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This research study investigates 1) how mental illness(es) are represented and depicted within youths' picture books and 2) the overall implications of said representations and depictions. Which mental illnesses are most/least depicted? Are the depictions accurate? Who is the character with the condition? How is the character represented? Are the mental illnesses personified? If yes, how so? Which symptoms are acknowledged? Are treatments acknowledged? How are the characters' experiences concluded? Using both quantitative and qualitative analysis, a sample of 20 picture books were read and coded against criteria involving the research questions. This study provides insight into how, and to what extent, individuals with mental illness(es) are represented within youths' literature; accurate depictions can spread awareness regarding and further normalize mental illness(es) for youth readers.

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Content analysis

MENTAL ILLNESS(ES) IN PICTURE BOOKS: A CONTENT ANALYSIS

by
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Introduction

You cannot discuss mental health conditions without addressing the ramifications of existing stigmas towards those who have mental illness(es). Representation of people who have mental illness(es) in media influences people's perspectives, so the possibility of said media reducing the presence of stigma, specifically both public stigma and self-stigma, is promising, especially since positive and factual representation can spread further awareness of and work to normalize the existence of mental illness(es). Within the field of Library and Information Science (LIS), librarians and library staff can contribute to these efforts by advocating for representation of those who have mental illness(es) within youths' literature.

Therefore, this research study investigates 1) how mental illness(es) are represented and depicted within youths' picture books and 2) the overall implications of said representations and depictions. Using both quantitative and qualitative analysis, a sample of 20 picture books were read and coded against criteria, exploring which mental illness(es) are depicted, which characters are experiencing the mental illness(es), which symptoms and treatments are mentioned, and a range of other research questions. By exploring how, and to what extent, individuals with mental illness(es) are represented within youths' literature, those within the field can explore possibilities for growth in this regard.

Literature Review

Key Definitions and Statistics on Mental Illness(es)

Before discussing statistical information regarding the prevalence and impacts of mental illness on youths and caregivers, I must introduce terminology relevant to this study. The American Psychiatric Association (APA) defines mental illness(es) as “health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses can be associated with distress and/or problems functioning in social, work or family activities” (APA, n.d.-c). However, since the National Alliance on Mental Illness (NAMI) uses the terms “mental illness,” “mental disorder,” and “mental health conditions” interchangeably, said terms will be used interchangeably during this study, as well. To further define mental illness(es), they are also recognized as “invisible disabilities,” as per the Invisible Disabilities Association (IDA) (n.d.-h). According to the IDA, an invisible disability is a “physical, mental or neurological condition that is not visible from the outside, yet can limit or challenge a person’s movements, senses, or activities.” Therefore, considering the inclusion of mental illness as an invisible disability, it is crucial to note its inclusion within the broader study of disability representation in literature, in addition to noting the inclusion of mental illness(es) within literature more generally.

To investigate the prevalence and impacts of mental health conditions on youths, I will be referencing two sets of data and statistics: one compiled by NAMI, and the other

compiled by the Centers for Disease Control and Prevention (CDC). Research shows that 1 in 6 youths will experience a mental health condition at any given time; 50% of all mental health conditions begin before the age of 14, and 75% begin before the age of 24 (CDC, n.d.-d; NAMI, n.d.-k). As all youths develop, they will experience changes in emotions, thoughts, and behaviors. However, if said changes result in distress and/or difficulties functioning throughout their daily lives, as expressed in the APA's definition of "mental illness," the youth(s) may be experiencing symptoms of a mental health condition. Amongst youths, ADHD, anxiety disorders, behavioral disorders, and depression are the most diagnosed mental disorders; estimates for diagnosed youths, ages 3-17 years old, as of 2016-19, are 9.8% with ADHD (approximately 6.0 million youths), 9.4% with anxiety disorders (approximately 5.8 million youths), 8.9% with behavioral disorders (approximately 5.5 million youths), and 4.4% with depression (approximately 2.7 million youths) (CDC, n.d.-d). Amongst youths, mental health conditions are common, highlighting the need for positive representation of these conditions within their literature.

When considering the ways in which youths may be impacted by mental health conditions, it is also crucial to note how mental health conditions impact their caregivers. Research by Wolicki et al. (2021) found that 1 in 14 youths had a caregiver who reported poor mental health; these youths were more likely to have poor general health, a mental, emotional, and/or developmental disability, adverse childhood experiences, and/or be living in poverty. As per data and statistics compiled by NAMI (n.d.-k), 1 in 5 adults will experience mental illness every year, with annual prevalence among U.S. adults, by condition, being 19.1% anxiety disorders (approximately 48 million people), 8.4%

depression (approximately 21 million people), 3.6% post-traumatic stress disorder (approximately 9 million people), 2.8% bipolar disorder (approximately 7 million people), 1.4% borderline personality disorder (approximately 3.5 million people), 1.2% obsessive compulsive disorder (approximately 3 million people), and <1% schizophrenia (approximately 1.5 million people). Like youths, mental health conditions amongst adults are common, highlighting the need for positive representation of these conditions' impacts on families and/or caregivers within youths' literature, as well.

Despite the prevalence of mental health conditions, only 46.2% of U.S. adults with mental illness(es) received treatment in 2020 (NAMI, n.d.-m), and only about 20% of youths received care from a mental health provider (CDC, n.d.-e). These statistics are likely due to inaccessibility of mental health care services, caused by high costs and insufficient insurance coverage, limited provider options and long waits, lack of awareness about mental health, and social stigma (National Council for Mental Wellbeing, 2018). Furthermore, research by Shim et al. (2018) also finds that “discrimination, implicit bias, and the social determinants of mental health all serve to perpetuate mental health inequities,” demonstrating that those belonging to marginalized communities are more heavily impacted by the inaccessibility of mental health care services. By ensuring that individuals with mental health conditions are represented within literature, particularly youths' literature, more awareness regarding these conditions would occur, as a result. Considering that stigmas directly impact “political enthusiasm, charitable fundraising, and availability and support for local services” in relation to mental health services, more awareness may lessen the stigmas that exist

around mental illnesses, potentially increasing the level of advocacy for more accessible mental health services for youths and caregivers (The Lancet, 2016).

The Presence of Mental Health Stigma

To further highlight the importance of factual representation of and positive messaging regarding mental illness(es) in youths' literature, it is crucial to discuss stigma, specifically the different types, its presence throughout history, and its effects, such as prejudice and discrimination.

According to the American Psychiatric Association (APA), there are three different stigma types: public stigma, self-stigma, and institutional stigma. Public stigma “involves the negative or discriminatory attitudes that others have about mental illness,” self-stigma “refers to the negative attitudes, including internalized shame, that people with mental illness have about their own condition,” and institutional stigma is “systemic, involving policies of government and private organizations that intentionally or unintentionally limit opportunities for people with mental illness” (APA, n.d.-b). All these stigma types can be described on three conceptual levels: cognitive, emotional, and behavioral (Rössler, 2016). Stigma, at the cognitive level, contributes to stereotypes towards those experiencing mental illness(es); harmful stereotypes include viewing people with mental illness(es) as dangerous, unpredictable, and/or unreliable (Rössler, 2016). For example, at this conceptual level, one experiencing public stigma would perceive others, who are experiencing mental illness(es), with these stereotypes. Stigma, at the emotional level, builds upon the notion of these stereotypes, as the person experiencing this level of stigma will have emotional reactions to and/or preconceived prejudices towards those they perceive with such stereotypes (Rössler, 2016). For

example, at this conceptual level, one experiencing public stigma would feel emotional responses, such as anger or fear, and/or have prejudices towards those experiencing mental illness(es). Stigma, at the behavioral level, builds upon the notion of stereotypes and prejudices, as the person experiencing this level of stigma will display discriminatory behaviors towards those experiencing mental illness(es) (Rössler, 2016). For example, at this conceptual level, one experiencing public stigma would discriminate against those experiencing mental illness(es), such as refusing to hire them, to rent to them, or to offer a high standard of care (APA, n.d.-b). Stigma is a layered issue, as it can impact everyone—including those experiencing mental illness(es)—at various levels. Those experiencing self-stigma can categorize themselves amongst negative stereotypes, develop lower self-esteem and self-efficacy because of their self-image, and/or refuse medical help for their symptoms (Rössler, 2016).

These stigmas, and their effects, have existed throughout various historical contexts, including, but not limited to, ancient Greece, the Middle Ages, and Nazi Germany with a range of consequences. Terminology used today can be traced back to ancient Greece, where “stigma” was a brand to mark those considered “deviants,” such as those charged with crimes and enslaved peoples (Berdzenishvili, 2022). During the 15th century, when disasters like the plague were raging throughout societies, those in power blamed “witches” and those showing “proof of demonic possession” for the events, resulting in stereotypes, prejudices, and discriminatory acts that spread amongst communities and lasted hundreds of years (Baton Rouge Behavioral Hospital, 2020); such stigmas resulted in the deaths of thousands of people, mostly women and those experiencing mental illness(es) (Berdzenishvili, 2022). In Nazi Germany, theories of

eugenics shaped various of their government policies and ideologies, resulting in efforts towards the mass genocide and sterilization of those experiencing mental illness(es). It is crucial to note these past perceptions of and actions towards people with mental illness(es), as they still influence and impact the types and levels of stigmas present within the society of the 21st century.

Stigma directly impacts youths experiencing mental health conditions, particularly when considering their experiences with family, peers, and school staff. Moses (2010) discusses the results of interviews with 56 youths living in a mid-western U.S. city; 62% of participants reported experiencing stigma in relationships with peers, 46% of participants reported experiencing stigmatization by family members, and 35% of participants reported experiencing stigmatization by school staff. As a result of these experiences with stigmas, youths expressed having lost friendships and/or having experienced unwarranted assumptions, distrust, avoidance, pity, and gossip from family members. However, Moses (2010) does suggest that, to resist the stigmatization of youths and their experiences with mental illness, awareness must be raised amongst those closest to these youths, such as family members, peers, peers' families, and educators; such efforts can "reduce social exclusion and ridicule and enhance empathy, tolerance, and understanding about mental disorders" within their learning environment(s). These efforts to increase awareness of and education regarding mental illness(es) may contribute to youths and caregivers' willingness to cope with these stigmas, such as seeking out treatment, combatting self-doubt and shame, not isolating oneself from others, and seeking out connections and help within their learning communities (Mayo Clinic Staff, 2017).

When considering the types, historical significance, and effects of stigma, what suggests that accurate depictions of mental illness(es) within youth's literature can spread further awareness and work to normalize these experiences? Barkeloo-Carter et al. (2021) conducted a study in which 77 adults were interviewed regarding their initial experiences learning about mental illness and what influences their perspectives on people with mental illness(es). When asked, "What influences your perspectives about people with mental illness?", most participants stated that they, personally, have experienced mental illness(es) (36.36% of participants) or that media, TV, and news influenced their perspectives (24.68% of participants). Considering that representation of people experiencing mental illness(es) in media influenced people's perspectives on the matter, the possibility of said media reducing the presence of public stigma and self-stigma must be investigated—especially when considering youths' literature.

Representation of Mental Illness(es)—What are the Impacts?

Before discussing how representation of mental illness(es) within youths' literature can help in reducing the effects of stigma that currently exist, it is important to acknowledge that not all representation of mental illness(es) in media has positive effects on people's perceptions of those experiencing mental illness(es). Scarf et al. (2020) conducted interviews with 164 individuals, splitting them into two groups: the first group having viewed *Joker* (2019), which depicts a character experiencing mental illness(es), and the second group having viewed *Terminator: Dark Fate* (2019), which acted as the "control" during the research. Each participant completed a 28-item "Prejudice Toward People with Mental Illness" (PPMI) survey before and after watching their assigned

movie, and those who watched *Joker* displayed higher levels of prejudice towards those experiencing mental illness(es) (Scarf et al., 2020).

While these representations associate mental illness(es) with violence, which may further prevent the support for policies that would benefit those experiencing mental illness(es) and even exacerbate self-stigma, similarly harmful representations can also be found in youths' media. In a 2006 New Zealand study, almost half of all television programs for youths, ages 10 and younger, reference mental illness(es), yet the characters experiencing mental illness are "portrayed as objects of amusement, derision and fear" (Stuart, 2006). Depictions of those with mental illness(es) can also be found in Disney animated films; the majority (85%) contain verbal references to mental illness, while 21% of all principal characters are referred to as experiencing mental illness(es) in some fashion (Stuart, 2006). Stuart (2006) states that while "media [has] produced some of the most sensitive, educational and award-winning material on mental illness ... they have also been responsible for creating a vast store of negative imagery [regarding mental illness(es)]."

Although these representations of mental illness(es) in media have harmful effects on people's perceptions of those experiencing mental illness(es), acknowledging the possible effects resulting from positive representations, such as spreading further awareness and normalizing these experiences, is necessary for providing solutions against said perceptions. More positive representations are emerging, as emphasized by Moudry (2021) when discussing the child-targeted television program, *The Loud House*, on Nickelodeon, as it "serves to reduce the stigma of receiving care for mental illnesses and teach viewers the modes and methods that they will experience if they need care from a

therapist.” The protagonist’s best friend, Clyde, often calls his therapist, Dr. Lopez, when seeking help on certain issues, and his actions in doing so are often treated with sincerity and pragmatism by other characters within the series; as of the conclusion of the third season, Dr. Lopez was discussed in 19 of the 78 (24%) of the episodes. This representation actively reduces the stigma of psychotherapy by increasing child awareness regarding the practice of therapy sessions, and it also demonstrates how family and peers can support those who are experiencing mental illness(es) and seeking out treatments. However, these representations should not be limited to television programming; positive representations of those experiencing mental illness(es) should be accessible within youths’ literature, as well.

To better understand the impact of representing youths and families having experiences with mental illness(es) within youths’ literature, the metaphor of “mirrors, windows, and sliding glass doors,” coined by Bishop (1990) must be acknowledged before exploring further research. According to Bishop (1990), “when children cannot find themselves reflected in the books they read, or when the images they see are distorted, negative, or laughable, they learn a powerful lesson about how they devalued in [their] society,” demonstrating the importance of mirrors, windows, and sliding glass doors within their literature—learning about yourself, learning about those who differ from you, and entering the lives of others.

Considering the value of mirrors, windows, and sliding glass doors, youths’ literature can make enduring impacts on society, especially if applied in settings that act as learning environments for either youths or their families. Kurtts and Gavigan (2008) describe the process of using youths’ literature, through a bibliotherapeutic approach, to

inform students about disabilities during classroom lessons; mental illness(es) are invisible disabilities. Ultimately, this approach addresses the needs of students with disabilities and helps those without disabilities understand their peers' perspectives. Bibliotherapy is described as "the process of using books to help children think about, understand, and work through social [and/or] emotional concerns," and within a classroom setting, such an approach can be used to aid students in better understanding each other's experiences, prevent bullying, and turn literature into interactive workbooks (Akinola, 2014).

Beyond the classroom, youths' literature containing representation of those experiencing mental illness(es) must be accessible within their libraries—both their school and public libraries. Michelle Martin, a Beverly Clearly Endowed Professor in Children and Youth Services and an MLIS Program Chair at the University of Washington emphasizes the importance of having librarians who create bridges between themselves and those within the community they serve; librarians must be able to recommend books that introduce children to various perspectives, further emphasizing the importance of mirrors, windows, and sliding glass doors within this context (O'Donnell, 2019). Through reading literature about different perspectives, youths can learn about those experiencing mental illness(es), which can aid in reducing the effects of stigma that exist today.

It is crucial to note that, in terms of representation of mental illness(es) within youths' literature, there is room for growth, especially when considering the current state of disability representation generally. Kingsbury (2021) discusses that, although there are improvements in terms of representation of disabilities in youth's literature, there are still

existing barriers for writers and illustrators with disabilities, books that rely solely on stereotypes, and a lack of intersectionality regarding characters' identities. To further improve, youths' book publishers should hire people with disabilities or experiencing mental illness(es) to write youths' literature and publish books that, although include those experiencing mental illness(es), do not solely focus on that aspect of their identity. Therefore, it is important to explore how, and to what extent, individuals with mental illness(es) are represented within youths' literature. While accurate depictions can spread awareness regarding and further normalize mental illness(es) for youth readers, it is crucial to analyze current literature to determine the areas of which people can advocate for growth.

Research Questions

The purpose of this content analysis is to 1) investigate how mental illness(es) are represented and depicted within youths' picture books and 2) investigate the overall implications of said representations and depictions. The study will focus on the following research questions:

- Which mental illnesses are most heavily depicted in picture books? Which mental illnesses are not as heavily depicted in picture books? Are the depictions accurate?
- Who is the character with the condition? (Is the character with the condition a youth? A caregiver/parent? A friend?) How is the character represented?
- Are the mental illnesses personified? If yes, how so?
- Are there similarities and/or differences in the ways specific mental illnesses are depicted in picture books?
- Which symptoms are acknowledged within picture books? Are treatments acknowledged within picture books? How are the characters' experiences concluded?

For the purposes of this study, I define “mental illness(es)” as “health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses can be associated with distress and/or problems functioning in social, work or family activities” (APA, n.d.-c). The terms “mental illness(es),” “mental disorder(s),” and

“mental health conditions” will be used interchangeably throughout the study. I define “picture books” as “book[s], most often written for children, in which the content is conveyed [using] words and pictures in combination or through pictures alone” (Maryland State Library Resource Center, n.d.-j).

Methodology

For this study, I conducted a content analysis, of both quantitative and qualitative data, to investigate the representations and depictions of mental health conditions within youths' picture books. I analyzed content, from within the picture books, that is readily published and available for use, so content analysis was the methodology best suited for investigating these existing artifacts.

