

To The Bone Analysis

Ellen is a 20-year-old female struggling with anorexia nervosa. She was in college, but had to come home due to the extent of her disorder. She has been in a few different treatment centers as well. She states a few times throughout the film that she doesn't partake in laxative use, bingeing, purging, or cutting, but it is apparent that she severely restricts calories and over exercises to the point of bruising on her back. Ellen is very underweight, afraid of gaining weight, and often obsesses over being able to wrap her hand around her arm. She stopped taking prescribed antidepressants because she feared gaining weight from them, fixates on how many calories are in each food item, as well as a general anxiety around eating. Her sister referred to her having "calorie Asperger's".

Besides food related abnormalities, Ellen appears sad, unmotivated, and closed off. There is talk of past trauma involving her family situation, but also an online occurrence—someone had committed suicide in response to Ellen's Tumblr drawings, which she feels responsible for. She does not have a good relationship with her parents, due to divorce and her mother's mental illness (bipolar

disorder). Her stepmother and half-sister are her primary support system and urges her to seek treatment. When Ellen opens up to her therapist, she says she feels as though she cannot stop her anorexia nor sees a point in living.

According to the DSM-5, it is apparent that Ellen meets the diagnostic criteria for anorexia nervosa. She is extremely underweight for her age and height, which is the first diagnostic criterion. This is shown by the reactions of everyone who weighs her, the visibility of her ribs, and the complications from her low body weight such as amenorrhea, lanugo, and sensitivity to cold. Ellen exhibits an intense fear of eating or gaining weight and brushes off the severity of her illness. There are moments where you can see the extremes Ellen goes to avoid gaining weight, such as sit ups in bed, walking around and/or very fast, and chewing and spitting out her food.

Ellen exhibits a warped sense of her low weight and does not appear to understand the severity of her anorexia nervosa. When she first meets with her new doctor, she tells him that she “feels healthy”, even after going over her complications from low body weight. She also tells him that she doesn’t need inpatient help. Later upon losing more weight, Ellen responds sarcastically to a nurse, “Oh, I’m scared straight” when

she warns Ellen that she is reaching a dangerously low weight. When they threaten to give Ellen a feeding tube, she leaves the treatment facility all together.

Using the diathesis-stress model, factors that may contribute to Ellen's anorexia nervosa could have to do with her complicated family history and traumatic online experience with suicide.

Ellen grew up in an unstable home and may turn to restrictive eating as a form of control. Her mother and father had a messy divorce when Ellen was young, which resulted in her mother moving to Arizona with a woman. Her step-mom refers to a time when they left Ellen with "bags packed on the street". Previous to the move, Ellen witnesses her mother's manic and depressive episodes of bipolar disorder. Her step-mom describes one as "watching her mother write her own bible on the walls", and later there is a scene where her mother refers to her depressive episodes as "transformative" to which Ellen responds, "that's not how you felt when happened", showing the impact it had on her. It is apparent that Ellen's father doesn't play a big role in her life, resulting in the only stable force in her life to be her step-mother and half-sister.

Her mother mentions postpartum depression, which could also have played a role in Ellen's relationships now. She would most likely

fall under an avoidant attachment pattern. It appears that when Ellen feels emotionally closed off or unstable, she restricts her eating more. It happens when Luke tries to express his feelings towards Ellen, pushing her down a path of rock bottom.

Ellen's family is both a risk and resilience factor. The instability of her childhood is a risk factor—her mom's post-partum depression, witnessing manic and depressive episodes, and the eventual divorce and move of her mother. Ellen had no routine or stability in her life, and children need structure. Her dad doesn't seem to play a large part in her life either, as oftentimes she asks, "dad isn't coming, is he?". Another important risk factor is the young woman who killed herself because of Ellen's Tumblr drawings. This was both traumatic and unsettling for Ellen because she feels responsible for this person's death. It is apparent that the girl's parents also feel that Ellen is responsible because they contacted her about it. Carrying all of the guilt and sorrow with feeling responsible for someone's death could be a risk factor.

