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The Anorexic's Anorexia: Depictions of Anorexia in Popular Culture

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Introduction

While eating disorders aren't a recent struggle, understanding what drives a person to develop this deadly mental illness is only now becoming something we are grasping an honest understanding of. Myths and misunderstandings of eating disorders persist, and how such misunderstandings continue to fuel fictional depictions in our culture is part of this study. Yet, despite these myths and misunderstandings, what we know for sure is that these illnesses hold terrifying statistics far more staggering than that of any other mental illness. There are at least 30 million people suffering from an eating disorder in this country alone, and one of those 30 million people die every 62 minutes (ED Statistics). Perhaps because of this relative neglect towards eating disorders, many myths and false narratives persist that further distort the actual disorder and lead to a more widespread misunderstanding. A commonly held myth is that eating disorders only affect young women, but 13% of women over the age of 50 have an eating disorder. It affects men, women, children, and teens and has the highest mortality rate out of any mental illness (ED Statistics), yet it is one of the most misunderstood, mistreated illnesses in this country. Breast cancer has statistics far less staggering than that of eating disorders, yet it is one of the most highly publicized illnesses in this country, with an entire month dedicated to prevention and awareness. Breast cancer affects about 3.1 million women in this country, developing in one of eight women. According to the Breast Cancer Organization, this year alone will show around 250,000 new cases of breast cancer, a number that has been decreasing since the year 2000 (U.S Breast Cancer Statistics). How are we more knowledgeable about an illness such as cancer, one our medicines cannot prevent nor cure completely, than we are about an illness that literally kills someone in our communities every single hour of the day? There are people in this country that are starving to death and it doesn't seem like we truly understand why.

This project takes a look at anorexia narratives from both the medical field and the humanities field, focusing on what each of them is doing for the illness now and what they can do for the illness in the future. I believe there is a problem with the way this illness is viewed and

treated, and the solution to this problem can be found by combining the humanities field and the medical field. Each field has its own understanding of what anorexia is, and with a combination of these views and understandings anorexia can be understood in a way that is both crucial and necessary for the most effective treatment of this illness. The anorexia we see today is highly misunderstood, and the sufferer is often viewed as the illness itself. This warped view of individuals who suffer from anorexia is what I believe to be the core issue with not properly treating sufferers.

Part 1 of this study presents a literature review of selected research on eating disorders, focusing on the most recent research while highlighting how the humanities and medical research need each other to complete a very incomplete image of anorexia. Since research on eating disorders encompasses many fields (such as medicine, psychology, and sociology), my literature review foregrounds the research of Richard A. O'Connor and Penny Van Esterik, primarily because their work is some of the most comprehensive in utilizing both the quantitative and qualitative research on eating disorders. Part 2 of this study addresses the question of whether narratives of eating disorders are effective, accurate, and compelling. Regardless of the genre, creative narratives of eating disorders should both reveal subjective or psychological portraits and help the audience better understand the disorder or context of the sufferer or sufferer's family. While the research conducted by both the humanities and medical fields is beneficial to better understanding anorexia, the creative portrayals can shine a light on something that even the best researchers cannot uncover—the anorexic's anorexia. This phrase is introduced by O'Connor and Esterik and is used often in this study. The goal of this thesis is to show the power behind personal narrative and to discuss an issue that has been silenced and misunderstood for far too long.

