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"Powders and Pills to Help Cure Children's Bad Habits":

The Medicalization of Misbehavior in Mrs. Piggle-Wiggle

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The four Mrs. Piggle-Wiggle books by Betty MacDonald (published over a ten-year period between 1947 and 1957), while extraordinarily successful as works of humor for children, also provide illuminating insights into attitudes toward childrearing evolving throughout the twentieth century, as well as addressing questions about the appropriate response to children's misbehavior that dominate childrearing debates today. Although MacDonald's satirical intentions in the series cannot be denied, in Mrs. Piggle-Wiggle she creates a character she seems to view positively as a childrearing role model, as I shall show from an examination of attitudes toward childrearing revealed in MacDonald's memoirs. Mrs. Piggle-Wiggle's warmth, compassion, and sense of humor are clearly held up to the reader for approbation, particularly in comparison with the failed approaches of the parents in the books, and of the other childrearing "experts" they consult about their children's varying forms of misbehavior. But it is also significant, and the focus of this paper, that in these books, all children's

misbehavior is treated by Mrs. Piggie-Wiggle in nonmoral and medicalized terms. While (benighted) fathers may occasionally pass moral judgment on their children's actions and character and threaten (usually physical) punishments, the authoritative and ultimately accepted view of Mrs. Piggie-Wiggle is that children's misbehavior is best understood on the model of a disease. And in two of the books, those that involve magical rather than commonsensical cures, the remedy for this misbehavior is magical medication, with uncanny parallels to today's wide prescription of amphetamine-derivatives such as Ritalin to treat a range of undesired behaviors in children.

The debut book in the series, Mrs. Piggie-Wiggle, received a somewhat mixed but overall positive critical reaction when it appeared. Library Journal sniffed that some of the stories "are not exaggerated enough to be funny," claiming that "Opinions will vary about this one" (Turpin 739), but the Kirkus reviewer, with greater prescience, wrote, "I shouldn't be surprised if Mrs. Piggie-Wiggle is here to stay" ("Review" 127). And here to stay she is. Although the books have not been critically canonized (e.g., there is no entry for Betty MacDonald in The Oxford Companion to Children's Literature), they have remained in print for half a century and are still selling steadily (Toberisky). HarperCollins has recently issued "adaptations" of "The Won't-Pick-Up-Toys-Cure" and "The Won't-Take-a-Bath-Cure"

in a picture book format, illustrated by Bruce Whatley. Thus, I believe that the attitudes toward childrearing that can be distilled from the books are worth examining more closely, both for the light they shed on shifting trends throughout the century, and to help us frame certain ethical questions about how we should approach childrearing today.

The books are certainly hilarious. From the names of the child characters, to the wittily stereotyped portraits of the parents, to the preposterous advice offered by neighbors and friends, and from the exaggerated silliness of the cures offered, it might seem that we could dismiss the books simply as highly successful attempts at humor. But I believe that there is good reason to think that MacDonald herself took Mrs. Piggle-Wiggle seriously as a role model. The satire in the books, I would argue, is addressed not at Mrs. Piggle-Wiggle but at the hapless and gender-stereotyped families in which she intervenes.

A brief look at MacDonald's own life is useful here. In the intact, traditional families depicted in the Mrs. Piggle-Wiggle books, mothers do not work, but instead occupy themselves with club meetings of the Earnest Workers and the Driftwood Polishers, Bleachers, and Arrangers; they await the homecoming of their children from school each day with fresh-baked brownies and hot cocoa made from scratch. Fathers commute by train to mysterious and undescribed jobs, briefcase in hand, and complain

if their wives call them at the office. This may reflect the culture of the postwar years in which MacDonald was writing, but it does not reflect MacDonald's own childhood experiences or her experiences as the mother of her own two daughters.

In her lifetime (1908-1958), MacDonald was best known as the author of four hugely popular memoirs: The Egg and I (1945), which was made into a feature film starring Claudette Colbert and Fred MacMurrary, as well as inspiring the "Ma and Pa Kettle" film series; The Plague and I (1948); Anybody Can Do Anything (1950); and Onions in the Stew (1955). From these we learn that MacDonald's own father died when she was eleven, after first moving the family all around the West in pursuit of his career as a mining engineer; his mother ("Gammy") always lived with them. MacDonald's first marriage to a chicken farmer (humorously depicted in The Egg and I) ended in divorce when her two girls were still very small. She then moved back in with her mother and sisters in Seattle, and her mother watched the children all day while MacDonald worked a series of government jobs during the Depression (Anybody Can Do Anything) and spent almost a year in a sanatorium being treated for TB (The Plague and I). When she finally remarried in 1942, she and her second husband enjoyed a fairly unconventional existence on Washington State's Vashon Island. Both parents commuted to work in Seattle (until MacDonald sold her first book) and fully shared

childrearing responsibilities; MacDonald's own mother continued to play a large role in her life (Onions in the Stew). In The Egg and I, she writes, "To my prejudiced eye, a child's life without a grandparent en residence would be a barren thing" (27). But there are no grandparents anywhere in the Mrs. Piggle-Wiggle books. That role seems to be filled by the figure of Mrs. Piggle-Wiggle.

Indeed, there are notable similarities between the portrait of MacDonald's mother, in Anybody Can Do Anything, and Mrs. Piggle-Wiggle in the books:

During those years when we were all living at home, Mother managed to keep reasonably busy. She took care of my two children, made beds, washed dishes, cut the lawn, gardened, washed, ironed, cooked, marketed, sewed, darned, fed and administered veterinarily to our household pets, which included at one time three dogs, four cats, a canary, two guinea pigs, a white rabbit and a mallard duck, and fed and administered homeopathically to her five children, our house guests who often stayed five years, and an adopted sister (175).

