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PORTRAYAL OF CHARACTERS WITH DISABILITIES
IN NEWBERY BOOKS

by

Melissa Leininger

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Educational Specialist

Department of Counseling Psychology and Special Education
Brigham Young University
August 2010
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This thesis has been read by each member of the following graduate committee and by majority vote has been found to be satisfactory.

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As chair of the candidate’s graduate committee, I have read the thesis of Melissa Leininger in its final form and have found that (1) its format, citations, and bibliographical style are consistent and acceptable and fulfill university and department style requirements; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the graduate committee and is ready for submission to the university library.

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ABSTRACT

PORTRAYAL OF CHARACTERS WITH DISABILITIES
IN NEWBERY BOOKS

Melissa Leininger
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Newbery books represent quality literature that is likely to be used for bibliotherapy, yet these books have not been systematically evaluated for their portrayal of characters with disabilities. Thirty Newbery Award and Honor books from 1975–2008 were identified that contained 40 characters with disabilities. These books were evaluated using a rating scale that combines literary standards and standards relating to individuals with disabilities. The types of disabilities and personal characteristics such as gender, age, and race were documented and the personal portrayal of characters with disabilities and exemplary practices in these books were evaluated. This information was compared to the current school special education population.

The most commonly found disabilities were orthopedic impairment, emotional disturbance, and mental retardation. The majority of characters were portrayed realistically and positively and the personal portrayal and depiction of exemplary
practices and social interactions with others has improved over time. When comparing school age characters to students receiving special education services today, though, some discrepancies arise. While the most commonly portrayed disabilities for school-age characters in Newbery books were mental retardation, orthopedic impairment, autism, and multiple disabilities, the most common disabilities of students receiving special education services are specific learning disability, speech or language impairment, mental retardation, and other health impairment. Also, White school-age characters with disabilities were overrepresented while Black characters and Hispanic characters were underrepresented and other ethnicities were not represented at all. This study is relevant to parents, teachers, librarians, and school psychologists who are interested in selecting appropriate books to encourage understanding and acceptance of students with disabilities.
ACKNOWLEDGMENTS

I would like to thank my wonderful thesis committee, Tina Taylor Dyches, Mary Anne Prater, and Melissa Allen Heath, for their incredible amount of support and advice. This has been a team effort and I have learned so much from them. A special thank you to Tina, who spent countless hours advising and encouraging me with her positive attitude and enthusiasm. I would also like to thank Lane Fischer for helping me set goals and laugh along the way.

I would like to thank my parents for instilling in me a love of learning and a desire to pursue my education. I am grateful for their unfailing love and faith in me. I would also like to thank my brothers, sisters, and friends who cheered me on from beginning to end.
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Introduction

Bibliotherapy, or treatment through books (Pardeck, 1990) can be used as an educational or therapeutic tool (Berns, 2004; Hames & Pedreira, 2003; Ouzts & Brown, 2000). Implementation of bibliotherapy includes selecting appropriate books and matching them to the specific needs of students (Johnson, Wan, Templeton, Graham, & Sattler, 2000). Through this process students can develop important life skills.

There are two main types of bibliotherapy. While clinical bibliotherapy is used by psychologists, psychiatrists, and other mental health professionals to treat severe emotional and behavioral problems, developmental bibliotherapy is typically implemented in the schools by teachers, school counselors, and school psychologists to help with normal developmental issues (Hebert & Furner, 1997; Hynes & Wedl, 1990; Pardeck, 2005; Sullivan & Strang, 2003).

Bibliotherapy can be traced back to the first libraries in Greece, but is thought not to have been used with children until 1946. Books written for children and adolescents went from didacticism to sentimentality to realism and today many books deal with topics such as abortion, divorce, and suicide. Booklists and guides were created to help adults identify quality literature for children. These lists also indexed moral values children could learn from these books. Current booklists still categorize books according to themes and include straightforward summaries (Mmyfile, 1995).

Bibliotherapy can be used for many purposes. Generally it is used to help individuals understand themselves and their problems (Hames & Pedreira, 2003). It can help children and adolescents realize they are not alone in their situation and help them develop problem-solving skills. Bibliotherapy should take place in a safe environment.
that can reduce individuals’ anxieties and fears (Hames & Pedreira; Prater, Johnstun, Dyches, & Johnstun, 2006).

Over the years bibliotherapy has been used in a variety of situations with children, adolescents, and adults. More recently, bibliotherapy has been demonstrated to be effective with individuals with alcohol problems (Apodaca & Miller, 2003), anxiety (Lyneham & Rapee, 2006; Rapee, Abbott, & Lyneham, 2006), panic attacks (Febbraro, 2005), darkness phobia (Santacruz, Mendez, & Sanchez-Meca, 2006), and obsessive-compulsive disorder (Tolin, 2001). Bibliotherapy has also reduced aggression among children and adolescents (Shechtman, 2000), promoted the development of emotional intelligence in children (Sullivan & Strang, 2003) and promoted the social and emotional development of gifted students (Hebert & Kent, 2000). Bibliotherapy can also be used to help individuals without disabilities understand and accept others with disabilities and to help students with disabilities understand themselves (Iaquinta & Hipsky, 2006; McCarty & Chalmers, 1997; Pardeck, 2005; Prater, Dyches, & Johnstun, 2006).

Books that realistically and positively portray characters with disabilities have the potential to increase awareness, understanding, and acceptance of students with disabilities (Dyches & Prater, 2000). Prior to using books for bibliotherapy, educators should evaluate books for literary merit (Berns, 2004) as well as their portrayal of characters with disabilities (Dyches & Prater).

Award-winning books are often suggested for bibliotherapy. Awards for juvenile literature, such as the Newbery Medal, Caldecott Medal, Schneider Family Book Award, and the Dolly Gray Award, recognize outstanding children’s literature (American Library Association [ALA], n.d.; Council for Exceptional Children [CEC], n.d.; Zeece, 1999).
These awards are important for four reasons. First, award-winning books represent quality literature and illustrations (ALA; Ouzts, Taylor, & Taylor, 2003; Storey, 1990). Second, award-winning books are found on library shelves in most schools (Dyches, Prater, & Jenson, 2006). Third, educators are encouraged to use award-winning books in the classroom (Ouzts et al., 2003; Prater, 2000; Richardson & Miller, 1997). Fourth, award-winning books are books that get published and stay in circulation over time (Hill, White, & Brodie, 2001).

Teachers are encouraged to incorporate good literature into their curriculum (Leal & Chamberlain-Solecki, 1998; Richards, 1994). Analyses of well-known books are helpful to teachers who are trying to find the right book for the right situation. Newbery books should, therefore, be analyzed for their portrayal of different subject matters so educators can determine which books are best suited to the needs of their students.

Arguably the most prestigious award for children’s literature is the Newbery Medal. Researchers have evaluated Newbery award winning books on many dimensions. Specific topics have been recently analyzed: character traits (Leal, Glascock, Mitchell, & Wasserman, 2000), characters’ modeling of decision-making skills (Friedman & Cataldo, 2002), representation of female protagonists (Groce, 2002), archetype of mother (Roberts, 2002), and portrayal of extreme realism (Miguez & Goetting, 2006). But, Newbery books have not been systematically analyzed for their portrayal of individuals with disabilities. This is significant because 13.5 percent of students attending school today are identified with disabilities (National Center for Education Statistics, 2007).

An analysis of the portrayal of individuals with disabilities is important because students with and without disabilities are interacting in schools on a daily basis. Children
and adolescents without disabilities need structured opportunities to learn about individuals with disabilities. What they know about disabilities generally comes from the media which frequently depicts individuals with disabilities inaccurately or incompletely, leaving students with mistaken ideas about these individuals (Dyches et al., 2006; Johnson et al., 2000).

Teachers are responsible to promote not only the academic, but the social and emotional growth of their students as well (Johnson et al., 2000). This includes teachers’ responsibility to educate their students about individuals with disabilities. Bibliotherapy can help students gain a greater understanding, appreciation, and acceptance of children and adolescents with disabilities (Johnson et al.; Kramer, 1999). It can also help individuals with disabilities understand themselves, realize that others have similar experiences, and provide a model of good problem-solving skills (Forgan, 2002; Iaquinta & Hipsky, 2006; McCarty & Chalmers, 1997).

Books that contain characters with disabilities vary greatly on their portrayal of individuals with disabilities. Recent studies reveal that although current literature is more realistic and positive in their portrayal of characters with disabilities, characterizations are sometimes inaccurate, disabilities portrayed are not the types students are likely to come across at school, and some practices portrayed are not current (Dyches & Prater, 2005; Dyches, Prater, & Cramer, 2001; Prater, 2003).

Statement of Problem

Bibliotherapy can be an effective tool to help children and adolescents understand individuals with disabilities and to help individuals with disabilities develop a critical skill, understanding themselves (Iaquinta & Hipsky, 2006; McCarty & Chalmers, 1997;
Prater, Dyches, et al., 2006). This understanding is important because students with and without disabilities interact on a frequent basis, yet many children are not exposed to interactive, structured learning experiences, educating them about disabilities (Dyches et al., 2006.; Johnson et al., 2000; U.S. Department of Education [USDE], 2005).

Newbery books represent quality literature that is likely to be used for bibliotherapy, yet these books have not been systematically evaluated for their portrayal of characters with disabilities (ALA, n.d.; Dyches et al., 2006; Friedman & Cataldo, 2002; Groce, 2002; Leal, Glascock, Mitchell, & Wasserman, 2000; Miguez & Goetting, 2006; Roberts, 2002). Before Newbery books can be used for bibliotherapy, they need to be evaluated for their portrayal of characters with disabilities so teachers can choose books that appropriately, accurately, and positively depict characters with disabilities. This will encourage students' awareness, understanding, and acceptance of their classmates and peers with disabilities (Prater, Dyches, et al., 2006).

Statement of Purpose

The general purpose of this study was to examine the portrayal of characters with disabilities in Newbery Award and Honor books since 1975. More specifically, this study examined what disabilities are portrayed, personal portrayals of individuals with disabilities, and exemplary practices in these books.

Research Questions

In accordance with the statement of purpose, the following research questions were investigated:

1. Which disabilities are portrayed in Newbery Award and Honor books?
2. How are characters with disabilities portrayed in Newbery Award and Honor books?

3. What exemplary practices are portrayed in relation to characters with disabilities in Newbery Award and Honor books?

4. How are social relationships of characters with disabilities portrayed in Newbery Award and Honor books?
Review of Literature

Bibliotherapy is often used to help children and adolescents deal with various issues (Myracle, 1995; Ouzts & Brown, 2000). Award-winning books are often chosen for bibliotherapy (Leal & Chamberlain-Solecki, 1998) and can help readers understand individuals with disabilities better (Prater, 2000). This review of literature will focus on three topics: bibliotherapy, award-winning literature, and children and adolescents with disabilities.

Bibliotherapy

Bibliotherapy has been defined in many ways, but the simplest definition that has been given is “to treat through books” (Pardeck, 1990, p. 83). Most definitions of bibliotherapy include similar themes. Other definitions of bibliotherapy mention its therapeutic use in helping individuals heal and grow toward emotional health (Cohen et al., 1992; Hames & Pedreira, 2003; Katz & Watt, 1992). Bibliotherapy has also been defined as a teaching tool that has potential to change individuals’ attitudes and behavior (Berns, 2004; Ouzts & Brown, 2000; Pardeck, 1994).

For the purposes of this paper, the definition given by Johnson, Wan, Templeton, Graham, and Sattler (2000) will be used:

Bibliotherapy is the process by which teachers, as informed decision-makers, select appropriate reading materials and match them to the needs of individual students to assist in the development of self-awareness, problem-solving skills, perspective-taking, and understanding of problems. (p. 6)
The focus of bibliotherapy is not on text comprehension, but on the reader's response to the literature, particularly as an interactive process between an individual and literature (Berns, 2004; Schlichter & Burke, 1994). Three processes that take place during bibliotherapy are identification (recognizing the thoughts and behaviors of others in a similar situation), catharsis (experiencing the feelings the character has and releasing these emotions in a safe environment), and insight (identifying possible solutions and applying what individuals have learned in their own lives) (Berns; Iaquinta & Hipsky, 2006; Sullivan & Strang, 2003).

Different genres of literature may be employed in bibliotherapy. Pardeck (2005) listed five: fiction, nonfiction, self-help, fairy tales, and picture books. With fiction books, individuals can identify with the main character and develop insight and understanding. Nonfiction books are good for individuals seeking information on a particular topic. Self-help books are relatively new for children, while fairy tales portray universal problems and fears at a distance, allowing for safe connections between the reader and the story. Picture books work well with young children who enjoy the colorful illustrations and reduced text. Berns (2004) also listed traditional tales, folk tales, Biblical parables, and song lyrics as good sources for bibliotherapy.