Positionality Statement / Researcher Role

As a future youth librarian, I consider myself an advocate for the acquisition of books and resources that contain diverse individuals and topics for libraries' collections, which influenced my decision to investigate a sample of youths' picture books. I prioritize supporting books and resources containing positive and factual representations of diverse individuals and topics, especially if the content discusses the experiences and/or cultures of diverse and/or marginalized groups of people; ensuring such accuracy encourages an inclusive environment that rejects harmful representations and stereotypes, and it also educates youths about identities or experiences differing from their own. These priorities influenced me to investigate the representations and depictions of mental health conditions within youths' picture books, in hopes that this study will inform others within the field of Library and Information Science (LIS) regarding the available literature for youths discussing mental health conditions. To ensure that I am minimizing any threats towards those experiencing mental health conditions, I used terminology from

reputable medial resources when discussing my process during this investigation and when analyzing the representations and depictions within my sample of youths' picture books.

Sampling Process

The population I studied includes youths' picture books that have representations and/or depict the experiences of those with mental illnesses, either implicitly or explicitly. My sampling unit included 20 picture books from this population.

For my initial population, I compiled a list of potential youths' picture books by using a non-probability sampling technique, specifically purposive sampling, from which I then drew my final sample of picture books. To compile this list, I referenced book reviews, such as those from magazines, cataloging websites, and book lists curated by parents and/or librarians. Books selected for the population met the following criteria: they had been published during or after 2012, and they explicitly state that they discuss mental illness(es), either by the author or a reputable reviewer. I specifically included the latter criteria since I did not wish to diagnose any characters myself, as I am not a medical professional and do not want to cause any potential harm in doing so. Therefore, I relied on the authors and/or reputable reviewers to provide information regarding the books' intended content. Once this initial population had been compiled, I randomly selected 20 books to be the sample I used throughout my study. For a list of the selected titles, see Appendix C.

Data Collection Procedures

To collect the data, I physically obtained each picture book included within my sample of 20 books. To ensure conformability throughout the process, I read each picture

book twice, took written notes on each picture book, and coded each picture book by hand, based on my coding criteria. Per picture book, this process took 45 minutes to 1.5 hours. To ensure transferability of this process, a blank copy of my coding frame and lists of both the population and sample of books can be found within Appendix B and Appendix C, respectively. While most of my coding frame was my own ideation, I utilized elements of the coding frame included within Orrell (2021), information provided by NAMI, and the 5th edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (known as the DSM-5) to formulate my coding criteria.

When conducting my content analysis, I looked for manifest content—content that is “right there” within the books’ text and/or image(s)—and latent content—content that I needed to infer or interpret from the books—within each book’s narrative. Each picture book was coded for the following categories: which mental illness(es) is/are depicted, who has the mental illness within the narrative, whether the mental illness is personified, which symptoms are depicted, which treatments are depicted, how the character reacts to their mental illness, how others react to the character with the mental illness, the conclusion of the story, i.e., the message, and whether the book includes an author’s note. While some of these characteristics were “right there” within the books’ text and/or image(s), other characteristics needed to be inferred or interpreted by me; to do so, I utilized the criteria within the subcategories listed under each category of the coding frame.

Data Analysis Procedures

Before analyzing my raw data, it was formatted, or “cleaned”; once I concluded the process of coding all 20 picture books from my sample, I organized the data in a uniform fashion, via a Microsoft Excel spreadsheet.

My content analysis was both quantitative—counting occurrences of pre-determined types of information—and qualitative—inductive analysis that builds codes and themes from the data. During quantitative analysis, I used counts to investigate the frequency of specific occurrences amongst the pictures as a whole and analyze for possible implications. For example, for my sub-question, “Are the mental health conditions personified?”, I counted how many picture books within the sample included a personification of a mental health condition and asked: 1) Is it a common trend? 2) Not a common trend? 3) What are the implications either way? During qualitative analysis, I analyzed each picture book individually and investigated its narrative based on my chosen codes. For example, for my sub-question, “Are the mental health conditions personified?”, if the mental health condition was personified within the book, I analyzed how so within the context of that specific picture book and asked: 1) Is it depicted as an animal? 2) A monster? 3) What are the implications?

To further establish trustworthiness, I included examples from raw data—such as conclusions from the text and/or image(s) of the picture books—alongside my analysis and interpretations, to demonstrate transparency regarding the thought-process behind my discoveries. Each picture book has its own section during the discussion, in which I included all this information.

Findings and Analysis

Anxiety Disorder

Quantitative Data

This section of the findings and analysis will focus on 1) investigating how anxiety disorder(s), specifically, are represented and depicted within the sample of youths' picture books and 2) investigating the overall implications of said representations and depictions. Of the 20 picture books within the sample, anxiety disorder(s) were depicted in 7 of them, making up 35% of the picture books, as shown in Figure 1 located in Appendix A. Anxiety disorder is “characterized by a pattern of frequent, persistent excessive anxiety and worry that is out of proportion to the impact of the event or circumstance that is the focus of the worry” (APA, 2013, p. 139).

During the process of coding the picture books, I collected data on 1) the general characteristics of the characters experiencing the anxiety disorder, 2) the frequency of the presence of diagnostic criteria, i.e., symptoms, of and treatments for the anxiety disorder, 3) whether the anxiety disorder is personified, and 4) how the story concludes regarding the characters' experiences with the anxiety disorder.

In terms of the general characteristics of the characters, 100% of the characters experiencing the anxiety disorder(s) within their respective picture book were human children; none of the picture books depicted a human adult or non-human character with anxiety. Considering that estimates for youths, ages 3-17 years old, diagnosed with

anxiety disorders, as of 2016-19, is about 9.4% (approximately 5.8 million youths) (CDC, n.d.-d), I did not find these results surprising; each picture book was told from the perspective of or narrated by the respective youth at the center of that story. However, of the 7 protagonists, I perceived 5 of them as female, so 71.4% of the books depicting anxiety disorder(s) focused on young girls, rather than young boys, as shown in Figure 6 of Appendix A.

Of the frequency of the presence of diagnostic criteria, i.e., symptoms, of the anxiety disorder, the depictions within the picture books were mostly accurate, as per my coding framework. In terms of the diagnostic criteria, 100% of the picture books depicted the protagonists facing “difficulty controlling their anxiety and/or worry,” and 100% of the picture books demonstrated that “anxiety and/worry results in distress and/or impairment during social, occupational, and/or other areas of functioning.” The third most frequent symptom depicted was “excessive anxiety and/or worry regarding more than one event or activity,” which occurred in 71.4% of the picture books. Some of the other symptoms were depicted as well, but not to the same frequency, demonstrating that, despite their similarities, there was some variation amongst the depictions of symptoms.

Of the frequency of the presence of treatments for the anxiety disorder, the depictions within the picture books were mostly accurate, as per my coding framework. The most widely depicted treatment was “support from family and/or friends,” making up 71.4% of the picture books. Some of the other treatments were depicted as well, but not to the same frequency, demonstrating that, despite their similarities, there was some variation amongst the depictions of treatments. However, 0% of the picture books discussed “opposite-to-emotion thinking,” “therapy,” “medication,” or “hospitals.”

In terms of the general depiction of the anxiety disorder(s), there were some consistencies, although certain picture books did have more unique depictions. Of the picture books, 6 out of 7 contained personified depictions of the anxiety disorder(s), making up 85.7% of the books. However, of these 6 books, only 33.3% of the depictions were non-monsters; the other 66.6% of the books depicted the protagonist's anxiety disorder(s) as some form of a monster. Furthermore, of the picture books, 6 out of 7 depicted "work in progress" conclusions, meaning that the anxiety disorder was not cured, but the character(s) better understood their experiences and/or temporarily alleviated their symptoms by some means, making up 85.7% of the books. The last book depicted an "entirely resolved" conclusion, meaning that the anxiety disorder was cured, and the character(s) no longer experienced the effects of it. Overall, more stigmatizing depictions of anxiety disorder were depicted within the picture books, but the conclusions were accurate to the experience of having an anxiety disorder.

Qualitative Data

This section of the findings and analysis will focus on 1) how the character experiencing the anxiety disorder reacts to their own illness, 2) how other characters react to the character's anxiety disorder, 3) the implications of the personified depictions of the anxiety disorders, and 4) the general impressions left on me, as the reader, upon reading the picture books. The picture books will be discussed individually or in pairs, based on thematic similarities or similarities in terms of their depiction of the anxiety disorder.

Representation/Depictions without Personification

Captain Starfish, written by Davina Bell with illustrations by Allison Colpoys, was published in 2015, and its protagonist is Alfie, a young boy who begins to feel

anxious before the Underwater Dress-Up Parade, taking place the next day. The story begins by stating that “Alfie got that feeling” (Bell, 2015, p. 3), which he has experienced before other events; he got that feeling before running a race and before playing musical chairs at a party. “It wasn’t a nice feeling” (Bell, 2015, p. 5), the story states, and therefore, his anxiety prevents Alfie from doing many things. Alfie has nightmares that night, and his nightmares consist of an angry octopus, a hissing sea snake, a spiky puffer fish, and not being able to get out of a bubble, and he also dreams that he is “carrying the ocean, all on his own” (Bell, 2015, p. 14). *Captain Starfish* is the only book within my sample that did not personify the protagonist’s anxiety. Instead, Alfie’s anxiety is described as a “feeling,” manifesting in symptoms such as physical pain (a stomachache) and difficulty sleeping. He also “feels” the weight of the ocean on his back during his nightmare; Alfie, only taking up a corner of the illustration, has the ocean, full of various sea creatures, on his back, as he is bent over, struggling to carry it (Bell, 2015, pp. 14-15).

Upon waking up, Alfie has a stomachache, and he informs his mother that he cannot go to the parade and asks her not to be angry with him. She shows no anger whatsoever and tells him to get dressed, so they can go to an aquarium together instead. In terms of how Alfie feels towards his anxiety disorder, Alfie doesn't like the “feelings” that he gets so often. It makes him feel like he is not brave enough several times during the story, and these feelings make him feel guilty, especially towards his parents.

While at the aquarium, Alfie sees a starfish, which looks just like the costume he was going to wear to the parade, which disheartens him. Then, Alfie sees a clownfish, which only appears for a moment before swimming back into its coral; it does not come

back out. On the way home, Alfie talks to his mom about the clownfish, and she tells him that sometimes clownfish need to hide away; Alfie and she agree that sometimes people do, too. Once back at home, Alfie tells his father that he was not “Captain Starfish” at the parade, but that it doesn’t matter; he can try again next year, and instead dress up as a clownfish. In terms of how others react to Alfie’s anxiety disorder, both of his parents are supportive throughout the course of the story. They express how proud they are of him and act openly affectionate, and neither of them show anger towards the effects of Alfie’s anxiety either. Once Alfie grows to realize that people, including himself, need to hide away sometimes because of their “feelings,” they both show support; his mother agrees with him on the ride home from the aquarium, and his father agrees once Alfie returns home.

At the end of the story, there is a time-skip, and the reader sees that Alfie did go to the parade the next year, dressed as a clownfish. The conclusion depicts his anxiety disorder as a “work in progress” since, although he has grown acceptance towards his anxiety disorder, it still requires time to do certain things. Overall, the picture book’s narrative reads like a story for the reader. Although the narrative is primarily about Alfie’s anxiety disorder, there is another conflict present: attending the Underwater Dress-Up Parade. As a result, the reader does learn about Alfie’s interests, even if the primary storyline involves his anxiety.

Representation/Depictions with Non-Monstrous Personification

When Molly Drew Dogs, written by Debroah Kerbel with illustrations by Lis Xu, was published in 2019, and its protagonist is Molly Akita, a young Japanese girl who experiences a pack of stray dogs moving into her head on the night before the first day of

school; the pack of dogs represents her anxiety disorder. The story states, “[The dogs] were friendly. But a bit wild” (Kerbel, 2019, p. 5), and to release them from her thoughts, dreams, and overall brain, Molly draws them. She draws them on her family’s moving boxes and various sheets of paper, and although it alleviates her anxious feelings, no one else approves of her drawings. Her grandmother is illustrated disapprovingly picking up Molly’s drawings from the ground (Kerbel, 2019, p. 9), and at school, Molly’s teacher, Ms. Shepherd discourages her from drawing, stating, “It’s time to get serious, Molly” (Kerbel, 2019, p. 10). Yet, Molly needs to release the pack of dogs so they can run free since they were “causing so much trouble ... she couldn’t erase them, even if she wanted to” (Kerbel, 2019, p. 17). All her efforts to stop drawing do not work, and it results in a letter being sent home to her grandmother.

As a result of the letter, her grandmother sends her to see a tutor, Mr. Russell, and he loses his patience with her as she continues to draw dogs. Due to his outburst, Molly runs away from the classroom and outside into the rain. Lost, she hides inside a garden shed, and while inside the shed, she continues drawing her dogs, even drawing coats and bowls of food for them. She falls asleep, but during the night, she gets frightened by strange barking outside the shed. At dawn, Ms. Shepherd finds her inside the shed; when Molly states that she heard barking, Ms. Shepherd informs her that a robber got scared off by a pack of dogs wearing coats. They both turn to Molly’s drawings, and then Ms. Shepherd takes Molly home. Molly reunites with her grandmother, and Ms. Shepherd allows Molly to draw dogs once she returns to school. Overall, the picture book’s narrative reads like a story for the reader. Although the narrative is primarily about Molly’s anxiety disorder, her coping mechanism, i.e., drawing, it may not be obvious for

many readers; if they were not outwardly aware of the book's subtext about anxiety, they may read it as a story about Molly and her enjoyment of art.

Meanwhile, *Olivia Wrapped in Vines*, written by Maude Nepveu-Villeneuve with illustrations by Sandra Dumais, was published and translated in English in 2022, and its protagonist is Olivia, a young girl who introduces herself by stating that she has a bike with two wheels, red shoes with stars on them, a stuffed lion toy, and... vines. She states, "My vines are full of thorns. They grow in my belly, and sometimes they wind all around me. I'm not exactly sure why. All I know is that they make me really uncomfortable. My vines stop me from moving like I want to, and when they wrap around me I turn into a big, spiky ball that no one wants to be near" (Nepveu-Villeneuve, 2022, pp. 4-5). Her thorny vines represent the symptoms of her anxiety disorder. Various things trigger growth of the vines, including seeing spiders, fighting with friends, being late, and going to the dentist, yet sometimes, nothing at all triggers them to wrap around her. She does not know how to get rid of them, especially since no one else can see them, but they tire her out, making her nap often.

At school, her vines grow a lot, and although she likes her teacher, Solange, she cannot even make them go away. That day, her class is at the pool, and Solange asks Olivia to jump off the springboard; Olivia is terrified by the springboard. The vines begin to grow around her, and she cannot jump; she fears that Solange will be mad, and that due to her anger, she will write a note to Olivia's parents. However, Solange asks Olivia if something is going on, and she then helps her climb down the springboard. In class, Solange asks if Olivia has attempted breathing exercises to alleviate the growth of the vines. When Olivia responds saying that breathing exercises have not worked, Solange

encourages her to cut down the vines in her mind as a treatment for her vines; Olivia attempts this method, and it works for her. Olivia then tells Solange that she was afraid she would be angry with her for not jumping down the springboard. Solange comforts her, stating that that would never make her angry. The story ends with Olivia, again, stating that she has a bike with two wheels, red shoes with stars on them, and a stuffed lion toy. However, she states, “I also have vines... but I’m learning to live with them” (Nepveu-Villeneuve, 2022, p. 27). Overall, the picture book’s narrative reads like a story for the reader, even though the narrative is primarily about Olivia’s anxiety disorder and her relationship with it, i.e., her relationship with her vines. However, although the primary focus is how she learns to begin managing the growth of her vines, there is a bit of focus on Olivia’s general characteristics, especially since there is conflict regarding her fear of the springboard.

Although *When Molly Drew Dogs* and *Olivia Wrapped in Vines* both contain personifications of anxiety, with the former personifying anxiety as a pack of dogs and the latter personifying it as thorny vines, they are the only books with my sample that contained personifications you could find in real-life, rather than utilizing imaginary creatures to personify the anxiety disorders. Although *Captain Starfish* did not contain personification, Alfie dreams of an ocean physically weighing him down, and the pack of dogs and thorny vines cause similar physical ailments for Molly and Olivia. Molly’s dogs “scratched at her brain, begging to be let out” (Kerbel, 2019, p. 7), forcing her to use drawing as a coping mechanism to release them, i.e., release the symptoms of anxiety. Olivia’s manifest within her stomach and around her body, causing symptoms like discomfort and physical immobility. While “feelings” emphasize the presence of Alfie’s

anxiety, the pack of dogs and thorny vines emphasize the presence of Molly and Olivia's anxieties.

In terms of how Molly and Olivia feel about their mental illnesses, they experience similar feelings; Molly does not know how to “erase” her dogs, while Olivia states that does not understand her vines. They both experience confusion regarding their anxieties, ultimately affecting them both within school settings, as well. However, the way in which others respond to their experiences with mental illness differs heavily, with Molly receiving minimal support and Olivia receiving a lot of support.

During *When Molly Drew Dogs*, Molly's grandmother, Ms. Shepherd, and Mr. Russell all have moments in which they dismiss Molly's art; Ms. Shepherd even sends a letter home to her grandmother regarding Molly's art. Not until Molly runs away, and her dogs potentially save her from a robber, do Molly's grandmother and Ms. Shepherd show support towards her drawing of dogs. Meanwhile, Olivia's teacher, Solange, is supportive from the beginning of *Olivia Wrapped in Vines*. Upon recognizing that something is affecting Olivia, she reaches out, comforts her, and tries to provide her with some advice to control her vines. Olivia initially fears that her hesitance on the springboard will cause Solange to write a letter to her parents, but Solange does no such thing, highlighting the key differences between her and Ms. Shepherd.

