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Diagnosing a Princess: How Portrayals of Mental Illness in Disney Princesses May Influence Children

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Abstract

Disney Princess movies tend to be one of the most popular movie series for children. Not only are they popular movies, but children often believe that the characters are people, and may model their own behaviors after them. Children learn through mimicking or witnessing behaviors of others, and this effect can be greater if the child feels an attachment to that person. Viewing mental illness may lead children to develop mental illness behaviors themselves. This literature analysis aims to identify abnormal behaviors portrayed by Disney Princesses and identify whether or not the behaviors meet criteria for the Princess to be diagnosed with a mental disorder. Implications for caregivers and mental health practitioners will be discussed. Five Princesses were analyzed in this study: Snow White, Cinderella, Aurora, Anna, and Elsa. The analysis concluded that each of the five Princesses could be diagnosed with a mental, which may have an impact on children.

Keywords and phrases: Disney, Disney Princesses, Social Learning Theory, Children's Television, Mental Illness, Attachment Theory.

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Introduction

Once upon a time, we were all children who had wild dreams and imaginations. These dreams and imaginations shaped how we view the world and are influenced by the external environment. The external environment can include family dynamics, educational experiences, social interactions, and media consumption/exposure. The effects of all of these have been a popular topic of study among child psychologists, but in the case of media consumption and exposure in children, the research is limited. This is partly due to the fact that researching children is more challenging than adults. Conducting research regarding children includes following special ethical and regulatory protections that are not always applied when researching adults (Behrman & Field, 2004). Additionally, researching media effects can be limited due to the fact that self-report measures are frequently used, which can lead to bias and validity issues (Gazio, 1983; Rosenman et al., 2011). Moreover, scholars' understanding of the long-term effects of media consumption is still emerging. Since the amount of television media consumed by the average person has grown exponentially in recent years (Christakis & Zimmerman, 2009), research in this area is underdeveloped. The exponential growth has caused a phenomenon that is too recent to fully understand long term effects.

The American Academy of Pediatrics (AAP) recommends that children younger than 24 months of age not be exposed to television programming (Council on Communications and Media [COCM], 2011). Based on current evidence, AAP believes that there is a significantly greater risk for negative effects caused by this type of media than there is for positive ones (COCM, 2011). Research suggests that television media has an influence on attachments and social connections, as well as learning. Since Disney is so prominent in households with young children, and the evidence of correlation between viewing behaviors and behaviors observed, it

is important to consider the effects that the popular Disney Princess can have on children long and short term.

While Disney may be viewed as an example of true American greatness by many, they have yet to win over the hearts of some. Disney has been linked to multiple instances of anti-trade union activity, McCarthyism, wartime propaganda, and conservative family values, and has been accused of promoting media bias (Willis, 2017). While political content may be easily noticed by parents, traits of mental illness may go undetected. This opens the door for children to view and adopt these behaviors, resulting in negative outcome. There is a research gap due to the limited research on mental illness traits in media. The term "research gap" refers to a question or problem in an area of a field of study that is not well understood or been answered by existing studies or research. This literature analysis aims to partially address this research gap by diagnosing Disney Princesses with mental illnesses. Additionally, this literature analysis will explore possible effects of Disney Princess media in regard to portrayals of mental illness.

Literature Analysis

The Walt Disney Company

The Disney company that many know and love today was not created overnight. The multi-billion dollar company started the way many do: a small enterprise with a dream in Hollywood, California. Brothers Walt and Roy Disney founded the Disney Brothers Cartoon Studio in October of 1923 where they began their careers by producing short Laugh-O-Grams entitled "Alice Comedies." In 1926, the brothers moved to the Silver Lake district of Los Angeles and changed the company name to The Walt Disney Studio. In 1927, they started producing an all-cartoon series starring Oswald the Lucky Rabbit, but eventually lost the contract of to Universal Studios. In 1928, Walt Disney creates his new cartoon star: Mickey Mouse.

Despite multiple financial difficulties the company developed a reputation for producing good quality animations and grew to be a dominant player in the entertainment business during the 1930's. Mickey Mouse cartoons were shown globally, and Disney began an aggressive marketing strategy of a multitude of products. The company grew from producing cartoons to groundbreaking animation films. In 1955, the company started opening theme parks across the world and acquiring other media companies. As of today, Disney owns and operates dozens of companies, some of the most notable being ABC, ESPN, Marvel, Lucasfilm, and Pixar. According to GOBankingRates, Disney has $201.55 billion in total assets and a net worth of $114.84 billion as of March 2021 (Jeffries, 2021).

Disney is a continually growing empire, a household name known by children all around the world. With the acquisition of more and more companies and the release of its own streaming platform (Disney+), it is easier than ever for individual to view Disney content. Consumer research conducted by Ampere Analysis reported that approximately 50% of United States households with children under 10 years of age, and 42% of households with children 18 years of age and under subscribe to Disney+ (Spangler, 2020). In a United Kingdom study (n=198), it was found that only 4% of girls and 13% boys reported never viewing Disney Princess media (Coyne et al., 2016). Many people idolize Disney and associate it with the happiness of childhood innocence. The franchise has been often times viewed as the idealistic "American Dream" and is seen to promote American ideologies and patriotism. These views have led critics like Stephen Fjellman to label Walt Disney World as "the most ideologically important piece of land in the United States" (Willis, 2017; Fjellman, 1992). But today, Disney is far from just "entertainment" or a representation of childhood. With how widespread its content has become, Disney is now not just a company that provides a pastime, but an empire that has quasi-

monopolized western culture for several generations and exerted powerful influences changing our ideas of education, values, and lifestyle choices (Bohas, 2011; Willis 2017).

Disney has created a stronghold grip on society driven by the company's own capitalistic interests (Giroux, 2010). The company camouflages itself under the disguise of an innocent, family orientated entertainment company so that it can use deceitful means of captivating audiences (primarily young children) to gain corporate power (Giroux, 2010). Disney utilizes traditional forms of media, such as television programing and print media, as well as newer forms of media, such as electronics, to win over the hearts and minds of young children so that they will be more susceptible to the companies influences (Giroux, 2010). The influences created by Disney are not always reviewed as positive, with many controversies arising over subliminal messaging.

Childhood Attachments and Connections

To understand why viewing mental illness can have such a profound and lifelong effect on children, there must be an understanding of attachment. Attachments formed in childhood shape the way individuals interact with others and their environment for the rest of their lives. Children, by definition, are dependent beings (Rees, 2007). They rely on figures around them to provide all their needs, from physical to emotional. They are therefore more profoundly influenced by mental illnesses they observe from an attachment figure (Rees, 2007). Additionally, children with certain attachment styles are more profoundly impacted by media viewed in early childhood.

Attachments are created by a person's internal working model. Internal working models are the cognitive frameworks through which individuals use to relate to their world, to themselves, and others (Bowlby, 1969). John Bowlby, a revolutionary British psychologist,

suggested that a person's internal working model is created by early childhood attachments. Bowlby (1969) outlined four types of attachment that can be formed: secure, anxious-ambivalent, avoidant, and disorganized. Secure attachment forms when the child has a warm and loving bond with the parent or primary caregiver (Bowlby, 1969). The child feels loved and secure, and in turn has the ability to form healthy relationships with others, as well as demonstrates confidence in their interpersonal interactions. Anxious-ambivalent attachments form when children distrust their parent or primary caregiver (Bowlby, 1969). Children with the anxious-ambivalent attachment style tend to constantly seek approval from their caregiver and have fears of abandonment. These children often grow up to feel unloved by their partners and have difficult expressing love and connections to others. Avoidant attachment styles are formed when children are resigned to feeling that their emotional needs are likely to never be fulfilled (Bowlby, 1969). These children often grow up to consistently feel unloved and insignificant and tend to avoid intimate relationships. Disorganized attachment happens as a result of the combination of avoidant and anxious attachments (Bowlby, 1969). Children who display disorganized attachment often display episodes of intense anger and/or rage Oftentimes, they will break toys as children and have difficult relationships with their primary caregiver and others. These patterns often continue into adulthood with avoidance of intimate relationships and difficulty controlling anger/emotions.

