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Book Analysis Project:
The Portrayal of Epilepsy in *Meena Meets Her Match*

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Disability in Children's Literature

Professor Coch

June 5, 2020

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Abstract and Keywords

Abstract

Epilepsy is a spectrum disorder characterized by random and unprovoked seizures that affects approximately 470,000 children living in the U.S. (Epilepsy Foundation, n.d.). Despite this prevalence, few contemporary, middle-grade books reflect the experiences of children with epilepsy. Books that appropriately reflect diverse experiences are validating and important in a multicultural world (Bishop, 1990). Not only should books represent students with multiple diverse experiences (such as living with epilepsy), but also they must do so in an empathetic, inclusive, and informative way. This Book Analysis Project critically considers how epilepsy is portrayed in *Meena Meets Her Match* (Manternach, 2019), a contemporary, middle-grade book in which the protagonist, a third-grade girl, is diagnosed with epilepsy. In the analysis, the portrayal of epilepsy in Manternach's book is discussed in accordance with epilepsy research, testimonies, and other evidence-based sources. In addition, two plans for lessons intended to teach middle-grade audiences about living with epilepsy are presented.

Keywords

epilepsy, seizures, quality of life, middle-grade students, mirrors, windows, diversity, children's literature

Project Overview

In a world of different abilities, backgrounds, and perspectives, it is important that students in classrooms are given the opportunity to see characters like themselves—and characters unlike themselves—reflected in the stories they read. Being able to see themselves in books, according to Bishop (1990), validates children as a valued part of society. Seeing others, and thus learning about experiences unlike their own, at the same time teaches a powerful lesson about the multicultural and diverse world children live in (Bishop, 1990). An example of existing diversity that is underrepresented and often overlooked in middle-grade novels is students with epilepsy, a disorder defined by recurrent and unprovoked seizures (Epilepsy Foundation, n.d.). *Meena Meets Her Match* (2019), written by Karla Manternach and illustrated by Rayner Alencar, tells the story of Meena, a third-grade girl who experiences seizures and is eventually diagnosed with epilepsy. The story, written explicitly for middle-grade audiences, allows students with epilepsy to see themselves and for others to see them as well. As readers follow Meena, they will be able to observe how epilepsy can often be misunderstood, overly worrying, and stressful, not only for Meena, but also for those around her.

This Book Analysis Project is made up of different sections, all of which contribute to providing context for, critique of, and discussion about *Meena Meets Her Match*. First, book synopses briefly present readers with a summary of the plot; second, an evaluation rubric developed in class is applied to the book; and third, a supporting characters summary analyzes characters who are integral to Meena's life, such as her

teacher, Mrs. D, and her best friend, Sofia. These sections ensure that those who have not read Manternach's book have the appropriate context for subsequent sections.

Following is an annotated bibliography: a collection of research articles, information from the Epilepsy Foundation, and real-life stories of children living with epilepsy that together provide a rich background on epilepsy, address the neurological impacts, discuss several categorizations (some of which are controversial), and showcase multiple perspectives on the quotidian life for students with epilepsy. Based on the collected research, information, and personal accounts, a critical analysis of the book in terms of whether its portrayal of epilepsy and (more generally) a student with this disability is accurate, appropriate, and educational for the intended audience (middle-grade students) follows. Multiple factors discussed in this course, such as usage of stereotypes/negative language and inclusion of classroom accommodations or interventions, are also considered in making these determinations. Subsequently, two lesson plans aim to offer educators ways to use *Meena Meets Her Match* for teaching students about disabilities.

Looking at all the gathered evidence, this Project finds that Manternach's book does not thoroughly explain epilepsy itself but does shed light on how having epilepsy can adversely impact a student's social life and mental and emotional health. Impact on quality of life (QOL), as defined by Roberts and Whiting-MacKinnon (2012), may be particularly accurately represented in view of Manternach's personal experience with her daughter's epilepsy (Manternach, 2019). As the audience is given a first-person point of view in the book, they are able to hear directly from Meena about how she is feeling and understand why she behaves the way she does. Given this, *Meena Meets Her Match* is suitable for discussing empathy towards classmates with disabilities. Despite

its oversimplification, the novel does also offer an opportunity for educators to help their students better understand epilepsy, particularly in scenes in which terms like “epilepsy” or “seizures” are not mentioned. Overall, this Project hopes to raise awareness of children’s literature with protagonists with disabilities, critically discuss the portrayal of epilepsy in this novel, offer summaries of relevant peer-reviewed research and testimonies, and present educators with tools for using this book in their classrooms.

Book Synopses

For middle-grade children

Meena's world is full of color and creativity—anything can be made pretty with a little Inspiration! Unfortunately, the world becomes grayer for Meena when she experiences a seizure and has to go to the hospital. As her parents and teacher pay closer attention to her, doctors examine her brain, and it seems as though her best friend has forgotten her, Meena works hard to fill her world with color again.

For parents and teachers

Meena is a vibrant and competitive young girl who loves colors and working on all sorts of arts and crafts. On recycling day, she can't help but collect anything colorful that she can use to make something. So when her teacher announces that all students will be making a Valentine's Day box, she can't wait to get started. However, after a sudden and unexpected seizure during breakfast one morning leads to Meena waking up in the hospital, she finds herself confused and unsure of what occurred. At the hospital, doctors keep talking about "the thing" in her head. Scared about telling her classmates out of fear of being pitied or treated differently, especially her former best friend Sofia—who seems to have forgotten about her—Meena struggles to cope and accept her new normal. Her life, once colorful, now feels devoid of it. But, with a little Inspiration and support from those closest to her, Meena learns that she won't be defined by her epilepsy.

Book Evaluation

Evidence-based Rubric

This rubric, developed in class based on course materials, uses a 5-point scale ranging from 1 (poor) to 5 (excellent).

Preliminary Questions

Audience: Is the book targeted towards the desired audience?

Yes, *Meena Meets Her Match* uses appropriate middle-grade vocabulary, follows a relatable story (i.e., making a project for school), and discusses age-appropriate issues (e.g., squabbling between friends and competitiveness). The book is also told from Meena's perspective, making it relatable to middle-grade audiences, especially third graders.

Characters: Does the book have a child protagonist with a disability?

Yes, although this remains ambiguous until the second half of the book. Meena has a seizure early on but it remains an isolated incident. It is not until later in the book that the doctors finally diagnose Meena with epilepsy.

“You had a seizure, honey,’ Mom says” (Manternach, 2019, p. 39).

“[Mom] takes hold of my hands. ‘[The doctor] thinks you have epilepsy.’ My stomach starts to tighten again” (Manternach, 2019, p. 164).

Theme: Does the book contain themes that make the story more holistic besides teaching about the disability?

Yes, there are themes of friendship, competitiveness, and worry/anxiety related to epilepsy.

On friendship: Meena and her best friend Sofia get into an argument when Sofia begins staying inside during recess to do work. Meena, not wanting to go inside and do work alongside her, spends the majority of the book thinking she and Sofia are now enemies.

“No,’ I huffed. ‘I’m not going in there. But if you have better things to do than play with me, see if I care’” (Manternach, 2019, p. 32).

Literary Elements

To what extent is the setting realistic? Is the setting inclusive and accessible to the protagonist?

5 (excellent) - The story takes place in a typical suburban neighborhood. Meena is placed in a general education classroom. She has no impairments that would prevent her from accessing any place, although she is treated as such by Mrs. D. Besides her epilepsy, Meena is not differently abled.

Is the protagonist depicted having positive relationships with both peers and family that are empathetic?