Representation/Depictions with Monstrous Personification, Part 1

My Monster and Me, written by Nadiya Hussain with illustrations by Ella Bailey, was published in 2019, and its unnamed narrator, a young boy, begins the story by stating, “This is my monster. And this is me” (Hussain, 2019, pp. 6-7). The boy introduces the monster before introducing himself, and in the accompanying illustration,

we see the boy with a yellow monster who is about two or three times larger than him (Hussain, 2019, pp. 6-7). The narrator states that the monster has been around for as long as he can remember, and he assumes he must have been born with the monster, or that the monster moved in when he was very young. The monster represents the narrator's anxiety disorder, and within the narrative, it is implied that the narrator has had an anxiety disorder for his entire life thus far.

The monster results in the narrator experiencing various symptoms of anxiety. Since the monster is big and snores loudly, it disrupts the narrator's ability to sleep, demonstrating that his anxiety is impacting his ability to rest at night. As time passes, the monster gets bossier, telling the narrator what to do and preventing him from doing other things he would rather be doing; the monster even blocks the front door when the narrator's friends want to play with him outside. Ultimately, the narrator's monster is causing him to be too anxious to engage in these activities.

One day, the monster waits for him after school, and he has gotten even bigger in size and is in a bad mood. The narrator tries getting away from the monster, but it continues following him. The narrator goes to his grandmother's house, and when she asks him what is wrong, she listens to the narrator talk about his monster. The monster listens, too, and begins shrinking smaller in size. Now that the monster is small, the narrator tells him to go away, and the monster listens to him.

The next day, the narrator sees the monster at school, and he decides to pick the monster up and put him in his pocket. Now that the monster is smaller, he is not as scary, and whenever he tries to get out of the narrator's pocket, he tells him to behave himself. The narrator states, "My monster is part of me. We've known each other from the

beginning. This is me. And this is my monster” (Hussain, 2019, pp. 27-29). The boy now introduces himself before the monster, and in the accompanying illustration, we see that the boy is now seven or eight times larger than his monster (Hussain, 2019, pp. 28-29). Overall, the picture book reads like a story for the reader, even though the narrative is primarily about the narrator’s anxiety disorder and his relationship with it, i.e., his relationship with his monster. Narratively, it is like *Olivia Wrapped in Vines*, since its primary focus was Olivia managing her relationship with her vines, as *My Monster and Me* focuses on the narrator managing his relationship with his monster.

Meanwhile, *The Whatifs*, written by Emily Kilgore with illustrations by Zoe Persico, was published in 2020, and its protagonist is Cora, a young girl who, because of her nervousness, attracts “Whatifs” to herself. The narrative describes Whatifs as creatures that “slink in from unknown places and swiftly attach themselves to people when they least expect it. Then they whisper a question so quietly, so softly, so gently, that the person usually doesn’t know the Whatifs are there at all” (Kilgore, 2020, p. 6). Ultimately, Whatifs ask anxiety-inducing what-if questions like, “What if my dog runs away? What if I forget my homework? What if the sun stops shining? What if my crayon breaks?” (Kilgore, 2020, p. 8), and they surround Cora all day, manifesting symptoms that impact her ability to do several activities.

The reader finds out that Cora has a piano recital in a few days, but the Whatifs begin asking her various anxiety-inducing what-if questions about her performance and the potential audience. On the day of the recital, the number of Whatifs increases, and they begin to weigh down on Cora, bombarding her with more what-if questions. Cora begins panicking, and another girl, Stella, asks if she is alright. Despite her fears that

Cora will judge her or not understand, she tells her about the Whatifs, and Stella comforts her, stating that everyone has Whatifs. Stella even has Whatifs, and she provides an example of the one she had prior to talking to Cora: “Just a minute ago, I asked myself, ‘What if Cora’s sad and I can help?’” (Kilgore, 2020, p. 20). Stella explains that good Whatifs exist, too, and together, they state some positive what-if questions aloud, using mental reframing techniques to alleviate the symptoms of Cora’s anxiety disorder. Cora begins to feel good Whatifs around her, and they replace the heavy, lumpy, and grumpy ones.

Once it is Cora’s turn at the recital, she begins playing the piano, surrounded by good Whatifs. However, when she suddenly hits the wrong note, the other Whatifs manifest around her. She looks over at Stella and begins asking herself positive what-if questions, managing to attract good Whatifs and finish the recital. The story concludes with her asking herself a what-if question about becoming friends with Stella. Overall, the picture book reads like a story for the reader. In similar fashion to Alfie’s experiences in *Captain Starfish*, although the narrative is primarily about Cora’s anxiety disorder, there is another conflict present: completing her piano recital. As a result, the reader does learn about Cora’s interests, even if the primary storyline involves her anxiety disorder.

Both *My Monster and Me* and *The Whatifs* utilize personification during their depictions of anxiety, with the narrator of *My Monster and Me* being followed around by an actual monster, and Cora being followed around by creatures that “slink in from unknown places” (Kilgore, 2020, p. 5). I question whether these depictions do more harm than good, specifically when considering how monstrous depictions of anxiety can further increase stigma and/or fear towards mental illness(es). The monster in *My*

Monster and Me is yellow, big, and loud, and although he does not appear physically frightening during the story, his behaviors manage to be frightening; he follows the narrator around constantly and physically blocks him from moving from one place to another during the story. Meanwhile, the Whatifs are heavy, lumpy, and grumpy, essentially latching onto Cora all day every day, asking her anxiety-inducing questions.

While the monstrous depictions are somewhat questionable, the conclusions of both stories do provide the narrator and Cora with agency they had not previously had at the beginning of their respective stories; as a result, the monstrous depictions become more nuanced than expected. With his grandmother's support towards his anxiety disorder, the narrator can talk about his monster, which makes him feel better, and as a result, the monster shrinks in size. The narrator chooses to retrieve the monster at school the next day, ultimately accepting his anxiety disorder, yet also learning how to manage it. He begins to see himself beyond his mental illness, resulting in him introducing himself before his monster at the end of the story. Meanwhile, with Stella's support towards her anxiety disorder, Cora reframes her what-if questions into positive what-if questions, forcing the heavy, lumpy, and grumpy Whatifs to leave her alone, as they are replaced by good Whatifs. Ultimately, the Whatifs will never truly be gone, but Cora learns how to accept their presence by managing them. Although both stories contain monstrous depictions of mental illness, the narrator and transform their respective "monsters" into beings they can manage themselves.

Representation/Depictions with Monstrous Personification, Part 2

Worry Says What?, written by Allison Edwards with illustrations by Ayesha L. Rubio, was published in 2018, and its unnamed narrator, a young girl, begins the story by

stating that Worry, a gray, horned “monster,” sets up camp inside of her brain.

He puts up a tent, chops wood for a fire, and hums a song, and Worry’s song causes the narrator to experience symptoms like a stomachache and an accelerated heartbeat.

Sometimes he even whispers or yells, and as a result, she cannot hear anything but him.

Ultimately, Worry represents the narrator’s anxiety disorder throughout the story.

While at school, Worry affects the narrator’s ability to do various tasks, another symptom of her anxiety disorder. During a math test, Worry whispers and then yells about the test being too hard for the narrator, saying that she cannot do it and will never get it right. Since she cannot think or concentrate, she does not complete the test. Later, when the narrator wants to play with other kids at recess, Worry tells her that the other kids do not like her. Then, he begins singing a song about how the other kids do not like her. When the narrator tries to do a handspring during gymnastics, Worry begins taunting her again, saying she is not strong enough, that she will fall and everyone will laugh, and that she is going to get hurt. She stops trying, as a result.

Later that night, Worry taunts her by telling her she is not safe, asking questions about weird sounds and shadows. She is too afraid to fall asleep, so she confronts Worry. She asks, “Will I always be afraid?” and Worry responds, “You will if you keep listening to me” (Edwards, 2018, p. 14). As a result, she decides that she is done with Worry bossing her around, shocking Worry. The next morning, the narrator talks to Worry instead of waiting for Worry to talk to her; she tells him to go, and every time he tries to talk back, she ignores him. While not listening to Worry, she solves a difficult math problem and plays with her friends at recess, verbally affirming herself during both situations. Yet, during gymnastics, her first back handspring does not go well, giving

Worry some motivation to discourage her. She dismisses him, saying that although she cannot do the handspring yet, she can keep trying. With mental reframing techniques, like Cora from *The Whatifs*, the narrator can manage the symptoms of her anxiety disorder.

That night, she tells Worry she is not afraid of him anymore, so Worry leaves to find someone else to listen to him. The narrator states, “Every now and then, I hear Worry chopping wood for his fire and putting tent poles together. Before he can even get settled back in, I sing a little song, just loud enough for him to hear” (Edwards, 2018, p. 28). Although Worry sometimes comes back, she immediately sings affirmations to herself. He does not have a response once she does so. Overall, the picture book reads like a story to the reader, even though the narrative is primarily about the narrator’s mental illness and her relationship with it, i.e., her relationship with Worry. Narratively, it is like *Olivia Wrapped in Vines* and *My Monster and Me*, as it focuses on the narrator managing her relationship with Worry. However, instead of accepting Worry as a permanent presence the way in which Olivia and the narrator of *My Monster and Me* do, she acknowledges Worry as an entity that may return, since now she has the confidence to stop listening to him.

Worry Says What? is the only book about anxiety within the sample that depicts neither support from others nor lack of support from others regarding the narrator’s mental illness. During the story, she does not discuss her mental illness with any adults, as there are none included within the narrative, and she does not discuss her mental illness with her friends. She, a child, is forced to confront her anxiety by herself. The anxiety, like both *My Monster and Me* and *The Whatifs*, is depicted through

personification, with a gray, horned “monster” named Worry setting up a campground inside the narrator’s mind; he spends all his time with the narrator, whispering and singing discouraging words and frequently yelling at the narrator. Again, I question whether this depiction does more harm than good, specifically when considering how monstrous depictions of anxiety can further increase stigma and/or fear towards mental illness. Unlike *My Monster and Me* and *The Whatifs*, the depiction of the monster in this story is seemingly less nuanced, as the narrator does not learn to accept and manage Worry as part of her, but rather aims to remove him from the campground inside her mind. To get rid of Worry, she utilizes mental reframing techniques, and once she is no longer afraid of him, he leaves her. Despite her acknowledging that her anxiety, i.e., Worry, will return, stating, “I know he’ll be back again, and I’ll be ready” (Edwards, 2018, p. 27), she never accepts Worry as part of her nor receives any support during the process. The messaging that a child can simply get rid of their illness and does not need any support may not be as useful as encouraging children to accept, manage, and transform their illnesses and seek out support from others.

Gloria’s Big Problem, written by Sarah Stiles Bright with illustrations by Mike Deas, was published in 2020, and its protagonist is Gloria, a young girl who loves singing. However, in addition to having a love for singing, she also has a Problem that interferes with her daily life, dissuading her from doing things. Her Problem is a troll-like, green “monster,” and “[w]hen [Gloria] decided she wanted to try something, like ride her bike to the store for the first time or go to Alice Colepepper’s house for an overnight or try out for the town soccer team, this Problem of hers would come sneaking around and talking about things that could go wrong. And her Problem would keep right

on talking until she changed her mind” (Bright, 2020, p. 5). Upon being asked to leave, her Problem never listens; it continues following her, speaking loudly, and growing larger. Ultimately, the Problem represents Gloria’s anxiety disorder throughout the story.

Despite always being with her, she realizes that no one else can see her Problem. She tries telling her older brother, Henry, about it at school, but he “laughed and laughed and told her she was nuts” (Bright, 2020, p. 14); other children participate in laughing at her, as well. When Gloria ends up deciding she wants to audition for a play, her Problem discourages her. Trying, again, to get support from others, she tells her parents and Henry. Her parents respond, “Isn’t that sweet?” dismissively and continue working on their crossword puzzles, while Henry laughs, “You’re doing what? ... You’re going to get up onstage and sing in front of all those people? You can’t do that! You have a Problem! A REAL PROBLEM!” (Bright, 2020, p. 17).

Gloria goes to the community theater to audition despite her Problem continuing to discourage her. She experiences symptoms like physical pain in her stomach, chest, and throat while thinking up a bunch of negative what-if questions due to her Problem’s harassment of her. Then, she begins feeling anger towards Henry and his friends, her parents, and the Problem. She yells, “STOP!” at her Problem due to her anger, and the Problem shrinks and hides in the auditorium. Now that she has everyone’s attention, she dismisses her Problem and sings, inspiring Frankie Fudsmutter, who also has a Problem, and he goes onstage, too. Gloria earns a part in the town musical. Overall, the picture book reads like a story like a story. In similar fashion to Alfie’s experiences in *Captain Starfish* and Cora’s experiences in *The Whatifs*, although the narrative is primarily about

Gloria's anxiety disorder, there is another goal present: auditioning for a play at the community theater. As a result, the reader does learn about Gloria's interests, even if the primary storyline involves her anxiety disorder.

Like *My Monster and Me*, *The Whatifs*, and *Worry Say What?*, *Gloria's Big Problem* utilizes personification during its depictions of the anxiety disorder, with Gloria being followed around by a Problem, a troll-like "monster" who bellows loudly and grows in size. While I question monstrous depictions of anxiety and its impact on stigma and/or fear towards mental illness, there is a possibility for nuance and subverting harmful depictions, as some of the previous picture books do so. However, of the books with monstrous depictions of anxiety disorder(s), *Gloria's Big Problem* contains the most harmful messaging. Unlike the narrator of *My Monster and Me* and Cora, who accept, manage, and transform their "monsters," and unlike the narrator of *Worry Say What?*, who utilizes mental reframing techniques to keep her "monster" away whenever he returns to her, Gloria simply yells at and insults her Problem to make him shrink in size. Once she yells, "STOP!", calls him a troll, and defies him in front of the entire town, he seemingly never bothers her again. Although he is present at the end of the story, he is in the audience during her performance of the play, and she never mentions having to acknowledge him. The quick resolution, and the lack of acknowledgment that anxiety can return at times, is not adequate messaging, especially in comparison to other stories with monstrous depictions that do not have complete resolutions, rather focusing on aspects like managing anxiety and utilizing specific techniques.

Furthermore, like the narrator in *Worry Says What?*, Gloria, who is a child, is forced to confront her anxiety by herself. Yet, unlike the narrator, it is not because there

is no one present to speak to about her Problem; she reaches out to her brother, Henry, and her parents, yet they react in harmful ways, with little to no acknowledgement of her Problem, even at the end of the story. Henry calls her “nuts” (Bright, 2020, p. 14), and her parents “Tom and Melinda Marvel ... always smiled kindly when she mentioned her Problem but never took her seriously” (Bright, 2020, p. 21). After Gloria gets her Problem to shrink, “the whole town stopped... and listened” (Bright, 2020, p. 25), but there is never any explicit acknowledgement of any of her experiences with her anxiety disorder or an apology for continually dismissing her.

Attention Deficit Hyperactivity Disorder (ADHD)

Quantitative Data

This section of the findings and analysis will focus on 1) investigating how attention deficit hyperactivity disorder(s) (ADHD), specifically, are represented and depicted within the sample of youths’ picture books and 2) investigating the overall implications of said representations and depictions. Of the 20 picture books within the sample, ADHD was depicted in 2 of them, making up 10% of the picture books, as shown in Figure 1 located in Appendix A. ADHD is a hyperkinetic reaction of childhood, characterized by “1) difficulty focusing and maintaining attention and 2) hyperactivity and impulsivity” (APA, 2013, p. 44).

During the process of coding the picture books, I collected data on 1) the general characteristics of the characters experiencing ADHD, 2) the frequency of the presence of diagnostic criteria, i.e., symptoms, of and treatments for ADHD, 3) whether ADHD was personified, and 4) how the story concludes regarding the characters’ experiences with ADHD.

In terms of the general characteristics of the characters with ADHD, 1 character was a human child, making up 50% of the sample of picture books depicting ADHD, and the other character was coded as “other” since he was non-human, making up the other 50% of the sample of picture books depicting ADHD. However, the non-human character was depicted as a child, as well, so 100% of the picture books depicting ADHD included some form of a child; none of the picture books depicted a human adult with ADHD. Considering that estimates for youths, ages 3-17 years old, diagnosed with ADHD, as of 2016-19, is about 9.8% (approximately 6.0 million youths) (CDC, n.d.-d), I did not find these results surprising; each picture book was told from the perspective of or narrated by the respective youth at the center of that story. Of the 2 protagonists, I perceived the human child as female, and the non-human child as male.

Of the frequency of the presence of diagnostic criteria, i.e., symptoms, of ADHD, the depictions within the picture books were mostly accurate, as per my coding framework. In terms of the diagnostic criteria, 8 out of the 9 criteria (88.8%) pertaining to “patterns of inattention that interfere with functioning or development” were depicted in either of the 2 picture books. Meanwhile, 2 out of the 8 criteria (25%) pertaining to “patterns of hyperactivity and/or impulsivity that interfere with functioning or development” were depicted in either of the 2 picture books. Both picture books depicted the protagonists’ “inattention and/or hyperactivity and/or impulsivity interfer[ing] with social, academic, or occupational functioning,” while only 1 picture book depicted the “inattention and/or hyperactivity and/or impulsivity impact[ing] at least two settings.” Despite the similarities, there was slight variation amongst the depictions of the symptoms of ADHD.

Of the frequency of the presence of treatments for ADHD, the depictions within the picture books were mostly accurate, as per my coding framework. The most widely depicted treatment was “support from family and/or friends,” appearing in both picture books (100%). Some other treatments were depicted in either of the 2 books, including “radical acceptance,” “deep breathing,” “mental reframing,” “setting goals/challenges,” and “other.” However, neither of the picture books discussed “opposite-to-emotion thinking,” “therapy,” “medication,” or “hospitals.”

