces the symptoms she describes in the text ("I have a sore throat. I feel so hot, and the itchy spots are everywhere. Even in my belly button!").

As she starts to feel better, the illustrations contain more movement from the narrator. For example, the squishing noise she makes with the Jell-O in her cheeks with the squiggly line across her face echoes the jiggling motion of the Jell-O she is holding indicated by the sets of squiggly lines surrounding the pink cubes. In following illustrations, as she starts to "feel a little better," she is able to sit up in bed and reach out to grab the sympathetic get-well present from her dad. The smiles on her mothers, father's and her face return, and she seems more active as her cat returns to the illustration and accompanies her while she colors.

However, the progress of the narrator is negated with solitude; while she appears to feel better, she is depicted as feeling alone and somewhat bored. For example, as she stares out the window at her friend Anna leaving, she laments that "Anna can't stay, because Mom says [she] need[s] to rest." Get well cards from her family and friends remind her that she can't return to them for five more days. The following illustrations show the narrator sad and alone, "sick of TV...sick of books...sick of Jell-O" and missing her friends. As her boredom increases, so does her frustration and as she cries out "YAH YAH chuckle pickle poxle doxle! I can't STAND it!" she throws her arms and leg in the air, reminiscent of her first celebration of staying home. After

the frustration, her sadness continues, emphasized by the windows full of colorful activity contrasted with her “blueness” inside the house.

As she returns to school, the narrator is again depicted with a busy background of bustling activity; children, animals, games, and a school occupy the picture frame. The first illustration in the book is almost repeated at the end, with the narrator taking her friend Anna’s old place as the center of attention. The lively expressions and actions of the children seem to whirl around her at the middle as she is fully reincorporated into the school community. This complete recovery and inclusion in the peer group reinforces the temporality of the chicken pox. In addition, by coming full-circle, Kelley emphasizes the cyclical nature of the sickness, especially with the narrator’s brother Mark getting his first pock and the more subtle inclusion of the music teacher Mr. Cox in the background itching his polka dots.

By associating the chicken pox virus with the barnyard chicken, Kelley adds a humorous and softening element to the book. Depictions of “super hen” on the narrator’s lunchbox, the Pox Facts chicken with the chicken pox at the bottom of every opening, and the chicken feet wallpaper print are all subtle inclusions that allow the young readers to further engage in the book in search of these chicken references.

Conclusion

Books on children’s common sickness usually fall into one of the four categories of purpose mentioned above: easing fear, entertaining, encouraging good behavior, and educating. While one purpose may dominate an individual book, in many cases, more than one factors into an authors work. This is especially true when thinking about the author’s purpose of

entertaining; a child will be more likely to read and retain the information presented in a book if they are engaged in the story.

In the next chapter, I will investigate children's picture books depicting children with disabilities. Authors in this niche use similar techniques to the ones described in this chapter in order to accomplish aims for both their able and disabled audiences; the purposes of easing fear and familiarizing, encouraging and giving examples of good behavior, entertaining, and educating all exist within children's literature on disability. However, due to the great overlap of purpose within this category of picture books, I will organize the chapter according to intended audience.

Chapter 2: Books About Disabled Children

Introduction

Disability studies emerged as a practice around the end of the 20th century; the University of Illinois Chicago was the first higher-education institution offering a PhD in Disability Studies.

The University's program defines the study as having the aim to:

answer such questions as, 'What is disability, and who is disabled?' It looks beyond the conventional idea of disability as a measurable flaw inside people's bodies or minds, and it examines the complex way that society classifies and interacts with people who function differently from the 'norm.' Students conduct research across social, cultural, clinical, ethical, and policy perspectives. The program also examines how addressing disability in all of its dimensions can promote the full participation, self-determination, and equal citizenship of people with disabilities in society. ("PhD in Disabilities Studies Program")

Every individual is unique, and the same can be said for every disability. Those who enter into the field of disability studies aim to understand disability and people who have disabilities, and one way of gaining this understanding is through narrative literature. In their article "Narrative, Disability, and Identity," David Engel and Frank Munger assert that "narrative has many meanings and potential uses in the study of disability...[and] can help to breach the barriers of detachment, doctrinal technicality, skepticism, and even irony that often separate legal scholars from the actual life experiences on which they should draw when they write about disability – or

other social issues.” Stories can help increase practical understanding of disability and also allow feelings of empathy to surface.

Suzanne Keen investigates this connection between narrative and empathy in her article “A Theory of Narrative Empathy.” She combines neuroscience, psychology, and literature into one interdisciplinary study of a person’s empathetic response to novel reading; she theorizes that narrative-induced empathy can be usefully applied to other fields: “This newly enabled capacity to study empathy at the cellular level encourages speculation about human empathy’s positive consequences...with outcomes of changed attitudes, improved motives, and better care and justice.” She asserts that “*Empathy*, a vicarious, spontaneous sharing of affect, can be provoked by witnessing another’s emotional state, by hearing about another’s condition, or even by reading.” It is this connection of story and understanding that books on children’s disability capitalize on. By telling the tales of disabled children, authors are able to create and strengthen bonds between reader and disabled character.

In this chapter, I present a selection of modern picture books featuring children with disabilities. Many authors choose to orchestrate a narrative story in order to create this kind of empathy in their young, able audience and utilize a combination of a practical understanding of and exposure to the disability along with a personally sympathetic character to achieve the effect. In addition, authors are able to introduce the correct way to speak about someone who is disabled. By avoiding hurtful and politically incorrect terms like “retarded” and “special” and through the use of child-first terminology where the child’s name always precedes the disability (“The girl named Susie who has Down syndrome” versus “The Down syndrome girl named Susie”), authors provide their readership with positive examples of how to correctly address people who have disabilities. However, through various narrative and illustrative techniques,

authors and artists can fashion these books towards empowering and encouraging the young disabled audience, demonstrating endless potential by representing a powerful character who is also disabled. Therefore, I divide this chapter into two sections based on the authors' possible target audiences: the able peers and the disabled child; this characteristic is perhaps the greatest factor contributing to the author's purpose and style, and the differing intended audiences help create distinction within the niche of children's picture books on disability.

Able Audience

It is human nature to fear the unknown; many of us fight against what seems threatening or unfamiliar, and children are no exception. For many able children, the introduction of a disabled peer into their world is just that: a deviation from the norm. This can create fear and cause an able child to treat a disabled child differently than their other peers: whether with indifference, timidity, pity, or hostility. Authors of children's books on this subject aim to educate and familiarize their able audience with disability; they ultimately aim to equalize the disabled with their able peers, advocating for the recognition and appreciation of the child as a like-minded individual and possible friend.

Many authors use a direct approach, clearly including disability in both the title text and cover art; they use an unashamed and factual writing style accompanied with realistic illustrations or photographs to educate and familiarize their able audiences with a specific disability. Through their bold introduction of disability, authors alert their audiences to the book's subject matter and allow for adult readers or audience members to open up a preliminary discussion on disability. In addition, the cover helpfully informs children on exactly what they can expect from the book; this avoids any possible surprise and immediately begins to

familiarize them with the disability. In my research, I have encountered two exemplary series of books that take this approach: the Special Kids in School Series® created by Kim Gosselin and the Understanding Differences series. In order to condense the material for this paper, I highlight one book from each series as a representation of the series as a whole.

In *Taking Down Syndrome to School* (2002), part of the Special Kids in School Series®, author Jenna Glatzer and illustrator Tom Dineen present an narrator named Nick who has Down syndrome. In a friendly and clear voice, Nick introduces himself as someone who was “born with Down syndrome (or ‘DS’ for short), and...will have it for the rest of [his] life.” While he acknowledges differences between himself and his audience, he promises his readers: “if you get to know me, you’ll find out we have a lot of things in common.” Glatzer ensures that Nick delivers on his promise; he provides specific and personal information about himself and follows by asking his audience engaging questions. For example, Nick asserts, “I love chocolate ice cream,” and asks his readers, “Is that your favorite too?” Glatzer counters the presentation of some obvious differences between her narrator and his audience (i.e., speed of learning, general appearance and stature, etc.) with similarities; Nick enjoys sports, attends school, and likes to have fun, “just like” his audience. In the end, Glatzer clearly states her hopes about how the audience will think about disability in addition to her expectations on how these special children should be treated; Nick says:

there is no cure for Down syndrome, so I will always have it. You don’t have to feel bad for me, though. DS is just a part of who I am. I don’t like it though when kids make fun of me. I’d much rather be your friend! If you see me, please say ‘hi’ and get to know me better. You might just find out that I’m a lot of fun! And I could always use another friend...couldn’t you?

The “Down Syndrome Kids’ Quiz!” in the appendix of the book further reinforces this standard. The author asks factual questions about the disability (“What causes Down syndrome?” and “Can you catch Down syndrome from me?”) and follows up with practical applications of how to interact with children who have DS (“What should you do if you don’t understand what I’m saying?” and “If someone else is making fun of me, what should you say?”). Glatzer repeats a variation of “I have feelings just like everyone” three times in the book. By emphasizing the narrator Nick’s feelings, Glatzer humanizes all children with Down syndrome. With casual and clear diction, *Taking Down Syndrome to School* introduces a friendly narrator with Down syndrome who serves to familiarize the able audience with the disability and humanizes those who are different from the norm. The authors of books in this series use these techniques to change the audience’s perceptions of children who are disabled; the series also addresses other health issues and disabilities from “Weight Problems” to “Autism” to “Cancer.”