3.5 (fair) - Meena has an overall good relationship with her parents—they encourage her artistry, although they have not quite gotten around to teaching her that it is inappropriate to want to draw or scribble instead of doing her work or following directions. However, Meena’s behavior with Sofia and her teachers is problematic. Meena often disobeys her teacher’s instructions and complains when she is reprimanded for it. Meena also seems like a very self-centered character who is angry at Sofia for needing to go inside during recess/lunch to work. It is later revealed that Sofia is struggling in math, so she stays inside each day to make up work and get extra practice with Mrs. D. Before she reveals that to Meena, though, Meena does not even ask or attempt to understand why Sofia was going inside to work. Meena took the situation personally and convinced herself that Sofia did not like her anymore.

Poor classroom behavior: “‘Everything go okay today?’ I scowl. ‘I got clipped down again.’ ‘Something to do with your clothes, I’m guessing.’ [Dad] turns all the way around and looks at me with a very serious expression. ‘So where are you now? Cruisin’ for a Bruisin’?’ I smile a little” (Manternach, 2019, p.86).

“...I get into a tug-of-war with Lin over the green paint, and one of us ends up with splatters all over her clothes. Turns out it’s me. Why did she need green paint for her ocean anyway? Those dumb fish could have been any color. I get clipped all the way down to Last Chance—just one away from Go to Principal...” (Manternach, 2019, p.86).

Does the plot tell a story that does not rely too heavily on the protagonist's disability? At the same time, does the story also inform the audience that may not have otherwise known about the disability previously?

4 (good) – In essence, this story could be told without the main character having a disability or impairment. Meena's seizures aside, the novel could have still focused on the squabbling and deteriorating friendship between her and Sofia, an issue that is common with young children. The book, in fact, begins with Meena describing Sofia, as well as the friendship the two had. Little is done regarding addressing epilepsy itself, with just a few explanations by Meena's parents. Most of the book discusses the fear and uncertainty Meena faces following her "big" seizure, but it is not revealed until towards the end of the book that the seizure is, in fact, diagnosed as epilepsy. While it is good that most of the plot is not disability-driven, little is still done to actually address epilepsy and talk about it in a way that would be informative to readers.

Friendship: "Sofia and I used to be a team... But ever since we got back from winter break, she's been avoiding me" (Manternach, 2019, p. 8).

Epilepsy: "*Something* makes my arms herky and jerky in the morning. *Something* made me dizzy from the flashing lights. So it's something. In my head. It must be... 'We're going to do some tests,' [Dad] says, 'to see if that spot is a normal part of your skull.' Tears start to form in the back of my eyes. 'Or if it's something else,' I say" (Manternach, 2019, p. 90).

"[Mom] takes hold of my hands. '[The doctor] thinks you have epilepsy...' '...the *kind* of brain you have,' Dad says. 'It just works differently from other people's.' 'You might end

up needing to take medicine to prevent seizures. And you'll just have to be careful about certain activities'" (Manternach, 2019, pp. 164-165).

Is the book well-written? Is the story clear and of quality? Is the vocabulary accessible?

4 (good) – The vocabulary is appropriate for middle-grade audiences, and the story is easy to follow. We see Meena develop from a self-centered girl worried about being different with epilepsy to one more understanding and caring for her friends, as well as learning to accept her condition.

Improving friendship: "I look up. Sofia is smiling at me over the top of everybody's heads. I smile back... This is definitely one of my Ups. Right now. Right this minute. I don't know what I'll have next, an Up or a Down. But I'm Ready for Anything" (Manternach, 2019, pp. 180-181).

Content

Is the book engaging and interesting to the audience?

5 (excellent) – I found myself feeling interested in the story and wanting to continue reading. I was curious to see how Meena reconciled her differences with Sofia and how she would learn to cope after being told she had epilepsy.

Does the book depict appropriate methods or interventions used by teachers in school or parents at home to best support the individual?

3 (fair) – Following Meena’s seizure, she is continually observed and sympathized, both by her parents and teacher. Meena’s mom is wary of letting her play outside with her cousin and sister, even though this was something she did all the time prior. Meena’s teacher does not penalize her for arriving late to class and instead tells her she is glad Meena could join them. When Meena gets assigned lunch monitor (an individual role in which she will have to go around the classrooms collecting lunch slips from the teachers), the teacher asks Sofia to accompany her instead. As opposed to continuing to treat Meena like a typical girl her age, the adults around her understandably became more cautious for her, something which overwhelmed Meena instead of helping her feel supported. From an intervention standpoint, monitoring the child is necessary given that the risk of experiencing another seizure increases after having had one, but this increased monitoring also interferes with the child’s sense of independence. Children can become frustrated over being constantly watched, ironically without adults noticing this at times. Meena’s parents are not initially aware of how their behaviors are problematic, until later when Meena throws a tantrum about wanting to be left alone to work on her art projects. Eventually, the doctors also tell her parents that they do not need to be constantly watching her. We do not see other interventions or treatments in the book besides a brief mention of medication.

“I’m just about to follow them out when Mom stops me: ‘where do you think you’re going?’... ‘Outside,’ I say. Mom frowns. ‘Were you planning to tell me?’ ‘Why would I tell you?’ ‘So I know where you are.’ I blink at her. ‘I’m at Eli’s. Which you already know,

because you *followed* me here.’ ‘But you’re going outside now.’ ‘So?’ She rubs her forehead. ‘I’d like to be able to see you’” (Manternach, 2019, pp. 57-58).

“Mom is looking back at me... [she] gives me a little wave that makes my skin prickle. I grit my teeth. I’d like to get lost” (Manternach, 2019, p. 61).

“Mom calls to me from the kitchen table. ‘Come get started on your work, hon...’ All of a sudden my ears fill with static, and everything starts closing in, like I’m looking through binoculars. I shut my eyes and put my hands over my ears. ‘I don’t want to do this!’ I yell... ‘Don’t make me do this! Please, please, I don’t want to do this!’” (Manternach, 2019, pp. 137-138).

“...Without anybody watching me, it seems like there’s more air in the room, and my skin feels relaxed again instead of prickly and spied on” (Manternach, 2019, p. 139).

Is the disability in the book a realistic portrayal?

3.5 (fair) – Meena’s first seizure is not immediately categorized as epilepsy, which is accurate—a single isolated incidence of seizure is not considered epilepsy. However, by the end of the book, Meena is still diagnosed with epilepsy even though she does not experience another large seizure. We as readers see the instances in which Meena has smaller absence seizures (discussed in future sections), but there is no mention of the doctors having any knowledge of this. Her parents and teacher being overprotective with her also felt like a realistic response to Meena having a disability. We also see the fear and frustration over living with epilepsy in the book, which adds a realistic element regarding quality of life.

The story's ending felt like a stereotypical happy ending, as though things were looking up and would only continue to do so. Meena will certainly continue to face many challenges as she grows up with epilepsy (such as potential peer rejection in future classrooms, something which was not really present in the book, partially due to Meena not talking about her epilepsy and appearing typically-abled in class), but the ending felt like it was glossing that over. It is possible that the sequel book addresses these issues, but in the context of *Meena Meets Her Match*, there is not much.

Are stereotypes and the use of negative language regarding the disability that would warrant ridicule or pity avoided?

4 (good) – Meena's teacher was shown to have had sympathy towards her when she was late and when she treated Meena as though she needed to be supervised at all moments. This was not through any official school accommodation; Meena's dad merely told Mrs. D what had happened. There is no use of negative language towards Meena, but her classmates do not know about her disability for most of the book.