In the series, Mrs. Piggle-Wiggle, also a widow, is handy with tools, surrounded by animals and children, and a figure of

extraordinary patience, tolerance, and empathy -- who, as we shall see, administers quasi-medically to the children of the many families who call upon her. MacDonald dedicated the final volume in the series, Mrs. Piggie-Wiggle's Magic, to her mother:

To my mother, Sydney Bard, the one most often interrupted, the faithful laugher at 'thought you saids,' the patient corrector of bad table manners, the rapt listener to long, dull dreams and movie plots, the fairest receiver of tattle tales and eager participant in all timeworn riddles and tricks, I humbly dedicate this book.

As her mother is described here, the dedication could be to Mrs. Piggie-Wiggle herself. And as we shall see below, much of Mrs. Piggie-Wiggle's childrearing style is modeled on figures that MacDonald herself mentioned admiringly in the memoirs.

Because in her writing MacDonald drew on both her childhood experiences in the first quarter of the century, as well as her parenting experiences mid-century, the books reflect shifting currents in childrearing practices unfolding over those decades. The twenties and thirties saw the ascendancy of "scientific" theories of childrearing, chiefly the behaviorism of John Watson and B. F. Skinner, where parents were to train their children using principles of operant conditioning. These strict and

scientific attitudes gave way in the forties and fifties to the more "permissive" childrearing advice associated chiefly now with the name of Dr. Spock, whose Baby and Child Care encouraged parents to worry less about their children and enjoy them more; flexibility replaced rigidity, and open responsiveness to need replaced carefully regulated routine. Both kinds of attitudes are present in Mrs. Piggie-Wiggle's advice to parents, as we shall see. Mrs. Piggie-Wiggle is always able to enjoy and appreciate children for who they are, and she also frequently recommends variations on the behaviorist approach to childrearing.

But, despite their differences, both the behaviorist school and the permissive school were part of a deeper trend in childrearing. Both moved away from the emphasis on saving the child from sin and damnation characteristic of the religiously dominated schools of childrearing of previous centuries, derived from the doctrines of Wesley and Calvin, in favor of a vocabulary drawn from the science of psychology (Richardson 28-32). In her historical survey, Dream Babies: Three Centuries of Good Advice on Child Care, Christina Hardymont marks the move away from a moral to a medical approach as the watershed separating nineteenth- from twentieth-century approaches to childrearing:

What was new was to base training on a structure derived from neurology and psychology rather than the old one of physiology and religion. . . . As Bernard Perez, one of the most popular child psychologists of the day, put it, 'the business of psychological educators is much more concerned with the habits which children may acquire, and with their wills, which are also developed by habitual practice, than with their moral conscience.' . . . This practical neglect of the moral conscience, in favour of training the will, was perhaps the greatest revolution in approaches to child-rearing that these decades witnessed. [It] lies behind the neutrality and consideration with which we treat children today (149).

In The Little Darlings: A History of Child Rearing in America, Mary Cable traces this same development by examining annual book lists compiled by the Child Study Association since 1914. In the early years of the century, "'Character' was a word that recurred often in titles"; by 1932, titles in psychology came to dominate the list: "There were now only two books on the entire list with the word 'character' in the title, and these were listed under 'Philosophy, Religion and Ethics.'" In the last year for which Cable conducted her survey (her book was published in 1972), the heading "Philosophy, Religion and

Ethics" had disappeared entirely (Cable, 184-85).

This shift away from a moral to a medical point of view grounded in a study of child psychology reflects a larger and deeper trend in the field of medicine more generally. As many commentators have noted, behaviors once judged morally deviant, calling for moral condemnation and perhaps for criminalization, have throughout the twentieth century increasingly been classified as forms of pathology, calling for compassion and for therapeutic treatment. Paul Starr writes in The Social Transformation of American Medicine that in the postwar years, "Liberal-minded people approved of a broad extension of medical authority into the regulation of social life. The consensus of the enlightened favored substituting therapeutic for punitive responses in the social management of delinquency, alcoholism, narcotics use, and sexual deviation" (Starr 337). Likewise, Howard F. Stein argues that "American culture has tended to define and encompass as medical a wide variety of problems associated with the category of 'control' (hypertension, alcoholism/drug abuse, anorexia nervosa, bulimia, diabetes). Such diagnosis often has the intention, if not always the effect, of relegating disease once associated with sin or 'excess' to a morally neutral category of disease" (Stein 111). A common rationale for the medicalization of such conditions, Stein notes, "is that it leads to more compassionate and

objective treatment" (113).

Now, one might object that the problematic behaviors treated by Mrs. Piggie-Wiggle are nonetheless clearly judged as negative and undesirable; certainly a value judgment of some kind is being brought against them, as against Attention Deficit Disorder, anorexia, alcoholism, drug abuse, and other such conditions. What does it mean, then, to say that these problems are now defined and addressed in nonmoral terms? To invoke a distinction common in the philosophical literature in the field of ethics, the recognition of such behaviors as negative and undesirable involves a "nonmoral normative judgment."

Philosopher William Frankena contrasts judgments of nonmoral value such as "This is a good car" and judgments of nonmoral obligation such as "You ought to buy a new suit" with moral judgments of both kinds: "Her character is admirable," "My grandfather was a good man," "We ought to keep our promises," and "What he did was wrong" (Frankena 10-11). Only moral judgments entail assessments of praise and blame, of guilt and responsibility. Judgments of sickness and health seem to most of us to fall under the heading of nonmoral normative judgments. As Tristram Engelhardt, Jr., explains, "Health is a normative term but not in the sense of a moral virtue. Though health is a good, and though it may be morally praiseworthy to try to be healthy and to advance the health of others, still, all things

being equal, it is a misfortune, not a misdeed, to lack health" (quoted in Wright 42). If, for example, we come to understand alcoholism as an unfortunate disease visited upon a victim, rather than as a series of moral misdeeds committed by him, our response is to pity the alcoholic rather than to blame him, and to recommend treatment for his condition rather than punishment. If we come to understand Attention Deficit Disorder in terms of flawed brain function rather than as a willful refusal to sit still, we are likely to recommend Ritalin for the hyperactive child rather than detention.