Types. Professionals use two main types of bibliotherapy: developmental and clinical (Hynes & Wedl, 1990). Both of these types can involve reading by one’s self, with others in a small group or entire class, or with another adult or professional (Cohen, 1994; Forgan, 2002).

Developmental bibliotherapy has been described as “the process of helping healthy people in their normal growth and development” (Schlichter & Burke, 1994, p.
280). It gives information to people about what to expect and provides examples of how others have dealt with similar problems (Schlichter & Burke). Developmental bibliotherapy usually involves guided, interactive reading with students in an elementary or secondary classroom setting (Hebert & Furner, 1997) and is implemented by teachers, school counselors and psychologists, and librarians (Oliver, Young, & LaSalle, 1994; Sullivan & Strang, 2003; Tussing & Valentine, 2001). Developmental bibliotherapy fits in well with the academic curriculum as teachers address important topics through effective teaching practices (Ouzts & Brown, 2000). School counselors and psychologists have been urged to become familiar with literature that can be helpful for youth, and even parents have been trained to implement bibliotherapy in home settings (Hipple, Comer, & Boren, 1997; Lyneham & Rapee, 2006; Rapee et al., 2006).

Clinical bibliotherapy involves a skilled practitioner and guided reading with individuals experiencing serious emotional or behavioral problems (Hebert & Furner, 1997; Hynes & Wedl, 1990; Schlichter & Burke, 1994). Severe clinical issues require help from counseling and clinical psychologists, psychiatrists, social workers, or other mental health professionals (Heath, Sheen, Leavy, Young, & Money, 2005; Johnson et al., 2000; Pardeck, 2005). Clinical bibliotherapy can be used in individual or group counseling and can be self-administered or with the guidance of a professional (Oliver et al., 1994; Shechtman, 1999). Bibliotherapy is typically used as an adjunct to therapy or treatment (Febbraro, 2005; Katz & Watt, 1992).

**History:** Authors state that bibliotherapy can be traced back to the first libraries in Greece where a sign above one library stated that it was a healing place for the soul (e.g., Aiex, 1993; Sullivan & Strang, 2003). The use of bibliotherapy as an intervention
technique was first documented in 1840 (Sullivan & Strang). Samuel Crothers coined the term “bibliotherapy” in his 1916 article in the *Atlantic Monthly* when he talked about prescribing books to patients who needed help understanding their problems (Myracle, 1995; Pardeck, 2005). At the turn of the 20th Century, the American Library Association approved creating libraries for patients in hospitals, therefore hospitals is where bibliotherapy was primarily used (Myracle; Pardeck). Over the years, bibliotherapy was used in a variety of settings in the United States and was reportedly implemented for the first time with children in 1946 (Myracle).

In her history of bibliotherapy, Myracle (1995) detailed the evolution of literature for children and adolescents. The style of books written for youth (and therefore bibliotherapy as well) went from didacticism (instructing children to stay away from worldly temptations) to sentimentality (portraying happy endings for characters who are honest and work hard) to realism (addressing topics such as abortion, alcoholism, divorce, suicide, and challenging situations not easily resolved). Other issues that contemporary literature tackles are abuse, adoption, and latchkey children (Ouzts & Brown, 2000).

Parents, educators, and other professionals began to worry about the new realism in literature and the impact it might have on children and adolescents. Guidelines and book lists were published to help adults identify quality literature. These book lists and guides also indexed specific moral values that children could learn from these books (Myracle, 1995). Myracle (1995) suggested that the seeds of bibliotherapy could be seen in the indexing of these moral values. She stated that the authors of these lists were in essence saying, “Here is how you can mold your child. These are the books that will
change children’s behavior and enable them to be obedient, productive members of society” (p. 38). The first of these guides was published in 1928 by Edwin Starbuck. Present-day book lists and guides still categorize books according to general themes and include summaries, but these summaries are less didactic and sentimental and more straightforward and mature (Myracle).

**Purposes.** The purposes of bibliotherapy are numerous. The most frequently mentioned purpose is to help individuals understand themselves and their problems (Hames & Pedreira, 2003; Hebert & Furner, 1997; Tussing & Valentine, 2001). Hames and Pedreira listed several other purposes for bibliotherapy: it allows children to maintain an emotionally safe distance while reading about others in similar situations; it helps children recognize they are not alone and that others have the same thoughts, feelings, and experiences; it decreases children’s fears and misconceptions by presenting facts; it exposes children to difficult concepts in a non-threatening and gentle manner; it can help explain past events and prepare children for future events; it helps children develop problem-solving skills; and it helps children see hope in their situation.

Other authors have cited additional purposes of bibliotherapy. Bibliotherapy helps individuals cope with problems as well as provide possible solutions to them (Ouzts & Brown, 2000; Prater, Johnstun, et al., 2006). Students who have trouble verbalizing their thoughts and feelings can share them through a third person (e.g., a character from the reading material) without talking about themselves directly. Bibliotherapy also provides a common frame of reference for everyone involved in the process (Berns, 2004). Through bibliotherapy students can express their problems openly, receive information about how to solve problems and try out these solutions, participate in discussions about others
going through similar experiences, and experience reduced anxiety and increased relaxation (Prater, Johnstun, et al.). Bibliotherapy can also be used to help children and adolescents understand what others may be going through and develop empathy for them (Davis & Wilson, 1992; Ouzts & Brown, 2000). Academic success as well as social success is promoted through bibliotherapy because students are reading quality literature and learning appropriate social skills (Prater, Johnstun, et al.).

Bibliotherapy should not be implemented without caution. It is meant to be one of many tools used to help individuals deal with problems (Davis & Wilson, 1992; Pardeck, 1994). Also, it works best for individuals who enjoy reading. If a student for whom bibliotherapy is being implemented does not enjoy reading, an adult may read a book out loud or have the student listen to a book on tape (Pardeck). Teachers, school counselors, school psychologists, and school librarians are advised to work together when implementing bibliotherapy to find good literature that can be implemented effectively in the bibliotherapy process (Prater, Johnstun, et al., 2006).

**Diverse uses.** Literature has been a source of help not only to youth dealing with the typical problems of everyday living but also to special populations struggling with unique situations and circumstances (Myracle, 1995). Bibliotherapy has been used with incest victims, rape victims, juvenile delinquents, drug addicts, and children with low self-esteem (Myracle). Prater, Johnstun et al. (2006) recommended bibliotherapy for at-risk students dealing with issues such as homelessness, adoption, drug use, mental illness, death, suicide, HIV/AIDS, school failure and drop out, child neglect, eating disorders, illiteracy, teen pregnancy, gangs, and adoption. Table 1 lists other concerns that have been addressed by bibliotherapy.
In addition to these numerous applications of bibliotherapy, it can similarly be used within schools to help children without disabilities to understand individuals with disabilities. Recent literature has suggested the use of bibliotherapy in teaching students about disabilities: visual impairments, hearing impairments, neurological impairments, emotional disabilities, mental retardation, epilepsy, speech impairments, learning disabilities, orthopedic disabilities, physical disabilities, and cosmetic disabilities (McTague, 1998; Prater, 2000). Teachers in general education classroom settings can be instrumental in helping children understand and accept individual differences as well as specific disabilities (Iaquinta & Hipsky, 2006; Prater, Dyches, et al., 2006).

Bibliotherapy can also be used in the schools to help students with disabilities understand themselves and to teach them needed life skills (McCarty & Chalmers, 1997; Myles, Ormsbee, Downing, Walker, & Hudson, 1992). Bibliotherapy has been used to help children and adolescents with learning disabilities and behavior problems gain insight and understanding about themselves (McTague, 1998; Sridhar & Vaughn, 2002). Social story interventions have been implemented to help children with autism spectrum disorders learn appropriate social skills (Kuoch & Mirenda, 2003). Literature has also been used to teach social skills to adolescents with learning disorders (Anderson, 2000). Forgan (2002) recommended bibliotherapy as a way to teach problem solving skills to students with high incidence disabilities.
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Efficacy: Bibliotherapy has been shown to be effective for a variety of conditions and across all age groups. Professionals caution, however, that bibliotherapy not be used as the sole intervention but as an adjunct to therapy (Heath et al., 2005). The following research studies examined the efficacy of bibliotherapy as an intervention for various conditions.

In a follow-up study of cognitive bibliotherapy for depression, researchers examined whether treatment gains were maintained over a three-year period for the adults who participated in the study. The 72 mild-to-moderately depressed adults had clinically and statistically significant improvement in depression scores after treatment with bibliotherapy and these outcomes were maintained at the three-year follow-up (Smith et al., 1997).

In a study conducted to determine the effectiveness of bibliotherapy in the treatment of panic attacks, 30 adults were randomly assigned to receive treatment through bibliotherapy alone, bibliotherapy plus phone contact, or phone contact alone. Individuals who received bibliotherapy alone and bibliotherapy with phone contact experienced significant reductions of panic cognitions and fear of having a panic attack. Those in the bibliotherapy plus phone contact also exhibited significant decreases in panic symptoms and avoidance compared to those in the phone contact alone condition (Febbraro, 2005).

Stress inoculation bibliotherapy for 121 test-anxious college students was studied by Register, Beckham, May, and Gustafson (1991). Compared to the control condition, the phone-contact and no-contact stress-inoculation bibliotherapy conditions reduced anxiety but did not increase academic performance. These gains were maintained at a one-month follow-up.
A study conducted by Shechtman (1999) examined bibliotherapy as an effective intervention with five aggressive eight-year-old boys. Two therapists led ten 45-minute sessions that included short stories, poems, films, and pictures with motifs associated with aggression. All displayed reduced aggression and increased constructive behavior (self-disclosure, responsiveness, empathy, and insight) after the intervention. Shechtman (2000) later investigated the effectiveness of bibliotherapy in reducing aggressive behavior in 70 children and adolescents in special education in grades 5–9. An intervention involving bibliotherapy and clarifying processes proved effective in promoting adjustment behavior (a decrease in withdrawal, anxious and depressed behavior, social problems, and attention problems and an increase in insight and self-control) and reducing aggression.

Rapee, Abbott, and Lyneham (2006) studied the effectiveness of parent-led bibliotherapy for children ages 6 to 12 with anxiety disorders. Children were randomly assigned to one of three groups: (a) standard group treatment, which consisted of cognitive-behavioral group counseling sessions; (b) bibliotherapy, where parents received a commercially available self-help book on anxiety and administered treatment to their children, who also received a workbook; and (c) waitlist, where parents and children were placed on a three month waitlist. While bibliotherapy was not as effective as standard group treatment, it was more beneficial relative to children on the waitlist and 15% more children in the bibliotherapy group were free of an anxiety disorder diagnosis after 12 and 24 weeks.

Social story intervention was implemented with three children ages three, five, and six identified with autism spectrum disorders. Social stories are designed to provide
information about social situations and peoples’ expectations in them to promote understanding and appropriate behavior. The intervention reduced the frequency of target problem behaviors and these behaviors remained at a low level even after the intervention was discontinued (Kuoch & Mirenda, 2003).

Play therapy that included bibliotherapy was the subject of another research study. Seventy-eight children ages four through eight with darkness phobia were randomly assigned to one of three conditions: bibliotherapy and games, emotive performances, and no treatment. Parents were trained to administer home treatments. The bibliotherapy and games condition included a 12-chapter treatment book and 9 games to help children overcome nighttime fear. After five weeks both play therapies (bibliotherapy/games and emotive performances) exhibited significant improvement in reducing darkness phobia. This treatment gain increased in a 12-month follow-up (Santacruz, Mendez, & Sanchez-Meca, 2006).

A five-year-old boy with obsessive-compulsive disorder was treated with cognitive behavior therapy-based bibliotherapy. This included the use of a picture book that his parents read to him frequently. The boy’s compulsive behavior went from 70 rituals at home and 50 rituals at school per week to zero after six weeks of treatment (Tolin, 2001). These numerous examples illustrate the broad audience and range of conditions with which bibliotherapy can be effectively implemented.

Evaluation of books. Evaluation of books used in bibliotherapy must consider many factors prior to educators selecting the appropriate book for their students. Teachers should consider certain factors: purpose (Prater, Dyches, et al., 2006), literary merit (Berns, 2004; Prater, Johnstun, et al., 2006), appropriateness for students’ ages and
developmental levels (Maich & Kean, 2004; Prater, Johnstun, et al.), appropriateness for students’ reading abilities (Leal & Chamberlain-Solecki, 1998; Pardeck, 2005; Prater, Johnstun, et al.), relevancy to students’ situations, needs, and interests (Leal & Chamberlain-Solecki; Maich & Kean; Pardeck; Prater, Johnstun, et al.), presence of realistic and believable characters, situations, and plots (Heath et al., 2005; Pardeck; Prater, Johnstun, et al.), and appropriateness of content (Berns).