Meena's behavior, however, was concerning. To the rational adult reading the story, it felt as though Meena was bratty and petty, something that could stereotype children with disabilities as villains or as bad. Although Meena is no villain, her ego and attitude towards Sofia do not paint a positive picture, which could lose some readers relating to her. Nonetheless, Meena ultimately reconciles with Sofia, which demonstrates character growth.

Are the characters present in the book diverse in an inclusive and non-stereotypical way? Does the book provide mirrors for a lot of readers?

3.5 (fair) – Meena’s best friend Sofia is a girl of color who is represented without any problematic stereotypes. It may have been useful to show some of the cultural values that surrounded Sofia instead of keeping her background ambiguous such that it could limit a mirror for other children of color. Meena is the only person in the story with a disability, although Sofia struggled with math. There are no other diverse elements in the book, such as financial differences, family structures, etc. Due to the story being told from a first-person point of view, Meena’s perspective provides a mirror for readers with epilepsy to look at, as well as a window for others.

Epilepsy: “It’s not until I’m lying there in the dark, listening to Rosie sleep-breathe, that I remember the white spot on the X-ray again. I hold on tight to Raymond and try to think about other things. Like my valentine boy. Or about what kind of crazy hair I’ll do tomorrow. But I can’t get my mind to stick there. Every time I start to feel sleepy, Rosie’s questions pop into my head and wake me right back up. *Are you going to have another seizure? Will you have to ride in the ambulance again? Will you have to go back to the hospital?*” (Manternach, 2019, p. 96).

Final Review

Average 3.9/5: *Meena Meets Her Match*, while one of few contemporary novels for middle-grade children with a protagonist with epilepsy, still has a few problematic elements in it that might not make it entirely suitable for making readers more aware of

epilepsy and children living with epilepsy. However, if teachers and parents are willing to build on its simple explanations regarding epilepsy and its portrayal of the anxiety and fear a nine-year-old can face, this book can certainly be used to introduce epilepsy to younger audiences around Meena's age (third grade) and to speak more about quality of life when living with childhood epilepsy.

Supporting Characters Summary

Two characters from *Meena Meets Her Match* (Manternach, 2019) significantly contribute to understanding and developing Meena's character: Mrs. D, Meena's teacher and an authority figure in the classroom whom Meena often finds herself clashing with, and Sofía, Meena's (former) best friend, whose good behavior and participation in class contrast with Meena's behavior.

Mrs. D

Mrs. D is Meena's third-grade teacher and the main instructor Meena interacts with at school. Mrs. D is understandably a bit fed up with Meena's behavior, as illustrated in this passage: "My hand shoots in the air. 'What's the prize if you win?' I say. Mrs. D does an extra-long blink. 'It's not a contest, Meena.'" (Manternach, 2019, p. 10). She also often struggles to get Meena to stop drawing in class in order to pay attention or focus on her work; nonetheless, before Meena's seizure, Mrs. D comes in ready each day to give Meena a chance just like every other student in her classroom: "At the start of the day, all of our clothespins started out in the middle, at Ready for Anything. But I clipped down to Think About Your Choices for giving myself a Magic Marker manicure during social studies. Now my clothespin is all the way down to Last Chance!" (Manternach, 2019, p. 7).

However, when Meena's dad informs Mrs. D about Meena's seizure later in the book, Mrs. D becomes sympathetic and overly protective towards Meena, choosing to not penalize her for arriving late to class and refusing to let her go to the restroom or perform her classroom duties on her own. Meena expresses frustration and confusion

with this change, for example: “The late bell rings. Mrs. D is standing by our door. I stop in my tracks. She’ll clip me down for this... Then something weird happens. She looks me right in the eye and gives me her first-day-of-school smile. ‘I’m so glad you’re here, Meena,’ she says in a shiny voice. ‘Why don’t you just leave your shoes in the hall before you join us’” (Manternach, 2019, pp. 76-77) and “The rest of the day, Mrs. D sends spies with me everywhere I go. She even has girls take turns walking me to the bathroom!” (Manternach, 2019, p. 83).

The book does not show any official school-based intervention taking place. While it is clear that Mrs. D fears for Meena’s safety, Meena interprets the sudden constant accompanying by her peers as though her teacher does not think Meena is just as capable as she was before her seizure: “I turn back to Mrs. D. ‘I can do it myself,’ I say. She gives my arm a pat. ‘Just let Sofia show you the ropes, okay?’” (Manternach, 2019, p. 79).

Sofia

Sofia is Meena’s “former” best friend for much of the book due to a misunderstanding that occurred previously. Throughout the book, Meena remains convinced that Sofia is trying to outperform her on purpose as she continually behaves better and earns more of their teacher’s praise. In particular, Meena is upset that Sofia chooses not to play with her at recess: “Lately [Sofia] stays in for Catch Up Club instead of coming out for recess with me. I don’t know why. It’s just for kids who have makeup work to do... Every time she stays in to work, my stomach feels hot and bubbly...” (Manternach, 2019, p. 9).

While Sofia does not play a direct role in Meena's education, Meena's constant comparisons and the perceived competition she is convinced of stokes her anger and pushes her to try to be "better" than Sofia, often with little success. For example: "Sofia might have perfect handwriting. She might have eyes that stay on her paper and feet that stay under her desk. She might want to be alone at the top of the clip chart more than she wants to be my friend. But my valentine box will be better than hers. It's my turn to be At My Best" (Manternach, 2019, p. 10) or, "But at the end of the day, my clothespin is right back where it started. Sofia's is at the top, like always. *She* never ignores the bell or forgets the rules about sharing" (Manternach, 2019, p. 84), and "Why shouldn't Sofia have a Down for a change? I wish I could snap her pin off the clip chart or rip the feathers right off her flamingo. I want to do something that hurts her as much as she hurt me" (Manternach, 2019, p. 149).

Following her seizure, Meena's jealousy of Sofia grows, which causes her to lash out more and, eventually, angrily reveal her struggle with epilepsy and what she has been going through. When Sofia hears this, she in turn reveals that she is behind on her work because she struggles with math: "You're supposed to have Ups and Downs,' I say... 'We're *all* supposed to. But you never have anything but Ups!' [Sofia's] face freezes. 'You don't know what I have,' she whispers" (Manternach, 2019, p. 149). "I don't stay in to get ahead,' [Sofia] says. 'I stay in because I'm behind...' She groans and covers her face with her hands. 'In math,' she says. 'I don't understand what we're doing half the time. It takes me forever to do the problems, and I still get tons of them wrong. Mrs. D has been giving me extra help and time to work during recess. That's why I stay in'" (Manternach, 2019, p. 172). This revelation is a turning point in the book, causing Meena to realize that not everything is as it seems and that everyone is dealing with

their own issues, not just her. It is important for younger audiences to learn that it is inappropriate to prematurely assume things for other people as it will help them be more empathetic and understanding towards those who behave differently: “I think about all those times she stayed in by herself when everyone else went out. I imagine her sitting alone at her desk, day after day, and my stomach starts to ache. This is it, I realize: the Down I was waiting for. The one I wished would happen to Sofia instead of me. I wanted something to hurt her. Only it turns out I already had” (Manternach, 2019, p. 173).

Annotated Bibliography

Berman, R., Negishi, M., Vestal, M., Spann, M., Chung, M., Bai, X., Purcaro, B., ...