Mary Ainsworth expanded on Bowlby's attachment styles theory to include the concept of security by the child. Her expansion of the theory concluded that the child will either form secure or insecure attachments that lead to overall attachment style of the individual. Insecure attachments are characterized by when one or more of a child's needs are not being fulfilled by the caregiver. While Ainsworth (1970) only studied secure, anxious-ambivalent, and avoidant

attachments, Main and Solomon (1990) expanded on her theory, as well as Bowlby's, to include disorganized attachments as a style that forms from insecure attachments. A study conducted by Fearson et al. (2010) concluded that insecure attachments lead to an increased risk of externalizing problems and developing mental health disorders.

These attachment styles are primarily formed through attachment to the primary caregiver; however, they can be affected by other environmental factors. Children who grow up with avoidant parents are more likely to rely on learning through television (Nathanson & Manohar, 2012). Learning primarily through television in early childhood (toddler-preschool age) has been associated with various cognitive skills and academic achievement outcomes (Kirkorian et al., 2008). Young children who view educational television have positive measures of academic achievement even ten years later (Kirkorian et al., 2008). Young children who are exposed to television that is violent or not educational or age appropriate show negative measures of cognitive skills and academic achievement (Kirkorian et al., 2008).

The effect of television media can be significantly increased by the emotional connections made to characters. Emotional connections to television characters are not limited to children but are evident in populations on a worldwide scale (Karhulahti & Välisalo, 2021). However, children may be apt to creating deeper connections to television characters because they learn socioemotional skills through watching television narratives (Peebles et al., 2018). Interactive viewing was shown to have an even greater effect on long term socioemotional skills (Peebles et al., 2018). To increase popularity, children's entertainment companies often create toys and merchandise to increase popularity by allowing their viewers to do more than simply watch the characters (Cohen, 2004). Children's movies often come with many interactive features including sing along songs, dolls, and dress up clothing. The engagement level gained

from these extra features can increase the connection children have to the characters. Creating emotional connections to characters creates negative reactions when the characters do not behave the way the viewer expects them to (Cohen, 2004).

Learning

Albert Bandura (1977) developed the Social Learning Theory (SLT), which proposes a basis for how children learn. The SLT explains that learning is a cognitive process that develops within a social context (Bandura, 1977). Learning occurs by observing the behavior in action, as well as the consequences of the behavior, and then modeling that behavior (Bandura, 1977). Modeling can occur based on three different types of external stimuli: live models, in which the induvial observes a real life person demonstrating the behavior; verbal instruction, in which the individual hears someone else describe the behaviors in detail; and symbolic models, in which the individual models behaviors that occur in media (Bandura, 1977). Symbolic models can be either be real people or fictional characters (Bandura, 1977).

Effects of media on children and its influence into adulthood occurs in part because children oftentimes learn from television media. Apart from real-life interactions, children learn social skills and how to behave or interact with the world through watching characters on television (Peebles et al., 2018). As discussed by Bandura (1977), the characters do not have to be real people. Characters can be either real-life actors playing real people or fictional characters, or animated characters. According to the American Academy of Child and Adolescent Psychiatry (2014), hundreds of studies have been conducted that demonstrate viewed violence on television affect behavior. Children who perceive violent behaviors often are likely to view those types of behaviors as normal, a way to problem solve, and engage in violence themselves (American Academy of Child & Adolescent Psychiatry, 2014).

Disney Controversy and Effects

For decades, Disney controversy has been the subject of household conversations, news articles, and research. Documentations of controversy began early in the company's career. During a story meeting discussing the film *Snow White and the Seven Dwarfs* (1938), Walt Disney reportedly referred to the dwarfs piling up on top of Snow White as a "[racial slur redacted] pile" (Gabler, 2006, p. 700). During story meetings over the creation of *Fantasia* (1940), Walt Disney reportedly was enthusiastic about the idea of black centaurette, holding a watermelon, being terrified of Pegasus galloping after her (Gabler, 2006, p. 700). He explained the scene during a story meeting by saying, "She sees him and Jesus! She goes like hell… There would be a lot of laughs and it would give a definite lift to the whole thing" (Gabler, 2006, p. 700).

Racism controversy is not limited to classic Disney. Discussions regarding racism surround modern movies, such as the Disney Princess Tiana, from *The Princess and the Frog* (2009). While the Princess herself has been praised as one who shows complex personality characteristics (something lacking in her predecessors), the Disney Company's marking of her is lacking (Vargas, 2019). Disney produced significantly less merchandise for *The Princess and the Frog* (2009) compared to other movies such as *The Little Mermaid* (1989). The lack of available merchandise for the film makes Tiana less of a visible Princess and cultural icon (Vargas, 2019). This highlights the idea that Tiana was only created for the sake of diversity, and Disney is primarily interested in white Princesses, not those of color (Vargas, 2019).

Early Disney movies, especially Disney Princess movies, are also criticized in the role in promoting gender stereotypes. Movies like *Snow White and the Seven Dwarfs* (1938) and *Cinderella* (1950) draw on stereotypes that women are supposed to be beautiful, homemakers,

and in need of saving and protecting by men (Sharif, 2016). *Cinderella* (1950) is specifically criticized because it was released five years after the end of World War II and is seen as an effort to convince women to go back to traditional roles in the home instead of striving for social equality (Sharif, 2016).

Gender roles are also still viewed as problematic in modern culture. *Mulan* (1998) is a Disney Princess film bringing to life a Chinese myth – a young woman who saves China. Mulan herself defies multiple traditional gender stereotypes as she becomes a strong and independent figure throughout most of the movie. However, even after saving her home from the Huns, she only finds her true happiness and honor after an implied marriage to a predominant male character (Maity, 2014). Despite her character saving China, Disney reminds us that a powerful woman is actually just a girl looking for a strong man (Giroux, 1999).

More controversies have arisen over depictions of the characters, specifically Princesses. Classic Disney Princesses are depicted based on Western standards of beauty (Johnson, 2016). They tend to have extremely pale skin tones, smaller waists, and delicate limbs (Johnson, 2016). The beauty of the Princesses is often utilized to build the stories and heavily contributes to the plotline (Maity, 2014). The plot of *The Little Mermaid* (1989) revolves almost solely around Ariel's body image. Ariel sacrifices her tail and soothing voice for legs, transforming into a figure with a slim, sexual body type (Maity, 2014). Her body is highlighted in the movie by the Sea Witch Ursula telling Ariel, "You'll have your looks, your pretty face, and don't underestimate the power of body language" (Clements & Musker, 1989, 43:15). Not just Ursula, but other main characters of the movie (Ariel herself and Prince Eric), convey the overall message that physical transformation into a taller, slender woman is ultimate bodily perfection and the true way for women to find the perfect man, and therefore perfect happiness (Maity,

2014). Body image issues are still relevant in modern Disney Princess Media. While Disney has incorporated some Princesses of color, the body type depicted has not changed. All Princesses to date still show the stereotypical skinny body type.

With all the controversy surrounding Disney's portrayal of characters, multiple researchers have aimed to determine if children can be influenced by perceived racism, gender stereotypes, and body images. Studies have shown support to the idea that media, specifically Disney Princess media, can influence the attitudes and behaviors of children. These influences may be caused by children using Disney Princess media as a way of learning how to properly engage with the world.