Furthermore, evaluations of books depicting characters with disabilities must consider additional factors: emphasis on similarities between characters (Myles et al., 1992), depiction of characters with disabilities in a variety of settings and situations (Myles et al.), instructional strategies and school placement (Prater, Dyches, et al., 2006), emphasis on empathy, acceptance and respect (Iaquinta & Hipsky, 2006; Myles et al.), accurate and unbiased terminology (Berns, 2004; Iaquinta & Hipsky; Prater, Dyches, et al.), cultural diversity of characters with disabilities (Maich & Kean, 2004), coping skills of characters with disabilities (Maich & Kean), and availability of the book in alternate formats (e.g., book on tape, Braille, or in large print) (Pardeck, 2005). Hildreth and Candler (1992) also recommended the consideration of academic and social behaviors and physical characteristics of the character with a disability; causation, assessment, service delivery and remediation of the disability; and family reaction to the disability.

In 2000, Dyches and Prater combined these literary standards and standards relating to characters with disabilities. They recommended that books for individuals with developmental disabilities be evaluated in terms of the literary standards of theme, characterization, setting, plot, point of view, and style. Dyches and Prater also recommended that these books be evaluated in terms of their characterization of
individuals with disabilities. Their six ideals in this area are based upon common values related to individuals with disabilities: envisioning great expectations, enhancing positive contributions, building on strengths, becoming self-determined, expanding relationships, and ensuring full citizenship (Turnbull, Turnbull, & Wehmeyer, 2007). Books that realistically and positively portray characters with disabilities have the potential to increase awareness, understanding, and acceptance of students with disabilities (Dyches & Prater). Comprehensive evaluations of books with characters with disabilities will help teachers choose the right books for their students to achieve these outcomes. Often teachers choose award-winning books, which is the subject of the next section in this literature review.

Award-Winning Literature

Types of awards. Numerous awards have been created to recognize outstanding children’s literature. Some of the most prestigious awards include the Newbery Medal, the Caldecott Medal, the Schneider Family Book Award, and the Dolly Gray Award.

Created in 1922, the Newbery Medal was the first children’s book award in the world. Frederic G. Melcher proposed that a medal be given to exceptional children’s literature at a meeting of the Children’s Librarians’ Section of the American Library Association (ALA, n.d.; Zeece, 1999). The medal was named after John Newbery, an 18th-century English bookseller. The ALA instituted the Newbery medal to recognize the most distinguished American children’s book published the previous year. Fiction, non-fiction, and poetry were all included as possible forms of writing to be considered. Additionally criteria for the awarding of the Newbery Medal are based on the text of the book (ALA; Zeece): interpretation of the theme or concept; presentation of information
including accuracy, clarity, and organization; development of a plot; delineation of characters; delineation of setting; and appropriateness of style (ALA). Books also deemed worthy of attention, formerly called “runners-up,” are now called Newbery Honor Books.

The Caldecott Medal was created in 1937 when members of the Association for Library Services to Children convinced the Newbery committee of a need for an award recognizing excellence in children’s picture books (Zeece, 1999). The Caldecott Medal is given to the illustrator who has created the most distinguished picture book published in the United States the previous year. This award is named in honor of Randolph J. Caldecott, a 19th-century English illustrator. Selection criteria for this award include excellence of execution in the artistic technique employed; excellence of pictorial interpretation of story, theme, or concept; appropriateness of style of illustration to the story, theme or concept; and delineation of plot, theme, characters, setting mood or information through the pictures (ALA, n.d.).

The Schneider Family Book Award is given by the American Library Association each year to an author or illustrator that embodies an artistic expression of the disability experience for children and adolescents. This award was initiated in 2003 and the first winning books were chosen in 2004. Award winners are chosen in three categories: birth through grade school (age 0–8), middle school (age 9–13) and teens (age 14–18). The books selected must be fiction or non-fiction novels, biographies, or picture books published within the past two years. The disability can be physical, mental, or emotional. Criteria for book selection include requirements that the book must portray the disability as part of a full life, that representation of characters should be realistic, and that the person with the disability should be integral to the presentation (ALA, n.d.).
The Dolly Gray Award for Children’s Literature in Developmental Disabilities was created in 2000 and recognizes authors and illustrators of high quality fictional children’s books that include accurate portrayals of individuals with developmental disabilities (CEC, n.d.). This award is given by the Council for Exceptional Children’s Developmental Disabilities Division and Special Needs Project, a worldwide distributor of books about disabilities (Dyches & Prater, 2005). The Dolly Gray Award is given every even year to an author and an illustrator of a children’s picture book and/or a juvenile/young adult chapter book.

*Award-winning books in the classroom.* Award committees help school professionals by selecting the best books to receive awards. This is a significant task, considering there are approximately 6,000 books published for children and young adults in the United States each year (Hill et al., 2001). Awards for outstanding children’s literature are important for four reasons. First, award-winning books represent quality literature (ALA, n.d.; Ouzts et al., 2003; Storey, 1990). School professionals can trust that the superior text content and/or illustrations will appeal to and be beneficial for children and adolescents. Second, award-winning books are found on library shelves in most schools (Dyches et al., 2006). They are easily accessible and often prominently displayed and children are drawn towards these books (Hill et al.). Third, educators are encouraged to use award-winning books in the classroom (Ouzts et al.; Prater, 2000; Richardson & Miller, 1997). Teachers, as well as students, are usually more familiar with these types of books and are more likely to read them (Dyches et al.; Leal & Chamberlain-Solecki, 1998; Storey). Fourth, award-winning books are often published by prominent publishers.
and stay in circulation over time. Librarians and teachers count on these books becoming classics and are likely to purchase them (Hill et al.).

Many articles have been written about the importance of children’s award-winning literature. Within this review of literature, special emphasis will be given to the Newbery Medal because of its relevance to this thesis.

Leal and Chamberlain-Solecki (1998) stated that recently there has been an increase of interest in children’s award-winning literature because of the focus on literature-based learning. They cited Newbery books as easily engaging students’ interests and as being used by increasingly more classroom teachers. They also recommended that Newbery books can be incorporated into the classroom by teachers creating resource lists that contain readability levels, having read-alouds for books that are beyond students’ reading levels, and using the books in thematic studies and for discussion groups.

Zeece (1999) asserted that professionals must be able to distinguish a children’s book as an outstanding example of children’s literature. She recommended that one of the best ways to do this was through reviewing children’s literature awards.

In her article for teachers on using books to teach about disabilities, Prater (2000) identified 46 frequently recommended books with characterizations of disabilities. Of these 46 books, 17 received either the Newbery Award or the Newbery Honor award. Prater recommended that teachers incorporate these books as part of their classroom curriculum because they introduce students to different disabilities and are well-written.

Ouzts, Taylor, and Taylor (2003) recommended Caldecott and Newbery Medal books as an excellent source of material for teachers searching to break attitudinal
barriers to learning because these books have been judged as some of the best books in children’s literature.

Prater and Dyches (2008a) created a list of the top 25 books that portray characters with disabilities for children and young adults. Of these books, five received the Newbery Medal or Honor award and one received the Caldecott Honor award. Five books also earned the Dolly Gray or Schneider Family awards.

A survey of 55 library media specialists from five states listed a variety of reasons why these professionals would buy a Newbery book. The media specialists said they would buy one because it is a “national award with a national reputation,” “it is selected on the basis of literary quality,” “it makes a lasting contribution,” “it will get read because of the award,” “teachers put the Newberys on reading lists as MUST reads,” and “there is a timelessness about the story” (Storey, 1990, p. 8). Clearly award-winning literature has an important place in the classroom as a standard of quality literature that is well-known, accessible, and frequently recommended.

*Analysis of Newbery books.* Teachers are encouraged to bring literature into their curriculum, but many teacher preparation programs do not provide good training in this area (Leal & Chamberlain-Solecki, 1998; Richards, 1994). Finding quality literature for specific purposes takes time and thoughtful planning. Maich and Kean (2004) asserted that one of the greatest challenges to beginning bibliotherapy is finding an appropriate piece of literature. Richards also commented that teachers have been asked to become children’s literature experts, “knowing the perfect book for every situation, every reader, every curriculum area” (p. 90). Her first suggestion for teachers is to begin with Caldecott and Newbery Award and Honor books. Newbery books need to be analyzed for their
portrayal of different subject matters so educators can know which books are best suited to the needs of their students.

Newbery Award and Honor books have been evaluated on many dimensions. These award-winning books have been analyzed for the ethnicity of characters and how different ethnic groups are depicted (Gary, 1984; Gillespie, Powell, Clements, & Swearingen, 1994), characters’ modeling of decision-making skills (Friedman & Cataldo, 2002), portrayal of extreme realism (Miguez & Goetting, 2006), representation of female protagonists (Groce, 2002), sexism (Kinman & Henderson, 1985), level of moral reasoning of protagonists (Rihn, 1980), reflection of societal trends (Newton, 1986), character traits (Leal et al., 2000), archetype of mother (Roberts, 2002), history of gender roles (Powell, Gillespie, & Swearingen, 1998), race of authors and protagonists (Miller, 1998), portrayal of economic deprivation (Taylor & Napier, 1992), and character traits (Leal et al., 2000). Despite these numerous studies, Newbery books have not been systematically evaluated for their portrayal of characters with disabilities. This is problematic because even though these books are well written and teachers are encouraged to use them in the classroom, nothing is known about their portrayal of characters with disabilities. The next section highlights the importance of students understanding other students with disabilities.

*Students with Disabilities*

*Federal laws and regulations.* The Education for All Handicapped Children Act was legislated in 1975 and went into effect in 1977 (National Information Center for Children and Youth with Disabilities [NICHCY], 1996). This act guaranteed qualified students with disabilities a free appropriate education, ensured the protection of their
rights, and provided federal financial assistance to state and local governments to provide full educational opportunities for students with disabilities (NICHCY, 1996; Yell, 2006).

The law applied to children and students ages three to eighteen, with the goal of incorporating students ages three to twenty-one by 1980 (Yell). The Education for All Handicapped Children Act was amended in 1983 to include incentives for preschool special education programs, early intervention, and transition programs. In 1986 Congress amended the law to require participating states to develop and implement early intervention services for infants and toddlers with disabilities ages zero to three and their families (NICHCY; Yell).

In 1990, the law’s name was changed to the Individuals with Disabilities Education Act (IDEA) and traumatic brain injury and autism were added as new disability categories (NICHCY, 1996; Yell, 2006). Although ADD/ADHD were not added as new categories, in 1991 the Office of Special Education Programs issued a memorandum clarifying that some children with ADD/ADHD may be eligible for services under Section B (USDE, 1999; Yell, 2006). The 1990 law also used people first language (Yell). In people first language, the person is put before the disability (e.g., an adolescent with a disability instead of a disabled adolescent). Words are avoided that suggest a person with a disability is sick or dependent (e.g., suffers from, is a victim of, or is afflicted with). Using adjectives as nouns is also avoided (e.g., students who have mental retardation rather than the retarded) (Guth & Murphy, 1998).

IDEA was reauthorized in 1997 and new Individualized Education Program (IEP) content and disciplinary provisions were added. Also Serious Emotional Disturbance was changed to Emotional Disturbance and ADD and ADHD were included as conditions
which might qualify a student to receive special education services under the Other Health Impairment category (USDE, 1999; Yell, 2006). The most recent reauthorization of IDEA was in 2004 (Individuals with Disabilities Education Improvement Act), which included changes in the IEP, discipline, and identification of students with learning disabilities (Yell). IDEA states that students with disabilities should be educated in the least restrictive environment, which means that to the extent appropriate they should be educated with students without disabilities in the general education classroom (Yell). Therefore, since 1975 students with and without disabilities have gradually been coming into more contact with each other since students with disabilities were guaranteed a free appropriate education.

**Best practices in special education.** Special education offers students services that are effective, special, and unique (Cook & Schirmer, 2003). Hallahan & Kauffman (cited in Cook & Schirmer, p. 201) summarized the seven basic beliefs and principles of special education:

1. individualized instruction,
2. carefully sequenced series of tasks,
3. emphasis on stimulation and awakening of the child’s senses,
4. meticulous arrangement of the child’s environment,
5. immediate reward for correct performance,
6. tutoring in functional skills, and
7. belief that every child should be educated to the greatest extent possible.

In recent years there has been an increased focus on using evidence-based practices in special education to improve student learning and behavior (Cook,
Interventions in special education, once focused mainly on within-person characteristics, now focus on both environmental and individual factors (Siegel, 2004). Students receiving special education services have also benefited from advances in technology. Assistive technology, such as voice-activated computers and automated wheelchairs, greatly improve the lives of students with special needs and are now more affordable, making their use more practical (Siegel). Cook et al. (2008) charged special education teachers with the task of applying their professional wisdom in selecting and assessing appropriate evidence-based practices that match their students’ needs, their own teaching strengths, and the teaching environment. The following sections provide recent statistics about individuals with disabilities.