Part 1: Reviewing the Research

Countless psychologists and universities are spearheading new research programs to better understand eating disorders and what drives them. While they haven't fit the pieces of the puzzle together entirely, they believe they have discovered something that will change the way anorexia is viewed and treated. In an article written by Amanda Mascarelli, Johns Hopkins school of Medicine and Sanford University are both mentioned for their studies on eating disorders and genes, she writes, "researchers remain puzzled…[but] these same researchers are making headway in learning which signals go awry in the brains of people who suffer from eating disorders" (Mascarelli). According to her research, these universities believe that "some genes have been linked to a heightened risk of developing an eating disorder. But the illness may not emerge unless some mix of stresses and other factors also occurs" (Mascarelli). Essentially, these researchers are saying that anorexia is not merely a body-image issue, but actually a brain-to-body issue. These universities are using brain scans of anorexia sufferers to prove their findings. According to these brain scans, neurotransmitters that play roles in stress, mood, and appetite become unbalanced in the brains of those suffering from an eating disorder. Some of these neurotransmitters are the same ones that are believed to play a role in other mental illnesses such as depression and anxiety, illnesses that can be, and often are, associated with eating disorders. Researchers believe that an eating disorder can be developed as a coping mechanism for these other illnesses. Despite being used to cope with anxiety or depression, the comfort the eating disorder brings is only temporary, and it is not long before the original symptoms reoccur, creating a kind of cycle between the original illness and the "improper eating habits" that now go hand-in-hand with it (Mascarelli).

While this discovery has the power to change the perception and treatment of eating disorders, it comes with some questions that researchers and psychologists simply cannot answer. The biggest question surrounding these neurobiology studies is what comes first, the unbalance or

the malnutrition? An article published by the American Psychological Association says, "it can be difficult to know whether certain brain differences are the cause or the consequence of an eating disorder...most likely some pre-existing features of the brain put a person at risk for developing an eating disorder, while other changes develop in response to one's eating habits" (Weir). Guido Frank, a psychiatry professor at the University of Colorado Anschutz Medical Campus, talks further on this difficulty by saying, "Being severely malnourished can cause changes to the brain — many of which return to normal after a person begins eating again. Study results can vary dramatically depending on whether participants are actively restricting food, undergoing treatment or have recovered to a normal weight" (Weir). While the scans may differ, they still cannot prove whether a brain abnormality was present before the illness, as they cannot truly predict who will develop an eating disorder in their lifetime; however, they do draw attention to certain traits that may hint at this development before it takes place. Some of these traits are believed to be hereditary; if one family member has an eating disorder, they believe it is more likely that another family member will develop one as well (Weir).

Researchers have long believed that the temperament of an adolescent can hint at the possible development of an eating disorder later in their life—traits such as being anxious, obsessive, perfectionistic, and achievement-oriented. The trait most associated with anorexia that the brain scan studies show deals with the part of the brain referred to as the "reward system". Researchers state that brain circuits in this area of the brain in individuals who are suffering from an eating disorder are altered, or reversed, and are less active when one does something correct, or wins, and more active when they do something wrong, or lose. Essentially this means that certain activities that most people enjoy, like sitting down for a meal, are viewed differently in those with an eating disorder because of how their brain is wired, taking a once enjoyable meal-time and turning it into something to worry about or fear (Weir).

What makes this research truly groundbreaking is the simple fact that they are changing the perception of this particular mental illness. It has been popular belief that people with an

eating disorder choose to starve themselves through immense will-power and the desire for a thin, attractive body. These studies are showing that this is not, and has never been, the cause for anorexia. People are not starving themselves to death for vanity, but because their brains are malfunctioning.

As scientists have studied the altered "reward system" they have noticed other regions of the brain that appear to be faulty as well. Karin Foerde, a psychologist at NYU, has been studying the dorsal striatum in both anorexic women and healthy women as they decide what to eat. This section of the brain deals with habitual behavior and her studies of this region show that a malfunction here could be related to "maladaptive eating behaviors" (Weir). Another region of the brain that can be held responsible is known as the right insula. This region helps process taste and is also involved in interoception, or the ability to sense your own body signals. In the brains of individuals suffering from eating disorders this region of the brain malfunctions, resulting in skewed body signals. Nancy Zucker, professor of psychology and neuroscience at Duke University, studies these skewed signals, but has found that "most people only notice their bodies' clicks and rumbles when something's amiss, when their stomachs rumble with hunger or their hearts skip a beat..the theory is that they are hypersensitive to changing body sensations. The input from their physiology is constantly interfering with their ability to focus" (Weir). The belief is that restricting food intake is, once again, being used as a coping mechanism in regards to this malfunction. Zucker talks about how the body slows down in response to starvation, essentially muting this overactive noise coming from their bodies (Weir).