This movement from the moral to the medical, I argue, is made visible in a particularly striking and witty way in the four Mrs. Piggle-Wiggle books. Let us turn now to a closer look at the books themselves.

Misbehavior as Disease

In the four Mrs. Piggle-Wiggle books, Mrs. Piggle-Wiggle loves all children and "just naturally understands them even when they are being very difficult" (Magic 7). In her initial conversation with the distraught mothers who contact her about their children's problems, she never passes a negative judgment (moral or nonmoral) on the child as an individual. To the mother's great relief, she always begins her conversation with some complimentary remark: Hubert Prentiss, who won't pick up

his toys, is "the sweet little boy with all the wonderful toys" (Mrs. Piggie-Wiggle 27); Mary O'Toole, the answer-backer, is cited for her "beautiful red hair and such lovely brown eyes" (Mrs. Piggie-Wiggle 41). Even the bully Nicholas Semicolon, arguably the worst child of the series, is "a fine, strong, healthy boy" (Hello 54).

MacDonald, in Onions in the Stew, explicitly endorses this approach. There she attributes to an admired neighbor a "magic formula for dealing with children": "ignoring all faults and accenting tiny virtues" (111). MacDonald reports that her neighbor recommends, "'Instead of telling Tommy day in and day out that he is the naughtiest boy in the United States of America, which could very well be true, take an aspirin and comment on his neatly tied shoes. Almost anybody would rather be known for expert shoe-tying than for kicking the cat'" (111). This neighbor "always tells whiners how charming they are -- bullies how brave -- bad sports how good -- sneaks how honest! This formula also works on husbands but often requires in addition to the blind eye something stronger than aspirin" (111). MacDonald herself thus apparently viewed Mrs. Piggie-Wiggle's undaunted focus on the positive as a clever and successful strategy for addressing children's misbehavior, though also admitting that it can at times require a heroic amount of dissembling.

Moreover, in the books, not only is the child himself or herself immune from Mrs. Piggie-Wiggle's critical moral judgment, but the misbehavior in question is also never viewed by Mrs. Piggie-Wiggle in moral terms. Instead, Mrs. Piggie-Wiggle consistently refers to children's behavior problems with medical analogies. Almost every chapter in all four books is titled according to a "cure": "The Never-Want-to-Go-to-Bedders Cure," "The Thought-You-Saiders Cure," "The Can't Find It Cure," "The Showoff Cure." Throughout the series, the misbehavior is a "symptom" of a "disease" or "ailment." Thus, in the first book of the series, Mrs. Piggie-Wiggle, Mrs. Piggie-Wiggle tells rude little Mary's mother that she "can recognize Answer-Backer symptoms" (Mrs. Piggie-Wiggle 41). Not wanting to go to bed is "one of the commonest of the children's ailments" (Mrs. Piggie-Wiggle 81); Fighter-Quarrelitis is "a common children's disease and it is very contagious, but very easy to cure" (Mrs. Piggie-Wiggle 111). Becoming more explicit on this theme, she explains to the mother of selfish Dick Thompson, "Now, Mrs. Thompson, do not feel sad. Selfishness and greediness are just diseases like measles and chickenpox and can be cured very easily" (Mrs. Piggie-Wiggle 55-56). The same language of disease and cure continues in Mrs. Piggie-Wiggle's Magic ("There is a regular epidemic of Thought-You-Saiditis all over town" Magic 17), and in the final book, Hello, Mrs. Piggie-Wiggle ("There must be an

epidemic of whispering going around," Hello 87).

Where this kind of language is conspicuously absent is in the third volume in the series, Mrs. Piggle-Wiggle's Farm. Here, in a book that shows Mrs. Piggle-Wiggle as having relocated to a farm and using the experiences of farm life as her remedies rather than the magic prescriptions offered in the previous and succeeding books, the problematic misbehavior is consistently referred to as a "fault" rather than as a "disease." (Each chapter, however, is still titled as featuring a "cure.") On the farm, for the first time Mrs. Piggle-Wiggle herself is occasionally critical of some of the children rather than presenting herself as their unwavering advocate.

The "diseases" in question are invariably portrayed as common ones, likely to be experienced by most children at some point over the course of their childhood, despite all parental efforts, and with no fault to be attributed to either parent or child. MacDonald closes Onions in the Stew by gratefully citing a "Dr. Wilburforce," whose book on childrearing was refreshing in its treatment of adolescence as "a difficult period but entirely normal" (250). The tone here also anticipates that of Dr. Spock. Christina Hardyment summarizes his childrearing advice in her historical overview of three centuries of shifting approaches to child care: "its simple formula -- either 'don't worry, this is common-place,' or 'ask your doctor' -- covered

every eventuality" (224). As MacDonald reports in The Plague and I, "in spite of Daddy's ministerings in the form of exercise and Mother's in the form of good food, we had had, to date, measles, mumps, chicken-pox, pink eye, scarlet fever, whooping cough, and tonsillectomies" (13). In the Mrs. Piggle-Wiggle books, despite the general happiness of the homes depicted, the children in them experience just about every common childhood form of misbehavior. Mrs. Piggle-Wiggle continually assures the parents, in so many words, "Don't worry, this is common-place"; and she is the "doctor" parents can consult for a cure.