*Categories of disabilities in the United States.* According to the 2006 American Community Survey, 6.8 percent of the U. S. population ages 5 years and older have one disability, while 8.3 percent of the population have two or more disabilities (U.S. Census Bureau, 2006a). The United States Census Bureau (2006b) defined disability as a long-lasting sensory, physical, mental, or emotional condition or conditions that make it difficult for a person to do functional or participatory activities such as seeing, hearing, walking, climbing stairs, learning, remembering, concentrating, dressing, bathing, going outside the home, or working at a job (pp. 33-34).

Figures 1, 2, and 3 depict the percentages of Americans with disabilities ages five and older (U.S. Census Bureau, 2006a).
Figure 1. U.S. citizens with disabilities ages 5–15.

Figure 2. U.S. citizens with disabilities ages 16–64.

Figure 3. U.S. citizens with disabilities ages 65+.
Students with disabilities constitute a significant portion of the school population. In a report to Congress in 2009, the U.S. Department of Education, Office of Special Education and Rehabilitative Services, and Office of Special Education Programs presented some interesting statistics regarding students with disabilities (USDE, 2009). The following data comes from their report and is based on students with disabilities ages 6–21 who received special education and related services and who attended school in the United States during 2004, unless otherwise specified.

While the U.S. Department of Education (2009) report listed 9.2 percent of students ages 6–21 receiving special education and related services, the most commonly reported percentages are generally higher. Based on total public school enrollment, the National Center for Educational Statistics (2007) reported 13.5 percent of students prekindergarten through twelfth grade receiving special education and related services in the 2006–2007 school year. Since 1995, the total number of students receiving special education and related services under the Individuals with Disabilities Education Act (IDEA) increased from almost 5.1 million to more than 6.1 million. The percentage of the general population receiving special education and related services has increased for all age groups, but the increase is largest for the 12–17 age group (USDE, 2009). The ethnic breakdown of students receiving services under IDEA in 2001 was 61.7 percent White, 20.5 percent Black, 14.6 percent Hispanic, 1.9 percent Asian/Pacific Islander, and 1.3 percent American Indian/Alaska Native (USDE, 2005). The majority of students ages 3–21 receiving special education services under IDEA are male. The U.S. Department of Education, Office of Special Education and Rehabilitative Services, and Office of Special Education Programs (2007b) reported that 67.2 percent of students ages 3–21 receiving
special education services were male as of fall 2006.

Almost half of all students identified with an educational disability receive special education services under the category of specific learning disabilities. Students with speech or language impairments, mental retardation, other health impairments, and emotional disturbance also make up a large percentage of students receiving special education services. Between 1995 and 2004 the percentage of the population ages 6 through 21 receiving special education and related services for two disability categories increased: other health impairments (.2% to .8%) and autism (<.05% to .3%) (USDE, 2009). Figure 1 shows the breakdown of students with disabilities served under IDEA in 2004 (USDE, 2009).

Students with disabilities can be educated in a variety of environments. In 2004, 96% of students with disabilities were educated in general school buildings. More than half of all students with disabilities were educated for most of the school day in the general education classroom as well.

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaf-Blindness: 0.03%</td>
</tr>
<tr>
<td>Developmental Delay: 1.2%</td>
</tr>
<tr>
<td>Hearing Impairment: 1.2%</td>
</tr>
<tr>
<td>Orthopedic Impairment: 1.1%</td>
</tr>
<tr>
<td>Traumatic Brain Injury: 0.4%</td>
</tr>
<tr>
<td>Visual Impairment: 0.4%</td>
</tr>
</tbody>
</table>

*Figure 4. Students ages 6–21 served under IDEA in 2004.*
Students with speech or language impairments were most likely to be educated with their nondisabled peers. Also, 50% to 60% of students with visual impairments, developmental delay, other health impairments, and specific learning disabilities spent 80% or more of their day in a general education classroom. On the other hand, students with mental retardation, multiple disabilities, and autism were the least likely to be educated in general classes for most of the school day. Students with deaf-blindness or multiple disabilities were more likely than other students with disabilities to be educated in separate environments. Also, Black students with disabilities were the least likely to be educated in the general classroom for most of the school day, while White students with disabilities were the most likely to be educated in the general classroom for most of the school day (USDE, 2009).

According to parent reports from the report to Congress in 2005 (USDE, 2005), students with disabilities interacted with students without disabilities on a frequent basis. More than 90 percent of students with disabilities ages 6–12 visited with friends outside of school occasionally or frequently. But students with autism, multiple disabilities, mental retardation, or hearing impairments were less likely to receive telephone calls from friends. Students with learning disabilities received calls from friends most frequently. Almost three-fourths of elementary and middle school children with disabilities participated in extracurricular activities during the 1999–2000 school year and slightly over 50 percent participated in community-sponsored activities. For students with disabilities ages 13–17, the most common activities reported in 2001 were watching TV and videos, playing electronic games or using the computer, listening to music, and visiting with friends. Girls were significantly more likely than boys to spend time with
family members and on the phone with friends. Boys were more likely than girls to spend time engaged in physical or outdoor activities.

These statistics show that students with disabilities make up a significant percentage of students in schools, that they are often educated in general education classrooms, and that they interact with students who are not disabled on a regular basis inside and outside of school.

Integration and acceptance of students with disabilities. More students with disabilities are being educated in general education classrooms than ever before. Given this trend, schools have an obligation to help those without disabilities better understand their needs and capabilities (Dyches et al., 2006). Children come to school today with countless experiences that have shaped their perceptions, attitudes, and actions, but few have experiences directly intended to increase understanding of diverse groups (Prater, Dyches, et al., 2006).

Many students’ experiences are due to the influences of the media (Johnson et al., 2000) which have created misconceptions about disabilities (Dyches et al.). Johnson et al. stated, “The needs of children in classrooms today are such that teachers are challenged at a level requiring them to utilize all resources and strategies available to meet needs beyond pure academic acquisition of knowledge” (p. 2). Maich and Kean (2004) described teachers taking on the role of a mental health professional or educational therapist. Teachers must address students’ social and emotional needs as well as their academic needs (Johnson et al.; Maich & Kean). One of these needs include an awareness and appreciation of students with disabilities.
Kramer (1999) discussed the challenge children with disabilities have in trying to “fit” into the general education classroom. Creating an environment of acceptance is key to the success of inclusion. Hildreth and Candler (1992) stated that successful integration of individuals with disabilities depends, in part, on how they are received by others.

Many authors have suggested bibliotherapy as one way to promote respect and acceptance of children with disabilities (Johnson et al., 2000; Kramer, 1999; Prater, Dyches, et al., 2006). Bibliotherapy allows readers to experience what it is like to have a disability by providing a personal view of the lives of individuals with disabilities (Hildreth & Candler, 1992; Kramer). This awareness leads to understanding and finally acceptance of students with disabilities. It takes place as other students examine their own feelings and reactions and see similarities between themselves and those students with disabilities (Prater, Dyches, et al.). Bibliotherapy can also promote acceptance and integration of students with disabilities by dispensing accurate and useful information. This information can inform individuals with disabilities, their parents, general education teachers, and the general public in a sensitive and caring way (Hildreth & Candler; McTague, 1998; Myles et al., 1992).

*Portrayal of school-age individuals with disabilities in books.* Before school professionals can implement bibliotherapy, they must choose appropriate books. Yet books frequently do not portray characters with disabilities accurately or positively. Many classic stories have portrayed characters with disabilities as having negative or evil tendencies (e.g., Mr. Hyde) or, at the other extreme, as symbolically representing all that is good in the world (e.g., Tiny Tim). These stories, although well-known, are unacceptable by today’s standards (Dyches & Prater, 2005). Studies on the portrayal of
characters with disabilities in juvenile literature reveal that books vary greatly on this dimension.

Dyches, Prater, and Cramer (2001) evaluated the characterization of mental retardation and autism in children’s books. Using Dyches and Prater’s guidelines (2000), they evaluated eligible children’s books published in 1997 and 1998. They found that the characters were portrayed more realistically, were depicted as making more choices for themselves, and were educated in more inclusive settings as compared to characters in books previously studied.

Prater (2003) also analyzed the portrayal of children and adolescents with learning disabilities in literature. On the positive side, Prater found that most of the characters with a learning disability changed and grew throughout the story and were often portrayed with other strengths. On the negative side, characters with learning disabilities often had low self-esteem and many were placed in segregated classrooms and schools. Many practices portrayed were not current.

Dyches and Prater (2005) cited studies on the portrayal of characters with mental retardation and autism in literature that found that the characterizations were inconsistent in terms of their acceptability. For example, one study found that few books with characters with mental retardation were told from the point of view of the character with mental retardation. But another study found that books with characters with autism and mental retardation were portrayed as making more choices and educated in more inclusive settings than the previous study. Dyches and Prater found that current fictional children’s books portray characters with developmental disabilities in a more positive
light than in the past. But they also recommended that authors add greater depth and multidimensionality to characters with developmental disabilities.

In their analysis of Caldecott Medal and Honor books that contain a character with a disability, Dyches, Prater, and Jenson (2006) found that the books fell short in four areas:

1. The number of books featuring individuals with disabilities is far below the proportion in which students with disabilities are represented in American schools.

2. The types of disabilities portrayed are not those which young children are most likely to encounter.

3. The characters with disabilities are unlike people with disabilities with whom young children are likely to associate.

4. Some of the portrayals of the characters with disabilities are inaccurate. (p. 13)

Teachers have the responsibility to choose books that will encourage understanding and acceptance of students with disabilities. While current literature seems to be depicting characters with disabilities in a more accurate and positive light, there are still numerous books that do not. There is variability in the accuracy even of award-winning books (Dyches et al., 2006). Dyches and Prater (2005) stated that “[i]n contemporary literature we expect characters with disabilities to be integrated in society, to experience reciprocal relationships with characters without disabilities, to make positive contributions, and to have opportunities to make and act on choices” (p. 202). Teachers need to choose books that portray characters with disabilities in this manner so
students with disabilities will understand and respect themselves as well as be understood and respected by others.
Method

Sample

The Education for All Handicapped Children Act was passed in 1975, entitling students with disabilities to a free and appropriate public education. Therefore, all Newbery Award and Honor books from 1975 to 2008 were examined to determine which books were eligible to be included in this study. Books were included in the sample if they contained any characters of significance that had a disability. A character of significance is defined as a character that is an important part of the story and impacts the plot to some degree. This could be a main or supporting character. The disability had to be of a degree that would warrant special education and/or related services in the school setting, even if the book’s setting was not in school or if the character with a disability was an adult. Characters with illness-related Other Health Impairments were not evaluated if the character’s disability appeared to not affect his/her educational performance.

The disability categories from the Individuals with Disabilities Education Act (IDEA) 2004 were used as a framework to define each disability. IDEA lists 13 categories of disabilities that would require special education or related services in a school setting (National Center for Educational Statistics, n.d.): Autism, Deaf-Blindness, Developmental Delay, Emotional Disturbance, Hearing Impairment, Mental Retardation, Multiple Disabilities, Orthopedic Impairment, Other Health Impairment, Specific Learning Disability, Speech or Language Impairment, Traumatic Brain Injury, and Visual Impairment.
The American Library Association’s website for the Newbery Award contains a complete list of books receiving this award. This was consulted to generate the population of all Newbery Award and Honor books. The sample of books that contained characters of significance with disabilities was created by consulting annotated bibliographies and book guides, journal articles that recommended juvenile literature about disabilities, and one Internet bookstore (Amazon.com; Baskin & Harris, 1984; Dyches & Prater, 2005; Prater, 2000; Prater, Johnstun, et al., 2006; Robertson, 1992; Ward, 2002). All main and supporting characters that were mentioned in the book summaries and met the disability requirement were included in the sample population. Eight Newbery Award and 22 Honor books containing 40 characters with disabilities were identified (see Table 2).