In terms of the general depiction of ADHD, the 2 picture books contained mostly similarities. Neither picture book utilized personification to depict ADHD. Furthermore, both picture books depicted “work in progress” conclusions, meaning that the ADHD was not cured, but the character(s) better understood their experiences and/or temporarily alleviated their symptoms by some means. Overall, the depictions of ADHD were neither stigmatizing nor inaccurate to the experience of having ADHD.

Qualitative Data

This section of the findings and analysis will focus on 1) how the character experiencing the ADHD reacts to their own illness, 2) how other characters react to the character’s ADHD, and 3) the general impressions left on me, as the reader, upon reading the picture books. The 2 picture books will be discussed both individually and comparatively, due to their similarities and differences in their depictions of ADHD.

Baxter Turns Down His Buzz, written by James M. Foley, DEd, with illustrations by Shirley Ng-Benitez, was published in 2016, and its protagonist is Baxter, a male bunny who is known as the fastest bunny in the forest. Baxter’s “mind buzzed with thoughts and his body wanted to zoom” (Foley, 2016, p. 3), and as a result, he “zooms”

past other animals, like weasels and deer, much to their annoyance within the illustrations (Foley, 2016, pp. 4-5). Within this story, Baxter's "buzz" represents his ADHD symptoms of inattention, while his "zooms" represent his ADHD symptoms of hyperactivity.

One day, Baxter's uncle, Barnaby, finds him under a tree and asks him if something is wrong. Baxter states that he has no friends, even though he wins forest games and finishes all his forest work. He does not understand why no one likes him. In terms of how Baxter feels about his ADHD, he does not seem to recognize anything related to his "buzz" or "zoom," until his uncle mentions them to him. However, he does notice the repercussions; no one wants to be his friend, and he is visibly upset by the other animals' annoyance with him.

Barnaby asks if he remembers how he barged into other animals during the forest race, or how he drank all the water bottles at the end of the race. Barnaby tells him that, while "zooming" is good, Baxter sometimes loses control of his "zoom." Therefore, Baxter that he must learn to turn down his "buzz" and control his "zoom." When Baxter asks how to do so, Barnaby states, "Well, Baxter, your buzz starts in your head, right between those bunny ears. You must slow down your thoughts and be aware of what's happening around you. Once you have turned down your buzz, you can relax your body and control your zoom" (Foley, 2016, p. 10).

Together, Barnaby leads Baxter through some exercises focused on his senses, like what he hears, feels, and smells around him, and deep breathing. He then leads him through exercises to relax his body, like squeezing and then releasing his feet, tail, and ears. With these exercises, Baxter tries paying more attention to his surroundings,

practicing how to alleviate his symptoms with these treatments. Baxter is depicted as having a strong support system from family, via his uncle, who actively leads him through exercises to manage his ADHD. His uncle notices that Baxter's behavior impacts his ability to make friends, so he is honest and tries to aid him in managing his behavior.

Baxter practices his exercises until the next race. On the day of the race, Baxter takes deep breaths and relaxes his body before “zooming” away. During the race, he is more aware of his surroundings, helping a racoon who falls and a baby chipmunk who crawls onto the racetrack. When Baxter wins the race, the other animals thank him for his help, while Barnaby acknowledges Baxter’s improvements in paying attention. Baxter thanks him, before stating, “I guess my buzz is just right! (Foley, 2016, p. 27). Overall, the book reads like a story for the reader. The primary focus is on Baxter learning exercises to manage his ADHD, with the help of Barnaby, but since the forest race is also a conflict within the narrative, it reads like a story, rather than reading like a guide to sensory and breathing exercises.

Meanwhile, *My Wandering Dreaming Mind*, written by Merriam Sarcia Saunders with illustrations by Tammie Lyon, was written in 2020, and its protagonist is Sadie, a young girl who begins the story by stating, “My mind often flies to the clouds and dreams of ponies, and bubbles, and ice cream. Time floats by and I don’t even notice” (Saunders, 2020, p. 4). In a variety of moments, Sadie’s ADHD symptoms of inattention are highlighted to the reader. When given instructions by her teacher, she misses them. When her friends say something to her, she does not hear them. She forgets important things often, much to the annoyance of her mother and friend, who are illustrated questioning

her about her forgetfulness (Saunders, 2020, pp. 10-11). Sometimes she gets distracted from doing chores, homework, and other tasks. She makes a lot of mistakes, like mishearing her teacher, so people assume she is not smart. She loses things often, like shoes, library books, money, and her friends' toys. Sadie continually recognizes that her mind wanders throughout the story, noticing the constant repercussions that occur as a result.

Sadie begins to feel insecure, so one day, she tells her parents that she wishes her mind would stay put, yet they reassure her, stating, "Your mind is an amazing thing, Sadie. It has trouble paying attention sometimes. It's not on purpose, and you're doing the best you can. But it isn't always easy to remember that" (Saunders, 2020, p. 21). To help her remember her best qualities, they write down positive words on slips of paper before placing them into a jar; if Sadie ever feels down, she can now pull a slip from the jar. Her parents, who are supportive of her, validate her experiences by offering these positive affirmations. Sadie then goes to sleep, having been successfully reassured by her parents. Overall, the book reads like a story for the reader. The primary conflict is on the symptoms of Sadie's ADHD, but instead of focusing on specific treatments for them, the story focuses on her growing acceptance towards her symptoms once her parents validate her experiences. As a result of this support, she grows more understanding towards herself, reframing the way she thinks about herself.

While both *Baxter Turns Down His Buzz* and *My Wandering Dreaming Mind* discuss ADHD, and both protagonists receive familial support, their depictions differ in specific ways. The former focuses primarily on Baxter learning how to manage the symptoms of his ADHD, while the latter focuses primarily on how Sadie learns to accept

the presence of her symptoms. Furthermore, Baxter and Sadie experience different symptoms of ADHD; while Baxter experiences the diagnostic criteria for both inattention and hyperactivity, Sadie experiences the diagnostic criteria for inattention. Although both stories depict children with ADHD, there is some variety in terms of the symptoms, providing complementary representations of ADHD.

Major Depressive Disorder (Clinical Depression)

Quantitative Data

This section of the findings and analysis will focus on 1) investigating how depression, specifically, is represented and depicted within the sample of youths' picture books and 2) investigating the overall implications of said representations and depictions. Of the 20 picture books within the sample, depression was depicted in 7 of them, making up 35% of the picture books, as shown in Figure 1 located in Appendix A. Major depressive disorder (clinical depression) is a “codable disorder for people with one or more major depressive episodes” (APA, 2013, p. 108).

During the process of coding the picture books, I collected data on 1) the general characteristics of the characters experiencing depression, 2) the frequency of the presence of diagnostic criteria, i.e., symptoms, of and treatments for depression, 3) whether the depression is personified, and 4) how the story concludes regarding the characters' experiences with depression.

In terms of the general characteristics of the characters, 1 character was a human child (14.3% of the sample of picture books), 3 characters were human adults (42.9% of the sample of picture books), and 3 characters were coded as “other” since they were non-human (42.9% of the sample of picture books), as shown in Figure 8 located in

Appendix A. However, 2 of the non-human characters were depicted as children, while the last character's age remained ambiguous. Considering that the estimate of youths, ages 3-17 years old, as of 2016-19, diagnosed with depression is 4.4% (approximately 2.7 million youths) (CDC, n.d.-d), and the annual prevalence of depression among U.S. adults is 8.4% (approximately 21 million people) (NAMI, n.d.-k), I did not find these results surprising. However, of the 7 protagonists, I perceived 2 of them as female (28.6%), and the remaining 5 of them as male (71.4%), as shown in Figure 7 located in Appendix A.

Of the frequency of the presence of diagnostic criteria, i.e., symptoms, of depression, the depictions within the picture books were mostly accurate, as per my coding framework. In terms of the diagnostic criteria, 100% of the picture books depicted the protagonists facing symptoms resulting in “distress and/or impairment during social, occupational, and/or other areas of functioning.” The second and third most utilized symptoms were “feeling sad, empty, and/or hopeless for prolonged periods of time nearly every day” and “loss of interest in hobbies and other activities,” both appearing within 85.7% of the picture books. Some of the other symptoms were depicted as well, but not to the same frequency, demonstrating that, despite their similarities, there was some variation amongst the depictions of symptoms.

Of the frequency of the presence of treatments for depression, the depictions within the picture books were mostly accurate, as per my coding framework. The most widely depicted treatment was “support from family and/or friends,” appearing in 100% of the picture books. Some of the other treatments were depicted as well, but not to the same frequency, demonstrating that, despite their similarities, there was some variation

amongst the depictions of treatments. However, 0% of the picture books discussed “deep breathing.”

In terms of the general depiction of the anxiety disorder(s), there were some consistencies, although certain picture books did have more unique depictions. None of the picture books utilized personification to depict depression. Furthermore, of the picture books, 6 out of 7 depicted “work in progress” conclusions, meaning that depression was not cured, but the character(s) better understood their experiences and/or temporarily alleviated their symptoms by some means, making up 85.7% of the books. The last book depicted an “entirely resolved” conclusion, meaning that depression was cured, and the character(s) no longer experienced the effects of it. Overall, the depictions of depression were mostly non-stigmatizing and accurate to the experience of having depression.

Qualitative Data

This section of the findings and analysis will focus on 1) how the character experiencing depression reacts to their own illness, 2) how other characters react to the character’s depression, and 3) the general impressions left on me, as the reader, upon reading the picture books. The picture books will be discussed individually or in sets, based on thematic similarities or similarities in terms of their depiction of depression.

Depictions of Children with Depression

Danny and the Blue Cloud, written by James M. Foley, DEd, with illustrations by Shirlet Ng-Benitez, was published in 2016, and its protagonist is Danny, a male bear who was born under a blue cloud. As a result of the cloud he was born under, Danny experiences depression, with symptoms like frequent crying, difficulty getting out of bed, and irritability. Other animals often want Danny to come outside and play with them, but

since his cloud is heavy and dark, he does not do so; instead, he stays in his room. Danny often thinks about how, since he never runs, climbs, or plays with the other animals outside, he would likely be bad at those activities. When the Grand Forest Parade happens outside, he does not watch it, but his mother reassures him that it is okay to stay inside. Ultimately, his depression results in symptoms that prevent him from doing activities outside, and in response, Danny feels insecure, believing he is incapable of doing those very activities.

One day, Barnaby–Baxter’s uncle from *Baxter Turns Down His Buzz*–hops by Danny’s window, asking why he is inside on such a nice day. Danny states that, since he has never played in the forest, he is likely the worst runner, climber, and player. Barnaby responds that there is no way of knowing that if he has never done those things before, and he asks Danny to come outside with him. Danny voices his insecurities out loud for the first time during the story, and due to Barnaby’s reassuring response, he becomes receptive to going outside, and does so.

Once Danny goes outside, Barnaby asks, “Did you know that if you change the way you think, you can change the way you feel?” (Foley, 2016, p. 12). He engages with Danny, asking him to make a list of things he can do, and Danny hops from one paw to another while pondering; upon seeing him move, Barnaby points out that his hopping means he can likely dance well. Barnaby whistles a tune and claps, and Danny moves to the music. Barnaby tells Danny he is a great dancer and advises, “Remember that tune. Hear the tune in your head and start dancing even if you don’t feel like it. Think ‘I am a great dancer. And I feel better whenever I move my body.’ Thinking good thoughts about yourself is another trick to feel better. Good thoughts make good feelings!” (Foley,

2016, p. 18). Ultimately, through these efforts, Barnaby is helping Danny engage with mental reframing and opposite-to-emotion thinking. Both treatments aid in managing the symptoms of depression, so with these techniques, Danny might be able to manage the symptoms his blue cloud causes him.

Following Barnaby's advice, Danny dances whenever his cloud feels heavy, which helps him feel better. Eventually, he bonds with other animals when they ask him to teach them how to dance, too. Whenever his cloud feels heavy and dark, Danny follows Barnaby's "feel-good" rules. He engages with mental reframing by focusing on good things instead of bad things and on what he can do instead of what he cannot do. He engages with opposite-to-emotion thinking by dancing even when he does not feel like doing so. His blue cloud gets lighter and brighter as time passes, demonstrating that he is better managing his depression. For the next Grand Forest Parade and Celebration, an owl selects Danny to lead the parade and teach everyone his dance moves. As the animals cheer, the illustrations depict Danny's cloud transforming into a rainbow (Foley, 2016, p. 29). While the picture book reads like a story, its primary focus is on treatments utilized to manage Danny's depression, such as mental reframing and opposite-to-emotion thinking. Despite the focus on Danny's newfound passion for dancing, it acts as the solution to Danny's conflict with his blue cloud.

Despite it not depicting aspects of personification, Danny's blue cloud does act as a representation of his depression throughout the story. The use of weather phenomena, such as stormy clouds, rain, and lightning, to represent the symptoms caused by depression is less stigmatizing than depictions of monsters or other beings, and it also provides children with vocabulary to describe their feelings if experiencing depression.

However, at the end of the story, Danny's blue cloud transforms into a rainbow, and there is no mention of whether his rain cloud will return to him. It is ambiguous as to whether his cloud will transition through different weather phenomena as he goes about his days, or if he influenced a permanent change within himself. He utilizes mental reframing and opposite-to-emotion thinking techniques, yet never fully accepts his blue cloud as part of him during the story. The messaging that a child can simply get rid of their illness may not be as useful as encouraging children to accept, manage, and transform their illnesses. While Danny does manage and transform his illness, the lack of explicit acceptance causes ambiguity as to whether the resolution of the picture is that his illness is truly gone.

The Princess and the Fog, written and illustrated by Lloyd Jones, was published in 2015, and its protagonist is a Princess, a young girl who has everything she could ever want and is happy. She loves reading, playing with friends, school, riding horses, her royal subjects, and the King and Queen (her parents), and in return, everyone loves her due to her wonderful qualities. Yet, one day, a fog comes to the kingdom. No one notices, but dark clouds wrap around the Princess's head, and as more time passes, more clouds gather around her.

Once her entire head is surrounded with the fog, she can barely see out of it, and she starts to feel very alone, especially since no one else notices the fog. As a result of the fog, the Princess begins experiencing symptoms of depression. She feels lethargic, sad, and exhausted, and she loses her ability to concentrate on various tasks. Since everything is difficult to do now, she no longer wants to do the things she loves, so she stops doing

them. As a result of her symptoms, she feels lonely, but she does not know of any solutions.

As time passes, her parents finally notice that she is experiencing depression, and they try helping her. The illustrations demonstrate that they try blowing away the fog, erasing it, and giving the Princess gifts, but nothing works out. Ultimately, none of these solutions will help the Princess manage her depression, since they primarily focus on getting rid of or distracting from the fog, rather than accepting or managing it.

Eventually, one of the Princess's friends comes to visit; he visits three times asking to play, read, and watch TV, and she says, "No," to each request (Jones, 2015, pp. 22-27). After her refusal the third time, "[the Princess's] friend asked [her] if she wanted to talk" (Jones, 2015, p. 27). Although initially unsure, the Princess does eventually talk about the fog with her friend, and she begins to feel better. Afterwards, she reaches out to her other friends, her parents, her teacher, and even her horse to talk about her fog. Everyone is receptive to listening to her discuss her feelings, as they listen and provide her with ideas to help her manage the fog.

She attempts different treatments to accept and manage her depression. Firstly, her teacher advises her to visit the Adventurers so she can get fresh air and sunshine. Once she meets them, the Adventurers help her set daily challenges for herself, and completing them makes her feel happier and healthier. Setting goals and challenges for herself aids in improving her motivation to do the things she loved previously. Secondly, her parents take her to see a Druid, who brews up some potions for her. Although not explicitly stated, the potions act as a stand-in for medication within this fantasy setting. Thirdly, her friends tell her about "the 1000-Year-Old Wise Woman, who [tells] her that

fog like this [has] been seen in the Kingdom before. It often [follows] people who [feel] sad or lonely, or [have] been treated badly. But sometimes it [comes] for no obvious reason at all” (Jones, 2015, p. 35). Learning about the origins of her fog, specifically that it has been seen before and that sometimes it comes for no reason, helps the Princess accept it as part of her, especially since she recognizes that she is not at fault for its presence.

Due to everyone’s willingness to listen and help, the Princess begins to feel less alone. Their supportive reactions directly impact her ability to accept and manage her depression, emphasizing the importance of support from family and friends. Eventually, the fog disappears, and the Princess is back to her old self. Yet the story does not conclude there; the last page states that “[e]very now and then, the dark clouds would come back. But when they did... [the Princess] knew where to turn,” and the illustrations show the Princess reaching out to her friends and family for support (Jones, 2015, pp. 38-39). Despite the picture book’s focus on the Princess’s experiences with the symptoms and treatments of depression, it reads like a story for the reader. Due to the fantasy setting, everything is recontextualized to fit said setting, so the message about depression is subtle and engaging, rather than reading like nonfiction. Although the story’s primary focus is on her illness, it reads entirely like a fantasy storybook.

Despite it not depicting aspects of personification, the Princess’s fog does act as a representation of her depression throughout the story. Like *Danny and the Blue Cloud*, this book uses weather phenomena to represent the symptoms caused by depression, although it uses gray clouds and fog instead. Again, these depictions are less stigmatizing than depictions of monsters or other beings, and it provides children with vocabulary to

describe their feelings if experiencing depression. However, the conclusion of *The Princess and the Fog* differs from that of *Danny and the Blue Cloud*, as the Princess does learn to accept her fog and understands that, even though it goes away, it occasionally returns to her. Ultimately, she learns how to accept, manage, and transform her illness, rather than simply get rid of it, which provides a more encouraging, realistic message about mental illness for children.