The Understanding Differences series serves a similar purpose; using spreads of full, one-page photographs of young people with disabilities accompanied with simple text, the authors show the audience a diverse group of disabled children and explain some of their different adaptations of everyday life. For example, Lola M. Schaefer, the author of *Some Kids Are Blind* (2008), begins her book with a photograph of a blind boy reading braille: “Some kids are blind. Kids who are blind cannot see” (2). She explains a little about blindness, braille, and everyday life with a clear writing style and a variety of different blind children occupying the photographs. Schaefer emphasizes the individuality of the children who are blind by identifying a few of their interests: “Some kids who are blind enjoy listening to audio books...Some kids who are blind ride bikes” (8-11). In addition to contributing to the humanity of the characters, the presentation of the interests of the blind children aids the audience’s ability to relate to them. Similarly to the

Special Kids in School Series®, this series also includes additional information after the primary story is complete. *Some Kids Are Blind*, for example, includes a glossary where terms like “blind,” “Braille,” and “senses” are defined. In addition, this series provides an online resource where children can go to find age-appropriate material about the disability. By supplying supplemental academic and interactive information to the audience, children are able to satisfy their curiosity and gain further knowledge about a specific disability; this understanding helps to familiarize and equalize peers who may be disabled.

However, not all authors use such direct and informative methods; many take into account that physically manifested disabilities can influence first impressions. Author Pat Thomas and illustrator Lesley Harker address this in the first few pages of the book *Don't Call Me Special: A First Look at Disability* (2002) by including an interactive demonstration of the audience's possible bias. They present an illustration with a room full of a diverse set of children (with different races, ages, and genders) and ask, “Some children find it really hard to join in with sports and games in the playground. How can you tell which ones?” The author astutely includes a young girl in a wheelchair in the group, and predicts “lots of people would guess that because she has a disability she wouldn't be interested in sports.” However, they directly contradict this misconception on the next page; they affirm that the girl in the wheelchair loves playing sports with the cheerful illustration of a friendly tennis match, and they reveal that the child who doesn't enjoy sports is a physically-able boy: “he hates sports because he can't run as fast as his friends and he always gets pushed around.” By directly debunking a common misconception (“because she [or he] has a disability she [or he] wouldn't be interested in sports”), the author challenges her audience to open their minds and think differently about disability. In the following pages, Thomas stresses every child's individuality: “Everybody in

the world is unique. That means that each one of us is a little different from everyone else.” She reminds the able audience that everyone needs help with different things, and she asserts that disabled children are in no way fundamentally different than anyone else, that “inside they are just like you.” Thomas reinforces this by drawing similarities between the ordinary activities and feelings of children with disabilities and her audience; she states: “children with disabilities go to ordinary schools...they feel angry and sad when they are teased and they feel happy and confident when they are accepted.” In effect, the author challenges her audience to look past the first impression of children with disabilities and encourages them to get to know the person inside; she ends with a bold statement, demanding action from her readers: “We all need to work and play together.”

A different tactic authors use to push readers past possible negative first impressions of children with disabilities is to omit the disability until the character is fully introduced, familiarized, and liked by the audience. The book *Susan Laughs* written by Jeanne Wills and illustrated by Tony Ross serves as a prime example of this method in action. Ross fills the first 24 pages of the 26-page story with colorfully scratchy colored pencil illustrations accompanied with Wills’s rhyming text. The author and illustrator depict many different sides of the main character Susan:

Susan laughs,	Susan dances,	Susan splashes,	Susan trots,
Susan sings,	Susan rides,	Susan spins,	Susan rows,
Susan flies,	Susan swims,	Susan waves,	Susan paints,
Susan swings.	Susan hides.	Susan grins.	Susan throws.
Susan’s good,	Susan’s shy,	Susan’s right,	Susan feels,
Susan’s bad,	Susan’s loud,	Susan’s wrong,	Susan fears,
Susan’s happy,	Susan’s angry,	Susan’s weak,	Susan hugs,
Susan’s sad.	Susan’s proud.	Susan’s strong.	Susan hears.

The repetition of the sentence structure “Susan [verb]” with the ABCB rhyming structure lends predictability to the text, allowing the audience to relax in the pattern and enjoy the story and illustrations. However, Wills intensifies the last set of openings in the book, cramming twice as much text and twice as many illustrations in each page as before, alerting the readers to the end of the book and preparing them for a large shift. This shift comes on the final page of the book, when Ross reveals that Susan is in a wheelchair by depicting her in an inserted portrait. This portrait is accompanied with text in the book’s characteristic style: “That is Susan through and through – just like me, just like you.” The author Wills never mentions Susan’s physical disability in the text; instead, she conceals Susan’s disability long enough to show the audience a complete picture of Susan’s humanity. This provides a greater possibility for a connection between the audience and the character to form before a large difference is introduced.

The book *Alex Is My Friend* (1984) by Marisabina Russo uses a similar approach of strengthening the relationship between disabled and able with similarities before introducing the differences. In it, the narrator becomes best friends with Alex because of his sense of humor and their shared interests. However, as they get older, the narrator “noticed something funny about Alex. He was smaller than [the narrator] was.” The narrator’s mother gently explains, “Alex is always going to be small. It is how he was born. He is still getting older, just like you, still going to school learning new things, still thinking like a big boy, but his body will grow very slowly.” As Alex goes through a few changes including a major operation on his back, the narrator feels detached from his good friend. Initially, the “weird metal ring” hardware and unfamiliarity of Alex “lying on this bed in the middle of the living room” intimidates and scares the narrator; he asserts: “[Alex looked like an alien.” However, the author is able to counteract

the uncomfortable feelings of the narrator around his friend with a reminder of why the two are friends in the first place: “Ben, did you ever hear this joke?” said Alex. ‘How can you tell an elephant’s been in your refrigerator?’ I shrugged. ‘By the footprints in the butter!’ said Alex, and we both started laughing. I gave Alex my present, and he gave me a lollipop.” Russo shows the audience that differences can be overcome when we are reminded of the similarities. He strengthens both the narrator and the audience’s feelings of fondness for Alex from their initial interactions when similarities between the two friends dominate; after the formation of the friendship, the author challenges the bond with the presentation of Alex’s developmental disorder and relies on the previous trust and familiarity established in the beginning of the book to ensure that feelings of empathy and understanding continue.

However, the majority of the books I encountered that deal with children’s disability take a hybrid approach; they neither convey information alone, nor do they exempt revealing the child’s disability in the story until the very end. These books tend to rely more heavily on a narrative storyline, and contain both sentimental and subtly factual aspects. A prime example of this is the book *Be Good to Eddie Lee* (1993) by Virginia Flemming and illustrated by Floyd Cooper. In it, Cooper’s oil washes generously fill the two-page openings and enhance Flemming’s story. In the book, the main character Christy wants to enjoy a summer day wading in the water looking for frog eggs with her friend JimBud; however, the pair picks up an unwanted visitor when Eddie Lee, the boy next door with Down syndrome (DS), wants to come and follows them into the woods. Flemming depicts emotions in Christy that children often feel when dealing with someone who is different. The third person narrator allows honest insight into Christy’s thoughts, revealing things she might not admit to thinking: “[Christy’s] mama said God made [Eddie Lee] that way. But Christy thought maybe, just once, her mama was wrong,

because God didn't make mistakes, and Eddie Lee was a mistake if there ever was one." This honesty translates to the illustrations, as Cooper presents an accurate depiction of Eddie Lee as a child with DS; he has several of the physical features characteristic of a child with DS, including "low muscle tone, flat appearance of the face, upward slanting eye creases, [and] small ears" ("Down Syndrome [Trisomy 21]"). However, as the day progresses, Christy begins to recognize some of Eddie Lee's admirable personality traits. Throughout the piquant story, he proves to be gentle, thoughtful, and even has an uncanny understanding of nature; it is Eddie Lee who ultimately catches the salamander and leads Christy to the secret pond with the lilies and frog eggs. In the end, Christy recognizes and appreciates Eddie Lee, and she is able to learn to look past his differences into "what's in [his heart] that counts." By remaining honest with her audience and dropping a didactic tone, Flemming develops a beautiful friendship between two different people, setting a great example for her readers.

Well Siblings

An interesting category within books about disability involves the well siblings of disabled children; frequently, well siblings are the protagonists and narrators of the book, or they serve as the author's intended audience. This group of children is an especially important audience and deserves a thorough investigation, if not solely for their significant presence within the niche of picture books on children's disability, then for the recent academic research surrounding the possibly negative effects on able children with disabled brothers and sisters. In the study "Siblings of Handicapped Children: A Developmental Perspective on Family Interactions," authors Patricia F. Vadasy, Rebecca Fewell, Donald Meyer, and Greg Schell analyze some of the surrounding studies that look into the dynamic of families who have

children with mental handicaps; they assert that there are “several sibling characteristics that are associated with increased sibling vulnerability to stress and other problems,” and strive to “understand differences in sibling outcomes” (155). In their article, the authors describe some of the feelings that well children commonly experience when growing up with a sibling who is mentally handicapped. For example, they investigate Cleveland and Miller’s 1977 experiment comparing the play styles and interactions between well siblings and the sibling who is handicapped:

The respondents expressed more negative affect and were more direct in expressing their feelings toward their nonhandicapped siblings. When the respondents became angry with their siblings, they were more likely to hit, tease, or call their nonretarded siblings names. They expressed their anger toward their retarded sibling by ignoring the sibling or walking away. Miller suggested that the respondents reacted less directly toward their handicapped siblings because those siblings were less likely to understand their anger. The respondents felt guilty when they became angry or hostile, and they internalized their parents’ norms about how they should act. (159)

In this article, the authors present a host of similar situations, reinforcing the theory that able children in families with a child who has a mental handicap tend to repress their true feelings in an attempt to uphold the perceived standards of behavior and thinking formulated by their parents. The children play and fight more freely with their other able siblings because they do not fear misstep; however, they struggle understanding the rules governing interaction with a disabled sibling. Books targeting children with disabled siblings can help clarify the respective roles of each child and provide an example of a realistic relationship between an able sibling and

one who is disabled. Generally, these books show a thoughtful mixture of both positive and negative interactions between siblings: they validate the able child's feelings of jealousy, anger, frustration, and confusion over the behavior of and attention towards their brother or sister who is disabled. This allows for communication between the able child and the parents to open up, increasing parental awareness of possible frustrations. In addition, some authors choose to subtly include some information about the disability in hopes that an increased understanding of the disability will lead to a greater understanding of the sibling. Finally, the authors attempt to reinforce and emphasize the underlying love saturating the family environment (especially between parents and the able child and the able child and the disabled child). I investigate the able sibling as a subject within and an audience for books about children's disability. I present several examples of books within this category and describe how the author's presentation of realistic narrative stories helps to define and strengthen the relationships between the young, able audience and their disabled siblings.