Blumenfeld, H. (2010). Simultaneous EEG, fMRI, and behavior in typical childhood absence seizures. *Epilepsia*, *51*(10), 2011-2022. doi:10.1111/j.1528-1167.2010.02652.x

Berman et al. (2010) sought to validate the hypothesis that an abnormal increase in activity in brain regions responsible for attention and primary sensory-motor processing (e.g., muscle coordination, touching sensation, etc.) was associated with a brief loss of consciousness during an absence seizure. The researchers used electroencephalograms (EEGs) and functional magnetic resonance imaging (fMRI) to record brain activity in 37 children between the ages of 6 and 18 years who had been diagnosed with childhood absence epilepsy. During the recording, participants performed an attention task and a repetitive tapping task. Only 9 participants had an absence seizure during the recordings. For these participants, the neural recordings showed changes in brain activity in regions responsible for attention and primary information processing that also impaired consciousness; the temporary loss of consciousness prevented participants from performing the attention and motor tasks during the seizure.

Citizens United for Research in Epilepsy. (n.d.). Retrieved from

https://www.cureepilepsy.org/personal_stories/jacks-story/

Jack's Story is a blog post on the Stories page of Citizens United for Research in Epilepsy. It is not clear who wrote the post, but the story is focused on Jack and his parents' experiences after he began experiencing seizures.

Jack was born in 2009 and began having seizures 17 hours after birth. Tests were conducted, but doctors could not find any abnormalities that would warrant a diagnosis. As Jack got older, his condition worsened, and doctors were still not able to determine what was going wrong. He was also not reaching developmental milestones, with his younger brother eventually surpassing him. It was not until about 2 years later that doctors finally determined Jack had a rare genetic mutation responsible for the seizures. Unfortunately, not much research exists, and there is currently no individualized treatment for it. Jack's parents started a foundation to help raise awareness and support research into the gene mutation currently affecting their son.

Elliott, I. M., Lach, L., & Smith, M. L. (2005). I just want to be normal: A qualitative study exploring how children and adolescents view the impact of intractable epilepsy on their quality of life. *Epilepsy & Behavior: E&B*, 7(4), 664-678.
doi:10.1016/j.yebeh.2005.07.004

Elliott, Lach, and Smith (2005) interviewed 49 students with intractable epilepsy about their academic and social experiences, aiming to characterize quality of life (QOL) for these children and adolescents. In regard to physical strength, many participants expressed feeling constantly fatigued to the point of not being able to even get up, especially after experiencing a seizure, as well as needing a lot more sleep than their peers (Elliott et al., 2005). In terms of academic achievement, many students felt as

though they often needed more time to accomplish tasks and as though they were often stereotyped as not being intelligent just because they had epilepsy (Elliott et al., 2005). Despite many of these challenges, some participants did report having close friends; however, the definition of close friend varied (e.g., some students considered merely interacting with a single peer at school as such) (Elliot et al., 2005). Nonetheless, many interviewees still felt isolated and often alienated because they could not participate in the same activities as most of their peers (Elliot et al., 2005). This isolation and feeling different from others contributed to students feeling depressed, saddened, and, in extreme cases, suicidal. A common feeling, according to Elliott et al. (2005), was that students wanted to be “normal”—that is, that epilepsy was inhibiting them from having the lifestyle they observed in their peers without epilepsy.

Epilepsy Foundation. (n.d.). Retrieved from <https://www.epilepsy.com/>

The Epilepsy Foundation of America is a national non-profit with the mission of changing the conversation about epilepsy, easing the challenges faced by those with epilepsy, and finding a cure to end seizures (“Epilepsy Foundation,” n.d.). According to the website, epilepsy is a disorder defined by recurrent and unprovoked seizures. Seizures are caused by an imbalance of chemical activity in the brain that can lead to surges in electrical activity; the seizures are not the disorder themselves, but rather an effect of various brain disorders. Seizures may also go entirely unnoticed or completely impair someone temporarily. Roughly 50% of people who experience one seizure will experience a second one (often within 6 months) and people who experience two seizures are 80% more likely to have more in the future (“Epilepsy Foundation,” n.d.).

Like much of the research described, the Epilepsy Foundation also mentions that living with epilepsy affects one's academic achievement, causes people to be excessively fatigued, and contributes to feelings of depression, anxiety, and other behavioral changes.

Epilepsy Foundation. (n.d.). Retrieved from

<https://www.epilepsy.com/learn/professionals/about-epilepsy-seizures/idiopathic-generalized-epilepsies/childhood-absence>

According to the Epilepsy Foundation (n.d.), childhood absence epilepsy (CAE) is a form of epilepsy that is characterized by frequent absence seizures, which impair the consciousness and voluntary motion of the child with CAE. Typical absence seizures last anywhere between 4-20 seconds ("Epilepsy Foundation," n.d.). CAE is prevalent in about 10% of childhood epilepsy, with an onset of 4-10 years, and two-thirds of cases are in females.

Epilepsy Foundation of Northern California. (n.d.). Retrieved from

<https://www.epilepsynorcal.org/angelicas-story/>

Angelica's Story is another blog post on the Epilepsy Foundation of Northern California's website. It is a personal story of Angelica's experience with epilepsy told from her point of view. In it, she expresses her anxieties, uncertainties, and distresses living with epilepsy. When she had her first seizure at the age of 9, doctors diagnosed her with epilepsy, but they were uncertain about the origin and could not see any abnormalities in her brain. They gave Angelica medication to treat the seizures, which

she says did not help much and only made her tired and nauseous. One of the things she notes is how she was not sure how to talk to her classmates about epilepsy, especially when they witnessed her having seizures in class. Some classmates demanded answers about her condition while others teased her, some even saying she faked her seizures to get attention. All of this did not help Angelica, who was already dealing with the uncertainty associated with her seizures. She concludes her story by saying that when she was 15, her seizures stopped and she was taken off medication. Now 19, she says she has been seizure-free for 2 years and hopes to never have seizures again, which she has seen as an impediment to a “normal” lifestyle.

Farooque, P., Goraya, J., Valencia, I., Carvalho, K., Hardison, H., Legido, A., & Khurana, D. (2011). Early-onset childhood absence epilepsy: is it a distinct entity? *Epileptic Disorders, 13*(4), 411-416. doi:10.1684/epd.2011.0465

Early-onset childhood absence epilepsy, which is controversial as a separate diagnostic category, is absence epilepsy that occurs earlier than the typical onset (4-7 years) of childhood absence epilepsy. In this study, researchers reviewed children’s records from an EEG database at a single clinic to identify cases of absence seizure onset before age 3. Twelve cases of early-onset childhood absence epilepsy were identified, but the cases were not homogeneous. The authors concluded that early-onset childhood absence epilepsy may be a separate diagnostic category, but more research is needed to distinguish it from childhood onset absence epilepsy that simply occurs earlier.

Fonseca Wald, E.L.A., Hendriksen, J.G.M., Drenthen, G.S., Kuijk, S.M.J.V., Aldenkamp,

A.P., Vles, J.S.H., ... Klinkenberg, S. (2018). Towards a better understanding of cognitive deficits in absence epilepsy: a systemic review and meta-analysis. *Neuropsychology Review*, 29(4), 421-449. doi:10.1007/s11065-019-09419-2

Fonseca Wald et al. (2018) conducted a review of 33 studies on cognitive performance in children with absence epilepsy. The researchers reviewed performance in the domains of intelligence, executive function, attention, language, motor and sensory-perceptual, visuo-perceptual, visuo-spatial, and visuo-constructional function, memory and learning, and achievement. Despite the difficulties in determining the extent of impaired cognition due to the wide range of methodologies used in the studies reviewed, Fonseca Wald et al. (2018) concluded that children with absence epilepsy scored lower in many domains, some of which could affect performance in other domains. The most vulnerable domains were intelligence, attention, and executive function, while results concerning language, motor function, visuo-perceptual function, learning, and memory were less conclusive (Fonseca Wald et al., 2018).