Blueloon, written by Julia Cook with illustrations by Anita DuFalla, was published in 2012, and its protagonist is a balloon who used to be a “regular” balloon; since he has had a case of the “blues” for weeks, he is now “Blueloon.” While he experiences the “blues,” he does not have fun, feels dull and flat, and has a string tied in various knots. When he was a regular balloon, Blueloon would play with other balloons and have children hold onto his string, but now, he can barely lift himself up from the ground. Due to these descriptions of his changes, the reader can assume that Blueloon is experiencing symptoms of depression.

Other balloons notice his illness and attempt to help him, with one even trying to lift him up, but none of these attempts work out. However, the story demonstrates what one should not say to someone experiencing depression, as Blueloon states, “Yellow [balloon] told me to put a smile on my face and ‘snap out of it!’ I tried, but nothing changed” (Cook, 2012, p. 8). This conversation indicates that not all the balloons understand his illness, and in the process, they indirectly cause more harm than good by blaming Blueloon for his illness. As a result of these interactions, Blueloon begins to feel more alone.

Eventually, Blueloon tells his mother about his experiences, and she hugs him, reassuring him that she loves him. Together, they go to see Wise Rock, a rocky boulder with glasses and a beard; despite not explicitly stated, it seems that Wise Rock is supposed to represent a therapist. Upon seeing Blueloon's declining physical health, he thinks that Blueloon may be depressed. To diagnose him, he asks a series of questions with the intention of figuring out if anything caused Blueloon's depression (Cook, 2012, pp.11-12). Blueloon confirms that some of the questions do pertain to him, confirming that he does have depression. The book, though not explicitly stated, illustrates a therapy session, as Blueloon goes through the process of receiving a diagnosis.

As a result of the diagnosis, Wise Rock leads him through some possible ways to manage the symptoms of his depression. He encourages Blueloon to go see a doctor, advising him to take actions to make a change and believe in himself. When Blueloon goes to the balloon doctor, he recounts his discussion with the doctor: "The balloon doctor told me that some balloons are born with, or somehow develop, a slow leak. If I keep going flat, he said that I just might have to keep getting fresh air prescriptions for the rest of my life" (Cook, 2012, pp. 16-17). Although not explicitly stated, the fresh air prescriptions act as a stand-in for medication within this setting.

After receiving his medication, Blueloon returns to the Wise Rock. Although he looks better after taking it, Wise Rock notices his knotted string and sad face. To further aid in managing his depression, Wise Rock advises Blueloon to write down everything making him sad, rip up the list, and put it into a jar; when he does so, his knots come undone. Blueloon expresses that he still feels overwhelmed by everything he must do, and because of that, he ends up not doing anything. Wise Rock discusses "whole pie

syndrome” with him, advising him to make a “to do list” everyday; that way, he can manage his emotions in terms of the tasks he must complete per day. Next, Wise Rock helps Blueloon practice floating, so he can play with other balloons and children again. Wise Rock leads Blueloon through treatments like setting goals and challenges to improve his self-esteem and increase his motivation to manage his depression.

Blueloon begins feeling better, now that he is managing the symptoms of his depression and readies himself to return home. Wise Rock states, “Depression is sneaky, but know that you don’t have to deal with it by yourself. I’ll be your rock and you have a great doc, whenever you need our help” (Cook, 2012, p. 28). The story concludes with Blueloon managing his symptoms for a day, a week, a month, and then a year. Overall, the picture book does somewhat read like a story for the reader. However, since there is so much text, the book feels closer to nonfiction or a children’s guide for managing depression, rather than a storybook at times. The book focuses on symptoms and treatments for Blueloon’s depression, like how *The Princess and the Fog* focuses on the same for the Princess, yet the vast amount of information feels more overwhelming at times.

Depictions of Parents/Caregivers with Depression

Shadow, written by Lucy Christopher with illustrations by Anastasia Suvorova, was published in 2019, and its unnamed narrator, a young girl, has just moved to a new house with her mother. In their old house, her mother told her that there was nothing to be afraid of, especially since there were no monsters or dark places. Yet, in the new house, the narrator finds someone under her bed. The being is a translucent, yet dark, and he takes various forms, like that of a little boy and that of a large fox; the narrator names

him “Shadow” and discovers that he had been hiding amongst the cobwebs and dust piles in her room. The narrator tells her mother about Shadow, but she cannot see him, and therefore, believes the narrator is making up.

Although the book’s text does not explicitly reference any mental illness, it becomes apparent from the illustrations of *Shadow* that the narrator’s mother is experiencing symptoms of depression. Inside their new house, moving boxes remain unpacked, and the house is full of cobwebs and dust (Christopher, 2019, pp. 4-5); the narrator’s mother either lacks the motivation to unpack and clean or feels extreme fatigue, so their new home is unkempt, with no indication of that changing anytime soon. As a result of her mother’s depression, the narrator grows lonely, resulting in her loneliness manifesting into Shadow. When she attempts to tell her mother about Shadow, she does not see him. Within the illustrations, the narrator lays on the floor with Shadow, seemingly distressed, while her mother uses her computer in the background; the mother is drawn hunched over her computer, captured in gray hues that leave her features indistinguishable (Christopher, 2019, pp. 6-7).

As her mother’s distance continues, the narrator spends more time with Shadow, playing hide and seek, playing King and Queen, and knitting scarves. The narrator later states, “I didn’t go to school and neither did Shadow. We slid down the banisters and drew on the walls. We found the attic. Together we danced across the couch, and hid in the packing boxes. But still, Ma couldn’t see. Sometimes Ma couldn’t see for days” (Christopher, 2019, pp. 12-14). The mother has not taken the narrator to school, implying that she is still experiencing symptoms of depression. Whether it is lack of motivation or

extreme fatigue, the narrator has not been taken to school, the moving boxes remain unpacked, and the mother still cannot see Shadow.

One day, the narrator leaves her home with Shadow, entering the forest and meeting more Shadow-like beings. The narrator attempts to follow Shadow, but he begins playing hide and seek with the other beings, leaving her to fend for herself in the forest. It gets dark, and the narrator cries, but no one can hear her. After a while, she sees something bright and hears someone calling her name; going towards the light and sound, she reunites with her mother, who had been looking for her. The narrator states, “I sat beside her, and held her hand. Now I saw her shadow too. And she saw mine” (Christopher, 2019, p. 25). Finally, they both see each other’s shadows, indicating that there is a newfound understanding between them regarding the mother’s illness and the narrator’s loneliness. Together, they head towards home, and the narrator ties her scarf onto a branch in the forest for Shadow in case they ever need to find each other again. If the mother’s symptoms of depression ever reach the same severity, the narrator will likely seek out Shadow, again.

As time passes, the narrator and her mother begin playing together, and sometimes, new friends they have made join them. Now, their new house is fully furnished and devoid of cobwebs and dust piles; it is illustrated with bright beiges, reds, and greens (Christopher, 2019, pp. 28-32). The narrator states that, now, they know all the dark places in their new house; they are no longer scared.

Shadow reads like a story for the reader. Although the narrative is primarily about how depression affects the narrator’s relationship with her mother, it may not be obvious for many readers, as depression is never explicitly mentioned during the story.

Furthermore, the reader does not receive any information regarding how the mother feels about her depression or any treatments she seeks out. If the reader was not outwardly aware of the book's subtext about depression, they may read it as a story about the narrator and her imaginary friend, Shadow, even though Shadow manifests due to the narrator missing her mother.

In the Blue, written and illustrated by Erin Hourigan, was published in 2022, and its unnamed narrator, a young girl, begins the story by describing her close relationship with her father. She describes him as the sky, and she is his “teeny-tiny sunspot” (Hourigan, 2022, p. 4), and even when conflict arises, they can do anything together; the illustrations display an example of this dynamic, since they successfully surf together after various failed attempts (Hourigan, 2022, pp. 5-6). Her father is also attentive, as demonstrated within the bright yellow and orange illustrations of the father-daughter duo, and the narrator states, “In the morning, my dad fills my room with songs as bright as the sunrise. At night, he tucks me in with kisses that reach up to the stars” (Hourigan, 2022, pp. 7-8).

However, her father soon experiences something that is not bright and yellow, but is instead, a deep, dark blue, impacting his physical appearance, as he is now illustrated with blue colors (Hourigan, 2022, p. 9). Now, the narrator states, “His kisses don’t reach as far at night, and the morning is quiet and dim” (Hourigan, 2002, pp. 11-12). As demonstrated through her father’s prolonged sadness and loss of interest in activities, he is experiencing symptoms of depression. The narrator, recognizing there is a change in her father’s behavior, attempts to alleviate his symptoms by making him snacks and

drawing for him. Sometimes, these attempts at making feel better do help, brightening him up a little bit, as indicated in the illustrations (Hourigan, 2022, p. 14).

However, one day, her attempts do not work: “I try singing him songs and telling him stories. But his face is a dark storm. ‘Leave me be!’ he roars. And the blue comes back” (Hourigan, 2022, pp. 15-16). Due to her father’s outburst, the narrator reacts in anger, resulting in a tantrum in which she screams, rips and throws her paper crown, and begins hitting and kicking things. Her mother calms her down, but the narrator continues to worry about her father; she does not know what to do to make him feel better. Recollecting herself, the narrator enters her father’s room with her mother, and she whispers, “I love you” to him as they “all wait together in the blue” (Hourigan, 2022, p. 21). Familial support remains a focal point during the story, but the narrator is never told that it is not her sole responsibility to support her father through his illness. While this support is important, there must be a balance, especially since the narrator had been affected emotionally by her father’s outburst.

Later in the story, as a family, they take her father somewhere to visit someone who can help him; the person “knows all the colors, from sunny to midnight” (Hourigan, 2022, p. 24), so it is implied she is a therapist. Furthermore, her father also visits a pharmacy, likely to obtain medication to manage his symptoms of depression. A while after attending therapy and taking medication, her father becomes less blue. Eventually, he returns to being attentive towards the narrator, as the illustrations grow bright yellow, pink, and orange (Hourigan, 2022, pp. 27-28). The narrator concludes the story by stating, “The blue still comes back. Sometimes in little drops, and sometimes in big, crashing waves. I know it won’t ever completely go away. But I’m not afraid” (Hourigan,

2022, pp. 29-30). Although her father manages his symptoms, sometimes they come back in different shades of severity. The narrator knows that his illness will never go away, and she accepts it as part of him in support of him.

In the Blue reads like a story for the reader. Although the narrative is primarily about how depression affects the narrator's relationship with her father, like *Shadow*, it may not be obvious for many readers, as depression is never explicitly mentioned during the story. Again, like *Shadow*, much of what the reader learns about depression is depicted within the illustrations. However, treatments like therapy and medication are implicitly mentioned or shown, so the subtext is accessible to some readers. These treatments are the extent to which the reader learns about how the father is feeling about his depression, though, as the story is told from the daughter's perspective. The reader learns that he is receptive to his family's support and receiving professional help, but beyond that, his feelings towards his depression are not mentioned within the story.

The Color Thief, written by Andrew Fusek Peters and Polly Peters with illustrations by Karin Littlewood, was published in 2014, and its unnamed narrator, a young boy, begins the story by describing his close relationship with his father. Together, they often enjoy the sights of the outdoors, and the narrator states that his father's life is full of color. One day, his father becomes sad, informing his son that now his sky has turned gray and essentially devoid of color. In response, the narrator states, "I thought I had done something wrong, but he told me I hadn't" (Peters & Peters, 2014, pp. 5-6). As demonstrated through his prolonged sadness and the lack of color in his environment, the narrator's father is experiencing symptoms of depression. The narrator voices fear that his father's illness is his fault, but his father reassures him otherwise, providing a

comforting message to children whose parents and/or caregivers may be experiencing depression, as well.

The lack of color continues for the narrator's father, and eventually, they stop spending time together outdoors. Due to his depression, the father is no longer interested in going outside since the sights are dreary, and he tells the narrator that if he goes out, "the lampposts would laugh at him or the streets would call him names" (Peters & Peters, 2014, pp. 9-10). His symptoms manifest feelings of distress during the father's everyday functioning, as demonstrated by his fears of the harmless lampposts and streets. Again, the narrator wonders if his father's symptoms are his fault, but his father reassures him that he is not at fault. His father discusses how he feels about his depression, and the narrator recounts his father's description: "He said that all the colors were gone. Someone had stolen them away; just taken them one by one. He said he felt sad and stuck, like a marble in a bottle" (Peters & Peters, 2014, pp. 11-12). The narrator's father manages to discuss his symptoms, but they continue to worsen for him.

Once the symptoms begin expanding beyond the father's loss of color and lack of interest in going outside, he begins getting irritated with the phone ringing and the doorbell buzzing. When hugged by the narrator, he does not hug him back. He stays in bed all day. And again, the narrator wonders if he is to blame for his father's illness, but his father makes sure to reassure him otherwise. As the symptoms worsen, the narrator begins to feel lonely without his father's presence, like the narrators from both *Shadow* and *Into the Blue*. He draws a picture of his father, realizing that he misses his laugh and smiling eyes (Peters & Peters, 2014, pp. 15-16).

Later, his father seeks out ways to help manage his depression. He goes to see people at a hospital, and they provide him with both medicine and “someone to talk to, someone who listened” (Peters & Peters, 2014, p. 18), who is implied to be a therapist. Some months pass, and one day, the narrator’s father begins to see less gray, so the narrator invites him to go outside. Once they go outside, the outdoors is full of color, again. The narrator’s father hugs him, and he realizes that his father has returned to him.

The Color Thief reads like a story for the reader. Although the narrative is primarily about how depression affects the narrator’s relationship with his father, like *Shadow* and *Into the Blue*, it may not be obvious for all readers, as depression is never explicitly mentioned during the story. However, medication is explicitly mentioned, and therapy is implicitly mentioned, so the subtext is likely more accessible than that of *Shadow* and *Into the Blue*. The father seeks out these treatments to manage his symptoms of depression, and unlike the mother in *Shadow* and father in *Into the Blue*, he does directly discuss his depression with his son and reassure him about it, resulting in the narrator recounting these conversations from his perspective.

Depictions of (Age Ambiguous) with Depression

Lucky G and the Melancholy Quokka, written by Amy Wilinski-Lyman with illustrations by Leela Green, was published in 2020, and its protagonist is Lucky G, a bird with a PhD who aids his friends with their feelings by talking to them. Lucky G goes on vacation to see his emu friend, Drew, at an Australian zoo, but when he arrives, Drew expresses his concerns about Blue, a quokka who also lives at the zoo. Blue has been very sad lately, and Drew asks Lucky G to help him feel better. Lucky G accepts the opportunity, and they go searching for Blue, who they find behind some swinging vines.

Lucky G introduces himself as a doctor who listens to animals when things are difficult for them; if need be, he is willing to listen to them for days. Although Blue is receptive to Lucky G's help, he has difficulty determining where to begin, in terms of talking about his symptoms. He says that, although others think he is happy, he has been falling apart. He used to enjoy climbing trees and having fun, but now, he is not interested in said activities. Usually, people visit the zoom to take photographs with him, and he states, "They take a photo with me, shouting / Smile, you rocka rocka rocka! / But even though my face is grinning / They can't see my rocka has gone away / My smile is a lie, 'cause deep down inside / I don't even want to play" (Wilinski-Lyman, 2020, pp. 18-19). Ultimately, Blue describes various symptoms of depression, and all he needed was someone to reach out to discuss said symptoms.

After hearing about these symptoms, Lucky G tells Blue that he may have depression, which does not go away by itself; Blue must use certain methods to manage his symptoms. Since Lucky G has tools for play therapy with him, he suggests that they try out some methods together to alleviate Blue's symptoms. Blue responds, "Please make my sadness go away / Tell me what I need to do / So I can smile again today" (Wilinski-Lyman, 2020, p. 23). However, Lucky G discusses that depression does not go away within a day, stating, "[M]y plan is not a quick fix / Depression can last for a while / However, we'll work close together / To help you get back your true smile" (Wilinski-Lyman, 2020, p. 24). Lucky G supports Blue by preparing to advise him on ways to manage his depression, but he also ensures that Blue's expectations remain realistic; Blue will not be able to get rid of his depression entirely, so he must learn how to manage the symptoms.

For days, they engage in play therapy sessions, and Lucky G advises Blue regarding his sleeping habits, what he eats, what he drinks, and medication. Blue begins to worry about who will help him with managing his depression once Lucky G leaves Australia; he does not have family or close friends. Upon hearing this admission, Lucky G introduces Blue to some of his neighbors, and Blue becomes fast friends with Peyton, the koala, since he has depression, as well. With a friend and a better understanding of how to manage the symptoms of his depression, Blue realizes he feels better.

Lucky G and the Melancholy Quokka reads somewhat like a story for the reader. Since the text is in verse, it keeps the reader engaged with the rhyming scheme. However, the pages contain so much text, that at times, the book feels closer to nonfiction or a guide on managing depression. Furthermore, since the story's focus is on Lucky G, who is a doctor, helping Blue manage his depression, it reads like the story of a doctor helping his patient. Overall, it is a unique depiction of mental illness considering every other book within my sample was told from either the perspective of the character experiencing the mental illness or a family member.

Bipolar Disorder

Quantitative Data

This section of the findings and analysis will focus on 1) investigating how bipolar disorder, specifically, is represented and depicted within the sample of youths' picture books and 2) investigating the overall implications of said representations and depictions. Of the 20 picture books within the sample, bipolar disorder was depicted in 2 of them, making up 10% of the picture books, as shown in Figure 1 located in Appendix

A. Bipolar disorder is “characterized by marked oscillations in mood, activity, and behavior . . . [r]esearch evidence has confirmed the existence of a milder form of the disorder, [bipolar II disorder]” (APA, 2023, pp. 90-91).