Children's self-image is influences by both verbal and visual portrayals of characters in media (Hurley, 2005). For example, a 1999 study evaluated the effects of elementary school children reading Disney stories (Yeoman, 1999). Yeoman (1999) read a Cinderella-type fairy tale, *The Talking Eggs* (1989), in which the main character, Blanche, is Black. Also of note is that Blanche does not get married during the story. The children where then asked to draw Blanche based off of the story and their intertextual knowledge of the classic *Cinderella* (1950), in which the main character is white, and *Mufaro's Beautiful Daughters* (1987), in which the main character is Black. Yeoman (1999) reported that regardless of the race of the children or race of Blanche, most of the drawings were of a white woman. When one of the children was asked why she drew Blanche to look like the classic white Cinderella, she responded that it was because "… I mostly thought she would get married and live happily ever after [if she was White]" (Yeoman, 1999, p. 437). Another child said that "I imagined her dark, but I am drawing her blonde" (Yeoman, 1999, p. 437). A third child said that in her drawing she "drew her yellow [haired]… because… she was good, so I wanted to make her pretty" (Yeoman, 1999, p. 437).

Most, if not all, children evaluated in this study associated Whiteness with being more desirable, regardless of their own race (Yeoman, 1999). This study implies that children internalize a racist value system and develop similar ideologies (Hurley, 2005).

The social cognitive theory of gender development, proposed by Bussey and Bandura (1999), explains that exposure to gender-stereotypes through modeling and direct tuition may influence the creation of gender stereotypes in children. Modeling is a mechanism through which children learn behaviors through observation of others (Bussey & Bandura, 1999). Direct tuition is a mechanism through which children learn behaviors by being encouraged and rewarded for engaging in the behavior (Bussey & Bandura, 1999). Coyne et. al (2016) conducted a study that builds off the social cognitive theory of gender development and found that engagement with Disney Princess media through modeling (watching the movies) and engagement with products (playing with toys) resulted in children developing gender stereotypical behaviors. Both boys and girls developed higher levels of female gender-stereotypical behavior initially and continued these behaviors even one year later (Coyne et al., 2016).

Body esteem is also influenced by the media children consume, especially media of Disney Princesses. Disney Princess media is shown to negatively impact how children view themselves (Parks, 2012). A literature analysis conducted by Parks (2012) concluded that many children have negative feelings about themselves because they do not look the way that Disney Princesses do. These children create ideas that if they change themselves to be beautiful (as in having stereotypically thin bodies) their own Prince will find them and they will live happily ever after (Parks, 2012).

Due to the way children learn and form connections, Disney Princesses have been shown to have an effect on children. While negative effects like racism, gender role stereotyping, and

self-image problems have been heavily studied for decades, the effect of mental illness has not. Some studies have aimed to show whether or not children view mental illness in a stigmatizing way because they are influenced by television programming. These studies, however, typically characterize mental illness by language used by the characters. One study used characters saying words like "crazy" to define which characters had a mental illness (Wahl et al., 2006). While these studies may show that children are negatively influenced by these portrayals, the current research focuses more on word choice for identifying which characters have a mental illness rather than the actions or behaviors of characters. With all of these other negative effects being seen in children, it is possible that mental illness portrayal, not just words used, in children's television might also be creating an effect.

Method of Analysis

This analysis aims to identify abnormal behaviors portrayed by Disney Princesses and identify whether or not the behaviors meet criteria for the Princess to be diagnosed with a mental disorder. The diagnoses being made are based solely off the first movie in each Disney Princess story and only focuses on canon content. The Princesses are analyzed and diagnosed using the Diagnostic and Statistical Manual for Mental Disorders, fifth edition (DSM-V). The DSM-V is published by the American Psychiatric Association and is the set of criteria used for diagnosis in the United States. In this study, Five Disney Princesses were analyzed: Snow White (from *Snow White and the Seven Dwarfs*), Cinderella (from *Cinderella*), Aurora (from *Sleeping Beauty*), Anna (from *Frozen*), and Elsa (from *Frozen*). While Anna and Elsa from *Frozen* are technically considered Queens, due to their storyline and the high influence they possess on modern culture, they are considered Princesses for the purpose of this analysis.

Due to the fantasy nature of the Disney Princess movies, assumptions must first be clarified before abnormal determination can be made. Any elements depicting fantasy are not considered abnormal behaviors and are assumed to actually be occurring and a part of normal culture. These fantasy elements include conversations with normally inanimate objects or animals, magic, or curses.

Analysis

Snow White

Disney's first ever princess, Snow White, debuted in the 1937 film *Snow White and the Seven Dwarfs.* "Magic Mirror on the wall, who's the fairest of them all?" sings the famous line. The Queen, referred to as the Evil Queen, asks the Magic Mirror this question, expecting the answer to be none other than herself. However, the Magic Mirror responds that she is not the fairest in the land, but instead a girl with hair dark as ebony and skin as white as snow: the Princess, Snow White. Out of jealousy, the Evil Queen hires a huntsman to cut out Snow White's heart. The hired huntsman tracks the Princess to a forest where he corners her but cannot complete the task. After her near death encounter, Snow White flees through the woods where she gets lost. A group of animals guide her to a cottage in the woods where she can stay. Once inside, Snow White immediately begins to uptake household duties, including cleaning and cooking, for the occupants of the cottage, the seven dwarfs. Enraged Snow White is not dead, the Evil Queen crafts a potion disguising herself as an old woman and poisons an apple so that it will make Snow White fall into what is referred to as a "Sleeping Death." The disguised Evil Queen convinces Snow White to eat the poisoned apple by telling her if she eats it her wish of living happily ever after with her prince will come true. Snow White is fooled and falls into a deep sleep, where she is presumed dead. The Prince, who had been searching for Snow White after

hearing her singing prior, heard of a maiden sleeping eternally in a glass coffin. Believing this to be his true love, he finds and kisses her. The Princess then wakes up, the spell being broken by their first kiss. She is then swept off her feet and rides into the sunset with her Prince Charming.

Snow White can be classified as having Post-Traumatic Stress Disorder. The Princess meets all eight of the criteria listed in the DSM-V to diagnose PTSD (See Appendix A). First, she directly experiences a traumatic event relating to a near death experience (Criterion A1). She is pursued and almost killed by a huntsman sent by her stepmother, purely because a Magic Mirror told her Snow White was prettier than her.

She also meets the Criterion B5 (marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event). When the Evil Queen shows up at the cottage disguised as an old lady, Snow White acts helpless and throws her hands up in surprise, the same thing she did when the huntsman came to rip out her heart. She is so overwhelmed with trauma she cannot summon strength to defend herself.

Snow White is also constantly cleaning. She has the overwhelming desire to forget about the traumatic events that have happened leading her to constantly keep busy. She cleans, bakes, and even parties with the dwarfs in an effort to forget about her trauma. When the dwarfs ask her to tell them a true story, she initially agrees, but then deflects and tells them it is time for bed when she starts to recount the part of the Evil Queen. These instances meet Criterion C1 (avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event).

By not going out of the woods, Snow White meets the criterion of markedly diminished interest or participation in significant activities (Criterion D5). The Princess fails to engage in significant activities, like socializing with people other than whom she lives with and attending

to her duties as Princess. Although Snow White cooks a lot, we fail to ever see her eat a single bite, leading one to believe she is neglecting the basic need of food. She also never changes clothes, nor do we see her bathe. She shows reckless behaviors by abandoning her home immediately and trespassing into a cottage she stumbled across in the middle of the woods. Had the cottage not been filled with loving dwarfs, the story could have turned out very differently for Snow White, a fact that she seemed oblivious to.

She also displays a sense of exaggerated startle response. When the "old lady" shows up at her cottage, she jumps and gasps loudly. Snow White, however, is in the kitchen in front of an open window that directly looks out upon the path to get to the cottage. She should have seen the woman coming long before she reached the door. These instances meet Criterion E for marked alterations in arousal and reactivity.