Rejected Models of Treatment

In each case, after recognizing the reported misbehavior as a disease, Mrs. Piggle-Wiggle offers a variety of cures, some magical, some not. Before we examine these, however, it is instructive to review the rejected alternatives offered by fathers, mothers, and neighbors.

Fathers and mothers in the stories exhibit a clear gender divide. Fathers almost invariably have the reaction of seeing the behavior as warranting punishment, usually physical punishment. They also often invoke, with pride, the "good old days" of their childhood where they themselves were required to behave properly or suffer severe consequences; such stories are invariably dismissed with scorn by the mother: "If you tell me

about that old buck saw which your nasty, stingy father made you pay for one more time I'll scream" (Magic 77).

Thus, to give just a few of the many available examples, Mr. Thompson, father of selfish Dick, suggests, "Why not give him a good hard spanking? Tell him that you are going to give him something that he can keep all to himself. Ha, ha!" (Mrs. Piggie-Wiggle 54). The father of the tattletales "finally gave Wendy and Timmy each a spanking and told them that they could tattle to each other about him" (Magic 32). The father of destructive little Jeff Phillips, one of the harshest in the series, tells his wife that the "trouble with children today" is that "When they misbehave they are not punished, they are rewarded" (Farm 54). He threatens, "I'm going to buy a razor strap. The biggest, strongest one made and I'm going to beat the destructiveness out of that boy" (Farm 57). The father of Morton Heatherwick, who can never find anything he is asked to find, says, "Well, let's see if he can find a switch" (Farm 116). Finally, the father of slowpoke Harbin Quadrangle proclaims, "there's nothing wrong with him that a little spanking won't cure" (Hello 109).

While mothers occasionally do spank and punish (for example, by sending a child to her room), they usually resist the father's suggestions of physical punishment and instead seek an underlying explanation, often physiologically based, for the

problematic behavior. Interestingly, these attempts, which we might see as in some ways anticipating Mrs. Piggle-Wiggle's own ultimate diagnosis and treatment of the misbehavior as a disease, are never supported by the text. They are always portrayed as a mother's well-meaning but clearly unjustified attempt to excuse her child's behavior. Where mothers are dealing with misbehaving sons (notably, not with daughters), they also sometimes invoke a romantic explanation of the fault as triggered by the child's unusual "delicacy" or "sensitivity." In Onions in the Stew, MacDonald pooh-poohs childrearing books that explain away the difficulties of adolescence by going "on and on about the glandular change in the pitiful body of the poor little misunderstood, maladjusted adolescent" (250). MacDonald may reject the mothers' approach because, in contrast, she sees children's common misbehaviors as not running very deep in their character or constitution, acute rather than chronic, passing sniffles rather than deeper disorders. She also seems to criticize the mothers' implied acceptance and even admiration of their children's deficiencies, which sometimes leads them at first to reject Mrs. Piggle-Wiggle's remedies.

Fetlock Harroway's mother explains his rudeness as the result of his being "so tired" (Farm 9) and refers to her child as "delicate and high strung" (Farm 18), with a brain "so huge it takes all the nourishment from his little body" (Farm 18).

She caters to her son as an invalid, insisting that he rest, providing him with special foods to help him "keep up his strength" (10). Showoff Phillip Carmody's mother defends Phillip to her husband as "only ten. He's just a little boy. You shouldn't be so hard on him" (Hello 10). At first she resists Mrs. Piggie-Wiggle's proposed cure: "That old powder was far too dangerous to use on a sensitive intelligent little boy like Phillip and anyway Phillip's showing off was really very clever and maybe some day he'd be on the stage" (Hello 17). Slowpoke Harbin Quadrangle's mother views her son as "a pitiful little boy with a low thyroid" (Hello 109) and consults a cookbook for recipes that "are excellent for rundown people" (Hello 110). When she calls her husband to bring home a "giant bottle of cod-liver oil" for Harbin, he mocks her views by suggesting sarcastically that he should bring home a wheelchair and stretcher while he's at it (Hello 110-11). In the clearest contrast between male and female approaches, heedless breaker Sharon Roger's parents debate how best to respond to her behavior:

Mrs. Rogers wondered if Sharon's eyes needed testing. Mr. Rogers said that he thought that a good sound spanking and paying for everything she broke was the solution. Mrs. Rogers said that she had heard that trouble with the inner

ear affected children's balance, perhaps this was a result of the chicken pox. Mr. Rogers said that as Sharon had had the chicken pox four years ago and had only been a heedless breaker for two weeks, he thought that theory was ridiculous. He thought that a good sound spanking, paying for everything broken and not going to the moving picture show on Saturday afternoon was the answer (Magic 75-76).

MacDonald, in Onions in the Stew, calls attention to what she sees as an inevitable divide between parents on discipline, as evidenced in her own second marriage:

All books on "Child -- the Training of," "Home -- Making It Happy," and so on, agree that the parents should always be in absolute accord on matters of discipline. This is a lovely thought and would certainly make any home happier, but from my experience and observation it could only be possible if the mother and father were deaf mutes or identical twins. Take Don and me, for instance. . . . we were as far apart as an Eskimo and a Maori.

Don comes from a stern, unrelenting Scotch. . . family of twelve children. The stories of his childhood had to do with oatmeal, working twelve hours a day for Western Union

when he was ten or perhaps it was seven years old, hauling ashes to earn school clothes, church five days a week and hour-long prayers on bony knees every single night (63).

By contrast, in MacDonald's childhood family:

After Daddy died we really did as we pleased. Exactly. If we didn't want to go to school we didn't . . . if we felt like studying we did, if we didn't, we didn't -- if we wanted to stay with friends for two or three weeks we did, sometimes not even calling up to give our whereabouts -- if we wanted to spend our Sunday School . . . money for candy, we did (63-64).