The researcher assumed that characters of any substance were mentioned in the published book summaries read. It is possible that there are Newbery Award and Honor books that contain characters with disabilities that were missed because they were not mentioned in the sources referenced. For example, additional characters with disabilities were identified as the books were read. While the books were initially chosen for evaluation on the basis of other characters, these additional characters were also evaluated. Therefore it is possible that characters with disabilities were present in other Newbery books but were not evaluated because the characters were not mentioned in the published summaries consulted by the researcher. The researcher also judged whether or not a character’s disability was serious enough to warrant special education or related services. These are areas of possible error or bias.
Table 2

*Newbery Books Containing Characters with Disabilities*

<table>
<thead>
<tr>
<th>Year</th>
<th>Title</th>
<th>Award</th>
<th>Character (main/supporting)</th>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1979</td>
<td>The Westing Game</td>
<td>Winner</td>
<td>Chris (supporting)</td>
<td>Multiple Disabilities</td>
</tr>
<tr>
<td>1979</td>
<td>The Great Gilly Hopkins</td>
<td>Honor</td>
<td>Mr. Randolph (supporting)</td>
<td>Deaf-Blindness</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>William Ernest (supporting)</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td>1983</td>
<td>Dicey’s Song</td>
<td>Winner</td>
<td>Maybeth (supporting)</td>
<td>Specific Learning Disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mrs. Tillerman (supporting)</td>
<td>Emotional Disturbance</td>
</tr>
<tr>
<td>1983</td>
<td>Sweet Whispers, Brother Rush</td>
<td>Honor</td>
<td>Dabney (supporting)</td>
<td>Multiple Disabilities</td>
</tr>
<tr>
<td>1985</td>
<td>The Moves Make the Man</td>
<td>Honor</td>
<td>Bix (supporting)</td>
<td>Emotional Disturbance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bix’s mother (supporting)</td>
<td>Emotional Disturbance</td>
</tr>
<tr>
<td>1985</td>
<td>One-Eyed Cat</td>
<td>Honor</td>
<td>Mrs. Wallis (supporting)</td>
<td>Orthopedic Impairment</td>
</tr>
<tr>
<td>1989</td>
<td>Scorpions</td>
<td>Honor</td>
<td>Mack (supporting)</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td>1990</td>
<td>Afternoon of the Elves</td>
<td>Honor</td>
<td>Mrs. Connolly (supporting)</td>
<td>Emotional Disturbance</td>
</tr>
<tr>
<td>1993</td>
<td>Missing May</td>
<td>Winner</td>
<td>Uncle Ob (supporting)</td>
<td>Orthopedic Impairment</td>
</tr>
<tr>
<td>1993</td>
<td>What Hearts</td>
<td>Honor</td>
<td>Joel (supporting)</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Asa’s mother (supporting)</td>
<td>Emotional Disturbance</td>
</tr>
<tr>
<td>1994</td>
<td>Crazy Lady</td>
<td>Honor</td>
<td>Ronald (supporting)</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Maxine (supporting)</td>
<td>Emotional Disturbance</td>
</tr>
<tr>
<td>1994</td>
<td>Dragon’s Gate</td>
<td>Honor</td>
<td>Squeaky (supporting)</td>
<td>Visual Impairment</td>
</tr>
<tr>
<td>1994</td>
<td>Eleanor Roosevelt: A Life of Discovery</td>
<td>Honor</td>
<td>Franklin D. Roosevelt (supporting)</td>
<td>Orthopedic Impairment</td>
</tr>
<tr>
<td>1995</td>
<td>Catherine, Called Birdy</td>
<td>Honor</td>
<td>Perkin (supporting)</td>
<td>Orthopedic Impairment</td>
</tr>
<tr>
<td>1996</td>
<td>Yolonda’s Genius</td>
<td>Honor</td>
<td>Andrew (supporting)</td>
<td>Developmental Delay</td>
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<tr>
<td>1997</td>
<td>The View from Saturday</td>
<td>Winner</td>
<td>Mrs. Olinsky (supporting)</td>
<td>Orthopedic Impairment</td>
</tr>
<tr>
<td>1998</td>
<td>Out of the Dust</td>
<td>Winner</td>
<td>Billie Jo (main)</td>
<td>Orthopedic Impairment</td>
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<tr>
<td>2000</td>
<td>Getting Near to Baby</td>
<td>Honor</td>
<td>Little Sister (supporting)</td>
<td>Emotional Disturbance</td>
</tr>
<tr>
<td>2001</td>
<td>Because of Winn-Dixie</td>
<td>Honor</td>
<td>Gloria Dump (supporting)</td>
<td>Visual Impairment</td>
</tr>
<tr>
<td>Year</td>
<td>Title</td>
<td>Award</td>
<td>Character (main/supporting)</td>
<td>Disability</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------</td>
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</tr>
<tr>
<td>2001</td>
<td>Joey Pigza Loses Control</td>
<td>Honor</td>
<td>Joey (main)</td>
<td>Other Health Impairment</td>
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<td></td>
<td></td>
<td>Carter Pigza (supporting)</td>
<td>Other Health Impairment</td>
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<td>2002</td>
<td>A Single Shard</td>
<td>Winner</td>
<td>Crane-man (supporting)</td>
<td>Orthopedic Impairment</td>
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<tr>
<td>2003</td>
<td>A Corner of the Universe</td>
<td>Honor</td>
<td>Adam (supporting)</td>
<td>Autism</td>
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<td>2003</td>
<td>The House of the Scorpion</td>
<td>Honor</td>
<td>El Patron (supporting)</td>
<td>Orthopedic Impairment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MacGregor (supporting)</td>
<td>Orthopedic Impairment</td>
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<td></td>
<td></td>
<td></td>
<td>Ton-Ton (supporting)</td>
<td>Speech or Language Impairment</td>
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<tr>
<td>2004</td>
<td>The Tale of Despereaux</td>
<td>Honor</td>
<td>Miggery Sow (supporting)</td>
<td>Hearing Impairment</td>
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<tr>
<td>2005</td>
<td>Al Capone Does My Shirts</td>
<td>Honor</td>
<td>Natalie (supporting)</td>
<td>Autism</td>
</tr>
<tr>
<td>2006</td>
<td>Whittington</td>
<td>Honor</td>
<td>Ben (supporting)</td>
<td>Specific Learning Disability</td>
</tr>
<tr>
<td>2007</td>
<td>Penny from Heaven</td>
<td>Honor</td>
<td>Penny (main)</td>
<td>Orthopedic Impairment</td>
</tr>
<tr>
<td>2007</td>
<td>Rules</td>
<td>Honor</td>
<td>David (supporting)</td>
<td>Autism</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Jason (supporting)</td>
<td>Multiple Disabilities</td>
</tr>
<tr>
<td>2008</td>
<td>Good Masters! Sweet Ladies! Voices from a Medieval Village</td>
<td>Winner</td>
<td>Jack (main)</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Constance (main)</td>
<td>Orthopedic Impairment</td>
</tr>
<tr>
<td>2008</td>
<td>Feathers</td>
<td>Honor</td>
<td>Sean (supporting)</td>
<td>Hearing Impairment</td>
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**Measures**

Each book was evaluated using an adaptation of the *Rating Scale for Quality Characterizations of Individuals with Disabilities in Children’s Literature* (Dyches & Prater, 2000). This instrument combines literary standards and standards relating to individuals with disabilities. It has been used to evaluate the characterization of mental retardation and autism in children’s books (Dyches et al., 2001) and the characterization...
of developmental disability in children’s fiction (Dyches & Prater, 2005). The rating scale was updated in 2008 and contains sections to evaluate the personal portrayal, social interactions, and sibling relationships of the character with the disability. Other sections are included on the scale: exemplary practices, impact of disability on plot, impact of setting on disability, point of view, literary quality of text, and illustrations. Each section contains specific attributes that are rated on a scale of 1 (Disagree) to 3 (Agree) as well as a box for additional comments. One limitation of this instrument is that it has not been tested for its reliability or validity. A copy of this rating scale is available in Appendix A.

**Procedures**

A content analysis of each book was conducted using the updated Dyches and Prater (2000) rating scale. Evaluations were not completed on literary quality, since Newbery Award and Honor books, by definition, represent quality literature (ALA, n.d.) and illustrations. Inter-rater reliability was established for 46.7% of the books ($n=14$). It should be noted that this number represents the number of books evaluated, some of which contained multiple characters with disabilities. Two readers read and independently evaluated each book, then met and came to agreement on the ratings. A third reader evaluated and resolved any disagreements between the two readers. Once inter-rater reliability was established, the researcher read and evaluated the remainder of the books. Information on the types of disabilities, the age and ethnicity of the characters with disabilities, and the prominence of the characters with disabilities (e.g., main or supporting character) was recorded. Prominent themes regarding the portrayal of characters with disabilities and related practices were identified as well.
Newbery books were compared to present-day standards for what is expected of books with characters with disabilities. Best practices for individuals with disabilities and language usage when talking about individuals with disabilities have changed over the years. Newbery books from past years remain on library and classroom shelves and students still have access to these books. While older books may contain outdated practices or use terms that would now be considered inappropriate, it is important for helping professionals and parents to know this. They can then use these books as non-examples and discuss correct and current practices and viewpoints.

Data Analysis

The researcher implemented descriptive data analysis. These data consisted of the number of occurrences of disabilities and the percentages of different categories of disabilities in the Newbery books and were compared to the current school population composition. Other descriptive data included the age and ethnicity of the characters with disabilities, the prominence of the characters with disabilities, and relationship variables of characters with disabilities (e.g., victim/perpetrator/protector, dependent/caregiver, pupil/instructor). The purpose of the book, setting, and point of view were also recorded and analyzed.

Themes were identified using the updated Dyches and Prater (2000) evaluation tool. To determine themes in the personal portrayal of characters with disabilities, elements such as accurate portrayal of the disability, realistic portrayal of the character, full development of the character, emphasis on similarities between the character with the disability and other characters, and the use of nondiscriminatory language were analyzed. To determine themes in the exemplary practices portrayed in relation to characters with
disabilities, elements such as full citizenship opportunities in integrated settings, appropriate service delivery, valued occupations, and the promotion of self-determination were analyzed. To determine themes in the social interactions of characters with disabilities, elements such as emotionally reciprocal relationships, acceptance of the character, promotion of empathy and respect for the character, and portrayal of social contributions of the character were analyzed. Features of the sibling relationship, such as opportunities for growth, reciprocal relationship, and awareness of the nature of the sibling’s disability were also examined. Appendix B contains a list of all books evaluated and Appendix C contains tables with specific information for each book.
Results

Of the 126 Newbery winner and honor books awarded between 1975–2008, 8 (6.3%) of the books that contained main or supporting characters with disabilities were Newbery Award winners and 22 (17.5%) were Newbery Honor books. Most Newbery books with characters with disabilities were published after 1990 (73.3%; n=22). This is significant data, considering the Education for All Handicapped Children Act was reauthorized in 1990 (as IDEA).

Books were not evaluated if the character with a disability was not a main or supporting character (e.g., Esa Doterdaughter with an orthopedic impairment in *Princess Academy*, Mrs. Partridge with a visual impairment in *Walk Two Moons*, and groups of individuals with intellectual disabilities or emotional disturbance in *Hitler Youth: Growing Up in Hitler’s Shadow*). Books containing a minor character with a disability (e.g., Mr. Ortega with a hearing impairment in *The House of the Scorpion*) in addition to a supporting or main character with a disability were evaluated only for the main and/or supporting character.

Three books containing characters with illness-related Other Health Impairments (e.g., Grandpa Izzy with terminal cancer in *After the Rain*, G. T. Stoop with leukemia in *Hope Was Here*, Lynn Takeshima with lymphoma in *Kira-Kira*) were disqualified because these characters’ disabilities appeared to not affect their educational performance. Three supporting characters (Dicey’s mother with emotional disturbance in *Dicey’s Song*, Bix’s mother with emotional disturbance in *The Moves Make the Man*, and MacGregor with an orthopedic impairment in *The House of the Scorpion*) were counted but not evaluated. Not enough information was given in the book to conduct an
evaluation but these characters had enough influence on the plot to be counted as supporting characters.

Characters with disabilities were evaluated according to today’s standards. Therefore, even if a book portrayed a character living in an earlier time period (e.g., Constance who has a hunchback, living in England in 1255 in Good Masters! Sweet Ladies!), aspects such as the description of the disability, the use of nondiscriminatory language, and the provision of appropriate services were rated according to current definitions and expectations. Additionally, only school-aged characters were evaluated on receiving appropriate educational services.

Research Question #1: Which Disabilities Are Portrayed in Newbery Award and Honor Books?

Of the 13 disability categories in IDEA, all but traumatic brain injury were portrayed in the Newbery Award and Honor books evaluated. Orthopedic impairment, emotional disturbance, and mental retardation were the most commonly portrayed disabilities while deaf-blindness, developmental delay, and speech or language impairment were the least commonly portrayed disabilities. See Figure 5 for occurrences of other disabilities.

The representation of characters with disabilities in Newbery books is not proportionate to the current school population of children and adolescents with disabilities. When comparing characters with disabilities in Newbery books ages 6 to 21 (n=24) with students ages 6 to 21 receiving special education services (USDE, 2009), significant discrepancies arise. While mental retardation (20.8%; n=5), orthopedic impairment (16.7%; n=4), autism (12.5%; n=3), and multiple disabilities (12.5%; n=3)
were the most frequently portrayed disabilities in school-age Newbery characters, specific learning disabilities (46.4%), speech or language impairment (18.8%), mental retardation (9.3%) and other health impairment (8.4%) are the most frequently occurring disabilities in students receiving special education services. Of the school-age Newbery characters, only two (8.3%) were portrayed with a specific learning disability and only one (4.2%) was portrayed with a speech or language impairment. See Figure 6 for comparisons of school-aged individuals across all 13 IDEA categories.

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**Figure 5.** Percentage of characters with disabilities portrayed in Newbery books.