The validation of complex and sometimes contradictory emotions is perhaps one of the most important characteristics of books directed towards able children with siblings who are disabled; jealousy, contempt, embarrassment, and confusion can all accompany the love felt for a sibling with disabilities. By presenting an able character within a narrative story that struggles when dealing with a disabled sibling, authors confirm the legitimacy of the resulting emotions in a natural way and avoid an overly didactic tone. An example of this comes from the young narrator Alexander in the book *Waiting for Benjamin: A Story about Autism* (2008) by Alexandra Jessup Altman and illustrated by Susan Keeter. The book tells the story through the eyes of Alexander as he tries to bond with his younger brother Benjamin, who is autistic. In the

beginning of the book, Altman describes Alexander's feelings of disappointment, anger and sadness during the following situation:

After Benjamin's second birthday we all waited for him to talk, but he didn't say any words. He just wiggled his fingers and rocked. One day I gave him my favorite bear, but he only wanted to look at the bumpy places on the wall. "Grrr," I said, because now I felt angry. "My bear is going to bite you." My bear growled hard into Benjamin's face. Mom said, "That is *not* okay, Alexander." I even showed him my pirate ship, but he didn't look at all. Then I was sad *and* mad.

In this passage, Alexander's unmet expectations engender disappointment; the anger stems from frustration that generosity and love are not reciprocated and play doesn't come easily; shame and remorse result from his mother's reprimand of Alexander's anger; and sadness overcomes when the cycle continues. Alexander struggles to understand his brother, wondering why he is different. This leads to Alexander's embarrassment when Benjamin acts out in front of friends: "Benjamin mostly just rocks on a wobbly stool in the living room, wiggling his fingers... When my friend Zach said, 'That kid is a wacko,' I wished I had no brother." Even when his parents gently explain Benjamin's autism, Alexander's efforts to connect with his brother come up short: "I went to the backyard and tried wiggling my fingers to see what the [good] feeling was, but it didn't feel that good to me. When Benjamin looks so long into the air, I wonder what he sees? Is it better than here? Are there people?" Through Altman's honest presentation of the narrator's feelings, she is able to connect with her able audience and increase their empathy with Alexander; the realization that their feelings are justified and common helps to validate the able child's emotions, and encourages them to share their thoughts, concerns, and frustrations with their parents.

In addition, a book such as *Waiting for Benjamin* also helps facilitate discussion and increase awareness in the parental audience. For example, Altman addresses feelings of jealousy and sadness when Alexander is left out; due to his disability, many of the parents' emotional and monetary resources are directed towards Benjamin. When Benjamin's teachers Julie and Emma "come to work and play with Benjamin, they bring lots of toys." Alexander "[hears] a dinging bell once and saw a flashing rocket. Julie and Emma always say, 'Hi, guy,' but they don't show [him] what they're hiding in the carry bags, and they never say, 'Want to come down with us for a while?'" This sense of exclusion is objectified in the pictures that accompany the text; on the opening, Benjamin is depicted between the two teachers whose attention is solely focused on him: both women's eyes and body language turn towards Benjamin and ignore Alexander, who angrily occupies the rocking chair on the opposite page. In addition, when Alexander tries to get attention from his parents, he feels dismissed; his father answers without "even look[ing]" at Alexander, and his mom was not listening. He compares this to the attention his brother receives, crying, "It's not fair! When Benjamin makes any sounds, Mom and Dad go right over to him." This type of situation is common in households with a disabled child. In the article "Siblings of Children with Disabilities: Research Themes," author Zolinda Stoleman cites three psychology studies that conclude "parents direct more attention to children with disabilities than to typically developing siblings...even if parents try, it is impossible to treat siblings identically" (343).

Therefore, by introducing some instances where differential parenting occurs, the book increases parental awareness of how this might apply in their own families; in the following pages when Altman shows the emotional and behavioral reaction of Alexander, she helps parents address this pattern of treatment in a meaningful, honest, and understandable way for the able child. Because of his anger, Alexander "stomp[ed upstairs]...walked into Benjamin's room and

saw his dumb moon-and-stars water cup by his bed. [Benjamin] always cries if it isn't exactly in the middle of the table...[he] went over to it and pushed it a little. It fell off the edge, and water spilled onto Benjamin's pillow." Alexander acts out his frustration, jealousy, and anger by harmfully disrupting a part of his brother's world. Altman's depiction of his parents' reaction is crucial and provides an example of how to handle a situation in real life. Alexander's dad begins a conversation with Alexander, asking, "why is Benjamin's pillow all wet?" Alexander replies, "Benjamin gets lots of prizes every day." Instead of feeling remorse for or anger towards Alexander, the father takes the opportunity to explain, "you know that Benjamin has to hear words many times to learn them. The little prizes help him do hard things." By recognizing that Benjamin and Alexander, though both loved equally as sons, are different, the father is able to explain that Benjamin has more demanding needs in order to learn. This helps justify the parents' allocation of resources towards their younger son who needs the extra attention and help. However, when Alexander asserts that he wants "something special" just for him, his father happily complies, and the two make a tarp-tent in the backyard and sleep out.

Alexander's mothers' reaction is also important; she recognizes his individuality and reinforces the unique love that they share when Alexander tells her about his dream where "[he] was a dolphin swimming in a dark blue sea. First [he] was alone, but then another dolphin came. [He] jumped out of the water and into the air and so did he. It was Benjamin." A whimsical blue background accompanies this text; two dolphins' picturesque jump occupies the pages so that even Alexander and his mom are immersed in Keeter's sea. The protective and loving position of Alexander's mother's arms wrapped around him with her eyes directed downward and focused on him help convey a singular love and devotion; she ensures Alexander feels loved, appreciated, unique, and important when she gives him a smile and a kiss and says, "I love you.

You are my dreamer.” By presenting different ways that parents can help children understand the special dynamic in a family with a disabled child, Altman helps parents to empathize with their able child and recognize opportunities for gentle explanation.

In the introduction to Alexandra Jessup Altman’s book *Waiting for Benjamin: A Story about Autism* (2008), she addresses some of the “emotional challenges” that children with siblings who have autism face:

some...are similar to what their parents experience: disappointment, frustration, embarrassment, and uncertainty. Affection given is not always tolerated or reciprocated. The child with autism may lack language, making play a struggle. He or she may act conspicuously in public, bringing unwanted attention. But most difficult for many siblings of children with autism is the huge diversion of parental and professional resources towards the child with the diagnosis. The typical child can find him or herself competing for time and attention, despite earnest efforts by parents to compensate. Children may have angry or unkind thoughts towards their siblings with autism, or an overall sense that “it’s not fair,” but feel too guilty to reveal their feelings.

She offers the book *Waiting for Benjamin* as a tool; even though the situations and emotions may not be the same, the book’s presentation of the narrator’s situation helps parents facilitate discussion with their children, allowing them valuable insight into “not only about what is painful in family life, but about what is humorous and tender as well.”

In addition to acting as a resource for parents, books involving the able siblings of disabled children also tend to include information about the disability in hopes that knowledge will help lead to the able child’s greater understanding and acceptance of their brother or sister.

In the introduction of the educational book *Everybody is Different: A Book for Young People Who Have Brothers or Sisters with Autism* (2001), it claims its purpose:

It is not about finding ways to make your brother or sister change. Nor is it asking you to help in looking after him or her... This book will help you understand autism and, in doing so, you will be able to understand your brother or sister better. By understanding things, your life can become easier. You will find it easier to manage the difficult times, and time spent with your brother or sister will be happier. (2)

While this book directed towards older audiences will answer questions about the disorder, prompt self-reflection on feelings, and promote asking for help, many of the narrative picture books I investigate generally contain very simplified information; instead of informing about the disorder or disability, authors focus on practical information that helps increase empathy in the able sibling. For example, when the parents from *Waiting for Benjamin* sit down to talk about Alexander's brother's disorder, they explain to him: "Benjamin wasn't talking or playing with [you] because he has something called autism. 'Part of his brain is different and that makes it hard for Benjamin to listen and to look at us,' ...no one knows why some kids have autism, but...many scientists are trying to figure it out." In addition, they address some of the changes that will occur because of Benjamin's extra needs, and explain why they are necessary.

Like Altman in *Waiting for Benjamin*, the authors of many of the books I investigate choose to have the parents reveal information about the disabled sibling's disability; as mentioned before, this can help add relevance to the information as applied to the immediate lifestyle and future changes in the able child's world.

Ultimately, books about children with disabled siblings serve to emphasize the love within the family, highlighting the relationship between the able child and their disabled sibling and between the able child and their parents. After an initial struggle to understand, able siblings are able to adjust and embrace their roles as brother or sister; Stoneman cites this as one of the most important aspects driving a positive sibling relationship quality:

Children's satisfaction with their sibling relationship is, in part, a function of their ability to negotiate mutually acceptable role relationships (Stoneman & Brody, 1982). *Roles* are patterns of behaviors that have social meaning (Sarbin, 1954). Through their ongoing interactions, children who develop high quality sibling relationships are able to acquire and enact roles that are pleasing to both children and that accommodate the siblings' disabilities. (341)

In order to put this concept in practice, authors and illustrators depict siblings playing and bonding. The silly "fast-food restaurant" scene from *Waiting for Benjamin* serves as a great example:

[Benjamin] listened to [Alexander's] order when [he] drove up to his window. He had a golden crown on his head. He gave [Alexander] a big plate of plastic food: French fries on top of cake on top of spaghetti. [Alexander] said, "Thank you, Your Majesty, for my crazy meal." Benjamin bowed, and [they] both fell down laughing.

