

Analysis of Anorexia Nervosa Reflected in Marti Noxon's *To The Bone* (2017)

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Abstract

This study aims to analyze: (1) Anorexia Nervosa symptoms reflected in Marti Noxon's To the Bone (2017), (2) the mental condition of the main character who suffers from Anorexia Nervosa in Marti Noxon's To the Bone (2017). The study uses a qualitative method to analyze the film entitled To the Bone, directed by Marti Noxon, as the objective research. The collecting data of the research method includes watching, identifying, classifying, and selecting. The analyzing data of the research method involves displaying, explaining, and interpreting. The researcher analyzes the data by using Sigmund Freud's theory of Personality. The result of the study: (1) the representation of Anorexia Nervosa's symptoms in Marti Noxon's To the Bone (2017), including id-driven symptoms in Ellen, ego and defensive mechanism, and superego and moral pressure, (2) the mental condition of the main character who suffers from Anorexia Nervosa, including internal conflict between id, ego, and superego, identity crisis, and possibility of recovery.

Keywords: *anorexia nervosa, theory of personality, To the Bone*

Introduction

Eating Disorders (Eds) are associated with high rates of morbidity and mortality due to changes in eating habits, excessive concern, and a skewed perception of body weight. The three primary eating disorders identified by the Diagnostic and Statistical Manual of Mental Disorders are binge-eating disorder (BED), bulimia nervosa (BN), and anorexia nervosa (AN) (Donato et al., 2022). People who are afraid of getting fat, afraid to eat a lot, obsessed with having a thin body, and so on. This condition was called Anorexia Nervosa.

There is no single cause of Anorexia Nervosa, but a factor that influences AN is the interplay of biological, social, and psychological factors. Lubianti et al. (2020) indicated that people who suffer from Anorexia Nervosa can be separated into internal factors (stressed, lonely, and depressed) and external factors regarding family conflict.

Literary Review

Psychology of Literature

Psychology is the study of mental life, including its phenomena and conditions. The phenomena are known as feelings, desires, thoughts, reasonings, decisions, and so on; their diversity and complexity leave a chaotic perception on the observer (James, 1890). That means psychology focuses on how humans feel, think, and make decisions based on various internal and external factors.

By “psychology of literature”, we can mean the psychological analysis of the writer as a type and an individual, the analysis of the creative process, the analysis of the psychological types and laws found in literary works, or, lastly, the analysis of how literature affects its spectator (audience psychology) (Wellek & Warren, 1948). This indicates that the psychology of literature includes a wide range of explored aspects, such as analyzing the inner thoughts of the author or finding how the conditions of the characters in the story reflect particular psychological conditions.

Freud’s Theory of Personality

Freud perceived the conscious to be a limited element of personality, as only a small percentage of our thoughts, experiences, and memories are ever consciously accessible. He equated the mind to an iceberg. There are conscious, unconscious, and preconscious levels. Freud (1923) proposed a structural model with three parts. The *das Es*, or “it,” is the most primitive aspect of the mind, and it is almost always translated as “id.” The *das Ich*, or “I,” is the second division and is translated as “ego.” The *das Uber-Ich*, or “over-I,” is the final province and is translated as “superego.”

1. Id

All people are born with an id, which is a seething mass of purely selfish desires and impulses that are directed toward the instantaneous and total satisfaction of those desires. What Freud referred to as the pleasure principle is pushed by the id (Rennison, 2001).

2. Ego

Ego is the component of the id that has been altered by the direct influence of the outside world by the Pcpt.-Cs. Furthermore, the ego tries to replace the

pleasure principle that rules the id unrestrictedly with the reality principle to bring the external world's effect on the id and its tendency. In contrast to the id, which holds the passions, the ego stands for what is possibly referred to as reason and common sense (Freud, 1923).

3. Superego

In contrast to the id's pleasure principle and the ego's realistic principle, the superego is driven by a moralistic and idealistic principle and symbolizes the moral and ideal parts of personality. Like the ego, the superego lacks its energy and develops from it. But there is one significant way in which the superego is different from the ego: because it is disconnected from outer world, its intentions for perfection are unachievable (Feist & Feist, 2009).

Anorexia Nervosa

Anorexia Nervosa is characterized by abnormal eating, obsession with food, and significant weight and physical appearance concerns. Significant anguish, substantial impairment of functioning, or substantial risk or harm to health are the outcomes of the symptoms and behaviors. AN is linked to early mortality from suicide or medical issues, and it typically becomes apparent in teenagers or early adulthood (WHO, 2022).