Hermann, B., Jones, J., Sheth, R., Dow, C., Koehn, M., & Seidenberg, M. (2006).

Children with new-onset epilepsy: neuropsychological status and brain structure. *Brain: A Journal of Neurology*, 129, 2609-2619.
doi:10.1093/brain/awl196

In this study with 53 children diagnosed with new-onset epilepsy and 50 controls, all aged between 8 and 18 years old, participants were tested on a variety of subjects, including verbal intelligence, memory, problem solving, and attentiveness, and

participated in an MRI scan in order to obtain data on brain structure and volume (Hermann et al., 2006). Overall, students with epilepsy performed poorly on the tests when compared to their control peers, but the MRI scans showed no significant differences in mean brain volume.

Martínez-Ferrández, C., Martínez-Salcedo, E., Casa-Fernández, C., Alarcón-Martínez, H., Ibáñez-Micó, S., & Domingo-Jiménez, R. (2016). Long-term prognosis of childhood absence epilepsy. *Neurología*, *34*(4), 224-228.
doi:10.1016/j.nrleng.2016.12.004

Martínez-Ferrández et al. (2016) aimed to analyze the long-term outcomes of 52 children with childhood absence epilepsy (CAE) who were treated and met the Loiseau and Panayiotopoulos criteria (having a seizure onset of 4-10 years, not having neurological or motor alterations, experiencing multiple typical absence seizures a day, and having specific EEG data). Only 4% of participants meeting the criteria relapsed after discontinuing treatment. Martínez-Ferrández et al. (2016) concluded that diagnosing CAE more strictly, such as according to the Loiseau and Panayiotopoulos criteria, and treating appropriately suggests a positive prognosis.

Reilly, C., & Ballantine, R. (2011). Epilepsy in school-aged children: more than just seizures? *Support for Learning*, *26*(4), 144-151.
doi:10.1111/j.1467-9604.2011.01501.x

This review focused on a few studies concerning peer and instructor perceptions of children with epilepsy, as well as the kinds of accommodations needed in schools. Reilly and Ballantine (2011) reported that about one quarter of students with epilepsy are also diagnosed with a learning disorder that requires additional services to accommodate the student. They claimed that even though most students with epilepsy perform relatively on par with their peers, a significant proportion of students with epilepsy are still underperforming and struggling academically (Reilly & Ballantine, 2011). These achievement gaps may be related mostly to the effects of epilepsy, such as when children are forced to take time off from school to recover from a seizure (Reilly & Ballantine, 2011). The authors also reported that many teachers feel underprepared and tend to become overly aware when students with epilepsy join their classes, leading them to reduce expectations. Many students with epilepsy are also reported to have behavioral problems or experience more anxiety and depression than their peers without epilepsy (Reilly & Ballantine, 2011). The authors suggested interventions that involve ensuring students' safety during a seizure, individually tailoring academic accommodations, and supporting behavioral changes and emotions.

Roberts, J., & Whiting-MacKinnon, C. (2012). Children with epilepsy: a review of the international literature using a quality of life lens. *British Journal of Special Education*, 39(4), 194-200. doi:10.1111/1467-8578.12003

This article summarizes studies concerning the quality of life (QOL) of students with epilepsy in the cognitive, physical, emotional, social, and academic domains. The cognitive and academic domains are related; for example, children with epilepsy often

struggle to retain information in working memory, which can adversely affect grades and achievement (Roberts & Whiting-MacKinnon, 2012). In the physical domain, students with epilepsy (especially those taking antiepileptic medications) are often too fatigued to work or experience multiple side effects like headaches, clumsiness, and weight gain (Roberts & Whiting-MacKinnon, 2012). In the emotional domain, Roberts and Whiting-MacKinnon (2012) cited research that showed that many students with epilepsy tend to be more depressed and have increased anxiety. Many of these students may feel like their autonomy has been taken away because of protective and worried parents who want to make sure their children are always safe (Roberts & Whiting-MacKinnon, 2012). A feeling of loss of control is present for many of these students, which often results in anger, frustration, and sadness (Roberts & Whiting-MacKinnon, 2012). In terms of social life, Roberts and Whiting-MacKinnon (2012) reported that students with epilepsy tend to be more rejected and isolated by their peers, perhaps related to a lack of understanding of what epilepsy is as well as increased supervision that excludes students with epilepsy from engaging with the rest of their peers (Roberts & Whiting-MacKinnon, 2012). Overall, Roberts and Whiting-MacKinnon (2012) argued that the studies they reviewed demonstrated a lower QOL for students with epilepsy.

Research-based Analysis

Meena Meets Her Match (Manternach, 2019) tells the story of Meena, a third-grade girl who is diagnosed with epilepsy after experiencing a sudden seizure. Following the incident, multiple aspects of living with seizures are presented in the book. Based on research on epilepsy (as reviewed above in the Annotated Bibliography) and the fact that Manternach has a personal connection to epilepsy, many features of Meena's life as a child with epilepsy are accurately represented. For example, Meena's frustration and confusion about changing relationships with adults contribute to a realistic portrayal of life for a student with epilepsy in Manternach's novel. The symptoms that Meena experiences before her "big" seizure also align with findings on childhood onset absence epilepsy. Nonetheless, Meena's diagnosis of epilepsy after one recorded incident is not entirely consistent with current definitions. Further, the potential academic implications of living with epilepsy as well as official school accommodations and treatment are not directly addressed.

One example of coordination between the text and the research can be seen in the change in Meena's relationship with her parents and teacher following her seizure and trip to the hospital; for example: "Mom is looking back at me, her hands wrapped around a mug. She takes a sip and gives me a little wave that makes my skin prickle. I grit my teeth. I'd *like* to get lost. I'd go where nobody could find me and get rid of that prickly, spied-on feeling" (Manternach, 2019, p. 61). Children with epilepsy often feel as though their independence and autonomy are taken away, which can lead to anger or sadness (Roberts & Whiting-MacKinnon, 2012). Parents often become overprotective,

worried about the safety of their child in case of another seizure, and thus try to keep an eye on them at all times (Roberts & Whiting-MacKinnon, 2012).

In places where parents cannot always be present, such as school, they may rely on educators and other adults to be vigilant. Meena's father, for example, alerted her teacher, Mrs. D, that Meena had experienced a seizure. Afterwards, Mrs. D takes it upon herself to "discreetly" have Meena accompanied and watched for her safety, something that makes Meena upset: "I turn back to Mrs. D. 'I can do it myself,' I say... I don't need Mrs. D sending her to spy on me!" (Manternach, 2019, p. 79). Teachers who are not properly trained might become overly aware that their students have disabilities, leading them to lower their expectations for them (Reilly & Ballantine, 2011). Meena describes how Mrs. D, usually not lenient with tardiness, welcomed Meena warmly following her seizure even though she arrived late to class (Manternach, 2019, pp. 76-79). As the day continues and Mrs. D asks her students to assist Meena in her daily activities, Meena interprets this as though her instructor thinks she is a baby and unable to do things for herself. Instead of feeling supported, as intended by Mrs. D (this supervision is probably not based on Mrs. D's judgements about Meena's abilities but rather on fear for her safety in terms of experiencing another seizure and not having anyone nearby to help), Meena feels uncomfortable and frustrated.