Although we do not know the time period that the movie takes place over, we can make an assumption based on the nature of the traumatic events, that Snow White will be still recovering for the psychological aftermath for at least one month after the near-death incident (Criterion F). The traumatic events left Snow White has significant impairment in two areas: social and occupational. She is impaired socially because the only individuals she socializes with are the dwarfs and local woodland wildlife. She is occupationally impaired because instead of performing her duties as a princess, she is living in the woods. The impairment in the two areas meets Criterion G.

Criterion H is also met because these changes in behavior are not due to drugs. Not only does the movie never show Snow White doing drugs, but it is also unacceptable for a Princess to engage in such behavior. Because Snow White was never stripped of her Princess title, the safe assumption can be made that she is not engaging in such behaviors.

Not only does Snow White meet all the requirements for PTSD according to the DSM-V, but she also shows other psychological behaviors of the disorder: abnormal attachment. People who have experienced trauma are more likely to be over attached to another individual more quickly (Benoit et al., 2010). These individuals are also "secure" in their attachments, meaning that they are confident in them and feel a sense of safety (Benoit et al., 2010). Despite just meeting the dwarfs, Snow White engages in behaviors typically only seen in individuals who share a deep emotional connection. Upon meeting the dwarfs for the first time, Snow White makes them wash their dirty hands before eating, a behavior typically seen in a parent-child relationship. Despite the dwarfs protesting, Snow White still makes them wash them, showing she cares about their wellbeing deeply enough to risk an argument, without even really knowing them. She also makes sure to kiss each one of them as they leave for work (despite Grumpy's protest). Kissing is a behavior that is seen in securely attached relationships (Kulibert et al., 2019). The kissing that occurs between Snow White and the dwarfs is evidence that the Snow White has the notion that she has secure relationship with the dwarfs despite not knowing them very long. Not only does she become over attached to the dwarfs instantly, but she is also over attached to the Prince after seeing him for the first time. Snow White explains to the dwarfs that the Prince is her true love and rides off with him happily ever after without ever having a single conversation with him.

Cinderella

"Cinderella, Cinderella, greatest story ever told," opens the 1950 film *Cinderella*. It is the tale of a girl who is forced to live with her evil step-mother and step-sisters after the tragic death of both her parents. She grows up being treated as a servant and is resigned to live a life where she will always be less than them. Cinderella is a kind soul who befriends the mice and

birds who live around her home, and with their help is able to go to a royal ball where she meets the love of her life, the Prince. Cinderella, only able to go to the ball due to magic resulting in a beautiful dress and coachmen, must leave the ball by midnight before the magic wears off. Rushing off from her perfect dance to make the deadline, she refuses to give the Prince her name, and loses one of her glass slippers. With only the slipper, the Prince finds her and sweeps her off her feet to live happily ever after as a Princess.

Cinderella can be classified as having Dependent Personality Disorder (DPD). Not only does she meet the criteria outlined by the DSM-V (See Appendix B), she is perhaps the most famous case of DPD, to the point that this disorder is often nicknamed "Cinderella Syndrome." Cinderella meets five of the eight requirements for Dependent Personality Disorder outlined in the DSM-V, which meets the threshold for diagnostic criteria. The first criterion (difficulty making decisions without excessive reassurance) is met early on within the movie when Cinderella, a fully grown adult (placed at age 19), cannot resolve to go to the ball without her step-mother's support. She clearly makes it known to her step-family she wants to go but will not attend unless her stepmother says she can. When she thinks she has her step-mother's approval, Cinderella finds a dress she is happy with, one belonging to her mother, but after comments from the mice that it is too old-fashioned, she quickly makes the decision to change it to something the mice think is more flattering. When her step-family calls her away for chores and she cannot complete the altercations, she decides to not go to the ball after all because she has nothing to wear (as she thinks her original dress is not good enough after the comments from the mice). Cinderella later finds out that the mice carried on the altercations to her dress, and only then does she decide to go. When her stepmother has her dress destroyed so they she cannot go, she needs reassurance from her Fairy Godmother before she agrees.

Criteria two (needing others to take responsibility for aspects of her life) is addressed in the opening monologue of the movie when it is stated that Cinderella lives with her widowed father, and then when her father marries, her stepmother and new stepsisters. When her father dies, Cinderella chooses to stay with her stepmother. While she is a child when this happens and staying with her stepmother is the only option she has, Cinderella continues to live with her step-family even as an adult, years past the age when it was deemed acceptable for a young woman to marry and leave the home. The opening narrator makes it clear that the step-family treated Cinderella terribly. But yet, despite the poor treatment, Cinderella chooses to stay and allow her step-mother to control every aspect of her daily life. Even when she eventually leaves the home at the end of the movie, Cinderella only leaves under circumstances that indicate she will still have every aspect of her life controlled (as a Princess).

Her unwillingness to leave her family also makes her meet criteria three (difficulty expressing disagreement with others) and five (goes to excessive lengths to obtain nurturance from others). Even though Cinderella expresses to the mice her distain in doing the chores that her step-family asks of her (with some of them being unpleasant, such as taking care of filthy barn animals or deep cleaning a filthy chimney) she does not express this to her step-family. Even though the tasks are not something she wants to do, and often make her life miserable, she chooses to not start conflict.

Throughout the movie, there are multiple instances of Cinderella meeting criterion seven (urgently seeking another close relationship when one ends). When her father dies, she clings to the relationship with her step-mother, even though her step-mother's actions can be seen as abusive. When she is not in the presence of her step-mother, she seeks out mice and birds as

companions so that she is not alone. Finally, Cinderella's relationship with her step-mother only ends when she has secured another close relationship (marriage to the Prince).

Cinderella also displays multiple risk factors for developing DPD. One risk factor is early childhood trauma (Disney, 2013). The narrator states in the beginning of the movie that Cinderella's father died, and the abuse of her step-mother started when she was young. The loss of a parent at a young age is classified as a traumatic experience and can lead to pediatric grief along with increased risk of developing psychiatric disorders (Cullen, 2018). Maltreatment (abuse) as a child is associated with negative self-views (Sachs-Ericsson et al., 2006). The risk for developing negative self-views is increased in children who experience verbal abuse rather than sexual or physical abuse (Sachs-Ericsson et al., 2006). Negative self-views can lead an individual to believe they are unable to navigate through life successfully on their own (Disney, 2013). From the literature, it can be concluded that the trauma that Cinderella endured in her early life could have led Cinderella to more dependent on others throughout her life to the extent of developing DPD.

The early death of her father could have also played into another risk factor, insecure attachments (Disney, 2013). Cinderella's mother dying during childbirth left her with only her father to take care of her. It is implied that she had a happy childhood and a good connection with her father, but that ended due to her father's premature death. Her step-mother treated her as a servant rather than a child, so Cinderella never developed a secure attachment with a caregiver after the death of both her biological parents. Due to not having a secure attachment with a caregiver during childhood, Cinderella would have developed an attachment style classified as insecure. Existing literature suggests that insecure attachment styles are associated with internalizing behaviors (Madigan et al., 2013). Internalizing behaviors is characterized by the

individual acting in a way that directly causes harm to themselves instead of externally communicating with others. Cinderella shows characteristics of internalizing behaviors, as she acts friendly towards her step-family, instead of defending herself against ridicule, and agrees to do unpleasant tasks for them, instead of declining them. Her family dynamic, as well as the behaviors she portrays, are consistent with the conclusion that Cinderella does possess an insecure attachment style. While insecure attachments and DPD can be arguably separate constructs, they are related, and insecure attachments are often seen in individuals with DPD (Disney, 2013). Therefore, the insecure attachment style developed by Cinderella may have increased her risk of ultimately developing DPD.