On the other hand, her step-mom and half-sister are a resilience factor because they do provide structure and stability. They provide the love and compassion that Ellen wasn't always shown growing up. Her step-mom constantly fights to get Ellen into treatment, stands up for her,

and looks out for her. Another resilience factor is the treatment center she goes to, where she builds friendships, falls in love with a boy, and learns to trust her therapist. Having such a vast support system that understands what you are going through is crucial. Also, Ellen's art is a protective factor.

Maintenance factors of Ellen's anorexia nervosa may be depression, guilt over the suicide incident, and maladaptive coping mechanisms. For most of the film, Ellen has no interest in getting better. She has a difficult time seeing a reason for getting better, doesn't want to stop because she feels that she cannot stop, and to a point, doesn't care to live. When Luke expresses his love for her, she brings up the suicide, which could mean Ellen resists love and feels undeserving—maybe doesn't feel that she deserves to eat or be loved. In regard to not seeing a point in living or getting better, she asks her therapist what the point of life is, or why her life has been bad, to which he tells her that there is no answer to that. Ellen doesn't feel reassured, and thus has to find her own reason to live.

Based on the severity of Ellen's anorexia nervosa, depression, and past trauma, I would suggest that an inpatient treatment center with vigorous therapy and food-related counseling would be best. This is

because of her dangerously low weight, lack of menstruation, comorbid depression, and trauma. The treatment she receives in the film is probably the best course of action that she could have had because it allowed her to find the motivation to get better. Her doctor doesn't force patients to eat nor tells them why they should get better. She questions throughout the film what the point of getting better was but after hitting rock bottom she is able to find it on her own. Her doctor says later in the film that patients sometimes need to hit rock bottom so they can come to their own realization about their diagnosis.

As for therapy, family therapy is crucial to eating disorder treatment but due to the dysfunctional nature of Ellen's family, a combination of one on one therapy and family therapy with a couple family members at a time may work better for her. There are therapy scenes in the film but nothing in depth. Since her stepmom and half-sister are her primary support system, as well as who she lives with, they should play a large role. If Ellen decides that family based therapy is traumatic, stressful, or overall unhelpful, there is a study suggesting that cognitive behavioral therapy may be effective.

According to a study titled "Enhanced cognitive behaviour therapy for adolescents with anorexia nervosa: An alternative to family

therapy?” there is evidence showing cognitive behavioral therapy may be an effective alternative to family based therapy. In the study, two thirds of participants completed 40 sessions of cognitive behavioral therapy with substantial weight gain. The success rate regarding follow-ups showed most participants did not need additional therapy or treatment. Researchers found “Almost ninety percent (26/29, 89.7%) had minimal residual eating disorder psychopathology as defined above.” (Grave, Calugi, Doll Fairburn, 2012).

The portrayal of anorexia nervosa in *To The Bone* was accurately and meticulously done. At the beginning of the film there is a note to the audience saying, “The film was created by and with individuals who have struggled with eating disorders, and it includes realistic depictions that may be challenging for some viewers.” The Director, Marti Noxon, suffered from an eating disorder in her teenage years, even basing certain scenes on her own life. Also, Lily Collins (Ellen) lost 20 lbs. for the role, had suffered from an eating disorder in the past, and did her best to research and accurately portray anorexia. It shows the brutality of eating disorders and hitting rock bottom—not only through Ellen but through all of the housemates’ lives.

If I could put out one public service announcement at the end of the movie for families who watch where a child or adolescent has the same mental health problems as the character, I would want their main takeaway from this film and paper to be that there is a way to overcome anorexia nervosa. I think that *To The Bone* shows the brutality and warped mindset of those with anorexia, highlighting how difficult it is to overcome. It could be a way for families to understand what their family member is going through. When Ellen hits rock bottom, it showed the viewers that she really had to come to her own realizations. She had to decide that she wants to live and get better. She has to want to overcome her traumas and disabilities to open up to others.

References

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