Meena's desire for normalcy, to be treated equally among her peers and as though nothing is "wrong" with her, is consistent with personal stories of childhood epilepsy (e.g., Angelica's Story, Epilepsy Foundation of Northern California, n.d.) and interview data showing that students with epilepsy often feel as though they will not be normal until their epilepsy is cured (Elliot et al., 2005). It also reflects the medical model of disabilities, which describes disabilities as something negative and needing to

be “fixed” in order to restore as much normalized function as possible (Haegele & Hodge, 2016). Meena, who sees through Mrs. D’s niceties, would rather go back to the way things were – “normal” – instead of having her classmates follow her around throughout the day and suspect that something is not right.

In terms of epilepsy, Meena’s specific diagnosis is left ambiguous as tests and analyses are conducted throughout the book. Meena experienced only one impairing seizure that resulted in her having to go the hospital, but at least one smaller incident occurred earlier that the Epilepsy Foundation (n.d.) suggests could be an absence seizure:

She’s standing by my desk now. Eli and Pedro and Sofia hand her their pictures. I just have one more color to go! I grab the purple crayon. But all of a sudden my paper looks blurry. ‘Why didn’t you just do what she said?’ Eli says. I blink a few times, trying to focus. ‘Meena?’... My mouth tastes like I’ve been chewing on tinfoil, and I have to wipe off the bottom of my lip because it feels wet. ‘She asked for your paper three times,’ he says. ‘Why did you keep coloring?’ *Wait, what?...* I whip my head around. Mrs. D was standing by my desk. She was *right* here. But she’s way in front of the room now, like she just transported there somehow... I grab for my drawing, but it’s different now. There’s purple crayon all over it
(Manternach, 2019, pp. 5-6).

In this passage, it appears as though Meena loses control of herself and is unaware of what is going on. A good amount of time passes by as well; based on what Eli tells

Meena, Mrs. D has already asked for her assignment (multiple times) and moved on. But Meena does not seem to remember. On top of that, she has somehow scribbled erratically over a drawing she had just spent a lot of time trying to make perfect. According to Berman et al. (2010), absence seizures can be characterized by impairments to attention and primary processing networks that result in impaired consciousness. These impairments can result in children not remembering what happened and feeling lost once the seizure passes. The clues in the excerpt point to an absence seizure – and perhaps childhood absence epilepsy – in terms of the loss of consciousness, involuntary motion, length of the incident, and Meena’s young age at the time the incident occurred (Epilepsy Foundation, n.d.). Even if readers might not know what specifically happened, the text makes it clear that *something* happened. However, based on the first-person perspective of the text, readers may just be confused (as was Meena); only an informed might be able to make the inference.

The text describes Meena’s temporary inability to pay attention to Mrs. D and loss of control of her hand holding the purple crayon. These behaviors unfortunately result in Meena being reprimanded for being “disobedient,” something she tries to protest but is not sure how to express. Mrs. D’s inability to recognize that Meena is not able to reply to her requests and that her scribbling all over an assignment is not reflective of her character is indicative of how hard it is for educators to recognize signs that their students might have a disability. Since Meena’s seizure was relatively small and seems to have come and gone in a matter of seconds, typical of absence seizures (Epilepsy Foundation, n.d.), it could have been easily missed and confused for something else, such as disobedience.

Meena's seizure in class also contrasts with her seizure at home; her parents described her "big" seizure as having lasted a couple of minutes and involving Meena convulsing. This aligns with the Epilepsy Foundation's (n.d.) definition of seizures. Therefore, the book depicts how seizures can range in magnitude and effect for those who experience them: some can be entirely missed while others can fully temporarily impair the individual (Epilepsy Foundation, n.d.). Some can involve being in the hospital, having multiple exams performed, and living in fear of being perceived as different (as well as over experiencing another seizure), and others do not involve any of these things. Meena experiencing different types of seizures provides a realistic portrayal of epilepsy itself, but, particularly in the case of the smaller absence seizure, may be too subtle for most young readers.

Curiously, Meena's diagnosis itself is not as well corroborated by information provided by the Epilepsy Foundation (n.d.). When doctors finally call Meena's parents to inform them that they believe Meena has epilepsy, it comes only after the first recorded seizure, which was the one that resulted in her going to the hospital. Her mother explains to her:

'I'll tell you what the doctor thinks.' She takes hold of my hands. 'She thinks you have epilepsy.' My stomach starts to tighten again. 'Is that a thing in my head?' 'No,' Mom says firmly. 'It's not like a tumor.'... 'Does that mean I'll have more seizures?' I ask. Rosie stops skipping and listens. 'Maybe,' Mom says, looking at both of us. 'Dr. Suri wants us to do another test to see if that's likely. But if you do, we can manage it. You might end

up needing to take medicine to prevent seizures. And you'll just have to be more careful about certain activities' (Manternach, 2019, pp. 164-165).

According to the Epilepsy Foundation (n.d.), epilepsy is usually diagnosed after a person has had at least two seizures that were not triggered by another known condition. A diagnosis of epilepsy is typically given after just one seizure only when it is known that the individual is at a high risk for having more seizures (Epilepsy Foundation, n.d.). Because Meena did not reveal her small absence seizure to Dr. Suri (she had no language to explain or understand it) and is not at high risk of experiencing another seizure, she probably should not have been diagnosed yet. However, this does not seem to be uncommon. In Angelica's story, it was also revealed that she was diagnosed with epilepsy after her first seizure (Epilepsy Foundation of Northern California, n.d.). Like Meena, doctors were uncertain about the origin of Angelica's seizures and did not find any abnormalities in her brain, but they still gave her a diagnosis. And, as for many others, the process of diagnosis did not quell Meena's fear: "I start to feel shaky. I turn and stare at that white shadow in the X-ray. How did I get something in my head? The doctor starts talking again, but I can't hear what she's saying because there's a rushing sound in my ears and my throat is closing" (Manternach, 2019, p. 89).

While the book poignantly represents the emotional aspects of newly diagnosed childhood epilepsy, other aspects of living with childhood absence epilepsy were left unaddressed in *Meena Meets Her Match*, including potential academic implications, access to school accommodations, and treatment. Research shows that students with childhood absence epilepsy tend to have cognitive deficits in a number of domains, especially attention and executive function (Fonseca Wald et al., 2018). These deficits

can adversely affect development, which in turn may lead to academic challenges (Fonseca Wald et al., 2018). While Fonseca Wald et al.'s (2018) research focused specifically on children with childhood absence epilepsy, Herman et al. (2006) reported that children with new-onset epilepsy performed poorly on verbal intelligence, memory, problem-solving, and attentiveness assessments. Roberts and Whiting-MacKinnon (2012) also detailed how having epilepsy can negatively impact student achievement. Hence, an epilepsy diagnosis would seem to put Meena at academic risk: she is vulnerable and could potentially struggle academically in school on top of the emotional and social difficulties she is already facing. Although not all students with epilepsy face such difficulties (Fonseca Wald et al., 2018), leaving those challenges out of the book misses an important opportunity to holistically show how the quality of life of students with epilepsy can be impacted.