This kind of gender divide seems a feature of the culture of the time to which MacDonald is satirically responding in her portraits of the parents in the books. In their 1958 study of changing attitudes toward childrearing, The Changing American Parent, Daniel R. Miller and Guy E. Swanson report fairly widespread parental disagreement about "the standards and methods used in 'making the child mind'" (225). Almost half the mothers in their study reported disagreements, with the father "commonly reported as more rigid in the scope and height of the standards he sets and in the severity of the methods he prefers

to use for their enforcement" (225). While Miller and Swanson choose not to put too much weight on this result (attributing it condescendingly to "distortion by mothers wanting to make a favorable impression on the interviewer" (225)), it is certainly consistent with MacDonald's treatment of parental differences in the books.

In many of the stories, the mothers consult their network of friends (all of whom are home all day with endless hours to chat on the phone) to see how they would handle similar misbehavior in their children. Responses here tend to be either bragging reports about the friends' remarkable children who would never act like that, or recommendations of highly peculiar childrearing practices. We hear of children who were trained to pick up all their toys by the age of six months; children who go to bed every evening at 6:30 and get up at 4:30 in the morning; children forced to chew every bite of food one hundred times; and children skipped four grades in school. One common denominator of the rejected recommendations is that they are highly rigid, theory-driven, and unnatural. They lack all common sense and are rightly ridiculed by the calling mothers. Then, finally, one advising mother will hit upon the successful solution of calling Mrs. Piggle-Wiggle.

Here, in the rejected childrearing advice offered by well-meaning friends, MacDonald seems to have borrowed both from her

gallery of eccentric neighbors, portrayed in the memoirs, and from her admitted wide reading of unhelpful childrearing manuals: "After two cigarettes I reached down beside me and listlessly picked up the eighty-third book I had bought on Handling the Adolescent [the book that blames adolescent problems on glandular changes]. . . . What I wanted was a magic formula, a charm, or a voodoo chant to help me cast out devils and restore my daughters to normal" (Onions 250). In the series, mothers have this wish granted, in the magic formulas provided by Mrs. Piggle-Wiggle. In MacDonald's own favorite childrearing book, that mentioned earlier by Dr. Wilburforce, the magic formula turns out simply to be love: "Love is the most important element in human relationships. You can never give a child too much love" (Onions 251). But while Mrs. Piggle-Wiggle does succeed in part through steadfastly loving and accepting the children in her care, her love is supplemented by other more concrete and practical tactics, and as well, as we shall see, by the use of medication.

Shifting Models of Treatment by Mrs. Piggle-Wiggle

Mrs. Piggle-Wiggle's own cures follow various patterns; it is instructive to note how these shift as the series evolves. While the medicalization of misbehavior in one form or another is common to all four books, in only two of them are children's

diseases treated with medication.

In the first book, Mrs. Piggle-Wiggle (1947), the dominant solution is to allow the child simply to suffer the natural consequences of his bad behavior, perhaps amplified in some ways by the parents' intervention. If a child won't put his toys away, let him leave them out, until finally the clutter will become so unmanageable that he will no longer be able to exit his room and have to be fed via a rake stuck up into his second-story window. In this cure, the natural consequences are amplified by Mrs. Piggle-Wiggle's invitation to the circus, which increases Hubert's incentive to clear his way to the door. If children won't go to bed, let them stay up, until they find themselves sleeping through anticipated treats such as a movie outing, a trip to the beach, and a birthday party featuring a magician. If a child won't eat, let him become progressively weaker (and, indeed, hasten his increasing weakness by serving him on ever-tinier dishes) until he is no longer able to take his turn riding Mrs. Piggle-Wiggle's pony. If a child is selfish, highlight his selfishness by labeling all his toys as for his exclusive use (DICK'S CRAYONS -- DON'T TOUCH! DICK'S PENCIL BOX -- DON'T TOUCH!) until peer pressure forces him to share. Finally, if a child won't take a bath, let her stay dirty, until she herself is repulsed by a radish (planted by her parents) growing out of her forehead.

This is the approach to parenting recommended by the behaviorist school which dominated childrearing manuals during the 1920s and 1930s; it reappeared in responses to Spock-style permissiveness growing out of the work of psychiatrist Alfred Adler, as laid out in the 1968 popularization by Rudolf Dreikurs and Loren Grey, Logical Consequences: A Handbook of Discipline, which even presents a "cure" for finicky eating with uncanny similarities to Mrs. Piggle-Wiggle's "Slow-Eater-Tiny-Bite-Taker-Cure" (88-89). This approach continues to this day in the advice of childrearing experts such as Jim Fay and Foster W. Cline in their "love and logic" parenting courses, though with less dramatic and fanciful consequences engineered.

In the other two cures in the book, success is provided via negative example. If a child answers back, let her see how obnoxious she sounds by sending a rude parrot to pay her an extended visit; if children perpetually fight and quarrel, let them see how irritating they sound by the parents' imitating their incessant bickering. I have not been able to trace this approach to any childrearing school of the time.