Aurora

Aurora is born a Princess, but is cursed by an evil witch, Maleficent, as an infant to die on her sixteenth birthday from the prick of her finger on a spindle. One of the three Good Fairies bestows her the gift that she will not die when she pricks her finger but sleep until her true love kisses her. In an attempt to hide Aurora from Maleficent the three Good Fairies raise her without magic in a cottage in the woods. They call her Briar Rose and let no one know she is truly a Princess (including Aurora herself). Aurora dreams of a man and falls in love. When she meets the man in the forest on her sixteenth birthday, she is convinced it is true love and happily tells the Good Fairies about him. The Good Fairies tell Aurora that she is a Princess and already betrothed to a Prince, so she cannot marry the man from her dreams. Hearing this news, she falls into a deep depression and is tricked into pricking her finger on a spindle by Maleficent. With the curse in full affect, Aurora falls into a deep sleep. The Good Fairies use their magic to make the whole kingdom fall asleep until Aurora awakes. One Fairy learns that the man from Aurora's dream is the Prince she is betrothed to and rushes to find him. However, Maleficent finds him

first and imprisons him. The Good Fairies free him and give the Prince gifts so that he may save the Princess. The Prince is successful in waking her and they live happily ever after.

In modern culture, Aurora has been seen to have Kleine-Levin syndrome (KLS). Her character is so popular that this syndrome is often called “Sleeping Beauty Syndrome”. However, the reason for Aurora’s extended sleep does not stem from a syndrome, but rather a fantasy element. This element does not qualify as cause to diagnose her with KLS due to the assumptions of this study that fantasy elements are not considered abnormal. However, Aurora can be diagnosed using the DSM-V as having Major Depressive Disorder, single episode, moderate (See Appendix C).

Criterion A1 (depressed mood most of the day) is seen throughout the scenes following when Aurora discovers she is betrothed to a Prince and cannot marry the man she sees in her dreams. During these scenes, Aurora spends most of the time crying (in her bed and at the mirror where the Good Fairies present her with a crown), moves sluggishly, and takes little interest in the things going on around her.

The lack of interest in things happening around her, as well as her lack of pleasure in gifts (the crown) she receives meet criterion A2. This criterion is further met because it had already been established in previous scenes how Aurora reacts to receiving gifts from the Good Fairies. Previously, when Aurora received a dress, she reacted with excitement and happiness. It can be then classified as markedly diminished pleasure that when she receives the crown from the Good Fairies, she finds no joy in it and instead lays her head on her vanity and cries.

Criteria A5 and A6 are observed by Aurora’s movements during the scene where she receives the gift of the crown and then ultimately pricks her finger on the spindle. During this scene, every time Aurora walks, she is seen to have fatigue. She moves slowly and, in some

cases, closes her eyes and allows herself to be guided to wherever she needs to go. She also shows psychomotor agitation as she is slow to react to her environment around her, specifically when Maleficent creates a green light to lead her to a spindle. When the light appears, Aurora sits up abnormally slow and stares at the orb for a long while before getting up and slowly following it. Compared to her normal walking speed and reaction time seen in the earlier half of the movie, these movements are uncharacteristic for her and markedly slower than usual.

Her movements in these scenes also show signs of meeting criterion A4, insomnia or hypersomnia (abnormal sleeping patterns). While the viewers do not see her sleeping pattern, the way in which Aurora moves shows that there is some disturbance in her sleep. She is animated to look abnormally tired (considering it is the middle of the day and everyone else around her looks fully rested, indicating that the circumstances in which the characters are in is not preventing them from obtaining an adequate amount of sleep). Being abnormally tired is a sign of both insomnia and hypersomnia. Based on this, is it reasonable to assume that there is some disturbance in her sleep cycle that causes her to meet criterion A4.

Criteria A specifies that the symptoms have been present during a two-week period and represent a change from previous functioning. Due to the nature of Disney movies having a condensed timeline (major events happening in succession faster than they would occur in real life or jumping from major event to major event without the showing of the time in between the two events), it is hard to create an accurate timeline of symptoms and events. Because of the nature and severity of the depression observed, the criterion of two weeks is considered met. The changes seen in Aurora's mood meet the second part of the criteria (representing a change from previous functioning) as well.

During the first half of the movie, Aurora is often seen happily walking through the woods, singing, and engaging in a positive manner with the animals and Good Fairies. This is distinct difference compared to her behavior during her depression, where she is sluggish and fails to positively engage with people around her. Criteria B is met because these changes cause clinically significant distress in social functioning. Aurora finds herself unable to communicate with the Good Fairies, and only cries when she is upset instead of expressing her feelings through words, something she had not struggled with prior.

She also meets criteria C and D because this episode is not caused by a substance, other medical condition, or is better explained by a disorder on the schizophrenia spectrum or psychotic disorder. She meets criteria E because there is no evidence of a manic or hypomanic episode.

Aurora is diagnosed with a single episode because her symptoms only occur during one continual period. While her symptoms significantly impair her functioning, they are not severe enough to be considered unmanageable. She is still able to do some tasks, such as walking, but requires help to do so. Thus, the symptoms present can be best described as moderate severity. Aurora does not meet the diagnostic requirements for other specifiers.

The development of MDD varies from individual to individual, but Aurora does meet certain factors that have been shown to significantly increase the risk of developing the disorder. The risk factors she displays aid in understanding the diagnosis of MDD as opposed to a different disorder. One risk factor shown to contribute to developing depression symptoms is social disconnectedness (Santini et al., 2020). Social disconnectedness is when an individual experiences diminished social interactions with others (Cornwell & Waite, 2009). From her birth, Aurora is kept hidden away in a cottage where her only social interactions are with the

three Good Fairies and the forest animals that live nearby. It is referenced throughout the movie that no one apart from the Fairies know of her location, so it can be assumed that until the end of the movie, Aurora had never met anyone else. The lack of social interactions in her day to day life causes her to have social disconnectedness, and therefore increases her risk for depressive disorders.

Not only has it been shown that social disconnectedness increases risk for depressive disorders, but it is also known that isolation stress is a major risk factor as well (Han et al., 2018). Isolation stress can occur in individuals that are physically separated from others. Isolation stress research on mice has shown that molecular mechanisms resulting from isolation induce depression-related behaviors (Han et al., 2018). Mice are commonly used in research because their molecular mechanisms function very similar to humans. Because of their similar genome, reactions seen in mice tend to mimic the reactions seen in humans. Therefore, the results of this study can be used as a basis for humans as well. Han et al. (2018) concluded that long-term isolation results in a down regulation of oxytocin receptor (OXTR) mRNA transcription and diminished oxytocin (OXT)-induced inhibitory synaptic transmission in the intracameral amygdala (CeA). The results indicate that isolation induces depressive behaviors because of the decreased OXTRs and diminished OXT transmission (Han et al., 2018). Because Aurora is physically isolated from the rest of the world, she would have a similar molecular physiology shown in the study. Her decreased OXTR and diminished OXT transmission could have induced her to develop MDD.

Anna & Elsa

Frozen (2013) breaks the traditional Princess mold in that it features two Disney Princesses: Elsa, (who has the power to create and control snow and ice) is about to inherit the

throne of Arendelle, and Anna, her overzealous younger sister. The movie begins with Anna and Elsa as children. While playing one night, Anna has a near death experience due to her sister's powers. After this instance, Elsa is confined to her room as both her parents and she herself are scared of her abilities. The castle is closed off to outsiders, and Anna and Elsa grow up without each other. Their parents, the King and Queen of Arendelle, are killed in a storm, leaving Elsa to inherit the throne. At the royal coronation, the sisters meet each other for the first time since their childhood, and Anna agrees to marry a man she just met but believes she loves. During the event, Elsa becomes frustrated with Anna's marriage proposal and sends Arendelle into a frozen winter before she flees the castle. Determined to find her sister, Anna sets off after her. Anna eventually brings her home, encounters another near death experience with her new fiancé, but the pair of sisters are able to solve their respective situations and set Arendelle up to be the kingdom they always dreamed it would be.