Although school accommodations and treatment are a reality for many students with epilepsy, these aspects are almost entirely absent from *Meena Meets Her Match*, with the exception of one brief mention of medication (Manternach, 2019, pp. 164-165). Reilly and Ballantine (2011) discussed that while not every student with epilepsy has learning differences that require accommodations, at least half of children with epilepsy will experience learning and behavioral difficulties which will need to be accommodated in the classroom. Because Meena's epilepsy diagnosis came near the conclusion of *Meena Meets Her Match*, it is unclear whether Meena has experienced or will experience learning difficulties related to her epilepsy that require accommodations. The story's conclusion not long after the diagnosis also prevented readers from gaining insight into potential treatments for Meena. According to Martínez-Fernández et al. (2016), carefully identifying and treating childhood absence epilepsy can have positive

results, with only 4% of participants in their study relapsing after discontinuing treatment. Whether Meena could have benefited from treatment was unaddressed in the book.

In summary, *Meena Meets Her Match* (Manternach, 2019) offers a clear, evidence-based portrayal of the socioemotional quality of life of a young student newly diagnosed with epilepsy, but a less clear, more subtle portrayal of epilepsy itself. Much of the text regarding epilepsy is relatively simple, but Meena's emotions towards and following her seizures are not. Given Manternach's experience with her own daughter (Manternach, 2019, pp. 184-186), it is not surprising that the portrayal of the emotional aspects of living with epilepsy in the book are authentic, well-corroborated, and complex. Readers are able to follow along with Meena's frustration, fear, and confusion, witnessing alongside her what comes as a result: the lashing out, as consistent with research (Roberts & Whiting-MacKinnon, 2012; Reilly & Ballantine, 2011). In contrast, Meena's non-understanding of what appears to be a small absence seizure and her loss of consciousness during her "big" seizure, in a book with Meena as first-person narrator, rob the reader of some understanding of epilepsy.

Overall, Meena offers students with epilepsy a mirror that reflects the emotional distress that having a disability and not understanding it brings. Students who do not have a disability are provided with a window through which they can learn to understand how their peers might be feeling. Ideally, as they hear from Meena herself, these students are also able to enter her world and begin to empathize with students with disabilities. Ultimately, *Meena Meets Her Match* offers a relatively weak portrayal of epilepsy itself as well as accommodations and treatment for epilepsy, but a strong

educational opportunity for students to read about and reflect on the challenges living with epilepsy brings to a child's mental and emotional health.

Lesson Plans

Lesson 1: Lesson on Epilepsy

Learning Objective

Epilepsy is a seizure disorder that can vary in terms of the type and frequency of seizures experienced. In *Meena Meets Her Match* (660 Lexile Level), Meena experiences absence seizures, which are very short in nature and result in an often-unrealized temporary loss of consciousness and control. Third-grade students will learn about symptoms of epilepsy using *Meena Meets Her Match*. Through class instruction, reading as a class and individually, and discussing the excerpt and prompt questions in small groups and as a whole class, students will learn about seizures, absence seizures, and epilepsy, as well as how having epilepsy is just a part of diversity: it may make a person different (similar to how having asthma or a broken leg can make one student different from another), but not bad or abnormal.

Standards Addressed

CCSS.ELA-Literacy.RL.3.1: Ask and answer questions to demonstrate understanding of a text, referring explicitly to the text as the basis for the answers.

CCSS.ELA-Literacy.RL.3.10: By the end of the year, read and comprehend literature, including stories, dramas, and poetry, at the high end of the grades 2-3 text complexity band independently and proficiently.

CCSS.ELA-Literacy.SL.3.1: Engage effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on *grade 3 topics and texts*, building on others' ideas and expressing their own clearly.

CCSS.ELA-Literacy.SL.3.1.A: Come to discussions prepared, having read or studied required material; explicitly draw on that preparation and other information known about the topic to explore ideas under discussion.

CCSS.ELA-Literacy.SL.3.1.B: Follow agreed-upon rules for discussions (e.g., gaining the floor in respectful ways, listening to others with care, speaking one at a time about the topics and texts under discussion).

CCSS.ELA-Literacy.SL.3.1.C: Ask questions to check understanding of information presented, stay on topic, and link their comments to the remarks of others.

CCSS.ELA-Literacy.SL.3.1.D: Explain their own ideas and understanding in light of the discussion.

CCSS.ELA-Literacy.SL.3.4: Report on a topic or text, tell a story, or recount an experience with appropriate facts and relevant, descriptive details, speaking clearly at an understandable pace.

CCSS.ELA-Literacy.L.3.1: Demonstrate command of the conventions of standard English grammar and usage when writing or speaking.

Class Instruction on Epilepsy

Prior to beginning individual reading and small-group work, the teacher will provide class-wide direct instruction on seizures and epilepsy. Teachers can begin engaging students by asking if anyone knows what epilepsy is or if they know someone with epilepsy. This will allow students to share any experiences they might have with epilepsy; teachers should be prepared to dispel misconceptions. Teachers can define and explain three key terms:

- **Seizures:** an interruption of the electrical signals in our brains that causes people to lose control of their bodies for a few seconds to several minutes. During a seizure, people might move in odd ways or “blank out” and not move at all.
- **Absence seizures:** a kind of seizure that lasts for only a few seconds. During that time, the person experiencing the absence seizure often does not move or respond if you talk to them and may appear “out of it” or “frozen.” When the seizure ends, the person is often unaware of what happened.
- **Epilepsy:** a medical condition in which a person has many seizures frequently. Epilepsy looks different in each person because seizures have different characteristics.

Before students read the passage from *Meena Meets Her Match*, the teacher should introduce the book and explain that the main character, Meena, experiences more than one seizure and is diagnosed with epilepsy.

Reading Task Part I

Each student will read the excerpt to themselves (pp. 5-7; see p. 33 of this Project). Since the excerpt is in the first chapter of the novel, the entire chapter may be read as a class before having students re-read the excerpt individually (CCSS.ELA-Literacy.RL.3.10). This allows students to familiarize themselves with Meena and the context in which her absence seizure occurs. Teachers will ask the students to consider what is happening in the passage by having them answer a few questions on their own (e.g., in a journal or on a paper to be collected at the end of the lesson) (CCSS.ELA-Literacy.RL.3.1; CCSS.ELA-Literacy.L.3.1). The questions should guide students towards looking for clues in the text indicating Meena's absence seizure. Some questions to consider:

- What happens to Meena that gets her in trouble?
- Why is Meena confused about being in trouble?
- Did anyone else in the book notice what happened? What does that tell you?
- Is Meena to blame for what happened? Why or why not?

This allows some time for students to process the text on their own and have their own arguments written down before group discussion (CCSS.ELA-Literacy.SL.3.1.A).

Small-group Discussions

Teachers will assign students to small groups of (ideally) 4 to discuss their answers to the prompted questions (CCSS.ELA-Literacy.SL.3.1.B; CCSS.ELA-Literacy.SL.3.1.C; CCSS.ELA-Literacy.SL.3.1.D; CCSS.ELA-Literacy.SL.3.4). Each member of a group will be assigned one of the following roles to keep the discussion flowing and respectful (with each position given a silly name to encourage enthusiasm and participation):

- **Time Doctor:** student in charge of keeping time (i.e., ensuring everyone gets a fair amount of time to speak, share, and respond to one another)
- **Order Wizard:** student in charge of keeping order (i.e., ensuring people do not speak over one another)
- **Scribe Professor:** student in charge of taking notes (i.e., jotting down the main points students bring up while discussing)
- **Speaker of the House:** student who will be presenting the Scribe Professor's notes to the entire class for class-wide discussion

Teachers should consider group and role assignments based on particular strengths and needed supports prior to the lesson. During small-group discussions, teachers will listen in and may ask students to share their responses to the prompts to show understanding of the text (CCSS.ELA-Literacy.RL.3.1). Students will have an opportunity to listen to their peers' analyses and insights, furthering understanding of the text (CCSS.ELA-Literacy.SL.3.1).