- **OI**: Orthopedic Impairment
- **ED**: Emotional Disturbance
- **MR**: Mental Retardation
- **MD**: Multiple Disabilities
- **HI**: Hearing Impairment
- **OHI**: Other Health Impairment
- **SLD**: Specific Learning Disability
- **VI**: Visual Impairment
- **D-B**: Deaf-Blindness
- **DD**: Developmental Delay
- **SLI**: Speech or Language Impairment
Research Question #2: How Are Characters with Disabilities Portrayed in Newbery Award and Honor Books?

Over half of all characters with disabilities (n=40) were male (62.5%; n=25). This percentage increases to 69.6% (n=16) when considering only characters up to 21
years of age (n=24). This is a very accurate representation of gender, where 67.2% of students ages 3–21 receive special education services in the schools (USDE, 2007). Most characters with disabilities were children or adolescents (57.5%; n=23), with eight elementary-age characters (34.8%), 9 middle school-age characters (39.1%), and six high school-age characters (26.1%). No characters were younger than age six. A majority of the characters with disabilities appeared to be White (75.0%; n=30), based upon descriptions found in each text. Three other ethnicities were represented, including Black (12.5%; n=5), Hispanic (7.5%; n=3), and Asian (5.0%; n=2). Considering only child and adolescent characters (n=23), all were White (82.6%; n=19) except for three Black characters (13.0%; n=3) and one Hispanic character (4.3%; n=1). Ethnic representation of Newbery characters is not proportionate to students receiving special education services in the schools (USDE, 2005). White school-age characters with disabilities in Newbery books were overrepresented while Black and Hispanic characters were underrepresented. Asian/Pacific Islander and American Indian/Alaskan Native school-age characters with disabilities were not present at all.

The majority of characters with disabilities were supporting characters (87.5%; n=35) and all main characters (12.5%; n=5) were children or adolescents. Of the characters that were evaluated (n=37), almost half (45.9%; n=17) had a primary relationship with someone other than a sibling (27.0%; n=10), friend (21.6%, n=8), or paid personnel (2.7%; n=1). One character did not have any relationships mentioned in the book. Some characters were portrayed as victims (32.4%; n=12), while over half of the characters were neither victims, perpetrators, nor protectors (54.1%; n=20). A majority of characters were dependent on others for care (64.9%; n=24) and almost half
of the characters (48.6%; n=18) were pupils, having been explicitly taught academic or social lessons by others. Some characters with disabilities had other characters who feared associating with them (43.2%; n=16) and over half of the books (54.1%; n=20) had characters who experienced feelings of guilt in relation to characters with disabilities. Most characters without disabilities experienced positive changes because of their relationships with characters with disabilities (64.9%; n=24).

Acceptable ratings for each dimension on the rating scale (e.g., personal portrayal, exemplary practices, and social relationships) were determined based on the average rating for each section as a whole. The average rating was calculated by adding up each item’s rating (1, 2, or 3) within the section and dividing the total by the number of items multiplied by 3. An acceptable rating was considered any score above .66, indicating a neutral or positive rating. Based on the overall average ratings for each evaluated character with a disability (n=37), most characters (70.3%; n=26) received an acceptable rating.

Evaluating personal portrayal alone, 83.8% (n=31) of characters received an acceptable rating. Items in the personal portrayal section evaluated the accuracy of the portrayal of the disability, the depiction of the character with a disability as realistic, the portrayal of the character’s strengths and abilities, the emphasis on similarities between characters with and without disabilities, the use of people first language, and the growth of the character with a disability. Over time, the personal portrayal of characters with disabilities has improved, from an average rating of .68 (n=9) for characters from 1975–1990 to an average rating of .81 (n=28) for characters from 1991–2008. (See Figure 7.)
Figure 7. Personal portrayal ratings of characters with disabilities over time.

Overall average ratings were also compared for each disability portrayed. Specific learning disability (n=2) received the highest overall average rating (.91) in addition to visual impairment (n=2) with a rating of .90 and orthopedic impairment (n=10) with a rating of .85. Mental retardation (n=5) and emotional disturbance (n=5) received the lowest overall average ratings (.66 and .64 respectively). See Figure 8.

Figure 8. Overall average rating according to disability.
Characters with disabilities were depicted in a variety of settings and time periods. A majority of books contained characters that lived in the U.S. (76.7%; \(n=23\)), while other settings included England (e.g. *Catherine Called Birdy*, *Good Masters! Sweet Ladies!*), China (e.g., *Dragon’s Gate*), and Korea (e.g., *A Single Shard*). Almost one-third of the books (30.0%; \(n=9\)) took place in small towns, while only 10.0% of the books (\(n=3\)) took place in inner cities. Half of the books (50.0%; \(n=15\)) took place on the east coast of the U.S. About half of the books were set in the present day (51.7%; \(n=15\)). Other time periods depicted were the mid to late 1100s, the mid to late 1200s, the late 1800s, the 1930s, 1950s, 1970s, 1980s, as well as a futuristic science-fiction setting.

The main focus of most of the Newbery books (73.3%; \(n=22\)) was to include a character with a disability whose presence and disability impacts the story. For example, in *Whittington*, Ben, age 8, struggles to learn to read. Ben’s sister, Abby, Whittington the cat, Lady the duck, and other barnyard animals work together to teach Ben and encourage him in this process. A few books (13.3%; \(n=4\)) contained additional information to help readers learn about the disability portrayed (e.g., *Al Capone Does My Shirts*, *Good Masters! Sweet Ladies!*, *Penny from Heaven*). While only a few books (13.3%; \(n=4\)) were told in first person by the character with the disability, the rest were told in first person from the point of view of a character without a disability, such as a friend or sibling (36.7%; \(n=11\)) or from an omniscient point of view (50.0%; \(n=15\)).

Research Question #3: What Exemplary Practices Are Portrayed in Relation to Characters with Disabilities in Newbery Award and Honor Books?

Most characters (86.5%; \(n=32\)) received an acceptable rating for exemplary practices. Items in the exemplary practices section evaluated the character’s citizenship
opportunities, the presence of appropriate services and/or valued occupations for the character, and the promotion of self-determination for the character. The portrayal of exemplary practices associated with characters with disabilities has improved over time, from an average rating of .67 ($n=9$) for characters in 1975–1990 to an average rating of .82 ($n=28$) for characters in 1991–2008. See Figure 9.

Figure 9. Exemplary practices ratings of characters with disabilities over time.

Research Question #4: What Social Relationships Are Portrayed in Relation to Characters with Disabilities in Newbery Award and Honor Books?

Social relationships included both the character with a disability’s interactions with others and with siblings. Items in the social interactions section evaluated the presence of reciprocal relationships involving the character with a disability, the acceptance of the character, the promotion of empathy and respect for the character, and the portrayal of positive social contributions of the character. Items in the sibling relationships section evaluated the emotional experiences of the siblings, the siblings’
opportunities for growth, the reciprocity of the sibling relationship, family responsibilities of the siblings, and the siblings’ awareness of the nature of the disability and its effects on the character with a disability.

Almost two-thirds of characters with disabilities (64.9%; n=24) received an acceptable rating for social interactions. The portrayal of the social interactions of characters with disabilities in Newbery books has improved over time, from an average rating of .64 (n=9) for characters in 1975–1990 to an average rating of .78 (n=28) for characters in 1991–2008. See Figure 10.

![Figure 10. Social interactions ratings of characters with disabilities over time.](image)

Only 32.4% (n=12) of the 37 characters had a sibling relationship, but 91.7% (n=11) of these relationships received an acceptable rating. The portrayal of sibling relationships has remained fairly constant over time, with characters receiving an average rating of .80 (n=4) for 1975–1990 and an average rating of .79 (n=8) for 1991–2008. See Figure 11.
Figure 11. Sibling interactions ratings of characters with disabilities over time.
Discussion

The purpose of this study was to evaluate the portrayal of characters with disabilities in Newbery books from 1975–2008. A discussion of the results with examples from the books, limitations of the study, and suggestions for future research follow.

The most common portrayals of characters with disabilities in Newbery books were orthopedic impairments (e.g., President Franklin D. Roosevelt with polio in *Eleanor Roosevelt: A Life of Discovery*), emotional disturbance (e.g., Mrs. Tillerman in *Dicey’s Song*), and mental retardation (e.g., Joel in *What Hearts*). The least common portrayals of characters with disabilities were deaf-blindness (e.g., Mr. Randolph in *The Great Gilly Hopkins*), developmental delay (e.g., Andrew in *Yolanda’s Genius*), and speech or language impairment (e.g., Ton-Ton in *The House of the Scorpion*). Characters with a specific learning disability (e.g., Maybeth who struggles with reading in *Dicey’s Song*) or a visual impairment (e.g., Gloria Dump who is blind in *Because of Winn-Dixie*) received the highest overall average ratings, while portrayals of characters with mental retardation and emotional disturbance received the lowest overall average ratings.

Discrepancies arise when comparing school age characters with disabilities to students receiving special education services today. While the most commonly portrayed disabilities in school age characters were mental retardation (e.g., Ronald in *Crazy Lady*), orthopedic impairment (Perkin who has one leg that is shorter than the other in *Catherine, Called Birdy*), multiple disabilities (Dabney in *Sweet Whispers, Brother Rush*), and autism (Natalie in *Al Capone Does My Shirts*), the most common disabilities for students receiving services in the schools are specific learning disability, speech or language impairment, mental retardation, and other health impairment (USDE, 2009).
While only one character had a speech or language impairment as a primary disability (Ton-Ton in *The House of the Scorpion*), two characters did have a speech or language impairment in addition to another disability (i.e., Chris in *The Westing Game* and Jason in *Rules*, both with an orthopedic impairment in addition to a speech or language impairment) and so were classified under multiple disabilities. Only two characters (Maybeth in *Dicey’s Song* and Ben in *Whittington*) were identified as having specific learning disabilities, both in the areas of reading, and only one character had a disability classified as other health impairment (Joey Pigza with ADHD in *Joey Pigza Loses Control*). Also, while specific learning disability was the most positively portrayed disability, mental retardation was one of the least positively portrayed disabilities. This is significant, considering mental retardation is also one of the most commonly depicted disabilities in Newbery books and one of the most common disabilities of students receiving special education services in the schools (USDE).

Newbery books have an overrepresentation of school-age characters with disabilities that are White and an underrepresentation of characters with disabilities that are Black and Hispanic as compared to IDEA data (USDE, 2005). Most school-age characters in Newbery books were White, while only three school-age characters were Black (e.g., Sean in *Feathers*, Dabney in *Sweet Whispers, Brother Rush*, Andrew in *Yolanda’s Genius*) and one was Hispanic (Ton-Ton in *The House of the Scorpion*). No characters with disabilities were portrayed that were Asian/Pacific Islander or American Indian/Alaskan Native. Readers identify better with characters with who possess similar traits (Dyches & Prater, 2000), yet characters with disabilities from diverse cultural backgrounds are not represented in Newbery books.
Most characters with disabilities were supporting characters rather than main characters. Of those main characters with disabilities, all were children or adolescents (e.g., Billie Jo in *Out of the Dust*). While about half of the characters with disabilities had other characters who feared associating with them (e.g., the Dewberry brothers think Gloria Dump is a witch in *Because of Winn-Dixie*) or experienced feelings of guilt (e.g., Little Sister’s mom feels guilty for sending her to live with her aunt in *Getting Near to Baby*), most characters without disabilities experienced positive changes because of the relationship (President Roosevelt provided many jobs for the unemployed in *Eleanor Roosevelt: A Life of Discovery* and Jack befriends a boy who is teased by others in *Good Masters! Sweet Ladies!*).

A common element found in some of the books reviewed was authors eliminating the character with the disability at the end of the book. This was accomplished through removal from the home (e.g., Mrs. Connolly is sent to an institution in *Afternoon of the Elves* and Ronald is sent to live with his aunt and uncle in *Crazy Lady*) or death (e.g., Adam commits suicide in *A Corner of the Universe*, Mrs. Tillerman dies in a hospital in *Dicey’s Song*, and Crane-man in *A Single Shard* and Dabney in *Sweet Whispers, Brother Rush* also die). Another way authors dealt with characters with disabilities was to eliminate the character’s disability through miraculous cures (e.g., Little Sister in *Getting Near to Baby*, Penny in *Penny from Heaven*, and Chris in *The Westing Game*). Little Sister, who had selective mutism and had not talked for months, inexplicably began talking at the end of the book and said her voice had been lost in sadness. Penny, who lost the use of her arm in a wringer accident, miraculously regained use of her arm and fingers when she reached for her lucky bean. Chris, who stutters and is in a wheelchair
because he has difficulty controlling his arm and leg movements, receives new medication that keeps his limbs steady and his speech well-controlled. The message is conveyed that authors do not know how to handle characters with disabilities and the best thing is for them to be “remembered fondly and sadly but not confronted” (Rudman, 1995, p. 308).