In the second Mrs. Piggle-Wiggle book, Mrs. Piggle-Wiggle's Magic (1949), magical remedies are introduced. Mrs. Piggle-Wiggle not only likes and understands children, as in the first book; she now also makes steady use of her "big cupboard full of magic powders and pills and appliances to help cure children's

bad habits" (Magic 7); the medicalization of misbehavior now leads to the medication of misbehavior. Several of the cures still operate on the same general childrearing principles of the first book, now enhanced and amplified through magic. Bad table manners are cured by example -- this time by good example, rather than bad, as a child is both charmed and shamed into good table manners by the example of the paragon pig, Lester. Magic also operates to speed up what would be the more slow-working natural consequences of the misbehavior: the cure for not wanting to go to school is Ignorance Tonic, which turns the child overnight into a "dummy." Or magic provides artificial consequences which in some way track natural consequences. The little black pills for the Tattletale Cure produce a long black smoke tail that hangs in the air after each tattle; the children who tattle are embarrassed by the tails and don't want them seen by others. This mirrors the same kind of peer pressure against antisocial behavior harnessed to good effect in the Selfishness Cure. In two cases, the actual mechanism of the cure is somewhat unclear: the Thought-You-Saiders cure works by exaggerating the children's hearing, but as poor hearing was never the source of the problem (pleasure in willfully misunderstanding others' speech in amusing ways), it is unclear why the cure is effective. The Interrupters Cure, which simply prevents children from interrupting -- as soon as Benji tries to

interrupt, "His mouth opened and closed like a goldfish but no sound came out" (Magic 65) -- seems to work chiefly by dramatically calling attention to the behavior. It is one of the few cures that can survive its revelation; the children continue to be respectful listeners even after their parents explain the mechanism by which the magic powder works.

The cure on which I want to focus in Mrs. Piggie-Wiggle's Magic, however, is the Heedless Breaker cure. Here Sharon Rogers's clumsy, impulsive behavior is "cured" by a special powder which causes her to move and act very slowly and gracefully all day: "You know, Mother, I feel so funny today. Sort of slow and floaty and everything seems so easy" (Magic 84). She even roller skates with special grace and ease. After a mere day of successfully using the magic powder, which transforms Sharon into someone "so quiet, gentle and charming that Mrs. Green couldn't believe it was Sharon and thought it was really a secret twin sister" (Magic 85), Mrs. Rogers is ready to give the rest of the magic powder away to a neighbor, "sure she won't need it anymore" (Magic 85). My question is: why won't she need it any more? Is the idea that once Sharon has experienced the pleasure of moving and acting more slowly, carefully, and gracefully, she'll adopt this on her own? This hardly seems likely. I would say that Sharon's condition has not been cured, but controlled, via medication. If anything,

Mrs. Rogers should be running to Mrs. Piggie-Wiggle for a refill, rather than terminating the dosage. For the first, but not the last, time in the series we see an analogy to our reliance on "maintenance medications" for children, as well as, perhaps, to the use of sedatives which were just beginning to be recommended in childrearing books of the post-war years (Hardyment 250). Sharon's impulsivity and boisterousness anticipate the hyperactivity associated with one version of Attention Deficit Disorder; the calming magic power anticipates our widespread use of Ritalin, beginning in the 1960s and increasing exponentially in the 1990s (Diller).

The third book, Mrs. Piggie-Wiggle's Farm (1954), drops the magical cures and situates Mrs. Piggie-Wiggle in a farm setting. Here the operative theory seems to be that exposure to nature itself provides the cure for children's problems, and natural consequences are, appropriately, once again stressed, rendered more dire by the rural framework. (MacDonald's account of her own experiences as a farm wife, in The Egg and I, reveals a distinctly unsentimental and unromantic view of rural life, though one with full awareness of the back-breaking labor involved in it.) If a child is destructive, well, on a farm the natural consequences of his destructiveness are quite costly: after he breaks the pump, he's the one who has to carry the heavy buckets of water. If a child forgets to feed her pets, on

a farm neglect of domestic animals is more serious, and the animals will eventually turn against her; Rebecca also learns painfully from a negative example, when she herself is forgotten accidentally-on-purpose by Mrs. Piggle-Wiggle: "It's amazing how uncomfortable it is to be forgotten," says Mrs. Piggle-Wiggle (Farm 52). Sheer necessity plays a role in several of the cures here. The Fraidy-Cat has to overcome her fear in order to come to the rescue when a heavy barrel falls on Mrs. Piggle-Wiggle, crushing her foot (perhaps the one cure that Mrs. Piggle-Wiggle herself does not directly orchestrate); Morton Heatherwick, who can never find anything, has to improve his finding skills when he needs to locate a lost calf threatened by a coyote. In these two cases, the experience of exercising competence is itself empowering: "It was truly remarkable how finding the lost calf changed Morton Heatherwick" (Farm 126).

Also, in this book, for the only discernable time in the entire series, one of the cures actually identifies and addresses the root cause of a child's behavior. In all the other cures, a child's "ailments" are presented on the model of the common cold: something that just happens to most children at some time, for no particular rhyme or reason, perhaps caught from other children. Occasionally some other environmentally based cause for the misbehavior is suggested, but only to be dismissed. When Jody Jones doesn't want to go to school, for

example, one advising mother suggests that perhaps something at school might be bothering Jody, but this suggestion is never taken seriously. Bully Nicholas's mother rejects the explanation that Nicholas himself might have been bullied at some point: "'What I don't understand . . . is why Nicky should act in the dreadful way he does. Neither his father nor I have ever bullied him.' 'Of course you haven't,'" replies Mrs. Piggie-Wiggle (Hello 54). The bullying, like the other misbehaviors, is simply inexplicable. In the Tattletales Cure, Mrs. Piggie-Wiggles does say that "Tattletales are really unhappy children" (Magic 30), but there is no implication that the unhappiness is the cause of the tattling. Instead, the tattling behavior itself is the cause of the unhappiness.

"The Not-Truthful Cure," in Mrs. Piggie-Wiggle's Farm, for the first and only time in the series probes the root cause of a problem behavior. Skinny, pale, little Fetlock Harroway tells outrageous lies about himself to all the other children; on the farm he learns to be truthful (partly because his lies -- about being a famous cowboy, etc. -- are all instantly exposed). On the farm he also learns how to ride a horse, climb trees, and throw a ball; he even gives up his glasses except for reading! At the end of his stay with her, Mrs. Piggie-Wiggle tells him that his lies were "'the most natural thing in the world. You were small and puny. You weren't very good at games. You had

to wear glasses. So you just pretended. Of course, now that you're so big and strong, can throw a ball clear to the end of the lane and ride horseback, you don't have to pretend'" (Farm 30).