The bond formed through the fun times shared helps to ameliorate the sadness and anger Alexander felt towards his brother; instead, he now thinks of Benjamin as a friend and is able to see the beautiful possibilities within the relationship: "I don't feel so sad and mad anymore. Now

my brother is my friend. But when Benjamin looks far away, I still wonder what he is seeing. One day I am going to ask him.”

Narrative plotlines in books involving children with disabilities help to lend a sense of natural storytelling and lessen negative effects of dry, didactic instruction or heavy-handed lecturing. Isaac Millman also utilizes an entertaining and informative plot in his Moses series. The series tells the story of a young boy who is deaf as he experiences a variety of different events: *Moses Goes to School*, *Moses Goes to a Concert*, *Moses Sees a Play*, and *Moses Goes to the Circus*. Millman writes and illustrates the books in an attempt to educate and familiarize able children with the disability of deafness as experienced by Moses and his friends. In addition, Millman adds an interactive touch by including simple sentences visually translated into American Sign Language (ASL), further reducing some of the strangeness associated with the form of communication with and among the deaf. However, it could be argued that deaf children comprise Millman’s second audience. The character Moses and his fellow deaf classmates and role models (i.e. Mr. Samuels, his teacher; Ms. Elwyn, the percussionist; etc.) serve as positive examples and proof that deafness is not limiting; Moses’s signs: “When you set your mind to it, you can become anything you want when you grow up...” For the purpose of this paper, I will use the book *Moses Goes to a Concert* as an example of the series as a whole; *Moses Goes to a Concert* uses many of the series’ characteristic techniques to achieve the same effects. In addition, because of its broad reach of audience, *Moses Goes to a Concert* serves as an ideal transition to the final section of this chapter, where I investigate books intended for children who are disabled.

Debunking the Disability of Deafness in *Moses Goes to a Concert*

By gently introducing some of deafness's deviations from the "norm," Millman is able to familiarize the disability and increase comfort in his able audience. Millman presents an extraordinary day in the everyday life of the character Moses in order to engage the audience while introducing them to some of the common differences in people who are deaf; one of the most obvious differences is the absence of speaking and listening in communication in favor of American Sign Language (ASL). In the Author's Note, Millman prefaces his book with an introduction to ASL; the method of communication between and with the deaf, "ASL is a visual sign language which is composed of precise handshapes, movements, and facial expressions that are used to form words." He then challenges the young readers and listeners to "learn a few words [by] follow[ing] carefully the position of the hands and fingers and the direction of the arrows shown in the diagrams." This immediately invites the able audience to begin to break down some of the barriers between themselves and their deaf peers, as communication helps develop understanding and acceptance between a diverse group of individuals. Millman also utilizes his colorful and realistic illustrations to provide insight into the deaf children's special type of communication; when he renders Moses's class as an independent unit, he depicts the children as active and enthusiastic, often interacting by signing to each other with vivid facial expressions. In addition, the presence of ASL diagrams encourages reader participation and engagement, helping to contribute to the overall positive experience of the information that Millman presents.

Millman includes diagrams of American Sign Language throughout the book as an invitation for the able children to begin to learn a few basic words in ASL. A two to four-pane drawing of Moses signing a relevant statement accompanies almost every opening. This helps to

familiarize the able children with some of the differences between how a person speaks and how they might use ASL to convey the same message. For example, in one of the earlier pages in the book, the readers and listeners learn the words “my” and “friend” in diagrams of Moses signing inserted into a picture of his class on the bus. Later in the book, as Ms. Elwyn is signing to the class and explaining how she became deaf, Millman includes one of his longer diagrams of ASL: “[MY] FRIENDS | AND | I | ARE DEAF.” The implication of the possessive pronoun “MY” that is not expressed in the signing of the statement serves to introduce some of the grammatical differences between spoken English and ASL. In addition, it gives children the opportunity to recognize a sign in ASL that they have already met: “FRIEND.” Millman’s repetition of several simple words throughout the book helps increase the familiarity and comfort level with ASL and allows for positive reinforcement of their learning. This culminates in the last page of the book, where, as promised, Millman includes an illustration of the ASL hand alphabet. By doing so, he leaves children with a resource of inexhaustible possibilities. Millman engages the children in Moses’s story through his and his classmates’ experience at the concert and provides them with the opportunity to deepen their knowledge of ASL and deafness. Concluding *Moses Goes to a Concert* with the hand alphabet of ASL proves as a strategic move by Millman; the alphabet invites readers to personally connect with his text and its message, perhaps even by learning to spell their own name.

However, Millman’s primary goal is not to teach his audience ASL; he ultimately avoids a potentially damaging and overly didactic tone with his use of a narrative plotline that highlights the story of Moses and his classmates while providing subtle educational information. Throughout the picture book, the author uses an unmistakably clear but gentle diction in order to explain some of the differences in everyday experience between Moses and his deaf peers and

the able child, constructing a simple and non-threatening explanation of this variability as the foundation to build a greater understanding. For example, the first use of the word “signs” in place of the word “says” on the second page of text in the book comes as a bit of a surprise to the able reader or listener. While the two words both start and end with the letter “s” and have similar sounds when read aloud, the deeply ingrained habitual reading and speaking of the word “says” makes the word “signs” seem a little out of place. However, Millman continues using this verb almost exclusively throughout the book (15 times), minimizing his use of other options like “replies,” “announces,” or “says,” which he uses only once each. This repetition helps to increase the familiarity with the word “signs” as a fitting replacement for the more traditional form “says” when regarding communication in ASL. In addition, Millman also reveals an interesting peculiarity of deafness when the children go to the concert: while “Everyone stands up to applaud...Some of Moses’s classmates wave instead of clapping.” The difference in the way some of Moses’s classmates choose to show their appreciation subtly introduces a specific distinction between the rest of the crowd and the deaf children, familiarizing the able child with a common practice in the deaf community that they might not be aware of. However, the inclusion of the deaf peer group in the subject of “*Everyone* stand[ing] up to applaud” (my emphasis) softens this difference and places them in a position of equality amongst the rest of the concert audience, even though Moses, his classmates, and Mr. Samuels cannot hear.

Millman echoes this statement of equality with his illustrative techniques by frequently including Moses and his friends within a large community of peers. For example, on the fourth opening of the picture book, Millman depicts a crowd of children entering the building where the concert is held. Millman includes Moses’s class in this picture and gives them a primary location at the left hand foreground of the page. They move towards the entrance at the right and begin to

blend into the colorful crowd of a diverse group of children. By including them in a large group walking in the natural direction of reading and movement, Millman emphasizes the fact that the deaf children participate in and experience many of the same things that their able peers do. He uses this same technique in the sixth opening, depicting countless rows of children applauding the orchestra while placing a positive spotlight on Moses's class.

However, Millman achieves an ideal balance between explaining the differences of those with hearing disabilities and ensuring that they are included and empowered within the community; he is ultimately able to debunk the "disability" of deafness through his powerfully-positive role models. In addition, Millman uses specific diction to tailor the concert experience more closely to Moses and his deaf peers, and he constructs the book in a way that emphasizes the ritual of the established practices of deaf children and people in a community. However, they are not portrayed as outsiders in the general population, nor are they ever unable to do anything because of their disability. In fact, Millman emphasizes Moses's ability to do everything that the able child can do, as evidenced by the titles of the books in the *Moses* series. Interestingly, he chooses to depict Moses attending a concert to prove this fact. While simply the title *Moses Goes to a Concert* does not attract any specific attention or oddity, when the reader discovers that the main character and his teacher and classmates are deaf, it automatically produces some questions: "How can a deaf person 'hear' a concert?" "Are they able to enjoy the music?" "If so, how?" The direct and logical relationship between hearing and music strengthens Millman's contradiction of the conceived "necessity" of hearing in order to enjoy music and therefore a concert. Instead, he emphasizes the music's impact on another one of the five senses: touch. Millman describes the sensations created by the vibrations: "Moses plays on his new drum. He can't hear the sounds he is making because he is deaf, but he feels the vibration of the drum

through his hands. He has taken off his shoes so he can feel it through his feet, too.” He also depicts Ms. Elwyn in her socks, just like Moses, using similar reasoning to to explain how “She is deaf, too. She follows the orchestra by feeling the vibrations of the music through her stocking feet.” He reinforces this increased awareness of vibrations throughout the rest of the book, as when “Mr. Samuels takes eleven balloons out of his black bag and hands one to each of his students.” He instructs them: “‘Hold them on your laps,’ signs Mr. Samules. ‘They’ll help you feel the music.’”

This in turn sets up Millman’s description of the deaf children’s positive experience of the concert and his ultimate assertion of the ability of the young percussionist, Ms. Marjorie Elwyn. Millman refers to Ms. Elwyn by her profession as a percussionist, and places great emphasis on the importance of her role within the body of the orchestra. For example, Ms. Elwyn’s act initiates the concert: “The conductor turns to face the orchestra and raises his baton. The percussionist strikes the huge gong and the concert begins.” However, the importance of her role does not separate her completely from the unit of the orchestra; Millman describes her as she “watches the conductor and moves from one instrument to the next striking each to make a sound.” By highlighting the percussionist’s importance in in the successful performance of the orchestra, Millman includes Ms. Elwyn within her surrounding group as an equal with a uniquely essential leadership role. This reinforces the strength of the description of her ability that Millman presents later, when he dedicates a full two-page opening to Ms. Elwyn signing: “I | WORKED HARD. | MY | HEART | WAS SET ON | BECOMING | A PERCUSSIONIST | AND | I | DID.” This demonstration of dedication follows a question signed by Moses after Ms. Elwyn explains how she “‘became seriously ill at the age of seven...And when [she] recovered, [she] found out that [she] had lost [her] hearing. [She] was deaf.’” By directly relating the loss of

hearing with hard work and the success of becoming a percussionist, Millman contradicts the disability of deafness and provides a positive example of perseverance.

In order to cement the message to his deaf audience, he ensures Ms. Elwyn as a role model positively affects the main character Moses and his friends. Ms. Elwyn's belief transfers to Moses and his classmates, and they are able to physically experience an inspiration of capability. Millman sets aside a full opening for this as well, depicting:

Anna plays on the marimba...