During the process of coding the picture books, I collected data on 1) the general characteristics of the characters experiencing bipolar disorder, 2) the frequency of the presence of diagnostic criteria, i.e., symptoms, of and treatments for bipolar disorder, 3) whether bipolar disorder was personified, and 4) how the story concludes regarding the characters’ experiences with bipolar disorder.

In terms of the general characteristics of the characters with bipolar disorder, 1 character was a human adult, making up 50% of the sample of picture books depicting bipolar disorder, and the other character was coded as “other” since he was non-human, making up the other 50% of the sample of picture books depicting bipolar disorder. However, the non-human character was depicted as an adult, as well, so 100% of the picture books depicting bipolar disorder included some form of an adult; none of the picture books depicted a human child with bipolar disorder. Considering that amongst youths, ADHD, anxiety disorders, behavioral disorders, and depression are the most diagnosed mental disorders, I did not find the lack of youth protagonists with bipolar disorder surprising. However, 1 picture book does feature the perspective of a child, as he observes his mother’s bipolar disorder. The other picture book is told from the perspective of the parent/caregiver with bipolar disorder. Of the 2 protagonists, I perceived the human adult as female, and the non-human adult as male.

Of the frequency of the presence of diagnostic criteria, i.e., symptoms, of bipolar disorder, the depictions within the picture books were mostly accurate, as per my coding

framework. In terms of the diagnostic criteria, both books (100%) “had at least one manic episode,” demonstrating that they were depicting bipolar I disorder, not bipolar II disorder, due to the severity of the depicted symptoms. Both picture books depicted the symptoms resulting in “distress and/or impairment during social, occupational, and/or other areas of functioning.” Overall, there was not much variation amongst the depictions of the symptoms of bipolar disorder.

Of the frequency of the presence of treatments for ADHD, the depictions within the picture books were mostly accurate, as per my coding framework. The most widely depicted treatments were “support from family and/or friends” and “radical acceptance,” appearing in both picture books (100%). Some other treatments were depicted in either of the 2 books, including “setting goals/challenges,” “therapy,” “medication,” “hospitals,” and “other.” However, neither of the picture books discussed “deep breathing,” “opposite-to-emotion thinking,” or “mental reframing.”

In terms of the general depiction of bipolar disorder, the 2 picture books contained mostly similarities. Neither picture book utilized personification to depict bipolar disorder. Furthermore, both picture books depicted “work in progress” conclusions, meaning that the bipolar disorder was not cured, but the character(s) better understood their experiences and/or temporarily alleviated their symptoms by some means. Overall, the depictions of bipolar disorder were neither stigmatizing nor inaccurate to the experience of having bipolar disorder.

Qualitative Data

This section of the findings and analysis will focus on 1) how the character experiencing bipolar disorder reacts to their own illness, 2) how other characters react to

the character's bipolar disorder, and 3) the general impressions left on me, as the reader, upon reading the picture books. The 2 picture books will be discussed both individually and comparatively, due to their similarities and differences in their depictions of bipolar disorder.

Up and Down Mom, written and illustrated by Summer Macon was published in 2019, and its unnamed narrator, a young boy, begins the story by describing his mother's qualities: she's a great storyteller, and together, they have fun reading, playing, and cooking spaghetti. However, the narrator then states, "Sometimes my mom gets really tired and stays in bed the whole day" (Macon, 2019, p. 9), which implies her experiencing a symptom of mental illness. The narrator continues, describing their recent trips to the library and the pool: "Mom was so excited by all the books, she started talking very fast and loudly. Everyone kept looking at her. I wanted to hide. The other day we went swimming. Mom jumped into the water and got told off. I felt very embarrassed! And if she hurt herself, then what?" (Macon, 2019, pp. 11-12). Due to these symptoms, the reader can assume that the narrator's mother is experiencing bipolar disorder, specifically bipolar I disorder, since she has severe oscillations in mood, experiencing both depressive and manic episodes. Although the narrator loves his mother, he expresses a need to "hide" and feeling embarrassment when around her during her episodes. Yet, he also feels protective, as he worries her behavior will result in his mother hurting herself.

Her symptoms seemingly grow in severity. As a result, the narrator states that his mother leaves home to stay somewhere she can be looked after, and although the narrator does not specify that she is visiting a hospital, he does confirm she has visited hospitals in the past. While she is away, his grandfather stays with him, and he describes their

relationship: “I can talk to Grandad about anything. I always have lots of questions, especially about Mom. He helps me understand her, but doesn’t always have the answers. We try to work things out together” (Macon, 2019, p. 16). When the narrator states that his mother’s changes in behavior can be scary, his grandfather explains that, while everyone has days when they are happier than others, his mother’s moods are more extreme, like a roller coaster. This metaphor aids the narrator in better understanding his mother’s illness, and he begins thinking about her manic and depressive episodes metaphorically: “When she is happy, it feels like she is on top of the world and she can do anything. When she is sad, it feels like she is in a deep, dark hole and nothing can make her feel better” (Macon, 2019, pp. 19-20). Although the grandfather exists outside of the narrator’s relationship with his mother, he helps to strengthen their bond; while caring for his grandson during his mother’s absence, he also aids him in better understanding her illness.

With a better understanding of her bipolar disorder, the narrator thinks about how his mother reacts to her own bipolar disorder, recognizing that she is often very willing to ask for help from others, especially since she acknowledges when the symptoms reach a point when asking for help is necessary. Yet, his grandfather states, “However much you love your mom and want to help, it’s not your job to fix her” (Macon, 2019, p. 23), emphasizing that it is not the sole duty of a child to support their parent/caregiver experiencing mental illness.

The grandfather emphasizes treatments other than support from family and friends. He states that professionals can help the narrator’s mother find balance amongst her symptoms; although the illness will never go away, she can learn how to manage it.

The narrator then mentions to the reader that he and his mother do visit a family therapist, and that he has a phone for emergencies, so these treatments and resources are explicitly mentioned within the text. Towards the end of the story, the narrator and his grandfather bake a cake for his mother once she returns home, to demonstrate their support. Upon her return, she is happy and begins taking daily medication to continue managing her bipolar disorder. The narrator concludes the story by stating, “Mom has her ups and downs... but she is my mom and I wouldn’t have her any other way” (Macon, 2019, pp. 32-33), demonstrating his understanding and acceptance of her illness.

Meanwhile, *Bipolar Bear*, written and illustrated by Victoria M. Rimmel was published in 2019, and its protagonist is Polar Bear, who lives with his family, a partner and child, in the middle of their own planet. Polar Bear often travels from the middle of the planet to the North Pole and the South Pole, and the text describes his oscillating moods: “Sometimes Polar Bear’s on the North Pole, / Dancing without a care. / Sometimes he naps on the South Pole. / That’s why he’s a bi-polar bear” (Rimmel, 2019, pp. 6-7). The story explicitly states that Polar Bear has bipolar disorder, and his movements up and down the planet work as a metaphor for both his manic and depressive episodes. Due to these symptoms, the reader can assume that he is experiencing bipolar disorder, specifically bipolar I disorder, since he has severe oscillations in mood, like the narrator’s mother in *Up and Down Mom*. The story states that, while Polar Bear roams the planet, he always thinks about his family, hinting that Polar Bear has a strong support system amongst them.

The story further describes Polar Bear's symptoms by describing his feelings and behaviors on both the North Pole and the South Pole. When at the North Pole, Polar Bear is full of energy: "He feels on top of the world. / 'The sun shines from every corner!' / He says as he dances and twirls" (Rommel, 2019, p. 10). Yet, the sunlight and constant movement begins to overwhelm him, and the intensity and brightness makes him dizzy. When at the South Pole, Polar Bear has no energy, and when he is there, "[t]he planet feels big and heavy. / He gets tired and just wants to nap" (Rommel, 2019, p. 19). Due to his exhaustion and the South Pole's lack of sunshine, the Polar Bear begins to have trouble with his sight. These descriptions emphasize the impairment Polar Bear experiences due to his manic and depressive episodes, providing further emphasis on the symptoms of bipolar disorder.

While the story emphasizes the symptoms of bipolar disorder, it also emphasizes possible treatments. When at the North Pole, his family arrives to help him; his child is illustrated providing him with a pair of sunglasses, allowing him to block out the sunshine and find his way back to the middle of the planet (Rommel, 2019, p. 15). However, his family sometimes gives him space to find the sunglasses on his own, demonstrating that, although Polar Bear is willing to accept help from others, he also seeks out help on his own terms, like the narrator's mother in *Up and Down Mom*. When at the South Pole, his family arrives to help him; his child is illustrated providing him with a flashlight, allowing him to see in the darkness and find his way back to the middle of the planet (Rommel, 2019, p. 22). Again, his family sometimes gives him space to find the flashlight on his own, though. They continually provide him with space to make his own decisions, and Polar Bear acknowledges when he does and does not need help.

Overall, his family reacts supportively to Polar Bear's bipolar disorder. Upon the conclusion of the story, it states that whether he is at the North Pole or the South Pole, Polar Bear always returns to where his heart belongs: his family.

Both *Up and Down Mom* and *Bipolar Bear* read like stories for the reader, as they both use metaphorical language to describe the manic and depressive episodes of bipolar disorder. The narrator is the protagonist of *Up and Down Mom*, and the story primarily focuses on his point of view of his mother's bipolar disorder, specifically her symptoms and managing them with possible treatments. In contrast, the parent with bipolar disorder is the protagonist of *Bipolar Bear*, as Polar Bear's experiences with his symptoms and managing them are told from his perspective rather than his family's perspective.

Despite both stories' focus on the symptoms and treatments of bipolar disorder, the significance of familial support is at the core of their messages. Throughout *Up and Down Mom*, the narrator's feelings regarding his mother's bipolar disorder are a focus. He is open about his embarrassment, fears, and worries, yet he grows to better understand his mother's experiences with his grandfather's support. Meanwhile, throughout *Bipolar Bear*, Polar Bear's love for his family is a continual focus. While experiencing his manic and depressive episodes, they are always on his mind, emphasizing the strong presence of his support system. However, despite both stories featuring families who are supportive towards the one experiencing bipolar disorder, *Up and Down Mom* explicitly states that it is not the sole responsibility of the child to support their parent/caregiver through their illness. Meanwhile, during *Bipolar Bear*, it is always Polar Bear's child who provides him with the sunglasses and flashlight during his manic and depressive episodes. Although support from family and friends is significant, there should be a balance

between that and other treatments, especially since children should not be the sole source of support for their adult parents/caregivers.

Schizophrenia

Quantitative Data

This section of the findings and analysis will focus on 1) investigating how schizophrenia, specifically, is represented and depicted within the sample of youths' picture books and 2) investigating the overall implications of said representations and depictions. Of the 20 picture books within the sample, schizophrenia was depicted in only 1 of them, making up 5% of the picture books, as shown in Figure 1 located in Appendix A. Schizophrenia is characterized by symptoms "such as delusions, hallucinations, and negative symptoms; deterioration in social, occupational, or interpersonal functioning; and continuous signs of the disturbance for at least 6 months" (APA, 2013, p. 71).

During the process of coding the picture books, I collected data on 1) the general characteristics of the characters experiencing schizophrenia, 2) the frequency of the presence of diagnostic criteria, i.e., symptoms, of and treatments for schizophrenia, 3) whether schizophrenia was personified, and 4) how the story concludes regarding the characters' experiences with schizophrenia. However, since only 1 book within the sample depicted schizophrenia, my findings and analysis will focus solely on that book; no further comparisons can be made with the provided data.

In terms of the general characteristics of the character with schizophrenia, the 1 character was coded as a human adult. Furthermore, I perceived them as male. Considering that annual prevalence of schizophrenia among U.S. adults is <1%

(approximately 1.5 million people) (NAMI, n.d.-k), I was not surprised by the low percentage of depictions of characters with schizophrenia within my sample.

Of the frequency of the presence of diagnostic criteria, i.e., symptoms, of schizophrenia, the depictions within the picture books were mostly accurate, as per my coding framework. In terms of the diagnostic criteria, 2 out of the 4 criteria (50%) pertaining to symptoms were depicted during the picture book, specifically “delusions” and “hallucinations.” It also depicts the character’s delusions, hallucinations, and/or other symptoms as “interfer[ing] with social, academic, or occupational functioning.” Overall, the picture book depicted most of the diagnostic criteria for schizophrenia.

Of the frequency of the presence of treatments for schizophrenia, the depictions within the picture books were accurate, as per my coding framework. The only 3 depicted treatments were “support from family and friends,” “radical acceptance,” and “medication.” None of the other treatments were depicted during the story.

In terms of the general depiction of schizophrenia, the picture book’s overall depiction was neither stigmatizing nor inaccurate regarding the experience of having schizophrenia. The picture book did not utilize personification to depict schizophrenia. Furthermore, it depicted a “work in progress” conclusion, meaning that the schizophrenia was not cured, but the character(s) better understood their experiences and/or temporarily alleviated their symptoms by some means.

Qualitative Data

This section of the findings and analysis will focus on 1) how the character experiencing the schizophrenia reacts to their own illness, 2) how other characters react

to the character's schizophrenia, and 3) the general impressions left on me, as the reader, upon reading the picture book.

Pretend Friends, written by Alice Hoyle with illustrations by Lauren Reis, was published in 2015, and its protagonist is Little Bea, a young girl who begins the story by introducing herself and her imaginary "pretend friend," Nye-Nye. Together, they spend time doing a bunch of fun activities, like making mud pies and pretending to be pirates. They sometimes get mischievous, yet when caught, only Little Bea gets in trouble since Nye-Nye is invisible to everyone else. Little Bea can control Nye-Nye's presence though; whenever she does not want to play with Nye-Nye, she disappears, and she only appears again when Little Bea wants or needs her.

Someone from Little Bea's community then introduces himself: Big Jay. He is an adult with "pretend friends" who no one can hear or see, too. However, unlike Little Bea, he has no control over them. When Big Jay references his "pretend friends," he is referring to the hallucinations and delusions he experiences as a symptom of schizophrenia. He states, "Sometimes they stay invisible so only their voices can be heard. My pretend friends are only pretending to be friends with me. They can be mean to me or make fun of me. This can make me feel sad, angry or frightened" (Hoyle, 2015, pp. 16-17). Since the reader learns about Big Jay from Little Bea's perspective, our information about his feelings regarding his schizophrenia is limited, but he expresses the ways in which his hallucinations and delusions make him feel sad, angry, and frightened. The picture book also includes illustrations of his "pretend friends," who look like humanoid clouds, and their attempts at remaining invisible to Big Jay, which further blurs

his ability to distinguish reality from what he is imagining when he hears them (Hoyle, 2015, pp. 16-17).

The story then states that, sometimes, children may have “pretend friends” who are make-believe, and when those same children grow up, they do not have “pretend friends” anymore. However, some adults do have “pretend friends,” like those experiencing schizophrenia. Other adults might not understand and/or behave cruelly to those with “pretend friends.” Upon hearing that those experiencing mental illness may not be treated well due to existing stigma, Little Bea and Nye-Nye get upset over how unfair that is to people like Big Jay.

To help Big Jay, Little Bea and Nye-Nye begin planning something. When Little Bea’s mother asks what they are doing, Little Bea states that they are planning to have Nye-Nye scare off Big Jay’s pretend friends; that way, he will not be hurt or sad anymore. Her mother then says, “It is a lovely idea, but it isn’t your job, or Nye-Nye’s job, to try to make Big Jay’s pretend friends go away and make him better. Instead, we need to be Big Jay’s real friends and help look after him so that he feels okay about his pretend friends too” (Hoyle, 2015, p. 27). She suggests that they exercise or have picnics with Big Jay, instead. Furthermore, having someone to talk to about his feelings is stated to be the thing that would help Big Jay most, in addition to him taking his medication.

While doing what you can to support your loved ones experiencing schizophrenia is emphasized by Little Bea’s mother, she also implies that it is not the sole responsibility of a child to support an adult through their illness. Other adults must be there to listen and do what they can do to help, and other treatments, like medication, are an option, too. By supporting Big Jay, they can help him through the process of accepting and managing his

schizophrenia. Little Bea concludes the story by saying that, although it is difficult seeing Big Jay not doing well due to his “pretend friends,” the important thing is that they show love towards him anyways.

Ultimately, *Pretend Friends* reads like both a story and nonfiction for the reader. Little Bea is the protagonist, so the picture book does contain conflict due to her actions, such as her time spent with Nye-Nye and her attempts at trying to scare away Big Jay’s “pretend friends.” However, once Big Jay enters the story, the symptoms and possible treatments of schizophrenia are explained to her and Nye-Nye, and as a result, they are explained to the reader; these explanations, especially those distinguishing imaginary friends from hallucinations, do read more like guides to schizophrenia for a youth audience. Overall, there is an efficient balance of fiction and facts within the picture book.

Obsessive-Compulsive Disorder

Quantitative Data

This section of the findings and analysis will focus on 1) investigating how obsessive-compulsive disorder (OCD), specifically, is represented and depicted within the sample of youths’ picture books and 2) investigating the overall implications of said representations and depictions. Of the 20 picture books within the sample, OCD was depicted in only 1 of them, making up 5% of the picture books, as shown in Figure 1 located in Appendix A. OCD is characterized by “the presence of obsessions and/or compulsions” (APA, 2023, p. 148).

During the process of coding the picture books, I collected data on 1) the general characteristics of the characters experiencing OCD, 2) the frequency of the presence of

diagnostic criteria, i.e., symptoms, of and treatments for OCD, 3) whether OCD was personified, and 4) how the story concludes regarding the characters' experiences with OCD. However, since only 1 book within the sample depicted OCD, my findings and analysis will focus solely on that book; no further comparisons can be made with the provided data.