Definition

Anorexia Nervosa (AN) is a food consumption disorder that causes extreme weight loss and can lead to serious psychosomatic issues (Iliadis et al., 2020). The main indicators of risk for developing health issues in Anorexia Nervosa are the extent of weight loss and the chronicity of the disease (Mehler & Brown, 2015). According to these perspectives, someone who experiences Anorexia Nervosa faces significant weight loss that may affect their physical condition, potentially impacting their mental and emotional health. This can also lead to the onset of other diseases, and if not treated rapidly, can worsen the individual's condition.

Cause

The etiology of Anorexia Nervosa involves biological, psychological, and social factors, as follows:

a. Biological Factors

One possible reason for AN could be an altered dopamine pathway, which specifically targets the dopamine and serotonin pathways. A study analyzed serotonin and dopamine metabolite levels in 16 patients with AN before and after weight regain. Low levels of serotonin and dopamine metabolites are significantly correlated with Anorexia Nervosa sufferers (Xiao, 2023).

b. Psychological Factors

Individuals often replace typical adolescent pursuits with a focus on eating and weight control. They may feel their bodies are controlled by their parents, and self-imposed starvation becomes a way to gain self-worth and esteem. Through extreme self-discipline, they try to develop autonomy and reduce feelings of personal failure (Iliadis et al., 2020).

c. Social Factors

Individuals with AN often reinforce their disordered behaviors through societal and cultural ideals that glorify thinness and emphasize physical appearance. Research also shows that many of these individuals have intense but dysfunctional relationships with their parents, and their eating disorder may serve as a way to shift focus away from parental conflict or a troubled marriage (Iliadis et al., 2020).

Symptom

According to Mayo Clinic (2024), there are two types of Anorexia Nervosa symptoms: physical and behavioral. Anorexia nervosa's physical and behavioral symptoms are related to the brain's response to malnutrition. Because everyone has a different definition of low body weight, it could be challenging to identify symptoms. Some anorexics may not appear particularly skinny. Additionally, people frequently conceal their eating patterns, health concerns, or thinness.

a. Physical symptoms

Anorexia Nervosa may appear physically as dehydration, low blood pressure, and irregular heartbeats. When an individual's body lacks a sufficient amount of water and other fluids to do its regular tasks, it gets dehydrated. You might have dry skin, and your fingers might appear blue. You might see a change in the hue of your skin, like yellowing.

b. Behavioral and emotional symptoms

Some individuals may limit themselves to only a few specific “safe” foods, typically those that are low in fat and calories. There can also be an excessive focus on eating “clean” or healthy, leading to the elimination of certain food groups without any medical advice. Eating habits may become very stiff, such as chewing food and then spitting it out. Additional behavioral and emotional symptoms consist of: fear of weight gain, focus on appearance, concern about being overweight, too much exercise, emotional changes, and trouble sleeping or insomnia.

Treatment for Anorexia Nervosa

Non-pharmacological interventions and pharmacological therapies are the two categories of AN interventions. The non-pharmacological intervention consists of: family therapy, family-based treatment, joint family therapy, behavioral family system therapy, cognitive-behavioral therapy, and specialist supportive clinical management (Clemente-Suárez et al., 2023).

Family-based therapy (FBT), or the Maudsley method, is the leading outpatient treatment for adolescent Anorexia Nervosa. It takes a neutral stance on the cause of AN and sees the family as key to recovery. Cognitive-behavioral therapy (CBT) was first utilized informally as a theoretical framework for comprehending AN after it emerged for depression (Muratore & Attia, 2021).

Systemic family therapy views the problem as rooted in relationships, interactions, and shared narratives, not in the individual. Although it does not specifically focus on eating patterns or weight, therapists address these issues by helping families use their strengths and resources to find solutions (Treasure et al., 2021). Psycho education serves as a helpful guide to help patients and their family comprehend the condition, how they may contribute to its persistence, and how to manage and guide treatment (Treasure & Schmidt, 2013).

According to (Muratore & Attia, 2021), pharmacological therapy that can be used for AN patients includes antidepressants and antipsychotic medications because the symptoms often associated with AN (such as depression and anxiety) are responsive to medications when present in the context of other disorders.

Research Method

The research method which is used in this research is qualitative research. Based on Braun & Clarke (2013) qualitative research is defined as using words as data that is collected and analyzed in a variety of ways. Both data collection and analysis methods, as well as a more comprehensive paradigm or framework for research, are referred to as qualitative research. The object in this research is the film *To the Bone* (2017) directed by Marti Noxon, that published in 2017. The film published sentences of subtitles, also focus on picture in the film. The types of data that are used are main data, which is collected from the dialogue's film. The method of collecting data in this research is by observation. The procedures are watching the movie, identifying the data from the scripts and subtitles, classifying the data, and selecting the data. After the data are collected, the next step is analyzing the data by following: Displaying the data, explaining the data, and interpreting the data.