Beverly strikes the triangle...

Mark pounds the floor tom and the cymbal...

Dianne beats the tom-toms...

John hits the snare drum...

And Moses thumps the bass drum...

David strikes the gong...

Tommy and Suzy play on the tubular bells...

While Steve bangs the kettledrum and Maria plays the congas.

The repetition of a similar sentence structure - the proper noun of the names (Anna, Beverly, Mark, Dianne, John, Moses, David, Tommy and Suzy) with the active verbs ("plays," "strikes," "pounds," "beats," "hits," and "thumps") - emphasizes the ability of the students. Millman demonstrates this belief more directly when he includes two back-to-back openings starring Moses "tell[ing] his parents about the concert" by signing:

WHEN | YOU | SET YOUR MIND TO IT, | YOU | CAN | BECOMING |
ANYTHING | YOU | WANT | WHEN | YOU | GROW UP...

A DOCTOR, | ARTIST, | TEACHER, | LAWYER, | FARMER, |
ELECTRICIAN, | OR | ACTOR. | I | WANT | TO BECOME | A
PERCUSSIONIST.

By concluding his book with this positive message, Millman empowers both his abled and disabled young readers to dream and achieve. Millman underlines similarities between Ms. Elwyn's and Moses's statements; the structure and presentation are very alike. This helps give credence to Moses's aspirations, making his dream to become a percussionist achievable despite his disability.

Ultimately, Millman's ability to speak to both able and disabled children stems from his ability to satisfy the curiosities of the able audience and inspire the disabled to dream. He familiarizes the able children with deafness through image and textual repetition and by creating a strong sense of shared human experience; this reduces the strangeness associated with the disability and the everyday adaptations that tend to differ from the norm. However, Millman also addresses his disabled audience, mainly through the character Ms. Elwyn and her influence on Moses and his peers. Ms. Elwyn leads by example; she relentlessly followed her dream and achieved a position as a professional percussionist in the orchestra. Her success proves that hard work leads to achievement; in effect, Ms. Elwyn debunks the "disability" of deafness.

The Disabled Child

A great diversity exists within books directed primarily towards disabled audiences; some serve to educate the child on their disability and the special situations that surround them, and

others serve to inspire and provide an awareness of shared experiences by telling the stories of similarly disabled peers. Therefore, I divide this section of the chapter into two genres within books for the disabled: educational and inspirational. Authors of books for the disabled child use a variety of different techniques; however, books within the educational and inspirational categories tend to follow similar progressions. Educational books are clear in intent, engineered with the disability in mind, and designed to reach a desired behavioral or psychological outcome. Those devised to inspire decrease the child's sense of isolation by introducing the reader to characters with similar disabilities, demonstrating the disabled characters' success, and encouraging the child to dream and achieve.

Books that aim to educate children with disabilities tend to be forthright in their purpose, as the title usually indicates that the book is educational; this alerts both the adult parent or teacher and the disabled child listener or reader of the nature of the book and allows them to prepare accordingly. In *My Social Stories Book* (2002) intended for children with Autistic Spectrum Disorders (ASD), authors Carol Gray and Abbie Leigh White provide a sort of reader's guide in their introductory piece "A Note to Parents and Professionals." In this passage preceding the rest of the book, they explain the need for the book within the ASD community, provide a road map of the book's organization, and give suggestions to the teachers when exploring the book with a child who has ASD. The "Note to Parents and Professionals" directly reinforces the educational quality of the book; adults initiate the child's learning by purchasing the book and help guide his or her experience by actively participating in the learning experience. Kathleen G. Nadeau, Ph.D. and Ellen B. Dixon, Ph.D.'s book *Learning to Slow Down and Pay Attention: A Book for Kids About ADHD* (2005) contains a similar introductory passage dedicated "To Parents and Other Adult Helpers" that describes the purpose of the book, outlines

the organization, and provides a few tips for adults to maximize the child's learning experience. By including a preliminary introduction, the authors are able to assist the adult helpers in maximizing the child's learning from the time and effort spent reading the book; this is especially important when taking into consideration the sometimes limited attention spans and focus of disabled children.

In addition to the presence of a caring parent or teacher's preparation for and participation in the activity of reading, the authors of an educational book must lay substantial groundwork, as they perform the essential role of engineering a book for children with disabilities; in doing so, they must take into consideration all of the physical and mental complexities that come along with disability and direct their resources into speaking to a uniquely defined audience. One important decision for the authors to make is how to present and organize the book's information in a way that is easily understandable and accessible for the disabled reader or listener. For example, in the *My Social Stories Book* directed towards children with ASD, the authors must place themselves in the "perspective of the child while describing a situation, skill, or concept in terms of relevant social clues, perspectives, and common responses" (17). For this reason, Gray and White present their information in a Social Stories format where related information is relayed to the child, frequently in a question and answer format. Likely the majority of children with ASD will find this construction familiar, as it is one of the most basic structures of conversation. Along with a comfortably familiar presentation, the question and answer structure allows for the authors to anticipate some of the questions that children with ASD might have, patiently explaining "what most of us dismiss as obvious." For example, Gray and White describe the task of going to the bathroom in the first chapter called "Taking Care of Me." In addition to the explaining what to do when the reader needs to use the

toilet, the authors allow space for the child and parent helper to identify and discuss the locations of the bathrooms in the house, describe how to help visitors find the toilet, and explain that public places besides the home also have toilets. However, authors must achieve a delicate balance between being thorough and maintaining the attention of the audience; for this reason, the *My Social Stories Book* is broken up into short, easy-to-digest sections and chapters that are organized by topic and can be completed in one sitting and easily reviewed. Nadeau and Dixon's *Learning to Slow Down and Pay Attention* takes a similar approach; the authors ensure that the book is "ADHD-friendly: illustrated with cartoons to hold [the] child's interest, highly readable (even for kids who don't like to read), and divided into sections, so that the book can be read in smaller portions...[the authors] suggest that [the parents] read the book along with [the child] and that [they] go through only one section at a sitting, pausing to discuss various points and ideas whenever this seems useful" (7). In addition, the organizational division allows the book to be used as a tool when working towards a desired outcome; sections can be repeated, reviewed, and referenced as needed.

Authors purposefully craft educational books for children with disabilities to help the parents and adult helpers achieve a desired outcome in their audience, whether it is behavioral or psychological. In the *My Social Stories Book*, Gray and White aim to introduce children with ASD to a wide variety of social scenarios; they address everything from daily activities such as brushing teeth and picking out clothes to more complex issues such as welcoming a new baby brother or sister into the world. The Social Stories are then repeated until they attain the familiarity that allows children who have ASD the knowledge and confidence to encounter and react to similar situations in the real world. *How to Slow Down and Pay Attention*, however, deepens this objective and strives to achieve an underlying psychological effect that will in turn

affect the behavior of a child with ADHD. By including the interactive section “A Checklist About Me” where children are able to place a checkmark next to the items they think are “just like [them],” the authors instigate a self-assessment of the readers’ habits, personality traits, and common feelings, helping the child to recognize areas where he or she needs work and improvement. In addition, the “What I Wish Other People Knew” checklist helps facilitate communication between the adult and child, something that can be difficult for someone with ADHD. The bulk of the book addresses ways that the child can help him or herself, including tips that are helpful for every day life: preparing for the school day, cleaning the bedroom, paying attention in school, doing homework, controlling anger, asking for help, problem solving, not interrupting, making friends, controlling emotions, relaxing, and getting to sleep at night. In addition, the inclusion of a weekly progress chart in the appendix where goals can be monitored and checked against daily benchmarks helps clearly measure the child’s progress; this tangible improvement can help encourage by pointing out successes and correct by identifying possible areas of improvement. By presenting children with a manageable plan to change the thought processes motivating their negative behavior, authors of educational books allow progress to occur.

The second category of books for disabled children I discuss focuses on inspiring the disabled audience. While some overlap does occur between educational and inspirational books, they contain new focuses on the information and strive towards a fundamentally different goal. Inspirational books tend to feature characters within a more narrative storyline; the inclusion of similarly disabled character in the story increases child readers’ awareness of others who are like them. This reduces feelings of being alone or different and facilitates a sense of pride and individuality within a group of similar people. A prime example of this inspirational book comes

in Majorie W. Pitzer's *I Can, Can You?* (2004), written for children with Down Syndrome. In a series of 14 photographs, Pitzer shows pictures of children with DS playing, taking care of themselves, and "discovering [their] world!" The plethora of children with DS who are featured in the book show that the disability can affect any child; several ethnicities and both genders are represented in the photographs. The fear of being alone or different can also be addressed within the narrative story, as in *Mr. Worry: A Story About OCD* (2004). In it, the author Holly N. Niner's narrator named Kevin attempts to make sense of his own senseless habits (repetitious routines, asking too many questions, implausible fears, and compulsive checking). Like the author's son who was also diagnosed with obsessive-compulsive disorder (OCD), the narrator begins to "[wonder] if he was crazy. He knew his thoughts and actions made no sense, and he wanted help." He feels alone and different, until his parents encourage him to see a professional, Dr. Fraser. During their first conversation, Dr. Fraser patiently explains OCD in a way that Kevin can understand:

"OCD has to do with the way your brain handles doubts and fears." Dr. Fraser handed him her cordless phone. "It's like the OCD calls you with a worry message. Is there a light under the bed? Did you do all your homework? And then it keeps pushing the redial button. Those messages are the obsessions and you worry about them. The compulsions are the things you do to try and stop the worries...Other people with OCD –

At this, Kevin interrupts her and asks, "You mean other people are like me?" Dr. Fraser answers, "Many kids and adults have OCD...Each one has a ritual, like checking counting, or hand-washing to help them with their worries." After discovering that OCD is a fairly common disorder, Kevin feels relieved; he "relaxed in his chair. He was glad to know he wasn't alone or

crazy.” By demonstrating the fear of being alone in her narrator, Niner is able to parallel possible fears of her child audience with OCD. Further, by ensuring that Kevin’s fear is ameliorated with an explanation of the prevalence of the disorder and by explaining the differences between those with OCD, Niner gives the audience reassurance that they are not “alone or crazy.” With the presentation of characters with the disorder or disability and by addressing common fears through the narrative storyline, authors of books for children with disabilities are able to show their audiences that there are others who share similar situations, reducing their fear of being alone or fundamentally different.