There are numerous universities and scientists working hard to better understand the formation of eating disorders, and these studies on the brain are answering many questions that have been left hanging in the air for decades. Understanding what causes anorexia is only the first step in a very long process, however. We now know the brain malfunctions, but then what? What can we do to treat this illness in sufferers? Medicine is used to treat individuals with depression and anxiety, will a new kind of medicine be proposed to treat eating disorders? As many answers

as we now have, there are still even more questions, and these answers do not simply solve the problem that is anorexia, just like a new medication won't simply cure someone of their eating disorder.

Richard A. O'Connor and Penny Van Esterik are not necessarily focused on what causes the illness, but how to properly treat it. In "De-medicalizing Anorexia: A New Cultural Brokering" they state that the biggest problem surrounding anorexia is that institutions are treating the wrong kind, focusing on what they believe it to be and not what it actually is for the anorexic. They state that physicians are focused on treating an illness, when they should instead be focused on treating the person with the illness, what O'Connor and Esterik call the anorexic's anorexia (O'Connor & Esterik 6). Essentially, there is a narrative of anorexia that only the individual suffering can properly tell, and this narrative gets overlooked when the patient and the illness are viewed as one, instead of as an individual suffering from anorexia. The anorexia is their own, and therefore a part of who they are, but it is not all that they are. According to O'Connor and Esterik, the anorexic's anorexia is what needs to be treated, not simply the anorexic. In their article they talk about how there is not enough research done to lead physicians down the best path for successfully treating anorexia, but they have some ideas on how we can all get there together, physicians and researchers alike. Their ideas revolve around changing the way medicine perceives the illness by adding in the work of other fields like humanities and anthropology (O'Connor & Esterik).

O'Connor and Esterik essentially believe that the root of the misunderstanding lies within cultural beliefs surrounding myths and false narratives. The common belief is that anorexia is "an 'in' disease among affluent adolescent and young adult women, its typical sufferer "intelligent, attractive, polite, demanding of herself" (Seaber 484). This misunderstanding paints an image of anorexia that is far worse than the real one. This one misunderstanding makes the anorexia-ignorant believe that the individual not only intentionally chose to do it to themselves, but they did it to fit in with their peers and be beautiful. Taking it even further, this belief encourages the

common myth that thin is the equivalence of beautiful and that starving yourself is how you attain that beauty.

One misunderstanding of an eating disorder has an entire culture believing false narratives and turning their backs on a serious illness or their sights on one. To treat the right anorexia we need to know the right anorexia, and this cannot be done without knowing the anorexic; the anorexic is currently buried under myths and misconceptions and cannot be helped or understood until those previously held beliefs are shed and only the truth remains, which is where researchers come into the equation. O'Connor and Esterik state, "Instead of adolescent girls literally dying for looks, we found youthful ascetics—male as well as female—obsessing over virtue, not beauty. Their restricted food intake was never just instrumental (the means to weight loss) but always so expressive or adventurous or even accidental…today's pathology is neither specifically religious, as anorexia once was, nor the performance of tradition, as monastic asceticism still is" (O'Connor & Esterik 6). While there are certainly individuals in this world who starve themselves for beauty and weight loss, the study done by these researchers shows that this is not the majority, nor is it the only possible explanation for the illness.

O'Connor and Esterik not only raise the question "how has health care moved so far away from the anorexic's anorexia?" but they provide an answer and a solution. They believe the divide was caused by two things, Cartesian dualism, which "divides mind from body and individual from society", and medicalization. These two issues are interconnected and negatively impact one another. The dualism effects "any realistic social and cultural understanding of [the] disease", which enables an isolation of the "sick and sickness from their surroundings", making biomedicine "complicate diseases like anorexia [by] obscuring their causes" (O'Connor & Esterik 7). They propose that research and medicalization meet in the middle to successfully treat anorexics.