Anna can be diagnosed as having Attention-Deficient/Hyperactivity Disorder (AD/HD) using the DSM-V (See Appendix D). Anna's symptoms are seen both in her childhood and her adult life. Much of the movie occurs when Anna has turned 18, but the viewers see a glimpse of her as a child in the beginning. As a child, she shows signs of hyperactivity. Anna is constantly unable to sleep and acts as if "she is being driven by a motor" and is constantly on the go looking for things to hold her attention. She climbs on all of her sister's magic creations and talks quickly and excessively when engaging in conversations. During the montage of scenes in which Anna grows older, these symptoms are still present, showing that they have been there all her life (meeting the criterion that the symptoms have persisted for more than 6 months, as well as showing her meeting criterion B).

Anna often meets criterion A1(a) throughout the movie. She is constantly failing to pay attention to details causing her to often knock things over, or trip and bump into things or other people. An example of this is seen early in the movie when she is walking through a street that is not crowded with anything obstructing her view of the area in front of her, but still does not pay attention to what is happening around her and collides with Prince Hans' horse. She even admits in this scene she was not paying attention to where she was going.

Anna also has difficulty organizing tasks and activities (criterion A1(e)). While she did not ultimately end up marrying Prince Hans, when speaking of their wedding to Elsa, she quickly jumps from one topic to another, without thinking of actual plans (she just lists ideas haphazardly without staying on one topic for more than a couple sentences). Anna meets criterion A1(b) during this conversation, among others, as she has difficulty staying on task and jumps from one topic to other.

When she is not only easily distracted during conversation, but easily distracted by external stimuli as well (criterion A2(h)). During the coronation day, Anna is seen running around outside, distracted by all the decorations and people, instead of being inside the castle preparing. Anna also seems forgetful in her daily activities. She is easily distracted by the events around her and forgets important things she is supposed to be doing. While running around outside the castle, she forgets that she is supposed to be at her sister's coronation (even though she was awoken that morning and specifically told to get ready for it), and only remembers until she hears the bells announcing the beginning of it. Anna is seen rushing in late to the event, as she was not even in the castle prepared.

While AD/HD can be diagnosed with either attention deficient or hyperactivity symptoms, Anna shows both of these. Throughout the movie, she meets criterion A2(a) because

she is constantly fidgeting while moving around. Her hands continuously move, and she walks very fast, like she is unable to stand still. Her movements also meet criteria A2(c) and A2(e) because she is often running about when inappropriate (she still runs around even though she knows that the environment is slippery due to ice or snow) and seems uncomfortable with standing still. She acts as if she is constantly "on the go" and as if she is "driven by a motor" because she continuously moves, even when others around her are staying still, and shows no signs that these movements are making her tired or fatigued.

Anna also talks excessively (criterion A2(f)). Even when Anna meets people for the first time, she feels the need to keep talking. An example in the movie is when she meets Prince Hans for the first time (after their previously described collision). Although she does not know this man, she cannot stop herself from talking, and even says things that embarrass her, such as that she finds him attractive. Throughout this scene, as well as others, criterion A1(i) is met, as she has difficulty not speaking and interrupts others while they are talking.

The symptoms of AD/HD are shown to be present in multiple settings throughout the movie (criterion C). Anna displays these behaviors not only at home, within the castle as a child, but during her duties as a Princess. During events she must attend as a Princess, she is seen to be hyperactive and inattentive to details. While trying to find Elsa after she ran off during the coronation, these symptoms are also seen. There is evidence that these symptoms interfere with her social functioning (criterion D). Anna continuously talks in social situations, which is noticed by others. When meeting Kristoff for the first time, he has to tell her to "hold on" while talking to her to keep up with her. She continuously talks, even when Kristoff tries to shush her, when being chased by wolves. Anna is only able to stop talking when Kristoff physically puts his hand

on her mouth. Anna also meets the last criteria, Criterion E, as these symptoms are not caused by her having another disorder.

Anna is also socially isolated throughout the movie. After her near death experience in early childhood, the castle was closed off to the outside world and it is indicated that Anna never grew up with children her own age, and only regularly saw her parents and staff of the castle. Social isolation has been shown to elicit stress responses consistent with behaviors present in individuals with AD/HD, specifically hyperactive behaviors (Ouchi et al., 2013). The social isolation Anna experienced growing up could have aided in developing AD/HD.

Anna's sister, Elsa, can also be diagnosed with a disorder according to the DSM-V. Elsa shows behaviors meeting the criteria for Avoidant Personality Disorder (See Appendix E). From an early age, Elsa is told that her powers are dangerous and need to be hidden. She is afraid that she will hurt the people around her, which causes her to believe that she is inadequate to be herself. Criterion 1 is shown throughout the beginning of the movie, as she is constantly locked in her room, not out in the castle attending to her duties as a Princess. Her lack of Princess duties is shown to be noticeable to other characters by Anna trying to communicate with her through the door by saying "people have been asking where you've been" (Buck & Lee, 2013, 10:46).

Elsa has a fear of not being liked due to her powers and is only willing to interact with her parents for most of her life because she is certain that that they are accepting of her. These early scenes show that she meets criterion 2. Criterion 3 is met during multiple scenes where Elsa shows restraint in close relationships because she fears she will be shamed and ridiculed because of her true self. When her parents visit her, she is ashamed of the ice she creates on the wall, which causes her distress, and she refuses to let her parents come near her. These feelings of inadequacy and shame preoccupy her mind (criterion 4). Elsa often sings of how she needs to

hide herself and her fears of other people. It is shown through her number of songs in multiple scenes that this is something that constantly plagues her mind.

Not only do these feelings appear when she is alone, but they also negatively impact how she functions in interpersonal situations. When Elsa is coronated as Queen, she feels inadequate in her social and dance skills. This causes her to stay by herself and not engage in with the guests for much of the beginning of the coronation, even though she is supposed to be the main focus of the event. Elsa's refusal to engage with many people at this event show inhibition when she is in new interpersonal situations (criterion 5).

While Avoidant Personality Disorder (AVPD) has not heavily been researched, a study conducted by Rettew et al. (2003) concluded that early manifestations of the disorder are present during childhood. These findings are consistent with the diagnosis of Elsa, as she does show early manifestations of AVPD. After nearly causing the death of her sister, Elsa is locked away in her room. She avoids the problems her powers cause and chooses to avoid others as she is afraid of what they would think of her. Elsa's childhood interactions show the viewer that the avoidance displayed during adulthood is not just a response to the current situation, but a product of a disorder she chronically has.

Discussion

Implications

It has been shown in prior studies that children are affected by the television media that they consume (Thakkar et al., 2006). The Social Learning Theory describes that children learn through mimicking behaviors. This mimicry is not limited to only real life interactions but extends to any behavior the individual witnesses in the media as well. While children begin to develop a sense of distinction between reality and fantasy around the ages 3 to 5, this

understanding does not extend to the reality of fantasy characters (Sharon & Woolley, 2004). Sharon and Woolly (2004) explain that while children may be able to distinguish between fantasy and reality elements, children still tend to believe that characters are real people. For example, a child may be able to understand that animals cannot talk, but still believe that Snow White is a real person.