In addition to heightening the disabled readers’ awareness of others who are similar, authors encourage their audience through their demonstration of their disabled characters’ success. For example, in Marjorie Pitzer’s *I Can, Can You?* (2004), the short and simple text accompanying the photographs of children with DS follows a predictable rhythm: “I can feed myself! Can you? I can take a bath! Can you?” This repetition adds to the musicality of the book and makes it more fluidly read and easier to understand. The simple syntax of “I can [verb]” places emphasis on the two words of the sentence that repeat: “I can.” The simple subject-verb structure serves as an affirmation of the ability of the disabled. The photographs of happy children with DS reinforce this ability, as they perform the actions described in the text. Similarly, the book *We Can Do It!* (1997) introduces children with several different disabilities: Gina, who has spina bifida; David, who has DS; Jewel and Emiliano, who have cerebral palsy; and Sarah, who is blind. The author Laura Dwight follows a similar approach to Pitzer’s in *I Can, Can You?*; she repeats the ability of the children while maintaining their individuality by including different interests, play activities, and describing the ways the children overcome their own physical and/or mental obstacles. Every child is introduced in the same way; for example:

“My name is Gina. I am five years old. I have spina bifida, and I can do lots of things.” Dwight gives the child’s name and age precedence over their disability. In addition, by adding the independent clause “I can do lots of things” to “I have [a disability],” she asserts and places emphasis on the child’s ability within the sentence. The following text and pictures for each child describe and demonstrate a variety of abilities; Gina, for example, “like[s] to play with [her] dollhouse...can ride [her] bike...[has] fun with [her] teachers and [her] friends [at school]...[pushes] her wheelchair to the beach because [she] likes to play in the sand...[and loves] the water!” No two children have the same interests; this reflects both the differences between each disability and the individuality of each of the children, as even children with the same disability are presented differently. By showing a variety of children with disabilities playing with others, taking care of themselves, helping their family, and learning at school, Dwight asserts that there are many different measures of success. This variety helps the members of the disabled audience to appreciate their own unique success.

Finally, inspirational books for children with disabilities do just that: inspire them to succeed. Using the characters’ success in the story as role models, authors encourage their young audience to work hard and succeed in their own way. For example, in the repetitious text of *I Can, Can You?*, the question “Can you?” always follows the affirmations of “I can [verb].” This prompts and challenges the reader to a self-assessment of his or her own abilities, after being shown that the action is possible. This provides confidence and motivation to achieve (and possibly exceed) the same success as the characters in the book. However, the techniques that authors use to motivate are not always so obvious; many times, simply the success of the narrator serves as adequate motivation to inspire the audience’s success. By introducing the possibility of success, children can be inspired to rise to the occasion and achieve it.

Conclusion

Regardless of the author's intended purpose, books for children with disabilities can both inform and inspire; the categories I mention in this section are by no means mutually exclusive. In fact, presenting able children with books intended for the disabled could even be argued as a viable strategy for increasing empathy in the able audience, as the children are able to see into the disabled character's world. On the other hand, showing books intended for able audiences to disabled children may also prove worthwhile, as it introduces them to possible outside biases and explains where negative perceptions originate and how they can be changed. This theory of the positive effects when experimenting with intended audience and genre supports the research in Stephanie Shine and Nancy L. Roser's article "The Role of Genre in Preschoolers' Response to Picture Books" (*Research in the Teaching of English*, 1999). In it, they investigate preschoolers' responses to four genres: fantasy, realistic, poetic, and informational. Shine and Roser claim that after their research, "in spite of differences in approach to the genres, children talked about narrative elements in all of the books. In children's responses to all the genres, personal associations to the characters, events, images, and topics seemed to form the basis for interpretation." Therefore, in engendering a sympathetic or inspiring character in the books about disabled children, the authors are able to engage their readers, regardless if the book's intended audience is able or disabled, or if the book is educational or inspirational.

Chapter 3: Serious and Chronic Illnesses

Introduction

In comparison to the multitude of books available for discussion in the previous chapters on common illness and disability in children, picture books that focus on serious illnesses lie within a more sparsely populated and relatively newer niche. While some focus on dealing with a sick parent or grandparent, even fewer focus on severe illness in children. Perhaps it could be argued that this void exists because of a lack of target market; however, this is not necessarily the case. In “Children with Chronic Illness and Physical Disabilities,” Judith A Libow asserts: “It is estimated that between 10 and 20% of children in the United States have a serious chronic illness (Light 2001), or between 4 and 12 million children (Gedaly-Duff, Stoeger, & Shelton, 20000; Sharpe & Roussiter, 2002)” (224). The subject of severe or chronic illness in children is a tough, emotionally draining, and discouraging topic. However, it is necessary; in the book *In Sickness and In Play: Children Coping with Chronic Illness*, the author Cindy Dell Clark provides some advice for adults to help support children with chronic illnesses:

Do not assume that medical knowledge is a commodity to be taught didactically to the all-receptive child. Communication, since it is interactive, needs to allow for a child’s way of knowing, recognizing the active interpretation by the child. In other words, talk to the children in their own language, in their own genre. Story, ritual, play, art, and humor hold active appeal for children. These are poetic, metaphor-rich forms of disclosure, able to communicate paradox and ambiguity, inviting children to interpret and reframe their experience. Expressive forms such

as story...help to build a community of meaning, as co-listeners improvise their personal, and at the same time shared or overlapping meanings. Story can build communities of support. (161)

Authors beautifully engender these types of stories on the pages of their books that address children with serious illnesses in hopes of creating a “community of meaning and support” for their young audience. Books hold the possibility of helping develop understanding and communication and are a great resource for families and communities dealing with the difficulty of a sick child.

In this chapter, I look into the picture books about severe illnesses in children, focusing specifically on diabetes, cystic fibrosis, and cancer, as they are the most prevalent within this small niche. There is a great diversity of type and style within books on severe illness in children, perhaps because many of them are built around the story of one unique child. This creates challenges when thinking about the chapter’s organization. However, many of these books tend to focus on objectives similar to those that were discussed in the previous chapters of common illness and disability. For example, like the authors of children’s books on common illness, some authors of books on severe diseases in children choose to incorporate information about the disease and its treatment in order to ease some of the anxiety surrounding it. Similarly to the authors of children’s books on disability, the authors described in this chapter focus on increasing awareness in the affected audience of others who share similar situations and inspiring the audience to dream and achieve. Due to this great disparity in the books’ presentations, I separate this chapter into two sections based on the type of book and its primary objective. The first section focuses on books that serve to educate and familiarize the disease and treatment. The second, however, features books that tell touching stories about an unique child to increase

audience awareness of others with similar conditions, and ultimately help inspire them to create and share their own stories. While I use these categories to define major undertones in the books I investigate, there is a definite overlap between the categories: books classified as “educational” in this paper are also inspirational, and books classified as “inspirational” often contain educational information as well.

Education and Familiarization

The first category of books on children who are seriously ill focuses on introducing and explaining the disease and its treatment. Similar to the educational aspects of other books discussed in earlier chapters, this can help familiarize the audience with the symptoms, mechanics of treatment, and possible side effects, reducing some of the fear associated with the unknown. The treatment routine is a common topic for educational books; the routine tends to eventually define the sickness as the regular rituals performed to stay healthy take over. However, authors generally keep an optimistic outlook and suggest that these treatments will be temporary, and that a cure for the disease will be found. For example, the focus of Jennifer Racek’s book *Cadberry’s Letters* (2008) is on explaining the treatment routines for the young bunny protagonist named Cadberry, who has cystic fibrosis (CF). In fact, Cadberry does not seem to understand anything about his disease, and is unable to make the connection between the treatment rituals and what his mother and doctors talk about in the hospital. However, Racek puts a positive spin on treatments, describing them as a way to outsmart the “dots” (cells) producing “glue” (mucus) in his body: “We are smarter than those old dots. We know lots of things to help clean up the mess they make and keep you healthy.” And, as the mother pushes, Cadberry is able to understand and connect several of his different rituals to how it helps him

stay healthy: his enzymes that “help turn carrot stew and strawberry pie into hops and jumps and leaps,” the neb machine with “medicine in the mist...[that] makes it harder for the icky glue to stick,” the thumper or his vest to “help loosen the glue,” and the medicine that he takes to “clean up after [the cells].” However, Racek leaves hope for the reader when the mother tells Cadberry, “One day the doctor bunnies will find a cure for CF and then there won’t be any glue left at all.”

Similarly, Connie White Pirner’s book *Even Little Kids Get Diabetes* (2001) uses a simple plotline heavily reliant on the explanation of symptoms and treatment to tell the story of a girl who is sick, receives a diagnosis of diabetes, and, because of her treatments, lives a healthier and happier life. Change in diet, frequent blood tests, and insulin injections all become part of a daily routine to stay healthy. For example, the young female narrator explains: “My finger is poked four times every day to see if I have too much sugar or too much insulin. I have to have insulin shots every day. I wipe my skin with alcohol, and then Mommy or Daddy gives me a shot.” In addition, she expresses her disappointment that she must miss out on some childhood traditions: “I have to eat the right foods at the right times. I don’t ever eat candy or ice cream or cake, not even on Halloween or at birthday parties! I don’t like shots and finger pricks, and sometimes I want sweets real bad!” One of the four full-opening illustrations fills this page, where cheerful children are sitting around an outdoor table eating birthday cake; the narrator looks largely out of place with her healthy apple, especially when compared to the boy directly below her who is dropping an entire piece of cake into his wide-open mouth. Even the cat in the illustration seems surprised she does not indulge. However, the temporary pain of missing out and getting painful finger pricks and shots is directly related to the narrator’s ability to maintain her health; Pirner associates these two by including a fun picture on the next page and emphasizing the importance of keeping these daily habits. This approach gently helps to explain

to children why these inconveniences are necessary; ultimately, Pirner's narrator remains optimistic and finds comfort in the love of her family: "We do all this stuff so I can stay healthy until they find a cure."