Class-wide Discussion

This is an opportunity for the instructor to ensure that all students are eventually on the same page. Teachers should first ask students (Speakers of the House) to share what they discussed in their groups, allowing the rest of the class to hear more perspectives and opinions. Class-wide discussions in which students respond to that information will follow (CCSS.ELA-Literacy.SL.3.1; CCSS.ELA-Literacy.SL.3.4).

Several questions might come up as students grapple with Meena’s seizure (CCSS.ELA-Literacy.SL.3.1.C), such as: *Why did Meena have a seizure? Will she have another one? Why is her brain not working? What is wrong with her?* It is important that the instructor address curious but insensitive questions that imply Meena is not “normal.” Teachers can explain that while having seizures is a medical disorder, that does not make the person being affected by them a “bad” or “unworthy” person; they are merely different. Having seizures can be confusing and upsetting, but it is a part of life for some people. Teachers can emphasize that having seizures can be a *part* of who you are, not just who you are.

Lesson Two: Lesson on Emotions Regarding Epilepsy

Learning Objective

The aim of this lesson is for third-grade students who have been reading *Meena Meets Her Match* and are familiar with the story and characters to work together and help one another better understand Meena’s frustration over feeling spied on and believing she is being treated as though she is no longer capable of doing things on her own. By reading the excerpt individually and as a class, discussing “feel” words (such as anger), designing a collage that represents Meena, and participating in discussions at a gallery walk,

students will be able to identify potential negative impacts of epilepsy and why Meena is frustrated. Students will be able to draw information from and analyze excerpts, express their own thoughts visually as well as orally, and engage in small-group discussion. The instructor will assess each student's collage for the connections made between Meena's emotions and epilepsy, as well as any personal emotional connections between the student and Meena.

Standards Addressed

CCSS.ELA-Literacy.RL.3.1: Ask and answer questions to demonstrate understanding of a text, referring explicitly to the text as the basis for the answers.

CCSS.ELA-Literacy.RL.3.2: Recount stories, including fables, folktales, and myths from diverse cultures; determine the central message, lesson, or moral and explain how it is conveyed through key details in the text.

CCSS.ELA-Literacy.RL.3.6: Distinguish their own point of view from that of the narrator or those of the characters.

CCSS.ELA-Literacy.RL.3.10: By the end of the year, read and comprehend literature, including stories, dramas, and poetry, at the high end of the grades 2-3 text complexity band independently and proficiently.

CCSS.ELA-Literacy.SL.3.1: Engage effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on *grade 3 topics and texts*, building on others' ideas and expressing their own clearly.

CCSS.ELA-Literacy.SL.3.1.D: Explain their own ideas and understanding in light of the discussion.

CCSS.ELA-Literacy.SL.3.2: Determine the main ideas and supporting details of a text read aloud or information presented in diverse media and formats, including visually, quantitatively, and orally.

CCSS.ELA-Literacy.SL.3.4: Report on a topic or text, tell a story, or recount an experience with appropriate facts and relevant, descriptive details, speaking clearly at an understandable pace.

CCSS.ELA-Literacy.L.3.1: Demonstrate command of the conventions of standard English grammar and usage when writing or speaking.

Epilepsy and “Feel” Words Discussion

The teacher will discuss several feel words with the class pertaining to Meena and her epilepsy. Teachers should guide students towards defining and connecting the emotions anger, worry, and frustration with epilepsy in the context of the book. Because this lesson occurs following Meena's seizure and is intended for once students have had an opportunity to read everything prior, the definition of epilepsy (as well as seizures)

should have been at the very least provided in a previous class lesson. Nonetheless, it is a good idea to revisit the definition of epilepsy and expand now on the quality of life aspects. Grade-appropriate definitions for the emotions:

- Anger: a strong feeling of being upset or annoyed at someone or something
- Worry: a feeling that something might go wrong
- Frustration: a feeling of being upset when you are unable to do something you want to or think you should be able to do

Teachers can brainstorm with students how epilepsy might make students feel worried, angry, or frustrated and ask open-ended prompts that guide students towards making these determinations based on what they know from the text. For example, the teacher could ask *Why might a student with epilepsy no longer be allowed to play on a jungle gym?* Follow-ups could include *How do you think this would make the student feel? What if you were no longer allowed to play there?* This will help students understand that epilepsy can adversely affect students and will help them identify why Meena is affected in the excerpt (CCSS.ELA-Literacy.RL.3.2). Before assigning reading groups, the teacher will explain that students should be on the lookout for instances in the excerpt in which Meena might be worried, angry, or frustrated.

Reading Task

Before beginning group work, everyone will read the excerpt to themselves (pp. 76-79).

The instructor will then read the excerpt to the entire class and they will follow along

silently. This offers an opportunity for students to process the text on their own, reflect on it, and read through it again with the teacher's support (CCSS.ELA-Literacy.RL.3.10).

Discussion Task

Then, the teacher will assign students to small groups (ideally 4) in order to discuss a few prompts about the excerpt. Roles to consider in this group setting would be an Order Wizard to ensure everyone gets a chance to share and a Time Doctor to keep track of time. Some prompts to consider:

- What changed at school after Meena's seizure and hospital experience?
- How do Meena's feelings towards her Lunch Patrol duties change?
- Why does Mrs. D want Meena to be accompanied?

As students discuss, the teacher will listen in on each group. They may ask students to share their responses to the prompts to show understanding of the text (CCSS.ELA-Literacy.RL.3.1). In small groups, students have an opportunity to listen to their peers' analyses and insights, furthering understanding of the text (CCSS.ELA-Literacy.SL.3.1, CCSS.ELA-Literacy.SL.3.1.D).

Collage Task

After the small-group discussions, the teacher will provide various magazines, newspapers, photographs, or other imagery/text, as well as other materials for making a collage (large cardboard paper, glue, scissors, etc.). Students, individually, will be asked to use these resources to design a collage that portrays Meena and the feelings she

experiences, based on the excerpt and group discussion (CCSS.ELA-Literacy.SL.3.2). Students should be asked to reflect on how Meena’s emotions may be similar to theirs and to include those connections in the collage as well. These connections between the text, the imagery, and the students’ own experiences allow for their interpretation of Meena to expand. Images of a thunderstorm, for example, could show Meena’s sadness or frustration as well as the frustration a student feels when a storm ruins a beach day (CCSS.ELA-Literacy.RL.3.6). Words like “anger” or “fear” could be found in other texts and used to coin Meena’s emotions. This task not only engages less fluent readers, but also provides an opportunity for other students to express other talents that reading alone may not show.

Gallery Walk Task

After each student completes their collage, they will hang it up in the classroom. Students will then be invited to spend a couple of minutes at each collage to see their peers’ interpretations. Several “rounds” of gallery walks can take place so that some students are viewers and others are presenters of collages. Students who are presenting their collages will have an opportunity to discuss their work, specifically addressing the emotions they portrayed, adding yet another element of perspective (CCSS.ELA-Literacy.SL.3.4, CCSS.ELA-Literacy.L.3.1). By having the collage presentations occur in small, rotating groups, students who are typically not comfortable sharing in front of the whole class are able to speak in front of a smaller audience.

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Contact Information

If any educators or other folks use this Project, I would love to hear from you! I am happy to receive feedback or answer any questions that come up. I can be reached via email at gabriel.onate2015@gmail.com.