Newbery characters with disabilities were often used to facilitate the growth or development of characters without disabilities. In Rules, Catherine comes to understand and accept her little brother, David, who has autism. Catherine also realizes that she matters to her parents, too. Throughout the book David remains the same, serving only as a catalyst for Catherine’s emotional growth. Character representations like these do not represent the full range of contributions of characters with disabilities (Prater & Dyches, 2008b). More portrayals that show positive contributions of characters with disabilities are needed. An example of this is Jack in Good Masters! Sweet Ladies! Despite his own intellectual disability, Jack saves up money to buy a cow for his family, helps gather the hens’ eggs, and befriends another boy who is teased by other village boys.

A majority of the books took place in the U.S., with about half of the books situated on the east coast of the U.S. (e.g., Maine, Maryland, New York, North Carolina, Virginia). Most books were not told from the point of view of the character with the disability. For example, in Missing May Summer tells the story of her Uncle Ob, who has an orthopedic impairment and in The Moves Make the Man, Jerome tells of his friend Bix, who has emotional disturbance. Only a few books are told from the point of view of the character with the disability, such as Joey in Joey Pigza Loses Control and Jack and Constance in Good Masters! Sweet Ladies!. Books that are written from the point of view
of the character with a disability allow for the reader to gain greater insight into their lives (Prater & Dyches, 2008b).

The personal portrayal, exemplary practices, and social interactions depicted in Newbery books were generally positive and all improved over time. Examples illustrating these dimensions are presented below.

The personal portrayal of characters with disabilities were rated on the accurate and realistic portrayal of the disability, the portrayal of characters’ strengths and abilities, the emphasis on similarities between characters with and without disabilities, and the use of nondiscriminatory language. An example of a positive portrayal is Crane-man, in A Single Shard, who was born with a shriveled and twisted calf. Crane-man is able to take care of himself and Tree-ear, an orphan Crane-man raises as his son. Crane-man gathers food for them to eat, makes himself a new crutch when it breaks, and weaves mats and sandals. Crane-man tells Tree-ear that he does not spend time feeling sorry about something he cannot change and knows that he will have two good legs when he leaves this world. An example of a negative personal portrayal is Mack in Scorpions, who has an intellectual disability. Mack is the second oldest of the Scorpions gang in Harlem. He convinces Jamal, age twelve, to vie for leadership of the gang and gives him a gun to assert his authority. Mack drinks and uses drugs, has been imprisoned for various charges, and eventually lies his way into becoming the leader of the Scorpions gang.

Exemplary practices for characters with disabilities were rated on the depiction of characters with disabilities having full citizenship opportunities and receiving appropriate services, valued occupations for characters with disabilities, and the promotion of self-determination for characters with disabilities. An example of exemplary practices is
depicted in *Feathers*. Sean was born deaf and uses sign language, lip reading, and a TTY phone to communicate with others. His sister Frannie and parents are fluent in signing and they view Sean’s deafness not as a disability, but just a part of who he is. Sean is good looking, does well in math, and plays basketball at the “rec” center with hearing and non-hearing boys. He attends a separate school from his peers, but this is not uncommon for his disability (USDE, 2009). *Sweet Whispers, Brother Rush* is an example of a book lacking in the portrayal of exemplary practices. Dabney, who has multiple disabilities (mental retardation and other health impairment), attended school but no special education classes are mentioned and he never brings home report cards. Dabney spends most of his time at home with his younger sister, Tree, who takes care of him. No specific activities or friends are mentioned. Dabney’s mother physically abused him when he was little, is away from home most of the time, and doesn’t want to face Dabney’s disabilities. Dabney does not receive medical help for his porphyria (a condition affecting his nervous system and skin) until it is too late and he dies from respiratory paralysis.

The social interactions of characters with disabilities were rated on engagement in reciprocal relationships with a variety of persons, acceptance of characters with disabilities, promotion of empathy and respect for characters with disabilities, and portrayal of positive social contributions of characters with disabilities. An example of a character with a disability from *Out of the Dust* engaging in positive social interactions with others is Billie Jo, whose hands are severely burned in an accident. Billie Jo loved to play the piano and played for many community events before her injury. Her music and school teachers encourage Billie Jo to play again, which Billie Jo finally does after receiving treatment from a doctor. Despite her disability, Billie Jo cares for her father by
cooking their meals and cleaning the house. An example of a character with a disability having negative social interactions with others is Miggery Sow in the *Tale of Despereaux*. Mig was sold by her father (who named her after his prize-winning pig) to a man who beat her until she lost most of her hearing. She is later taken to the castle to work as a servant in the kitchen and is treated poorly by everyone except the Princess Pea. Mig thinks mainly of herself and her dream to become a princess and aids Roscuro the rat in kidnapping the Princess Pea. The princess feels sorry for Mig and eventually Mig is returned to her father who treats her like a princess, but this is mainly out of his feelings of guilt.

Sibling relationships were rated on the emotional experiences, opportunities for growth, and family responsibilities of the siblings as well as the reciprocity of the sibling relationship and the siblings’ awareness of the nature of the disability and its effects on the character with a disability. While only a third of the characters with disabilities had siblings, and the portrayal of sibling relationships has remained fairly stable over time, most of these relationships were depicted positively. For example, in *Dicey’s Song*, Maybeth’s older brother teaches her how to read, in *Rules* Catherine develops rules for David so he can interact better with others, in *Al Capone Does My Shirts* Moose helps Natalie get accepted to a special school, and in *Feathers* Frannie interprets for her brother Sean, who is deaf. Sibling relationships are important because they are lasting and because siblings are often the people who know individuals best (Harris, 1994).

These findings suggest implications for practice. Future books could include characters with disabilities from more culturally and linguistically diverse backgrounds, portray disabilities commonly encountered in school settings today (e.g., specific learning
disability and speech or language impairment), depict certain disabilities (e.g., emotional
disturbance and mental retardation) more positively, depict more characters with
disabilities as main characters that tell the story from their point of view, and include
more sibling relationships. More books are needed that are set in the present day in a
wider variety of geographical settings. Also more books are needed with characters
whose disability is not the focus of the book but just part of the description of who they
are. Improvements in these areas will help children and adolescents reading these books
relate better to the characters with disabilities. Now that special education law requires
that all children with disabilities receive a free and appropriate public education, students
without disabilities are interacting with students with disabilities on a more frequent basis
(USDE, 2009; Yell, 2006). Accurate portrayals of characters with disabilities will lead to
greater awareness, understanding, and acceptance of students with disabilities.

Limitations

A few limitations to this study should be noted. First, it is possible that not all
characters with disabilities in Newbery books were identified and evaluated. The
researcher assumed that characters of any substance (e.g., major or supporting) were
mentioned in the book summaries that were read. It is possible that some characters were
missed because they were not included in the sources consulted by the researcher,
although this limitation was addressed by seeking information from multiple sources.

Second, there are areas of possible bias in the determination of which characters
with disabilities were eligible for evaluation. The researcher judged whether or not a
character’s disability was serious enough to warrant special education or related services
in a school setting according to IDEA standards. This limitation was addressed by
consulting the IDEA definitions of each disability as well as consulting with other knowledgeable professionals in the field of special education.

A third limitation to this study was the subjectivity of each reader’s rating. Some questions on the rating scale are more subjective than others. For example, determining if the characteristics of a disability are portrayed accurately is more straightforward than determining if the character displayed appropriate growth. This limitation was addressed by establishing a high degree of inter-rater reliability.

Fourth, although the evaluation instrument has been used in other circumstances, the validity and reliability of the rating scale has not been tested. The rating scale was adjusted from a Likert scale of 1–5 (Strongly Disagree to Strongly Agree) to 1–3 (Disagree, Neutral, Agree) to increase consensus among raters. Additionally, all raters had used the instrument before and were familiar with its contents.

Finally, characters with disabilities were evaluated according to today’s standards. This meant that books set in different time periods (e.g., *A Single Shard*, set in Korea in the 1100s) may not have depicted best practices or positive attitudes towards characters with disabilities. Although this depiction may have been accurate for the time, this lowered the book’s rating. These books can serve as a springboard for discussions with students about how our attitudes and treatment of individuals with disabilities has changed over time.

*Future Research*

This study focused on evaluating the portrayal of characters with disabilities in Newbery books, but there are several potential areas for future research. This study could be extended to evaluate Newbery books from 1922–1975. The portrayal of characters
with disabilities in these books could be compared prior to and after the enactment of the Education for All Handicapped Children Act in 1975. Because children and adolescents were not guaranteed a free, appropriate education before this time, it is possible that earlier Newbery books do not reflect exemplary practices or positive attitudes towards characters with disabilities.

Although an evaluation of the portrayal of characters with disabilities in Caldecott books has already been conducted (Dyches, Prater, & Jenson, 2006), the results of these two studies could be compared. The current study identified no main or supporting characters with disabilities under the age of six. The Caldecott books are more likely to include younger characters since these picture books are meant for a younger audience. Comparisons between the picture and chapter books could be made, as well as between younger and older characters with disabilities.

Future research could also compare the portrayal of characters with disabilities in Newbery books with other award-winning books. Awards given for exemplary portrayal of characters with disabilities (e.g., Dolly Gray Award or Schneider Family Book Award) should not be considered because these samples would only include accurate, positive portrayals. Awards such as the Boston Globe-Horn Book Award, or the American Library Association Notable Books for Children Award could be considered for use as a comparison against the Newbery books.

Studies could also be conducted that survey teachers’ use of Newbery books in the classroom. A guide containing recommended Newbery books with characters with disabilities and ways to use the books in the classroom could be developed. This would
foster students’ understanding of individuals with disabilities as well as the development of reading and critical thinking skills.

**Conclusion**

Thirty Newbery Award and Honor books from 1975–2008 were identified and 40 characters with disabilities were evaluated. The most commonly portrayed disabilities were orthopedic impairment, emotional disturbance, and mental retardation. The least commonly portrayed disabilities were deaf-blindness, developmental delay, and speech or language impairment. Discrepancies exist between school age characters with disabilities and students receiving special education services today. While the most commonly portrayed disabilities in school age characters were mental retardation, orthopedic impairment, multiple disabilities, and autism, the most common disabilities for students receiving services in the schools today are specific learning disability, speech or language impairment, mental retardation, and other health impairment (USDE, 2009). Also White characters with disabilities were overrepresented while Black and Hispanic characters were underrepresented and other ethnicities were not depicted at all.

The personal portrayal of and exemplary practices associated with characters with disabilities in Newbery books were generally positive and improved over time. Social relationships of characters with disabilities were also generally positive and improved over time, with the exception of sibling relationships, whose portrayal remained stable over time. Despite this general trend, books varied in their depiction of disabilities and certain concerning themes were identified, such as elimination of the character with the disability or miraculous curing of the disability. Most characters with disabilities were supporting characters and were used mainly to facilitate the emotional growth of
characters without disabilities. Most books were also not told from the point of view of the character with the disability. Care should be taken by parents and school professionals to choose books that accurately and positively portray characters with disabilities.

Children and adolescents reading Newbery books will encounter memorable characters who face similar struggles of making friends, fitting in, doing well in school, dealing with loss, and being happy in spite of difficult situations. By identifying with characters with disabilities, as well as learning from their unique experiences, students without disabilities can increase their understanding and acceptance of those with disabilities and students with disabilities can understand themselves and develop life skills to work through their own challenges.
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Appendix A

Evaluation Instrument (Dyches & Prater, 2008)

Newbery Rating Scale for Quality Characterizations of Individuals with Disabilities in Children's Literature

Rater's Name: ___________________________ Date: ______________________

Book Title: ______________________________ Date: ______________________

Author: _________________________________ Publication Date: ____________

Type of Book: Picture Book or Chapter Book Age Level: _________________

A. Overall Reaction

1. Rate your overall reaction to the book:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>Neutral</td>
<td>Positive</td>
</tr>
</tbody>
</table>

2. Would you recommend this book to be read to or by children/adolescents?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Recommend</td>
<td>Recommend</td>
<td>Highly Recommend</td>
</tr>
</tbody>
</table>

3. Please describe what you liked most about this book:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Please describe what you liked least about this book:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________


B. Personal Portrayal

1. Portrays characteristics of disabilities accurately (e.g., abilities and disabilities are consistent with descriptions from IDEA, DSM IV, and/or ICD 10; abilities/disabilities are consistent throughout the story; if label is used, it is accurate and current).

2. Describes the character(s) with disabilities as realistic (e.g., not superhuman or subhuman; avoids miraculous cures).

3. Character(s) with disabilities are fully developed (e.g., credible, multidimensional, show change or development throughout the story).

4. Does not portray only disabilities of the character(s), but portrays abilities, interests, and strengths of the character(s) (e.g., avoids undue emphasis on the disability; characters have unique personalities, interests, and struggles that may not be related to the disability; characters experience success as well as failure).

5. Emphasizes similarities, rather than differences, between characters with and without disabilities (e.g., similar physical and personality characteristics are described with equal emphasis).