Ultimately, the educational information contained in books directed towards severely ill children serves to illuminate and justify the reasons behind daily rituals that seem uncomfortable and unpleasant. Children struggle with the seemingly contradictory aspects, wondering why getting poked and taking gross medicine is important to them immediately. Clark begins to address this in her book *In Sickness and in Play: Children Coping with Chronic Illness*. She says:

A child suffering from severe asthma or diabetes collides with a crisis of meaning, a kind of roadblock to significance within the child's lifeworld. Social dilemmas construct a block to meaning. The child's sense of self and world may be jolted when his personal eating practices clash with cultural practices at festive celebrations; a diabetic child cannot eat, for example, birthday cake or candy canes. Within cultural institutions like schools, a child comes face-to-face with her own exceptionality – as when asthma restricts her activities in gym class.

(139)

Authors are able to give meaning to rituals, associating them with health, happiness, and a long life full of love.

While the majority of these books are written for sick children, a few of them address a well audience, also explaining the sickness in a series of treatment rituals and effects. While these rituals may be unique to the child, the authors are sure to explain that they are necessary and keep the child healthy; ultimately, neither the disease nor the treatment defines the child.

One great example of this is from the same series as *Taking Down Syndrome to School* in chapter two: *Taking Cancer to School* (2001). Part of the Special Kids in School[®] series, the authors Cynthia S. Henry and Kim Gosselin direct *Taking Cancer to School* towards a more general audience; it features a young boy protagonist named Max who has Acute Lymphatic Leukemia (ALL). As he explains some of the facts of cancer, he also explains the treatment, some of the side effects, and physical differences that he will experience from other kids (hair loss with chemotherapy and a catheter implant, or a port, for his medicine). However, unlike the narrator Nick from *Taking Down Syndrome to School*, Max does not emphasize that he is “just like all the other kids.” Instead, he is presented as a child who has unique medical needs; chemotherapy, a port for medication, extended stays in the hospital, and a healthy surrounding environment are all important for Nick to fight the “war” happening between the red and white blood cells in his body. Henry and Gosselin also notice emotional differences. The intensity of the treatments Max details earlier in the book in addition to their length (“My doctor thinks I will be getting treatments for about three years.”) causes anxiety and fear in Max. In Tom Dineen’s cartoon illustration on the next page, Max is depicted sitting on his mother’s lap looking away from the audience, while she looks off in the opposite direction with a worried expression. The separate and distant expressions of the two characters show the depth of the fear that they both feel sometimes; however, this negative emotion is counteracted with the physical closeness of mother and son in the illustration. The authors expose Max’s vulnerability: Max says, “Sometimes I’ll probably feel a little scared. My mom says everyone living with cancer probably feels a little scared. It’s okay to be afraid sometimes.” However, they avoid being over-sentimental and quickly shift to a more characteristic entry for the Special Kids in School[®] series: “Even with cancer I can still play video games and soccer. And I’m still going to try out for the baseball

team! Please don't treat me any differently just because I have cancer. After all, I'm just like you in every other way!" After explaining a little bit about Max and cancer, the authors are able to ultimately use the narrator to teach the audience about the disease and how it affects people who have it. This increases understanding and acceptance of some of the more apparent physical differences (i.e., loss of hair, port) between Max and his peers, and allows them to look past his sickness and treat him as a friend.

The importance of the treatment ritual within the life-world of the child is unavoidable; however, the repetition and negative effects can take over the child's concept of their illness and inhibit understanding. Parents, in a well-intended attempt to keep life as normal as possible, tend to contribute to this misunderstanding by withholding information. Maya Bluebond-Langener explains this in her book *In the Shadow of Illness: Parents and Siblings of the Chronically Ill Child*: "Parents try to define the child within the "realm of normal...[and that] realm of normal is continually expanded to accommodate the child's condition and treatment" (173-174). She goes on to explain how parents stop giving information to the well child, even though they are older and can understand more; however, they are "keen observers" (196) and create their own meaning where "the illness comes to represent a set of procedures and tasks" (200). Therefore, educational books on children with severe illnesses focusing on explaining the necessity of treatment and its life-changing benefits help give a tangible and correct meaning to the ritual. Ultimately, this broadens understanding of the illness itself: "viewing children's illness as a biomedical or physical event without taking into account the broader expressive and social disruptions in children's lives defeats understanding. Human beings, including children, interpret symbolic meaning and do so in a socially constituted world" (Clark 139). Therefore, educational

books can be useful for both well and ill children to familiarize them with the unique rituals occupying a sick child's life, lending meaning to the process and the illness as a whole.

Inspiration

As discussed above, a child with a serious illness is often confronted with many unique and trying challenges; authors of inspirational books for sick children aim to uplift and give hope by telling the (often true) stories of children who share similar situations. The inclusion of an identifiable narrator and the shift of focus from the disease and treatment to the spirit of the child separate this category of books from the educational stories identified above. Unlike books in previous chapters, many of the inspirational books on sickness in children are either self-published or published on a small scale; while their presentation and materials may not be as professional and polished, their content is by no means inferior. However, well-known children's authors and illustrators like Patricia Polacco have also tackled tough issues like cancer. In this section of the chapter, I investigate both the small and the large-scale books, as both can positively contribute to the cause of a seriously or chronically ill child.

Many books in this category are created to fill a hole in the market: serious topics like cancer, cystic fibrosis, and epilepsy are often too heavy to hold much commercial appeal. Therefore, adults and children dealing with a serious illness often create the material they wish they had had. For example, Chris Bridge is the father of a boy named Andrew who had cancer when he was three years old. He explains his authorship of the book *Andrew's Story: A Book about a Boy WHO BEAT CANCER* (2002) as one that developed out of necessity: "During [Andrew's] hospitalization, I looked for books to help him through his experience but was unable to find what he needed. So together, Andrew and I took pictures and notes about what

was happening to him. Later we wrote this story to help him come to terms with having cancer” (4). In the following pages of the story, Andrew narrates as he explains the ups and downs of being diagnosed with cancer, his chemotherapy treatment, and finally, his remission. The conclusion of the book leaves its readers with a renewed sense of hope; pictures of a thick-haired Andrew smiling with family members follow the preceding photos of a time when Andrew was sick. The support, help, and love of his family ultimately prevails; Andrew learns that “with the help of family and friends, you can get through anything.”

Similarly, Carrie Lux, the mother of a girl with cystic fibrosis, wrote the book *Little Brave Ones* (2005) to create a bond between those with CF by sharing their stories and pictures. She connects them by their routines; the narrator Christa explains some of her daily tasks (taking enzymes, breathing through the nebulator machine, wearing her vest) and exclaims: “I never knew there were so many other children who started and ended their days like me” (7). Lux goes on to present various children with CF as they go through their treatment; each is unique and has different rituals or stuffed animals that help them through. Ultimately, the focus of the story is on the individuality of the children with CF; though they share the same disease and the same struggles (“There are even some days when [Christa] [doesn’t] want to do [her] treatment at all, or [she] doesn’t want to take anymore medicine.”), they also share the same hope and determination to fight until a cure for CF is found.

However, parents are not the only ones who feel the need to share the stories of their sick sons and daughters; children also author books about their own sickness as encouragement to others in similar situations. For example, a girl named Christina Richmond wrote and drew the illustrations for the story of *Chemo Girl* (1997) to help show the positive results of a medicine that has obvious negative effects. She includes insightful details in the story, like naming the

heroine Chemo Girl's dog Brouvi ("Brouvi is short for Broviac," a type of catheter implant commonly used in children with cancer). Richmond chooses to focus the attention on Chemo Girl's destruction of the cancer living in the body, and her persistence and confidence in her ability to heal translates easily.

Similarly, the book *My ABC Book of Cancer* (1990) is written and illustrated by Shannin Chamberlain, a girl who has cancer. In it, she associates every letter of the alphabet with a different feature about cancer. While the some of the pages are associated with the disease and treatment, she inserts messages of hope: "H is for Hospital which I have gone to a lot. It's also for Hope... for a cure." By recognizing the duality of institutions like hospitals that can seem impersonal and harmful, Chamberlain impresses her optimism in her readers; we end with a mental image of her on a zip wire: "Z is for zip wire, I love to do, at camp catch a rainbow. (You climb up a 60 foot tree and slide down a wire, it's fun)."

In addition to these uniquely published books featuring the story of one individual child's experience, others use a beautiful narrative story that is sometimes also based on real children to inspire children with serious illnesses and their surrounding community. Many of these books use a cyclical storyline to explain the loss of health, the fight to conquer the disease, and the ultimate renewal of life that comes from hardship. The best examples of this type of book seem to lie with those that portray childhood cancer: the loss of hair during chemotherapy treatment serves as an ideal symbol for the loss of health and strength during the disease's treatment, hats and head scarves serve as an transitional marker and lend hope, and the remission and regrowth of the hair symbolizes the recovery of the potential and happiness that lie ahead.

Patricia Polacco's touching picture book *The Lemonade Club* (2007) is an inspiring true story of her daughter Traci's best friend Marilyn and their teacher Miss Wichelman as they battle

with cancer. The news of Marilyn's cancer diagnosis devastates the classroom, and especially has an effect on Traci. As she watches her friend go through chemotherapy treatment, things seem unsure and transitory; Marilyn loses her hair and "some days were good and some weren't." However, with the consistent support of the "lemonade club" comprised of Traci and Miss Wichelman, Marilyn is able to recover her hope and joy in times of sadness, and she finally returns to school. However, she returns to a surprise, a message of support and hope, as each of her classmates and Miss Wichelman herself shaved their heads. As things start to look up for Marilyn, the girls notice that the healthy growth of new hair on their heads isn't present on Miss Wichelman's. When they call an emergency "Lemonade Club" meeting, they find that Miss Wichelman has also been diagnosed with cancer, and will have to have surgery. The strength that Marilyn displays ultimately inspires Miss Wichelman to attain her dream of becoming a doctor, and the story ends with a message of a potential-filled new life with love and unity: Miss Winchelman's marriage to Dr. Warren Gish. Other books on cancer seem to follow similar cyclical progressions; while they do address the reality of the disease and its treatment, authors tend to focus on the regrowth and potential that lies ahead in the future.