Finding and Discussion

The research analyzes the issue in this chapter. The issue is about how symptoms are represented in the main character and how the mental condition of the main character, who suffers from Anorexia Nervosa represented in the film *To the Bone* (2017).

Representation of Symptoms in the Film of Marti Noxon's *To the Bone* (2017)

Id-Driven Symptoms in Ellen

Based on the summary of (Freud, 1923) the id exists in the subconscious and acts without regard for morality. The id never considers long-term effects and always acts on the pleasure principle. The id functions without acknowledging whether an action is right or wrong, good or bad. In patients with anorexia nervosa, id can trigger symptoms that lead them to develop the mental disorder. Scenes that show symptoms for individuals in the film *To the Bone* (2017) can be seen under this dialogue:

Lobo : Step on. Unless you wanna face the other way.

Ellen : No, I'm good. I didn't sew rocks in my panties, if you're worried.

Lobo : I'm not.

(Showing Ellen's spine, which looks prominent. Ellen smiled slightly after

knowing the result of her weight.)

Lobo : Step off.

Ellen : Wow, that's bad.

(*To the Bone*, 2017, 00:49:41-00:50:23)

Ellen was undergoing a routine check at Threshold. She said that she was not hiding rocks in her underwear because if she did, it would mean her body would gain weight using that cheating method. But Lobo said he was not worried about that. In this scene, Ellen's back is shown, and her back looks very thin because her bones are visibly protruding. When the scale showed her weight, Ellen smiled slightly, indicating she was quite satisfied because she was still thin. Ellen felt satisfied, but it was a temporary pleasure.

Ego and Defense Mechanism

According to (Freud, 1923) the ego takes into consideration facts and consequences to adhere to the principle of reality. In decision-making, the ego serves as a mediator between the id and the superego. The ego develops defense mechanisms to protect oneself when it is under strain from internal conflicts. The scene that illustrates ego and defense mechanisms in the film *To the Bone* (2017), as follows:

Ellen : 280 for the pork, 350 for the buttered noodles, 125 for the buttered beans, 150 for the roll, and 50—No, 75 for butter.

Kelly : You got it. All of it. Dang.

Ellen : Yes.

Kelly : Oh, my God. It's like you have calorie Asperger's.

(*To the Bone*, 2017, 00:04:08-00:04:26)

Ellen's counting calories is an ego behavior that is realistic because it is aimed at regulating the calories entering her body. However, in this context, this rational ego stems from an inner conflict regarding the choice of eating or not eating. The anorexic patient's fear of calories entering their body is a bad thing. Kelly said that Ellen seems to have calorie Asperger's because, in her eyes, Ellen is too excessive and she does not understand why Ellen can be like this.

Superego and Moral Pressure

Based on the summary of (Freud, 1923) a component of the personality called the superego is constructed from moral principles, societal norms, and conscience that are internalized from society and parents. Mental disorders can emerge as a result of external pressures. The following conversation illustrates the moral pressure in the film *To the Bone* (2017):

(During family therapy.)

Kelly : And all of my friends, they think that she's some kind of freak.
Like, a freak who killed a girl.

Dr. Bechkam : Because of the blog?

Ellen : Tumblr.

Kelly : Yeah, and that's bad enough, but now, people wanna be like her
and look like her and go through what she's going through.

Dr. Bechkam : Nobody died because of Ellen's artwork, okay?

(*To the Bone*, 2017, 00:38:40-00:38:58)

Kelly said that her friend's views of Ellen are like seeing her as a freak who killed a girl. That social pressure is what traumatized Ellen, even though it has not been proven true. They do not know the real reason why the girl committed suicide. It does not mean that if the girl saw Ellen's work posted on Tumblr, it caused her to decide to die. But accusations are indeed easy to spread. When one person says something like this, others will easily believe it without knowing the truth.

Dr. Beckham said that no one died because of Ellen's artwork. He is concerned that the accusation only makes Ellen more stressed when she hears it. Ideally, during therapy sessions, no one should discuss social pressures that could trigger the patient.

**Representation of the Mental Condition of the Main Character Who Suffers from Anorexia Nervosa in the Film of Marti Noxon's *To the Bone* (2017)
Internal Conflict between Id, Ego, and Superego**

Ellen is torn internally between the id's need to exert excessive control over her body, the superego's punitive pressure that makes her feel guilty, and the weak ego's failure to mediate between the two. Although she was conscious of the harm this imbalance produced, it kept her in a vicious cycle of self-torment. The following conversation illustrates the internal conflict between the id, the ego, and the superego in the film *To the Bone* (2017):

Dr. Bechkam : When was the last time you got period?