6. Uses nondiscriminatory language that avoids stereotypic portrayals (e.g., does not use language such as suffers from, afflicted with, stricken with, confined to a wheelchair). This criterion includes the use of person-first language (e.g., uses language such as person with mental retardation rather than retarded).

C. Social Interactions

1. Depicts character(s) with disabilities engaging in socially and emotionally reciprocal relationships (e.g., not always being cared for, but allowed to care for others; teaches and assists others) with a wide variety of persons (e.g., family, nondisabled peers, friends with disabilities, support personnel).
2. Depicts acceptance of the character(s) with disabilities (e.g., character isn’t helpless against ridicule, teasing, bullying, abuse; character is not just tolerated, but a valued member of a group; is part of the “in” group rather than on the fringe or on the outside).

3. Promotes empathy, not pity for the character(s) with disabilities (e.g., other characters act on their feelings to help in appropriate ways rather than just feeling sorry for the character with disabilities).

4. Portrays positive social contributions of person(s) with disabilities (e.g., contributes to more than emotional growth of other characters).

5. Promotes respect for the character(s) with disabilities (e.g., treated similar to others of same age, as appropriate; not “babied,” avoids condescending language and actions).

6. Depicts various relationships between character with a disability and others.
   (Please circle all that apply.)
   a. Character with a disability has primary relationship with:
      Friend   Sibling   Paid Personnel   Other
   b. Character with a disability is primarily:
      Victim   Perpetrator   Protector   None
   c. Character with a disability is primarily:
      Dependent   Caregiver
   d. Character with a disability is primarily:
      Pupil   Instructor
   e. Do other characters fear associating with the character with a disability?
      Yes   No
   f. Do other characters experience feelings of guilt related to the character with a disability?
      Yes   No
   g. What changes take place in characters without disabilities as a result of their interaction with the character with a disability?
      Positive   Neutral   Negative
D. Exemplary Practices

1. Depicts character(s) with disabilities having full citizenship opportunities in integrated settings and/or activities (e.g., school, church, neighborhood, work, recreation/leisure).

2. Depicts character(s) with disabilities receiving services appropriate for their age, skill level, and interests (e.g., teaching strategies depicted meet the needs of the character; therapies needed are provided).

3. Depicts valued occupations for character(s) with disabilities (if appropriate) (e.g., vocations of their own choice according to their abilities and interests; wages paid are comparable to those without disabilities in similar vocations).

4. Promotes self-determination (e.g., character(s) are allowed to make decisions that impact their lives, solve their own problems, choose their own friends and activities as appropriate to their age and developmental level), where choices are similar to the types of choices given to nondisabled peers.

Comments:

E. Sibling Relationships (if applicable)

1. Sibling(s) of the character(s) with disabilities experience a wide range of emotions, not just all positive or all negative emotions (e.g., pride, joy, respect, love, embarrassment, frustration, over identification, guilt, isolation, resentment, anxiety regarding achievement, fear of the future).

2. Sibling(s) of the character(s) with disabilities have opportunities for growth that are not typical for siblings of children without disabilities (e.g., maturity, self-concept, insight, tolerance, pride, vocational choices, advocacy, loyalty).

3. The sibling relationship is reciprocal, given the age and developmental differences between the siblings.

4. The sibling(s) are not given unusually burdensome household and family duties, but engage in family work that is typical for children of the same age and gender that do not have a sibling with disabilities.

5. The sibling(s) appear aware of the nature of the disability and its effects on the character with disabilities.
F. Impact of Disability on Plot

1. Main character with disability displays appropriate growth throughout the story (e.g., character is not stagnant, but learns, changes, and grows as a result of life experiences). 1 2 3

2. A main focus of the book appears to be to: (a) teach about a disability, (b) include a character with a disability whose presence does not or minimally impacts the story, or (c) include a character with a disability whose presence and disability impacts the story, or (d) include a character with a disability whose presence impacts the story, but the disability is irrelevant. A B C D

3. Additional information is provided to help readers learn about the disability (e.g., author's notes, internet addresses, professional organizations). Y N

Comments:

G. Impact of Setting on Disability

Setting

1. The attitudes and practices portrayed are congruent with attitudes and practices for those with disabilities during that era (e.g., services available, treatment by others, terminology used). 1 2 3

2. The place of the story affects the life of character(s) with disabilities (e.g., rural/urban, developed/developing nations). 1 2 3

Comments:
H. Point of View

Point of View
1. The point of view, if told by the character with a disability, is realistic (e.g., thought processes and language of a character with cognitive disabilities are realistic). 1 2 3

2. The point of view, if told from a character without a disability, is realistic (e.g., a brother/sister's attitudes/perceptions about the sibling with disabilities). 1 2 3

Comments:

I. Illustrations (if applicable)

1. Portrays characteristics of disabilities accurately in illustrations. 1 2 3

2. Portrays assistive/adaptive technology accurately, realistically, and contemporarily in the illustrations. 1 2 3

3. Illustrations interpret the story well. 1 2 3

4. Style of illustrations is appropriate to the story and age-level (e.g., representational, expressionistic, surrealism, impressionistic, folk art, naive art, cartoon art, photography). 1 2 3

5. Plot, theme, characters, setting, mood, and information are enhanced through the illustrations. 1 2 3

6. Illustrations represent quality art (rhythm, balance, variety, emphasis, spatial order, unity). 1 2 3

7. Illustrations use color, line, shape, and texture artistically. 1 2 3

8. Layout and design of illustrations and text are visually appealing. 1 2 3

Comments:
Appendix B

Juvenile Literature Cited


Appendix C

Character Descriptions

<table>
<thead>
<tr>
<th>Book</th>
<th>Character</th>
<th>Personal Characteristics</th>
<th>Level (Main or Supporting)</th>
<th>Depiction (Realistic or Not)</th>
<th>Portrayal (Positive, Neutral, or Negative)</th>
<th>Character Development (Dynamic, Neutral, or Static)</th>
<th>Point of View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afternoon of the Elves</td>
<td>Mrs. Connolly</td>
<td>Female, adult Emotional Disturbance</td>
<td>Supporting</td>
<td>Yes</td>
<td>Negative</td>
<td>Static</td>
<td>Omniscient</td>
</tr>
<tr>
<td>Al Capone Does My Shirts</td>
<td>Natalie</td>
<td>Female, age 16 Autism</td>
<td>Supporting</td>
<td>Yes</td>
<td>Neutral</td>
<td>Dynamic</td>
<td>Moose (brother)</td>
</tr>
<tr>
<td>Because of Winn-Dixie</td>
<td>Gloria Dump</td>
<td>Female, adult, Black Visual Impairment</td>
<td>Supporting</td>
<td>Yes</td>
<td>Positive</td>
<td>Dynamic</td>
<td>Opal (neighbor girl)</td>
</tr>
<tr>
<td>Catherine, Called Birdy</td>
<td>Perkin</td>
<td>Male, adolescent Orthopedic Impairment</td>
<td>Supporting</td>
<td>Yes</td>
<td>Positive</td>
<td>Neutral</td>
<td>Catherine (friend)</td>
</tr>
<tr>
<td>A Corner of the Universe</td>
<td>Adam</td>
<td>Male, 21 Autism</td>
<td>Supporting</td>
<td>Partially Realistic</td>
<td>Neutral</td>
<td>Neutral</td>
<td>Hattie (niece)</td>
</tr>
<tr>
<td>Crazy Lady</td>
<td>Ronald</td>
<td>Male, ninth grade Mental Retardation</td>
<td>Supporting</td>
<td>Yes</td>
<td>Neutral</td>
<td>Static</td>
<td>Vernon (friend)</td>
</tr>
<tr>
<td>Crazy Lady</td>
<td>Maxine</td>
<td>Female, adult Emotional Disturbance</td>
<td>Supporting</td>
<td>Yes</td>
<td>Negative</td>
<td>Static</td>
<td>Vernon (friend)</td>
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<tr>
<td>Dicey’s Song</td>
<td>Maybeth</td>
<td>Female, third grade</td>
<td>Supporting</td>
<td>Yes</td>
<td>Positive</td>
<td>Dynamic</td>
<td>Omniscient</td>
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<td>Title</td>
<td>Character</td>
<td>Gender/Age/Condition</td>
<td>Specific Learning Disability</td>
<td>Supporting</td>
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<td>Not Evaluated</td>
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<td>--------------------------------------------</td>
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<tr>
<td>Dicey’s Song</td>
<td>Mrs. Tillerman</td>
<td>Female, adult, Emotional Disturbance</td>
<td>Supporting</td>
<td>Not Evaluated</td>
<td>Not Evaluated</td>
<td>Not Evaluated</td>
<td>Omniscient</td>
</tr>
<tr>
<td>Dragon’s Gate</td>
<td>Squeaky</td>
<td>Male, adult, Chinese Visual Impairment</td>
<td>Supporting</td>
<td>Yes</td>
<td>Positive</td>
<td>Neutral</td>
<td>Otter (son)</td>
</tr>
<tr>
<td>Eleanor Roosevelt: A Life of Discovery</td>
<td>Franklin D. Roosevelt</td>
<td>Male, adult, Orthopedic Impairment</td>
<td>Supporting</td>
<td>Yes</td>
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<td>Dynamic</td>
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</tr>
<tr>
<td>Feathers</td>
<td>Sean</td>
<td>Male, age 13, Black Hearing Impairment</td>
<td>Supporting</td>
<td>Yes</td>
<td>Positive</td>
<td>Neutral</td>
<td>Frannie (sister)</td>
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<tr>
<td>Getting Near to Baby</td>
<td>Little Sister</td>
<td>Female, age 7, Emotional Disturbance</td>
<td>Supporting</td>
<td>Partially Realistic</td>
<td>Neutral</td>
<td>Dynamic</td>
<td>Willa Jo (sister)</td>
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<tr>
<td>Good Masters! Sweet Ladies! Voices from a</td>
<td>Jack</td>
<td>Male, adolescent, Mental Retardation</td>
<td>Main</td>
<td>Yes</td>
<td>Positive</td>
<td>Dynamic</td>
<td>First</td>
</tr>
<tr>
<td>Medieval Village</td>
<td>Constance</td>
<td>Female, adolescent, Orthopedic Impairment</td>
<td>Main</td>
<td>Yes</td>
<td>Neutral</td>
<td>Neutral</td>
<td>First</td>
</tr>
<tr>
<td>Good Masters! Sweet Ladies! Voices from a</td>
<td>Mr. Randolph</td>
<td>Male, adult, Black Deaf-Blindness</td>
<td>Supporting</td>
<td>Yes</td>
<td>Neutral</td>
<td>Neutral</td>
<td>Omniscient</td>
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<tr>
<td>Medieval Village</td>
<td>William Ernest</td>
<td>Male, age 7</td>
<td>Supporting</td>
<td>Yes</td>
<td>Negative</td>
<td>Neutral</td>
<td>Omniscient</td>
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<tr>
<td>Author</td>
<td>Character</td>
<td>Gender, Age, Ethnicity</td>
<td>Disability</td>
<td>Support</td>
<td>Evaluation</td>
<td>Perspective</td>
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<tr>
<td>Hopkins</td>
<td>The House of the Scorpion</td>
<td>Male, adult, Hispanic</td>
<td>Orthopedic Impairment</td>
<td>Supporting</td>
<td>No</td>
<td>Neutral</td>
<td>Neutral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>school, Hispanic Speech or Language Impairment</td>
<td></td>
<td></td>
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<td>Hopkins</td>
<td>The House of the Scorpion</td>
<td>Male, middle school, Hispanic</td>
<td>Orthopedic Impairment</td>
<td>Supporting</td>
<td>Yes</td>
<td>Neutral</td>
<td>Dynamic</td>
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<td></td>
<td></td>
<td>school, Hispanic Speech or Language Impairment</td>
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<tr>
<td>Hopkins</td>
<td>The House of the Scorpion</td>
<td>Male, adult, Hispanic</td>
<td>Orthopedic Impairment</td>
<td>Supporting</td>
<td>Not Evaluated</td>
<td>Not Evaluated</td>
<td>Not Evaluated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>school, Hispanic Speech or Language Impairment</td>
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<tr>
<td>Joey Pigza Loses Control</td>
<td>Joey</td>
<td>Male, elementary</td>
<td>Other Health Impairment</td>
<td>Main</td>
<td>Yes</td>
<td>Positive</td>
<td>Dynamic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Health Impairment</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Joey Pigza Loses Control</td>
<td>Carter Pigza</td>
<td>Male, adult</td>
<td>Other Health Impairment</td>
<td>Supporting</td>
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<td>Neutral</td>
<td>Static</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Health Impairment</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Missing May</td>
<td>Uncle Ob</td>
<td>Male, adult</td>
<td>Orthopedic Impairment</td>
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<th>Dependent or Caregiver</th>
<th>Pupil or Instructor</th>
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<td>NA</td>
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