Whether the books are published in a small or large scale, by everyday parents and children or by experienced authors, stories about severe childhood illnesses all serve to uplift and bring hope to their audience. While it is a difficult topic to handle, the hardships are carefully balanced with positive successes; the use of the symbolism for hair loss and hats as a representation of the temporary time during treatment helps to allow for the hope of regrowth and recovery in the end.

Conclusion

Both educational and inspirational books that feature children who are severely ill remain positive, despite the struggles that the disease and its treatment bring. The strategic explanation of treatment and its purpose to heal in educational books helps to bring meaning to the daily rituals that can seem to consume the daily life of a child living with a severe or chronic illness. Inspirational books use the incredible stories of the strength and courage in severely sick children to give examples of hope, love, and life.

Conclusion

Picture books featuring sick and disabled children have many benefits, both for able and well and disabled and sick audiences. In addition to the almost-universal aim of entertaining children, many books also aspire to educate in order to affect change in the audience: whether it is an acknowledgement and attempt at reducing bias against disabled peers or implanting a newfound hope and sense of belonging within a group who shares similar health issues. For this reason, parents, healthcare workers, and educators should all use these books to help inform children about a specific sickness, disorder, or disease. While authors of these books may not answer all the questions or discuss all the issues pertinent in a given situation, books also allow for an introduction of the subject so adult-child dialogue can open up. This discussion helps to close the gap in children's understanding that sometimes forms as a result of parents' well-intentioned attempts at retaining a sense of normality.

In the appendix, I have included a resource for parents, educators, healthcare workers, and community members looking for books that discuss a specific sickness or disability. This pamphlet is organized by the type of sickness or disability to allow for easy look-up and access to appropriate sources. As part of the real-world social effect of this thesis, I will distribute the pamphlet in the appendix to several different educational and healthcare facilities within Washington and Lee University's surrounding Lexington and Rockbridge County communities. In addition, I will donate the books I have accumulated as a result of my research to the Lexington Public Library. It is my hope that this resource will help ease some of the burden of

searching for relevant and appropriate books, as I spent significant time and effort compiling a working bibliography during my research process.

These books, when introduced to children in an open and honest setting, can be an invaluable tool for encouraging both practical and emotional education on a disability or sickness.

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Appendix

Serious and Chronic Illness

General

What About Me?: When Brothers and Sisters Get Sick by Allan Peterkin, M.D., illustrated by Frances Middendorf

Cancer

Andrew's Story: A Book about a Boy Who Beat Cancer written and photographed by Chris Bridge

Kathy's Hats: A Story of Hope by Trudy Krisher, illustrated by Nadine Bernard Westcott

My ABC Book of Cancer written and illustrated by Shannin Chamberlain

The Famous Hat by Kate Gaynor, illustrated by Ruth Keating

Taking Cancer to School by Cynthia S. Henry and Kim Gosselin, illustrated by Tom Dineen

The Lemonade Club written and illustrated by Patricia Polacco

Chemo Girl: Saving the World One Treatment at a Time written and illustrated by Christina Richmond

His for Hair Fairy: An Alphabet of Encouragement and Insight for Kids (and Kids at Heart!) with *Cancer* by Kim Martin, illustrated by Wend Boomhower

Cystic Fibrosis

Little Brave Ones: For Children Who Battle Cystic Fibrosis by Carrie Lux

Caddyberry's Letters by Jennifer Racek, illustrated by Dona Vajgand

Diabetes

Even Little Kids Get Diabetes by Connie White Pirner, illustrated by Nadine Bernard Westcott

Epilepsy

Becky the Brave: A Story about Epilepsy by Laurie Lears, illustrated by Gail Piazza

HIV AIDS

Be A Friend: Children Who Live with HIV Speak art and writing compiled by Lori S. Wiener, Ph.D., Aprille Best, Philip A. Pizzo, M.D., foreword by Robert Coles

Children and the AIDS Virus: A Book for Children, Parents, and Teachers by Rosmarie Hausherr

In Our Neighborhood: David Has AIDS by Doris Sanford, illustrated by Graci Evans

Alex, the Kid with AIDS by Linda Walvoord Girard, illustrated by Blanche Sims

Picture Books on Children's Sickness and

Disability

A Resource for Educators, Parents, and Community Members

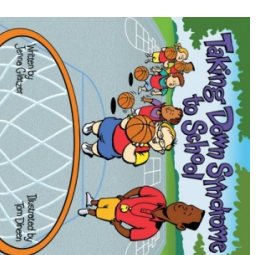
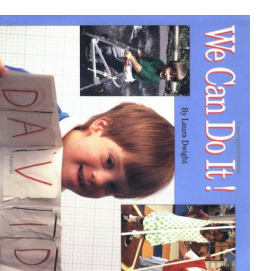
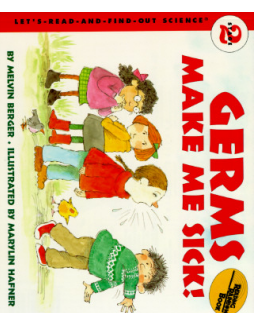
Book List Compiled from Working Bibliography

of Kari Ann Pfannenstern's Senior Honors Thesis

at Washington and Lee University:

"Sickness and Disability in Children's Literature:

Using Picture Books as a Path to Understanding and Empathy"



Common Illness

General

Germs Make Me Sick! by Melvin Berger, illustrated by Marilyn Hafner
Colds/Flus

Don't You Feel Well, Sam? by Amy Hest, illustrated by Anita Jeram
Felix Feels Better written and illustrated by Rosemary Wells

Iris Has a Virus by Arlene Alda, illustrated by Lisa Desimini

Bear Feels Sick by Karma Wilson, illustrated by Jane Chapman

How Do Dinosaurs Get Well Soon? by Jane Yolen, illustrated by Mark Teague

Sesame Street: It's No Fun to Be Sick! by Caroline Barnes, illustrated by Tom Brannon

Down on the Farm, The Real Story about the Swine Flu by Lavenna Gudinho,
illustrated by Moses Meriga

Farm Flu by Teresa Bateman, illustrated by Nadine Bernard Westcott

Chicken Pox

When Vera Was Sick written and illustrated by Vera Rosenberry

Arthur's Chicken Pox written and illustrated by Marc Brown

Grandpa Spanielson's Chicken Pox Stories written and illustrated by Denys Cazet

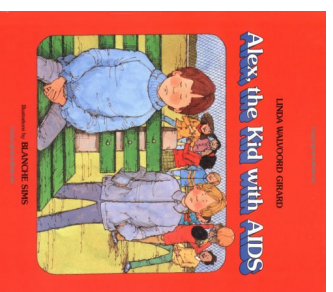
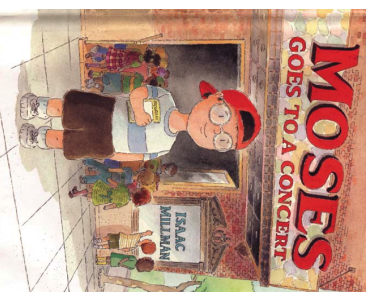
Goldie Locks Has Chicken Pox by Erin Dealey, illustrated by Hanako Wakiyama

I've Got Chicken Pox written and illustrated by True Kelley

Tonsilllectomy

Good-bye Tonsils! by Craig Hatkoff and Juliana Lee Hatkoff, illustrated by Marilyn Mets

A Tale from the Care Bears: Being Brave is Best by Elizabeth Winthrop,
illustrated by Tom Cooke



Disability

General

We Can Do It! by Laura Dwight
Don't Call Me Special: A First Look at Disability by Pat Thomas, illustrated
by Lesley Harker

ADD

Learning to Slow Down and Pay Attention: A Book for Kids about ADHD by
Kathleen G. Nadeau, Ph.D. and Ellen B. Dixon, Ph.D., illustrated by
Charles Beyl

The Survival Guide for Kids with ADD or ADHD by John F. Taylor, Ph.D.

Autism

My Brother Sammy by Becky Edwards, illustrated by David Armitage

My Brother Charlie by Holly Robinson Peete and Ryan Elizabeth Peete,
illustrated by Shane W. Evans

In Jesse's Shoes: Appreciating Kids with Special Needs by Beverly Lewis,
illustrated by Laura Nikiel

Waiting for Benjamin by Alexandra Jessup Altman, illustrated by Susan
Keeter

*Everybody is Different: A Book for Young People Who Have Brothers or
Sisters with Autism* written and illustrated by Fiona Bleach

My Social Stories Book by Carol Gray and Abbie Leigh White, illustrated by
Sean McAndrew

Blindness

Some Kids Are Blind by Lola M. Schaefer, consulting editor Gail Saunders-
Smith, Ph.D.

Downs Syndrome

Be Good to Eddie Lee by Virginia Fleming, illustrated by Floyd Cooper

Taking Down Syndrome to School by Jenna Glatzer, illustrated by Tom
Dineen

Deafness

I Can, Can You? written and photographed by Marjorie W. Pitzer

Dwarfism

The Moses Series written and illustrated by Isaac Millman

Alex is My Friend written and illustrated by Marisabina Russo

Obsessive Compulsive Disorder

Mr. Worry: A Story about OCD by Holly L. Niner, illustrated by Greg
Swearingen

Physical Disability

Best Friend on Wheels by Debra Shirley, illustrated by Judy Stead

Susan Laughs by Jeanne Willis, illustrated by Tony Ross

Rolling Along with Goldilocks and The Three Bears by Cindy Meyers,
illustrated by Carol Morgan

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