In the fourth and final book, Hello, Mrs. Piggie-Wiggle (1957), the medicalization of children's behavior problems present in the first book, heightened by the reliance on magic medication in the second book, and largely abandoned in the third book, is most fully developed. Now mothers are actively consulting physicians for their children's problematic behavior, and the physicians themselves refer them to Mrs. Piggie-Wiggle. When Melody Foxglove's mother calls Dr. Pillsbury about Melody's excessive crying, the doctor pronounces that Melody is suffering from "a very advanced case of acute eight-year-old saditis" (Hello 34); as the first step toward a cure, he provides a referral to Mrs. Piggie-Wiggle. Likewise, Dr. Watkins, called in to examine slowpoke Harbin Quadrangle, concludes, "I would diagnose his trouble as extra acute daydreaming" (Hello 116). The "prescription" he writes out is to scribble Mrs. Piggie-Wiggle's phone number on his prescription pad. Mrs. Piggie-Wiggle herself is mistaken for a doctor in "The Show-Off Cure." When Mrs. Carmody asks, "Is she some sort of doctor?" the answer comes, "Oh, my, no" (Hello 14). But I would say that the correct answer would be closer to oh, my, yes.

While some of the magical cures in Hello, Mrs. Piggie-Wiggle operate on a version of the natural consequences principle (e.g., the Crybaby Cure leads Melody to shed so many tears whenever she cries that she is in danger of drowning), in two of the five cases the magical drug seems to work by altering temperament directly, with no lesson learned, as in the Heedless Breaker Cure we saw in Mrs. Piggie-Wiggle's Magic. Mrs. Piggie-Wiggle notes that she could have treated bully Nicholas Semicolon by Bullybaths, which progressively weaken the bully's strength, so that he can then learn what it's like to be bullied by others (negative example); instead she chooses to give him Leadership Pills, "little green pills" that "bring out wonderful hidden qualities of leadership" (Hello 55). The goal of the Leadership Pills is to "even up" a child's physical strength with his patience and kindness. Here, patience and kindness seem to come directly from a pill. We are given no particular reason to think that Nicholas will continue to be patient and kind if his dosage is discontinued.

The same is true of the Slowpoke Cure. Daydreamer Harbin Quadrangle clearly suffers from the non-hyperactive variant of Attention Deficit Disorder. The magic spray to cure his lethargic daydreaming makes him uncharacteristically energetic and peppy, able to help a neighbor boy complete his paper route in record time. When given to his sister Janey, she "suddenly

seemed very wide awake and bright" (Hello 124). The magic cure here has clear anticipations of our present treatment of ADD with amphetamine-derivatives such as Ritalin. There is no reason to think that Harbin or any of the Quadrangles will continue to be speedy and peppy without the repeated application of the magic spray.

Concluding Analysis

What we see in the series as a whole, then, is a move away from understanding misbehavior in moral terms (the rejected moral judgments of the various fathers) toward understanding misbehavior in medical terms. Although the series rejects mothers' explanations of their children's misbehavior in terms of underlying physiological disorders (as MacDonald herself dismissed explanations of irritating adolescent behaviors in terms of "glandular change" in the "pitiful" body of the adolescent), its understanding of misbehavior as a disease to be cured by magical medication seems very close to our current understanding of many problematic behaviors as physiologically based (Kramer, Dillon). Thus, the mothers' rejected approach is, in the end, ultimately vindicated by Mrs. Piggie-Wiggle. This might seem to suggest a validation of female care and compassion over male moral judgment, the kind of shift in paradigm made famous by Carol Gilligan in her pioneering work on

women's different "moral voice."

However, as the series progresses and the magical cures proliferate, attention is subtly shifted from Mrs. Piggle-Wiggle to her dead husband Mr. Piggle-Wiggle. In the first book, we hear that Mrs. Piggle-Wiggle decided some time ago to build herself an upside-down house: "Mrs. Piggle-Wiggle says that when she was a little girl she used to lie in bed and gaze up at the ceiling and wonder and wonder what it would be like if the house were upside down. And so when she grew up and built her own house she had it built upside down, just to see" (Mrs. P-W 11). But by the end of the second book, we learn that it was Mr. Piggle-Wiggle who built the upside-down house, albeit on a suggestion from Mrs. Piggle-Wiggle: "we couldn't get anyone to build it for us because carpenters and contractors thought that building a house upside down was crazy, so Mr. Piggle-Wiggle built it himself" (Magic 114-15). (As he does so, he also hides his pirate treasure from Mrs. Piggle-Wiggle in various secret cupboards and drawers, which the children are now helping Mrs. Piggle-Wiggle to find; his stated desire to provide her entertainment in the ongoing treasure hunt may strike some readers as manipulative and paternalistic. At the least, it is unsettling when the usually indomitable Mrs. Piggle-Wiggle, now poverty-stricken, is reduced to tears after failing to find the final treasure drawer.) And in the fourth book, it is Mr.

Piggle-Wiggle who is given credit for the magic cures as well. When Mrs. Semicolon tries to pour out her thanks to Mrs. Piggle-Wiggle for curing Nicholas, Mrs. Piggle-Wiggle replies, "Don't thank me. Thank Mr. Piggle-Wiggle for leaving me that old sea chest full of magic cures for children. It was one of the finest things he ever did" (Hello 68). It is now male technology rather than female intuition that is privileged.