Ellen : God. Umm, it must have been...

Dr. Bechkam : A long time ago.

Ellen : I don't feel... that unhealthy, you know? If I wanna be thin, don't they say that that's better? I'll outlive the normies.

(*To the Bone*, 2017, 00:14:12-00:14:53)

The sentence, "I don't feel... that unhealthy, you know?" shows that Ellen's ego refuses to admit that she feels unhealthy. In reality, she is aware that she is

unhealthy and has an eating disorder. She needs help to recover. that sentence is just an excuse to make herself look fine.

"If I wanna be thin," Ellen does not feel that she wants to be thin, but the truth is that is what she wants. Her id pushes her to exercise excessively and avoid food. "Don't they say that that's better?" That sentence refers to social pressure that makes people think being thin is a good thing. The superego will judge if someone does not achieve the slimness target they want to achieve.

Identity Crisis

Ellen is going through an identity crisis since she no longer recognizes herself outside of anorexia. She believes her sickness has become an integral part of her identity. The name change to "Eli" reveals the difficulty in trying to find her identity outside of the eating problem and symbolizes her alienation from herself. The scene that shows identity crisis of Ellen in the film *To the Bone* (2017), as follows:

(Dr. Beckham suggested that Ellen change her name because it was too old-fashioned, and Ellen felt that she had never liked her name.)

Dr. Beckham : I was thinking "Ellie."

Ellen : Ooh...

Dr. Beckham : That's no good. How about... "Eli"?

(Ellen smiled and nodded.)

(*To the Bone*, 2017, 00:56:10-00:56:28)

Dr. Beckham suggested that Ellen change her name because it was too old-fashioned. Ellen never liked her name. Dr. Beckham proposed the name "Ellie," but it did not suit Ellen, then suggested the name "Eli." Ellen agreed and liked the name.

This name change has a specific purpose. This way can be a way to erase the past. The past here refers to "Ellen," who has trauma from her family, the death of a girl, and negative perceptions from people towards her. This attempt also shows that "Eli" is a new figure who is stronger than Ellen. However, this can make her lose direction due to an identity crisis. Ellen, who has not yet come to terms with her past, instead creates a new version of herself as "Eli" to have a new identity.

Possibility of Recovery

Ellen has a chance to heal since she demonstrates self-awareness and a desire to change, though the process is difficult. The scene that shows Ellen's possibility of recovery in the film *To the Bone* (2017), as follows:

(Ellen returned to Threshold accompanied by Susan and Kelly.)

Susan : You sure?

Ellen : Yeah.

Susan : Okay.

(*To the Bone*, 2017, 1:40:42-1:41:08)

Ellen returned to the threshold accompanied by Susan and Kelly. Her decision is a sign that her healthy ego is starting to recover, which indicates she has the desire to heal from her mental illness. The possibility of recovery will be greater if it comes from an individual's determination and a strong desire to heal.

Previously, Ellen entered Threshold because of Susan's insistence, who wanted Ellen to get better. Her emotions and mental state are not truly there because it is not from her true desire. The moment Judy fed Ellen was a turning point that encouraged Ellen to open her heart to truly heal. Ellen experienced her lowest point when she dreamed of seeing her emaciated body lying on the ground. Everything Ellen went through brought her to the ego awareness to return to a healthy mindset.

Conclusion

This research shows that the anorexia nervosa reflected in the film *To the Bone* (2017) indicates that the anorexia experienced by the main character has physical and behavioral symptoms. Physical symptoms experienced include extreme thinness, weakness and fatigue, dry skin and pale complexion, fine arm hair, and amenorrhea. Then the behavioral symptoms experienced are restrictive eating, obsessive calorie counting, too much exercise, social disengagement, and sarcasm. Furthermore, the complex inner conflict between the id, ego, and superego greatly influences the mental condition of the main character. In the main character, the Id dominates her thoughts and decision-making because most of her behavior comes from unconscious impulses without considering morality and reality. The ego is weak because it tries to balance the id and superego. She often uses defense mechanisms such as sarcasm and cynical humor to show that she is fine. The

superego is tormenting because it originates from external pressures. She feels guilty for the death of the girl who saw her art, feels stressed by her parents divorce, and feels unworthy of affection. Despite experiencing various inner conflicts and pressures, at the end of the film, the main character shows signs of possible recovery. Even if it is challenging, her chances of recovering are higher if she has the desire and reason to recover, along with solid familial support.

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