While viewing mental illness behavior has not currently been heavily studied, viewing aggressive behaviors has. Viewing violence on television as a child is positively correlated with displaying aggressive behaviors as an adult (Huesmann et al., 2003). Viewing aggression creates responses in the brain, specifically in the limbic system. The behavior is viewed by the eyes, where it is sent via neural impulses to the occipital lobe for the brain to interpret. The response is then generated in the limbic system, a group of interconnected structures found deep within the brain. The same process is true for when people view non-violent abnormal behaviors. Thus, the effects of viewing abnormal behaviors, or mental illnesses, can be expected to generate behavioral effects. This suggests that children who are repeatedly shown mental illness behaviors are more likely to think they are normal, use them as a way to problem solve, and engage in them themselves. The effects generated from the limbic system response are much the same as the ones developed from the SLT. However, this reasoning explains that children might not have to mimic the behavior, but only see it to produce the same effects.

Some of the most popular characters that children watch are Disney Princesses. Even though they may be able to realize some of the events that take place are fantasy, based on the research by Sharon and Woolly (2004), children likely believe that the Princesses themselves are real people. Therefore, when a child is watching the Disney Princesses on the screen, they are watching what they think people are supposed to act like. Based on the SLT and limbic system

responses, children will then start to act like that Princess, developing their habits, both good and bad.

When children watch Princesses like Snow White and Elsa, they may learn that running away from their problems is the best solution. Both Snow White and Elsa chose to run away from their kingdom when they faced traumatic events, instead of using positive coping mechanisms or working with others to solve the problem. With Snow White, children may learn that in possible violent situations they should run away from the individual abusing or threatening them (even a parental figure, like in the case of Snow White) instead of seeking help. Children may learn that instead of seeking help from other adults, that saying nothing and running away from society is the best option. This idea of running away does not imply only a physical distance. A lot of children have spaces within their home, like a playroom or something outside like a treehouse, where they can go to play with toys or escape from the rest of their family. Watching Snow White run away into the woods may correlate in the child's mind to that place within their home. Even though they are not physically getting away from society, they may isolate themselves socially in an attempt to make their problems better. This can be highly detrimental in children who are victims of abuse within their own homes. These children may be learning from Snow White that abuse from a parental figure is not something that they should tell someone else, instead run away. Not seeking help in on going traumatic situations can cause them to go on for a longer period of time because no one is stopping it. Not being able to cope properly with traumatic situations can cause the individual to develop Post-Traumatic Stress Disorder.

Elsa is also a Disney Princess who chooses to run away from her problems. Not only does Elsa do this once, but she also does this throughout her entire adolescence. Elsa is ashamed

of a part of her personality (her ability to control and produce snow/ice), so she hides away and avoids contact with anyone except her parents. Instead of learning to love themselves as they are, the Princess may teach children to be ashamed of aspects of themselves that other people label as bad or wrong. Furthermore, Elsa may teach children that they should also hide that aspect of them away from everyone else. Not only does Elsa suggest that children should be ashamed of what makes them different, but she may also teach children that they should avoid their problems instead of working to fix them. When Elsa freezes over her kingdom, she runs away into the frozen, abandoned mountains, instead of staying to fix the problem. This may teach children that if a situation happens that scares them, they should run away from it instead of working through it. Children learning to avoid problems at a young age can negatively impact them from the rest of their life. Instead of learning how to properly handle situations, they will grow up thinking that avoiding them is the best thing to do and continue to do this as adults. Adult situations tend to have more detrimental consequences than those in childhood. Therefore, if adults continue the behavior of avoiding problems, it may cause severe and/or permanent effects.

Cinderella may teach children to be overly dependent on everyone else in their life, regardless of whether or not they like what someone is doing to them. Children learning from Cinderella's story may cause them to be overly complacent with the situations that they are in because one day they will magically be rescued by someone else. Children think that they shouldn't speak up for themselves if their family is treating them in an abusive way because if they go along with everything that happens to them, they will be rewarded with someone finding them and "saving" them from their problems or situation. While Cinderella is a female character, DPD can happen in people who identify with any gender. This can be highly detrimental to

children's lives because they may not seek help for abusive situations within their home or learn how to be independent, functioning individuals.

Like Cinderella, Aurora also shows the need for a man to save her from her problems. Aurora may teach children that an appropriate response to not being able to romantically be with a person right after they initially meet or see them is to withdraw into themselves. Instead of seeking help to process her emotions from the Good Fairies, Aurora swings into a full depressive episode – all over someone she had never even spoken to. Children watching this may learn that an appropriate response to not immediately being loved by someone is to isolate themselves either physically, emotionally, or both. While feeling depressed, or expressing emotions through crying, is not something that should be negatively stigmatized in children, the issue that Aurora presents is socializing children into thinking that this level of depressive response is normal for the given situation. Aurora may teach children that the appropriate way to deal with even minor situations is to have a full depressive episode. This can be detrimental for children because instead of learning how to deal with situations or work through their emotions, they think that they should isolate themselves within their room and not receive help for their sorrow.

Anna is a unique character in that she is the only Disney Princess that presents behaviors of AD/HD. While it can be beneficial for children with AD/HD to see good representations of their own disorders, Anna can be detrimental to a child's functioning if they believe that Anna's behaviors are ones that they should strive to display. Following Anna's example, children may attempt to say or do whatever comes to their mind instead of learning impulse control. Additionally, they may develop AD/HD behaviors by intentionally acting like Anna through playing pretend, or unintentionally by believing that Anna's behavior is a desirable way to behave. It can also make it harder for parents, teachers, or mental health professionals to identify

when children actually have AD/HD versus when they are playing pretend and acting like Anna. Overall, Anna may teach children that having AD/HD is desirable and lead them to act like her instead of learning impulse control at a young age.

All of the Princesses analyzed may influence children to act the way that they do. They may teach children ineffective ways of coping with problems or teach children that they should avoid dealing with abuse or violence within their family instead of alerting other adults. By mimicking the Princesses, children may ultimately develop these disorders themselves because they think they are normal ways of behaving or responding to situations.

Future Directions

With Disney Princess movies being highly popular among children, parents, caregivers, or teachers should have discussions with their children about negative behaviors the Princesses display. However, the parents or caregivers should make sure that they don't negatively stigmatize the mental illness being portrayed. Research has shown that if a child watches television programs that present a negative view on mental illness or are taught by parents to have negative views on mental illness, they are likely to adopt that view as their own (Wahl, 2002). Adults should be able to have conversations with children about the Princess' behaviors that are harmful to adopt, while encouraging positive coping mechanism or behaviors instead.

Despite the possible negative effects of viewing mental illness, prior studies suggest that positive portrayals of mental illness may actually be beneficial. If a character with a mental illness is portrayed accurately, it can open the door for parents, caregivers, teachers, psychologists/therapists, or anyone else the child may be close with to discuss mental illness with them. Being able to discuss mental illness at a young age can help destigmatize it and allow

individuals to have the knowledge early on about how to identify mental illness and seek treatment.

Overall, parents, caregivers, teachers, or mental health professionals should discuss mental illnesses with children to help them be able to learn positive coping mechanisms at an early age, and to be able to identify when they need to seek help for problems within their own lives. Because Disney Princess movies are so popular among children, and children tend to believe these characters actually exist, these movies might be the perfect opportunity for adults to broach this subject with children.

Limitations

This literature analysis was limited by multiple factors caused by the nature of movie adaptations. Movies do not show everything that happens within a character's life but tends to only show scenes that aid in progressing the plotline. For example, in *Sleeping Beauty* (1959) Aurora is shown as a baby when she is being cursed, but the movie jumps forward in time to when she is fifteen and excludes showing any of her childhood as it does not aid in progressing the plot. Because of this, behaviors consistent with the Princesses' personality may not be portrayed on the screen as they are not actively progressing the plot. This literature analysis relied on context clues and logical assumptions to fill in the gaps of missing time during the movies.