In terms of the general characteristics of the character with OCD, the 1 character was coded as "other" since she was non-human. The non-human character's age remained ambiguous throughout the picture book, but I was able to make perceptions about gender; I perceived the non-human character as female. Considering that annual prevalence of OCD among U.S. adults is only 1.2% (approximately 3 million people) (NAMI, n.d.-k), I was not surprised by the low percentage of depictions of characters with OCD within my sample.

Of the frequency of the presence of diagnostic criteria, i.e., symptoms, of OCD, the depictions within the picture books were mostly accurate, as per my coding framework. In terms of the diagnostic criteria, 1 out of the 2 criteria (50%) pertaining to "presence of obsessions" were depicted during the picture book. Meanwhile, 2 out of the 2 criteria (100%) pertaining to "presence of compulsions" were depicted during the picture book. It also depicts the character's obsessions and compulsions as "time-consuming" and "interfer[ing] with social, academic, or occupational functioning." Overall, the picture book depicted most of the diagnostic criteria for OCD.

Of the frequency of the presence of treatments for OCD, the depictions within the picture books were minimal, as per my coding framework. The only 2 depicted

treatments were “radical acceptance” and “other.” None of the other treatments were depicted during the story.

In terms of the general depiction of OCD, the picture book did contain some stigmatizing and inaccurate depictions regarding the experience of having OCD. The picture book did not utilize personification to depict OCD. However, it was the only book within my sample of 20 picture books to depict a harmful stereotype of one’s experiences with mental illness; as per my coding framework, it depicts the harmful stereotype that the “character is to blame for their illness.” Furthermore, it depicts an “entirely resolved” conclusion, meaning that depression was cured, and the character(s) no longer experience the effects of it.

Qualitative Data

This section of the findings and analysis will focus on 1) how the character experiencing the OCD reacts to their own illness, 2) how other characters react to the character’s OCD, and 3) the general impressions left on me, as the reader, upon reading the picture book.

Unraveling Rose, written by Brian Wray with illustrations by Shiloh Penfield, was published in 2017, and its protagonist is Rose, a plush bunny who was sewn together with love. She spends most of her time with a little boy, who climbs trees with her and tosses her in the air. However, her favorite activity is reading stories with the boy, since it is her job to turn the pages. Rose’s life is seemingly perfect to her, yet she does anything she can to ensure it stays that way; she straightens books on shelves when they aren’t straight, makes sure teacups’ handles are pointed to the right, and removes wrinkles whenever they appear on her dress (Wray, 2017, pp. 10-11). Upon witnessing Rose’s

actions depicted within these illustrations, the reader is introduced to Rose's compulsions, a symptom of OCD. Straightening books, turning teacups, and un-wrinkling her dress are implied to be repetitive behaviors, which she performs according to the rules that everything must be perfect.

One day, Rose notices a loose thread dangling from her arm, and since it should not be there, she continuously thinks about it. Furthermore, "[k]nowing that the little loose thread was dangling, Rose found it hard to concentrate on painting a picture... on building towers with her blocks... or even on reading stories with the boy. That loose thread was all she could think about" (Wray, 2017, pp. 12-13). As demonstrated within this passage, the presence of the thread develops into a recurrent and persistent thought for Rose, impacting her ability to perform other tasks. These thoughts introduce the reader to Rose's obsessions, another symptom of OCD. To alleviate these obsessive thoughts, Rose pulls on the thread, but it does not come out; it only gets longer, and once Rose continues pulling, a tiny hole appears on the outside of her arm. Upon seeing the hole, she decides to stop pulling on the thread.

However, she soon begins to have thoughts about the thread again, and she "pulled at it again. And again. And again. And again. And the string grew longer. And the little hole where she could see her white stuffing grew larger" (Wray, 2017, pp. 16-17). The presence of Rose's obsessive thoughts about the thread results in compulsions to pull on it; for Rose, pulling on the thread temporarily suppresses her thoughts at the cost of the well-being of her arm.

In terms of Rose's feelings regarding her OCD, she begins feeling embarrassed by her behavior. She hides the thread inside her pocket, but she worries that the boy will

notice the string when he tosses her in the air. Despite her embarrassment and worries, she cannot stop pulling on the thread. As the thoughts return and she continues to suppress them by pulling the thread, Rose's arm begins to unravel, and stuffing falls out. She covers her arm with a sweater to hide it, but she can no longer control her arm's movements; it is essentially numb. She grows disinterested in other activities, and when the boy asks to read stories together, she says no; she can no longer turn the pages if she cannot move her arm. Ultimately, the obsessions and compulsions further interfere with her ability to do other tasks and interact with the boy.

Once Rose recognizes that the thread prevents her from doing the things she loves, she decides to make a change. She sews herself back together, but once finished, she realizes the thread is still dangling from her arm. With practice, she forgets the thread's presence, and the less she pulls, the less she experiences thoughts about the thread. Upon the story's conclusion, it states: "The more she understood that things don't always have to be perfect... the more room there was in Rose's head to do the things she loved and to feel loved" (Wray, 2017, pp. 26-27). Overall, the picture book reads like a story, but the primary focus is on the effects of Rose's compulsions and obsessions, rather than possible treatments or a recovery process; only 4 of the book's total 27 pages address her decision to make a "change."

Unraveling Rose's depiction of OCD, while accurate in terms of the symptoms, does contain a harmful depiction of OCD in general. It depicts an "entirely resolved" conclusion, meaning that the mental illness is cured, and the character(s) no longer experience the effects of mental illness, i.e., there is a complete resolution. This depiction is unrealistic, but it feels even more unrealistic considering that no treatment besides

“radical acceptance” is depicted during the book. The book states that Rose practices forgetting about the thread, but the reader is provided with no details beyond that, regarding how she begins managing her compulsions and obsessions. Instead, Rose’s decision to “change” focuses on her accepting that things do not always have to be perfect. Rather than her accepting her OCD, the narrative seems to blame her experiences with OCD on her desire for everything to be perfect. By blaming Rose, the story encourages a harmful stereotype regarding mental illness.

During the story, Rose also does not receive support from anyone else, not even the little boy; he remains entirely unaware of her symptoms of OCD. Overall, the messaging that someone can simply get rid of their illness and does not need any support may not be as useful as encouraging readers to accept, manage, and transform their illnesses and seek out support from others.

Impact, Limitations, and Conclusions

Impact

Considering Bishop's article, "Mirrors, Windows, and Sliding Glass Doors," (1990) it is vital to discuss the necessity of diverse perspectives within youths' literature, as with the inclusion of said perspectives, youths can see both themselves and those different from them; these diverse perspectives can and should include the perspectives of youths experiencing mental illness(es) and/or those who have a caregiver experiencing mental illness(es). Possible impacts include influencing youths' understanding of current world issues, empathy, and positive self-esteem. Furthermore, exposing youths to the perspectives of characters with mental health conditions may challenge their preconceived notions and normalize the experiences of those with said conditions, especially if the youth is experiencing the same condition or knows someone who is experiencing it (such as a caregiver, peer, etc.).

I believe that my investigation regarding the representations and depictions of mental illnesses within youths' picture books could contribute to the conversation(s) regarding how, and to what extent, individuals with mental health conditions are represented within literature, particularly youths' literature, and spread more awareness regarding these conditions amongst youths, youths' caregivers, educators, and youth librarians. Youth librarians and library staff, in particular, can contribute to these efforts by advocating for representation of those who have mental illness(es) within the youths'

literature included within their library collections. As these conversations continue, I hope that they contribute to lessening the social stigmas that exist around mental illnesses, while also increasing the advocacy for more accessible mental health care services for youths and caregivers.

Limitations

Limitations during this study were influenced by my general population of youths' picture books and my sample. Since I selected the picture books that will be chosen for the population, my random sample of picture books is not generalizable. However, as stated within my methodology section, lack of generalizability is justified during this study due to the inherent limitations on time and resources imposed by the master's paper process. Furthermore, my general population of picture books was small considering that not many youths' picture books are published on this topic, so limitations occurred due to the lack of books readily published and available for use.

Conclusions

This research study investigated 1) how mental illness(es) are represented and depicted within youths' picture books and 2) the overall implications of said representations and depictions. Using both quantitative and qualitative analysis, I read and coded a sample of 20 picture books against criteria exploring which mental illness(es) were depicted, which characters were experiencing the mental illness(es), which symptoms and treatments were mentioned, and a range of other research questions.

In terms of the representation of people who have mental illness(es) in youth's literature, and media in general, I hope we will continue to see the growth of positive and factual representation. Within my sample, 85% of the picture books depicted "work in

progress” conclusions for the characters experiencing the mental illness(es), and 95% of the picture books included no use of harmful stereotypes regarding those experiencing mental illness, as shown in Figures 4 and 5 included within Appendix A. I must highlight that my sample of picture books did not contain much diversity in terms of the mental illness(es) depicted, considering that 70% of the picture books discussed either anxiety disorder(s) or depression; various other mental illness(es) contributed to a small percentage of the sample, or did not appear in the sample at all, so advocating for growth in this regard may be necessary in the future.

Although this data is not generalizable, I hope future youths’ picture books continue to spread further awareness of and work to normalize the existence of mental illness(es). If this representation can possibly reduce the presence of stigma, specifically both public stigma and self-stigma, librarians and library staff can contribute to these efforts by advocating for representation of those who have mental illness(es) within youths’ literature and including said literature in library collections.

By exploring how, and to what extent, individuals with mental illness(es) are represented within youths’ literature, I hope that those within the Library and Information Science (LIS) field can explore further possibilities for growth.

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Appendix A. Figures

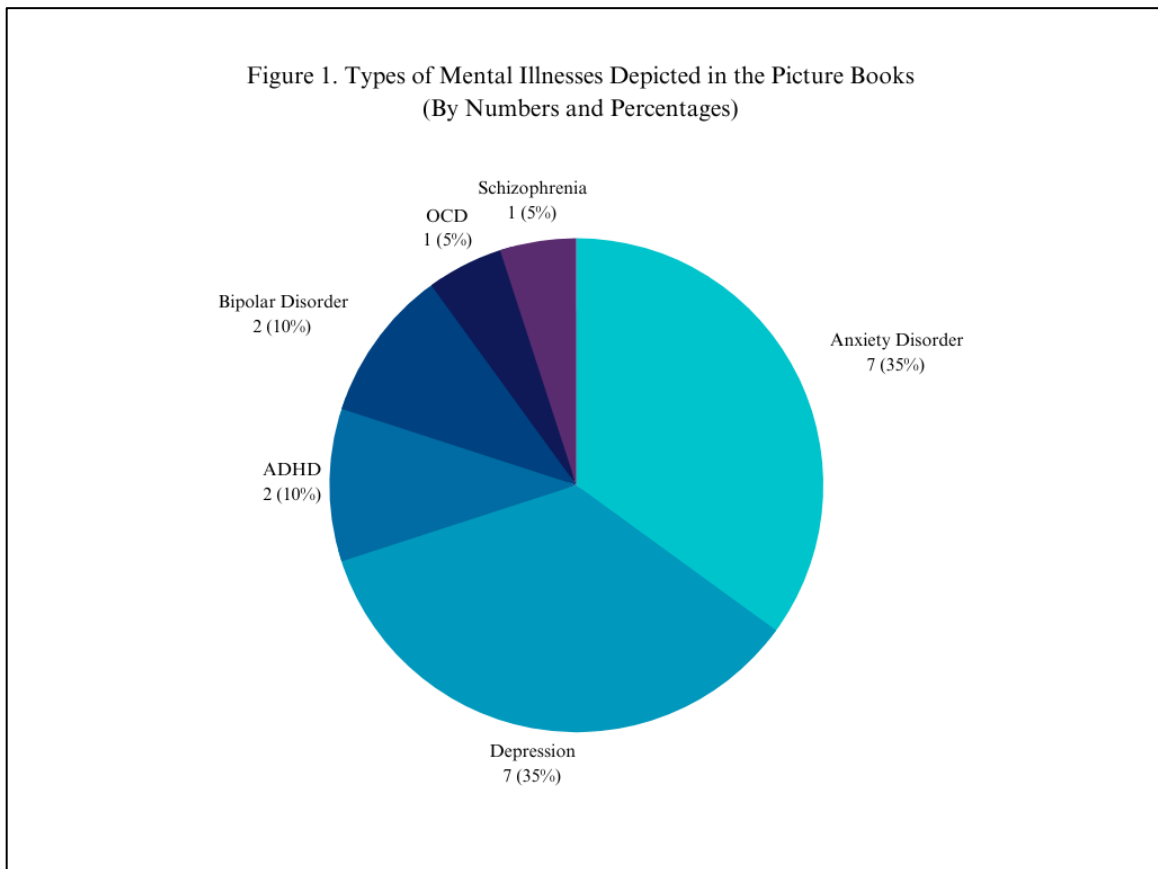


Figure 2. Types of Characters Depicted Experiencing Mental Illness(es)
(By Numbers and Percentages)

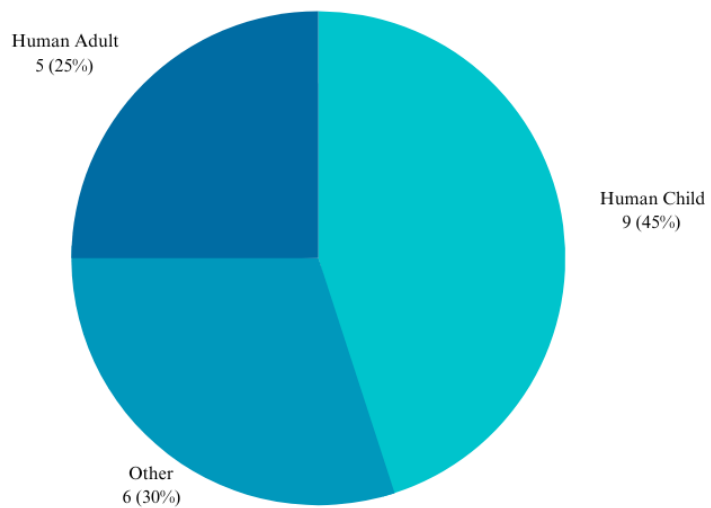


Figure 3. Picture Books Utilizing Personification to Depict Mental Illnesses
(By Numbers and Percentages)

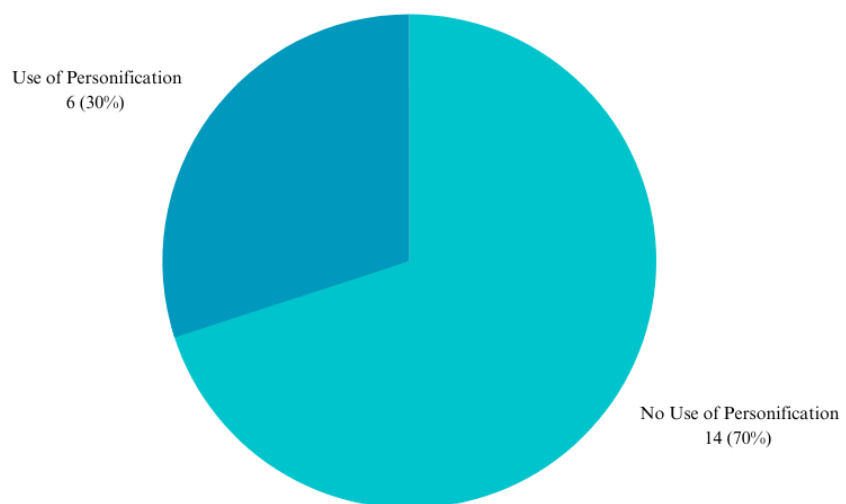


Figure 4. Types of Conclusions Depicted for Characters Experiencing Mental Illness(es)
(By Numbers and Percentages)

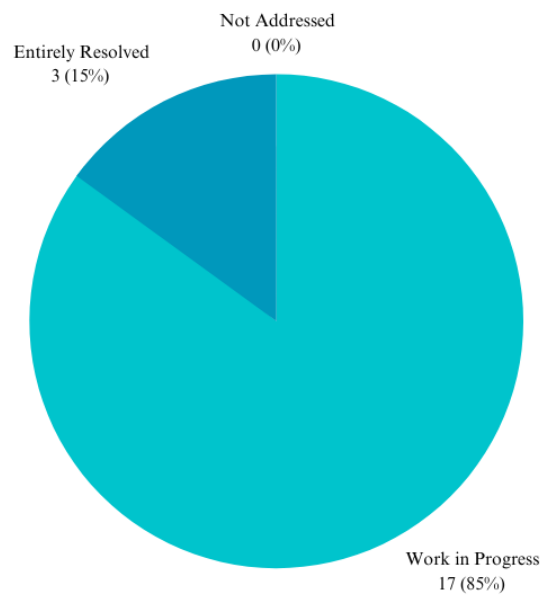


Figure 5. Picture Books Utilizing Harmful Stereotypes to Depict Mental Illnesses
(By Numbers and Percentages)

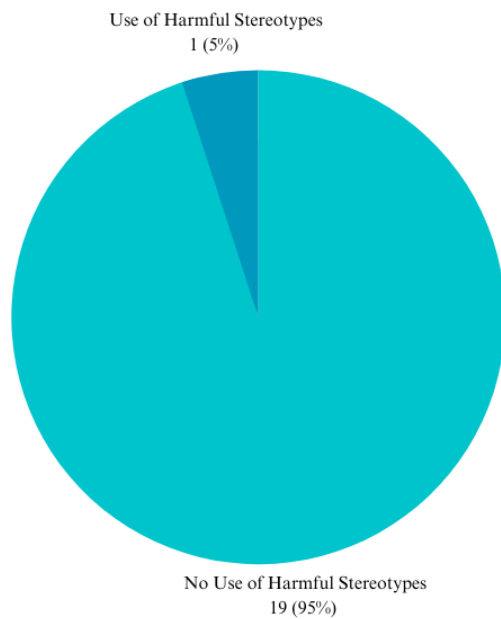


Figure 6. Gender of Characters Depicted Experiencing Anxiety Disorder(s)
(By Numbers and Percentages)