This shift is hardly unique to the Mrs. Piggle-Wiggle books; indeed, my thesis is the way in which the Mrs. Piggle-Wiggle books reflect larger childrearing patterns of their time. Diane Richardson, in Women, Motherhood, and Childrearing, writes that the sheer proliferation throughout the past centuries of male-authored childrearing manuals shows an "emerging scientific interest in childhood" which "also devalued women's own knowledge of infant care. The professional, usually male, expert provided a modern alternative to the old way of learning about childrearing through women friends and relatives. The process of men telling women how to bring up children is one which . . . has been a continuous feature of childrearing advice this century" (31).

Is the shift from the moral to the medical in these books reassuring or troubling? This is too large a question to be fully explored here. Perhaps the answer must be: something of both. Few would want to return to the days of harsh and

uncompromising moral judgment, accompanied by physical punishment, untempered by any attempt at understanding a child's physiological makeup and environmental stresses. Indeed, the authors of Logical Consequences celebrate their approach precisely for its nonmoral nature: "Perhaps one of the few concepts on which most psychologists would agree is one which recommends avoiding moral judgments in dealing with the child" (74). They associate the moral-judgment approach with a damaging labelling of the child himself as "good and therefore virtuous" or "bad and therefore sinful" (74), where children who receive the negative label tend to live "down" to this assessment of themselves. The logical consequences approach, in contrast, "presupposes that the child is born neither good nor bad... His acts may be judged good or bad by society; but this does not alter his essential value as a human being" (75). On this approach, to use our earlier terminology, misbehavior can be judged as nonmorally bad, contrary to the purposes of parents, teachers, and society more generally, and something therefore to be avoided; but the behavior is not morally judged as bad-in-itself, with attendant assignments of blame and guilt.

But a hard-and-fast distinction between moral and nonmoral judgment is difficult to maintain. Indeed, a number of social critics observing the movement toward the medicalization of many problematic behaviors argue that moral judgments have not been

eliminated, but merely displaced. Medicine and health have themselves become moralized, with moral-sounding judgments now commonly made about lifestyle choices once considered to be outside the moral sphere: "I was good, I went running today"; "I was bad, I ate a whole carton of ice cream." Stein writes bluntly, "No sooner, however, has the heavy judgment of sin and moralism been evicted through culture's front door than it silently reenters via a window or the back door" (Stein 111); "Despite the ideology of therapeutic neutrality, in actual practice health and mental health often connote goodness, whereas disease and mental illness connote badness. Sin, good, and evil are smuggled in even as they are exorcised" (Stein 113). We see this in the phenomenon of "blaming the victim" for her own illness, as various diseases are increasingly linked to "bad" lifestyle choices.

The medicalization of problematic behavior can also focus attention too narrowly on the deviant individual and thus ignore environmental causes of dysfunction located in pervasive societal rather than personal problems. Nancy Scheper-Hughes and Margaret M. Locke argue that as "negative and hostile feelings [are] shaped and transformed by doctors and psychiatrists into symptoms of new diseases as PMS (premenstrual syndrome) or Attention Deficit Disorder . . . negative social sentiments as female rage and schoolchildren's boredom or social

phobias . . . can be recast as individual pathologies and 'symptoms' rather than socially significant 'signs' (quoted in Stein 91). Will Wright, in The Social Logic of Health, castigates what he views as our current over-reliance on tranquilizing drugs for its treatment of "everyday problems of family, work, success, friendship, and the like" as "problems that have a biological and individual solution rather than a social and interactional one" (Wright 95). Thus, returning to the Mrs. Piggle-Wiggle books, we might want to ask why Jody Jones doesn't want to go to school, and begin to interrogate current educational practices; or why the girls who receive the Whispering Cure are so fixated on gossiping about fashion, thus moving toward a critique of our media-saturated culture.

But in some cases we may also want simply to make clear moral judgments of an individual child's (or adult's) behavior -- "This is cruel, this is unkind, this is wrong" -- without offering either a psychological or sociological excuse for the act in question. Even Dr. Spock, famous for the move away from punitive to permissive styles of childrearing, comments in the 1968 edition of his ground-breaking Common Sense Book of Baby and Child Care (first published in 1946, the year before Mrs. Piggle-Wiggle), "The rearing of children is more and more puzzling for parents in the twentieth century because we've lost a lot of our old-fashioned convictions about what kinds of

morals and ambitions and characters we want them to have. . . .
Instead we have come to depend on psychological concepts.
They've been helpful in solving many of the smaller problems,
but they are of little use in answering the major questions"
(quoted in Hardyment 227). That our "old fashioned" moral
convictions may be contested, and require further support
through open moral debate and argument, does not mean that they
should be abandoned.

More recently Robert Coles, himself a professor of
psychiatry, in his 1997 book, The Moral Intelligence of
Children, admits to being troubled when, for example, a child's
cheating is understood only as an occasion for psychotherapy
(let alone medication, which Coles does not even consider)
rather than for moral reflection. Coles urges parents and
teachers to open "another line of reasoning: this is primarily a
moral matter, and we ought to consider it as such and talk with
the girl and her parents in that vein, rather than keep
emphasizing so exclusively the psychiatric nature of the
difficulty, the 'emotional problem' of this child" (39).

It seems to me appropriate to consider Harbin Quadrangle's
daydreaming and Sharon Rogers's impulsive clumsiness as medical
rather than moral problems; it is more problematic when Nicholas
Semicolon's bullying is treated in the same way, though perhaps
we would now see "uneven" serotonin levels as implicated in his

domineering behavior. The Mrs. Piggle-Wiggle books remain as delightful today as when they were published half a century ago. But today they also provide us with an invitation to reconsider the silencing of our moral voice.

References

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