Movies also typically shorten the amount of time it would actually take for events to occur in real life. For example, in *Frozen* (2013), it takes Elsa only a matter of minutes to get to social isolation in the wilderness by foot, when in reality it would have taken several hours or days to go the distance she did. This acceleration of events limited the analysis of Princesses as certain disorders require a time factor for diagnosis. This literature analysis attempted to use

logical assumptions of the length of time it would take events to actually occur, and the length of time symptoms would normally be present to conclude whether or not the Princesses met any time factors outlined in the DSM-V for their respective diagnoses.

The diagnoses made were limited to only the first movie in each of the Princesses' stories. Four of the five Disney Princesses analyzed also appear in cannon sequels to continue their storylines (See **Table 1**). Non-cannon sequels were also excluded from this literature analysis. The exclusion of both canon and non-cannon sequels limited the amount of content available to be analyzed.

This literature analysis is also limited by only analyzing existing literature and providing rationale for potential effects. Future studies can extend this research by examining whether or not children are actually affected by viewing abnormal behaviors.

Conclusion

With how prominent Disney Princess media is for children, it is important to study its effects. While some effects have been previously studied, effects of mental illness have not been. This study concluded that all 5 Disney Princesses analyzed met criteria for diagnosis of a mental illness. While some representations of mental illnesses can be beneficial, parents, caregivers, teachers, and mental health professionals need to take potential negative effects into consideration. Using Disney Princess movies as a teaching example may help children learn about mental illness in a non-stigmatizing way and teach positive coping mechanisms or behaviors.

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Appendix

A

Post-Traumatic Stress Disorder (PTSD). To be diagnosed with PTSD, the individual must meet all eight requirements defined by the DSM-V:

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
    1. Directly experiencing the traumatic event(s).
    2. Witnessing, in person, the event(s) as it occurred to others.
    3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
    4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).
       Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.
B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
    1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
       Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
    2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
       Note: In children, there may be frightening dreams without recognizable content.
    3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
       Note: In children, trauma-specific reenactment may occur in play.
    4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
    5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
    1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia, and not to other factors such as head injury, alcohol, or drugs).
    2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
    3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
    4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
    5. Markedly diminished interest or participation in significant activities.
    6. Feelings of detachment or estrangement from others.
    7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).
E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
    1. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
    2. Reckless or self-destructive behavior.
    3. Hypervigilance.
    4. Exaggerated startle response.
    5. Problems with concentration.
    6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).
F. Duration of the disturbance (Criteria B, C, D and E) is more than 1 month.
G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition).

B

Dependent Personality Disorder (DPD) is characterized by the DSM-V as:

[A]n indiscriminate tendency to rely on others, whereas separation anxiety disorder involves concern about the proximity and safety of main attachment figures.

To be diagnosed with DPD, a person must meet the following diagnostic criteria outlined in the DSM-V:

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others.
2. Needs others to assume responsibility for most major areas of his or her life.
3. Has difficulty expressing disagreement with others because of fear of loss of support or approval. (Note: Do not include realistic fears of retribution.)
4. Has difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy).
5. Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant.
6. Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself.
7. Urgently seeks another relationship as a source of care and support when a close relationship ends.
8. Is unrealistically preoccupied with fears of being left to take care of himself or herself.

C

Major Depressive Disorder (MDD) is diagnosed by the DSM-V by the following criteria:

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

   Note: Do not include symptoms that are clearly attributable to another medical condition.

   1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
   (**Note:** In children, consider failure to make expected weight gain.)
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation with- out a specific plan, or a suicide attempt or a specific plan for committing suicide.

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

Note: Criteria A–C represent a major depressive episode.
Note: Responses to a significant loss (e.g., bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode. Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered. This decision inevitably requires the exercise of clinical judgment based on the individual's history and the cultural norms for the expression of distress in the context of loss.

D. The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.
E. There has never been a manic episode or a hypomanic episode.

Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition.

The DSM-V also states that when diagnosing an individual with MDD, it should be recorded in the order Major Depressive Disorder, single OR recurrent episode, severity/psychotic/remission specifiers or as unspecified, additional specifiers. Recurrent episodes are defined as multiple separate episodes occurring with an interval of at least two consecutive months in between (during which the criteria to diagnose a major depressive episode is not met).

The severity/psychotic/remission specifiers are defined as:

Specify if:

In partial remission: Symptoms of the immediately previous major depressive episode are present, but full criteria are not met, or there is a period lasting less than 2 months without any significant symptoms of a major depressive episode following the end of such an episode.

In full remission: During the past 2 months, no significant signs or symptoms of the disturbance were present.

Specify current severity:

Severity is based on the number of criterion symptoms, the severity of those symptoms, and the degree of functional disability.

Mild: Few, if any, symptoms in excess of those required to make the diagnosis are present, the intensity of the symptoms is distressing but manageable, and the symptoms result in minor impairment in social or occupational functioning.

Moderate: The number of symptoms, intensity of symptoms, and/or functional impairment are between those specified for "mild" and "severe."

Severe: The number of symptoms is substantially in excess of that required to make the diagnosis, the intensity of the symptoms is seriously distressing and unmanageable, and the symptoms markedly interfere with social and occupational functioning.

With psychotic features: Delusions and/or hallucinations are present.

With mood-congruent psychotic features: The content of all delusions and hallucinations is consistent with the typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment.

With mood-incongruent psychotic features: The content of the delusions or hallucinations does not involve typical depressive themes

of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment, or the content is a mixture of mood-incongruent and mood-congruent themes.

The additional specifiers are defined as:

Specify:

With anxious distress
With mixed features
With melancholic features
With atypical features
With mood-congruent psychotic features
With mood-incongruent psychotic features
With catatonia
With peripartum onset
With seasonal pattern (recurrent episode only)

D

Attention Deficient/Hyperactivity Disorder (AD/HD) is diagnosed by the DSM-V based on the following criteria:

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. Inattention: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
   Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.
   a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
   b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
   c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
   d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).

e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
i. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

2. Hyperactivity and impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

   Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.

   a. Often fidgets with or taps hands or feet or squirms in seat.
   b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
   c. Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless.)
   d. Often unable to play or engage in leisure activities quietly.
   e. Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
   f. Often talks excessively.
   g. Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
   h. Often has difficulty waiting his or her turn (e.g., while waiting in line).
   i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for

adolescents and adults, may intrude into or take over what others are doing).

B. Several inattentive or hyperactive-impulsive symptoms were present prior to age12 years.
C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).
D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.
E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

E

Avoidant Personality Disorder (AVPD) is diagnosed by the DSM-V based on the following criteria:

A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. Avoids occupational activities that involve significant interpersonal contact because of fears of criticism, disapproval, or rejection.
2. Is unwilling to get involved with people unless certain of being liked.
3. Shows restraint within intimate relationships because of the fear of being shamed or ridiculed.
4. Is preoccupied with being criticized or rejected in social situations.
5. Is inhibited in new interpersonal situations because of feelings of inadequacy.
6. Views self as socially inept, personally unappealing, or inferior to others.
7. Is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing.

Tables

Table 1

Canon Disney Movies of Analyzed Princesses

Princess	First Movie (Animated)	Sequals (Animated)	Live Action Adaptations
Snow White	*Snow White and the Seven Dwarfs* (1939)		
Cinderella	*Cinderella* (1950)	*Cinderella II: Dreams Come True* (2002) *Cinderella III: A Twist in Time* (2007)	*Cinderella* (2015)
Aurora	*Sleeping Beauty* (1959)		*Maleficent* (2014) *Maleficent: Mistress of Evil* (2019)
Anna	*Frozen* (2013)	*Frozen Fever* (2015) [Animated Short] *Frozen II* (2019)	
Elsa	*Frozen* (2013)	*Frozen Fever* (2015) [Animated Short] *Frozen II (2019)*	