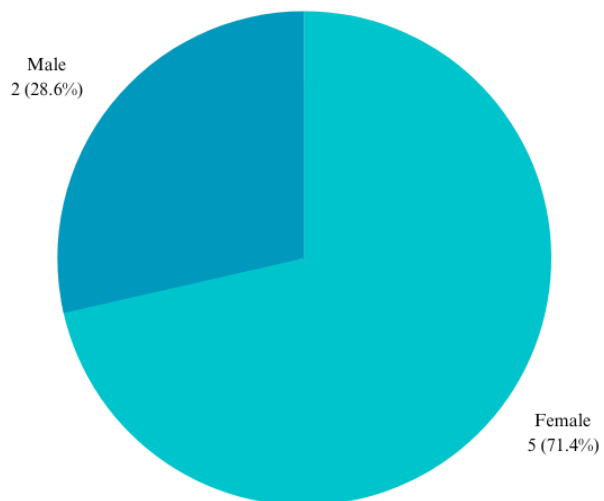


Figure 7. Gender of Characters Depicted Experiencing Depression
(By Numbers and Percentages)

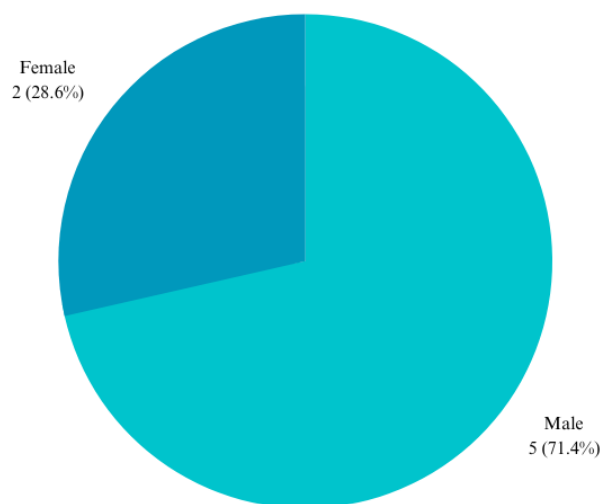
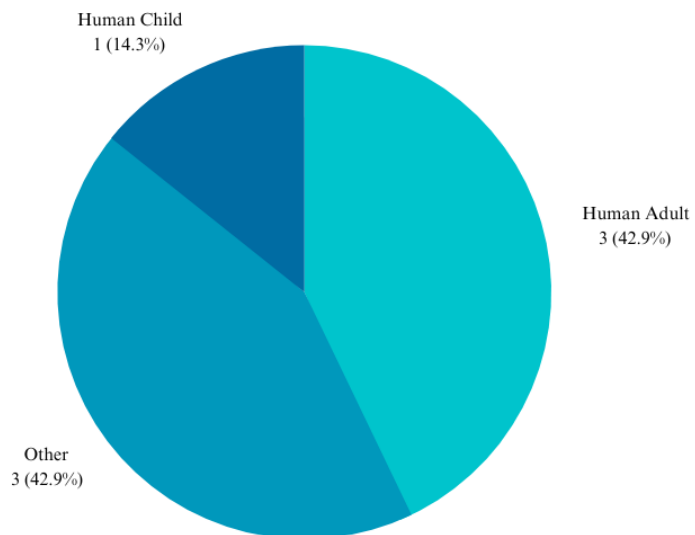


Figure 8. Types of Characters Depicted Experiencing Depression
(By Numbers and Percentages)



Appendix B. Coding Framework

Category #1: Understanding the Mental Illness(es)

1. Which mental illness(es) is/are depicted during the story (narrative, illustrations, etc.)?
 - a) Anxiety disorder, “characterized by a pattern of frequent, persistent excessive anxiety and worry that is out of proportion to the impact of the event or circumstance that is the focus of the worry” (APA, 2013, p. 139)
 - b) Attention deficit hyperactivity disorder (ADHD), a hyperkinetic reaction of childhood, characterized by “1) difficulty focusing and maintaining attention and 2) hyperactivity and impulsivity” (APA, 2013, p. 44)
 - c) Bipolar disorder, “characterized by marked oscillations in mood, activity, and behavior . . . [r]esearch evidence has confirmed the existence of a milder form of the disorder, [bipolar II disorder]” (APA, 2013, pp. 90-91)
 - d) Borderline personality disorder, characterized by “a pervasive pattern of anger dyscontrol, affective instability, impulsive behavior, and unstable and overly intense interpersonal relationships” (APA, 2013, p. 398)
 - e) Major depressive disorder (clinical depression) “is the codable disorder for people with one or more major depressive episodes” (APA, 2013, p. 108)
 - f) Obsessive-compulsive disorder (OCD), characterized by “the presence of obsessions and/or compulsions” (APA, 2013, p. 148)

- g) Post-traumatic stress disorder (PTSD); “the major etiological factor leading to PTSD is a traumatic event that involves exposure to actual or threatened death, serious injury, or sexual violence . . . [t]he event is typically outside the range of normal human experience” (APA, 2013, p. 177)
 - h) Schizophrenia, characterized by symptoms “such as delusions, hallucinations, and negative symptoms; deterioration in social, occupational, or interpersonal functioning; and continuous signs of the disturbance for at least 6 months” (APA, 2013, p. 71)
 - i) Other
2. Who is experiencing mental illness(es) within the story (narrative, illustrations, etc.)?
- a) A human child
 - b) A human adult and/or human caregiver
 - c) Other *
- * Any non-human characters experiencing mental illness(es) within the story will be coded as “other,” even if the non-human characters are a child or adult/caregiver.
3. **Open-ended:** What characteristics is the character experiencing the mental illness(es) depicted with during the story? (Age, gender, race, etc.)
4. What diagnostic criteria, i.e., signs and symptoms of the mental illness(es), is depicted during the story? (Narrative, illustrations, etc.) *
- a) Anxiety disorder
 - i) Excessive anxiety and/or worry regarding more than one event or activity
 - ii) Difficulty controlling the anxiety and/or worry
 - iii) Anxiety and/or worry results in restlessness

- iv) Anxiety and/or worry results in fatigue
 - v) Anxiety and/or worry results in difficulty concentrating
 - vi) Anxiety and/or worry results in irritability
 - vii) Anxiety and/or worry results in physical pain (such as muscle tension, stomachaches, etc.)
 - viii) Anxiety and/or worry results in difficulty sleeping
 - ix) Anxiety and/or worry results in distress and/or impairment during social, occupational, and/or other areas of functioning
- b) Attention deficit hyperactivity disorder (ADHD)
- i) Patterns of inattention that interfere with functioning or development
 - (1) Unable to pay attention to details and/or makes careless mistakes during activities
 - (2) Difficulty sustaining attention during activities
 - (3) Does not listen when spoken to directly
 - (4) Does not follow through with completing activities
 - (5) Difficulty organizing tasks and/or activities
 - (6) Avoids engagement with tasks that require sustained effort
 - (7) Loses objects necessary for tasks and/or activities
 - (8) Easily distracted by other stimuli
 - (9) Forgetful during daily tasks and/or activities
 - ii) Patterns of hyperactivity and/or impulsivity that interfere with functioning or development
 - (1) Experiences fidgeting of their body parts

- (2) Cannot stay seated when remaining seated is established as an expectation
- (3) Makes movement (such as running, climbing, etc.) during situations of which it is inappropriate
- (4) Unable to engage in activities quietly
- (5) Talks excessively
- (6) Blurts out answers to questions before the questioner has finished speaking
- (7) Difficulty waiting for their turn
- (8) Interrupts others (verbally and/or when completing tasks or during activities)
- iii) Inattention and/or hyperactivity and/or impulsivity impact at least two settings (home, school, and/or work; with friends and/or family, etc.)
- iv) Inattention and/or hyperactivity and/or impulsivity interfere with social, academic, or occupational functioning
- c) Bipolar disorder
 - i) Has either:
 - (1) Had at least one manic episode, OR
 - (2) Had at least one hypomanic episode and at least one major depressive episode, but has not had a manic episode
 - ii) The symptoms result in distress and/or impairment during social, occupational, and/or other areas of functioning
- d) Borderline personality disorder

- i) Frantic efforts to avoid real and/or imagined abandonment
 - ii) Unstable and/or intense interpersonal relationships alternating between idealization and devaluation
 - iii) Unstable self-image or sense of self
 - iv) Impulsivity in at least two aspects of life that are potentially harmful to oneself
 - v) Suicidal and/or self-mutilating behavior
 - vi) Affective instability due to reactive mood(s)
 - vii) Feelings of emptiness
 - viii) Inappropriate and/or intense anger and/or difficulty controlling anger
 - ix) Paranoid ideation
- e) Major depressive disorder (depression)
- i) Feeling sad, empty, and/or hopeless for prolonged periods of time nearly everyday
 - ii) Loss of interest in hobbies and other activities
 - iii) Weight loss
 - iv) Inability to sleep
 - v) Fatigue and/or loss of energy
 - vi) Feelings of worthlessness
 - vii) Inability to concentrate during daily activities
 - viii) Thoughts of death and/or suicide
 - ix) The symptoms result in distress and/or impairment during social, occupational, and/or other areas of functioning

- f) Obsessive-compulsive disorder (OCD)
 - i) Presence of obsessions
 - (1) Recurrent and/or persistent thoughts, urges, and/or images that are intrusive and/or unwanted, often causing distress
 - (2) Attempts to ignore, suppress, and/or neutralize thoughts, urges, and/or images result in another thought and/or action
 - ii) Presence of compulsions
 - (1) Repetitive behaviors or mental acts are performed in response to an obsession or according to rules that must be applied
 - (2) The behaviors or mental acts are performed with the purpose of preventing or reducing some sort of distress; these behaviors or acts are not realistic means of prevention and/or are excessive
 - iii) The obsessions and/or compulsions are time-consuming and/or interfere with social, academic, or occupational functioning
- g) Post-traumatic stress disorder (PTSD)
 - i) Direct exposure to, witnessing, and/or learning about actual or threatened death, serious injury, or sexual violence
 - ii) Presence of intrusive symptoms associated with the traumatic event(s)
 - (1) Distressing memories of the traumatic event(s)
 - (2) Distressing dreams related to the traumatic event(s)
 - (3) Loss of awareness of present surroundings, resulting in dissociative reactions
 - (4) Distress in reaction to cues that remind them of the traumatic event(s)

- iii) Avoidance of stimuli associated with the traumatic event(s)
 - iv) Changes in mood due to the traumatic event(s)
 - (1) Lower self-esteem
 - (2) Blaming oneself
 - (3) Negative emotional state; unable to experience positive emotions
 - (4) Loss of interest in hobbies and other activities
 - (5) Detachment from others
 - v) Reactionary changes due to the traumatic event(s)
 - (1) Irritability
 - (2) Self-destructive behavior
 - (3) Hypervigilance
 - (4) Exaggerated startle response
 - (5) Inability to concentrate during daily activities
 - (6) Inability to sleep
 - vi) The symptoms result in distress and/or impairment during social, occupational, and/or other areas of functioning
- h) Schizophrenia
- i) At least two symptoms of the following:
 - (1) Delusions
 - (2) Hallucinations
 - (3) Disorganized speech
 - (4) Disorganized or catatonic behavior

- ii) Delusions, hallucinations, and/or other symptoms interfere with social, academic, or occupational functioning

*If 1.1 is marked “i. Other,” skip this question.

5. What treatments for the mental illness(es) are depicted during the story (narrative, illustrations, etc.)?

- a) Support from family and/or friends
- b) Radical acceptance
- c) Deep breathing
- d) Opposite-to-emotion thinking
- e) Mental reframing
- f) Setting goals/challenges
- g) Therapy/professional help *
- h) Medication
- i) Hospital and residential treatment programs
- j) Other
- k) N/A

***Open-ended:** If present, is the type of therapy/professional help specified? If so, what kind is it?

Category #2: Implications of the Depictions of Mental Illness(es)

6. Is/are the mental illness(es) personified during the story? Personification is when “a person, animal, or object [is] regarded as representing or embodying a quality, concept, or thing” (Oxford Languages).

- a) YES *

- b) NO
- *Open-ended:** If YES, how is/are the mental illness(es) personified?
7. **Open-ended:** How does the character experiencing mental illness(es) react to said mental illness(es)? (How do they feel? What actions do they make?)
 8. **Open-ended:** How do the characters who are not experiencing mental illness(es) react to said mental illness(es)? How do they treat the character who is experiencing mental illness(es)? (How do they feel? What actions do they make?)
 9. How does the picture book conclude regarding the character's experiences with the illness?
 - a) Entirely resolved (e.g., The mental illness is cured, and the character(s) no longer experience the effects of mental illness, i.e., there is a complete resolution.)
 - b) Work in progress (e.g., The mental illness is not cured, but the character(s) better understand their experiences and/or temporarily alleviates their symptoms by some means, i.e., it's a "work in progress.")
 - c) Not addressed (e.g., There is no mention of whether the mental illness is cured or not cured, i.e., there is no resolution whatsoever.)
 10. Are any of the following harmful stereotypes utilized during the depiction of the character's experiences with the illness?
 - a) Danger and/or violence
 - b) Unpredictability
 - c) Incompetence
 - d) Character is to blame for their illness
 - e) No hope for recovery

f) None

Category #3: General Information about the Picture Book(s)

11. Does the author have any explicitly stated background (personal, career-based, etc.) involving mental health and/or illness(es)?

a) YES *

b) NO

***Open-ended:** If YES, what?

12. What source(s) explicitly confirm that this/these mental illnesses(es) are depicted during the story?

a) The book itself

b) The author(s) and/or illustrator(s)

c) Publisher

d) Online reviews

13. Does the picture book contain any paratextual features? *

a) YES*

b) NO

***Open-ended:** If YES, what paratextual features are present?

14. **Open-ended:** How does the book make you feel? (“Preachy,” story-based, reads like nonfiction, etc.)

Appendix C. Sample and Population

Sample

Captain Starfish by Davina Bell (2015)

Gloria's Big Problem by Sarah Stiles Bright (2020)

Shadow by Lucy Christopher (2019)

Blueloon by Julia Cook (2012)

Worry Says What? by Allison Edwards (2018)

Baxter Turns Down His Buzz: A Story for Little Kids About ADHD by James M. Foley
(2016)

Danny and the Blue Cloud: Coping with Childhood Depression by James M. Foley
(2016)

In the Blue by Erin Hourigan (2022)

*Pretend Friends: A Story about Schizophrenia and Other Illnesses that Can Cause
Hallucinations* by Alice Hoyle (2015)

My Monster and Me by Nadiya Hussain (2019)

The Princess and the Fog: A Story for Children with Depression by Anthony Lloyd Jones
(2015)

The Whatifs by Emily Kilgore (2020)

When Molly Drew Dogs by Deborah Kerbel (2019)

Up and Down Mom by Summer Macon (2020)

Olivia Wrapped in Vines by Maude Nepveu-Villeneuve (2022)

The Color Thief: A Family's Story of Depression by Andrew Fusek Peters, Polly Peters (2015)

Bipolar Bear: A Resource to Talk about Mental Health by Victoria Remmel (2019)

My Wandering Dreaming Mind by Merriam Sarcia Saunders (2020)

Lucky G and the Melancholy Quokka: How Play Therapy Can Help Children with Depression by Amy Wilinski-Lyman (2020)

Unraveling Rose by Brian Wray (2017)

Population

Maybe Tomorrow? by Charlotte Agell (2019)

Margo Thinks Twice by Monica Arnaldo (2016)

Captain Starfish by Davina Bell (2015)

Brave Molly by Brooke Boynton-Hughes (2019)

Gloria's Big Problem by Sarah Stiles Bright (2020)

Shadow by Lucy Christopher (2019)

Blueloon by Julia Cook (2012)

A Flicker of Hope: A Picture Book About Depression and Asking for Help by Julia Cook (2018)

There Might Be Lobsters by Carolyn Crimi (2017)

Worry Says What? by Allison Edwards (2018)

Pockets Full of Rocks by Yair Engelberg (2021)

- Baxter Turns Down His Buzz: A Story for Little Kids About ADHD* by James M. Foley (2016)
- Danny and the Blue Cloud: Coping with Childhood Depression* by James M. Foley (2016)
- In the Blue* by Erin Hourigan (2022)
- Pretend Friends: A Story about Schizophrenia and Other Illnesses that Can Cause Hallucinations* by Alice Hoyle (2015)
- My Monster and Me* by Nadiya Hussain (2019)
- The Princess and the Fog: A Story for Children with Depression* by Anthony Lloyd Jones (2015)
- The Whatifs* by Emily Kilgore (2020)
- When Molly Drew Dogs* by Deborah Kerbel (2019)
- Virginia Wolf* by Kyo Maclear (2012)
- Up and Down Mom* by Summer Macon (2020)
- Meh* by Deborah Malcolm (2015)
- Olivia Wrapped in Vines* by Maude Nepveu-Villeneuve (2022)
- The Color Thief: A Family's Story of Depression* by Andrew Fusek Peters, Polly Peters (2015)
- Bipolar Bear: A Resource to Talk about Mental Health* by Victoria Remmel (2019)
- My Wandering Dreaming Mind* by Merriam Sarcia Saunders (2020)
- Jacqueline and the Beanstalk: A Tale of Facing Giant Fears* by Susan D. Sweet (2017)
- Lucky G and the Sunbeam Girl: Helping Children Understand Depression* by Amy Wilinski-Lyman (2019)

*Lucky G and the Melancholy Quokka: How Play Therapy Can Help Children
with Depression* by Amy Wilinski-Lyman (2020)

Unraveling Rose by Brian Wray (2017)