The work being done by scientists is groundbreaking, but medicine is clearly not enough on its own to treat or properly diagnose the illness. On its own, medicalization "detracts from research" and "obscures the causes of anorexia", and research on its own is just as ineffective because, by trying to contextualize anorexia, they "demedicalize the syndrome" (O'Connor & Esterik 7). The Cartesian dualism creates a mind/body split that allows medical professionals to look at anorexia, simplistically, as the "mind's war on the body," when it needs to be seen through a "mind-with-body" lens, essentially erasing the Cartesian dualism completely. By changing the lens through which we see anorexia (mind-against-body to mind-with-body) we also change the way we treat anorexia. No longer can there be a divide between the individual and the society, as this allows for anorexics to be isolated as abnormal. Seeing anorexics in this light allows medicalization to take them out of "the environment that gives them social and moral reasons to restrict," which makes their actions "completely senseless" and invites "arbitrary psychological and biological guesswork" (O'Connor & Esterik 7). It is for those reasons that combining the humanities field with the medical field will give anorexics the best possible chance at recovering with treatment.

It is through research like that of O'Connor and Esterik that we can uncover the truths behind the illness, but the humanities field cannot treat anorexia without the medical field being a part of the equation. The medical field is already starting to embrace other fields of study when it comes to how they treat patients. An article written by Dr. Emma Seaber talks about the relatively new concept of narrative medicine, which is essentially listening to what your patients are saying about their illnesses and using that narrative to better understand their needs and treat them in the best way possible. She says in her article that while doctors are gaining more scientific expertise, they also need the "expertise to listen to their patients" and understand as best they can what their patients needs consist of so "they can act on their patients' behalf" (3). This expertise is one that has been lacking in the medical field and Seaber explains how doctors are now trying to rectify

the problem. She says, "teachers of literature, novelists, storytellers, and patients who have written about their illnesses have become collaborators at our medical centers in teaching health professionals the skills needed to listen to narratives of illness, to understand what they mean, to attain rich and accurate interpretations of these stories, and to grasp the plights of patients in all their complexity…only when the doctor understands to some extent what his or her patient goes through can medical care proceed with humility, trustworthiness, and respect" (3-4).

O'Connor and Esterik talk of a barrier between the anorexic and the anorexia and Seaber talks of a barrier between the doctor and their patient, which Seaber sees as "the price for a technologically sophisticated medicine" (6). She says this kind of medicine "seems to be impersonal, calculating treatment from revolving sets of specialists who, because they are consumed with the scientific elements in health care, seem divided from the ordinary human experiences that surround pain, suffering, and dying…doctors seem to operate at a remove from the immediacy of sick and dying patients, divided from sick people by deep differences in how they conceptualize illness, what they think causes it, how they choose to treat it, and how they respond emotionally to its process" (6). Seaber's argument about narrative medicine mirrors what O'Connor and Esterik are saying in their article—to properly treat the illness of an individual, one must understand that individual. What Seaber is essentially saying is that the doctors make all the decisions regarding the patient without taking into consideration what that patient is truly saying to them—it is what *they* think is causing an illness, what *they* think is the best way to treat an illness. The doctor does not fully understand the illness because they are not going through it nor do they truly know the individual they are treating. This divide has grown catastrophic when you put it into the context of anorexia. The doctors don't know what is causing it therefore they do not know how to treat it.

All of these misunderstandings surrounding the illness create barriers that people are not trying hard enough to break through. This lack of immediacy surrounding this issue is what

allows the myths and false narratives to continue circulation, letting them remain embedded in our society and our culture and leaving the suffering with no real place to go for the treatment they need and deserve. These articles are the core of this project. The later sections of anorexia portrayals and confessions are incomplete without the research, much like the treatment of this illness is incomplete without an understanding of the individual being treated. Combining the solutions proposed by O'Connor and Esterik with the narrative medicine approach discussed by Seaber is the best way to change and complete the narrative of anorexia. Looking at portrayals of anorexia alongside the real experiences of it will allow us to see if what we are being exposed to are more false narratives or just false portrayals of the real struggle anorexics face today. Many people question whether anorexia portrayals encourage change or influence participation, and this question can be easily answered by looking at the creative works and the young women who took part in those portrayals, young women who truly suffered this illness.

Part 2: Analysis of Anorexia Narratives

Despite societies overall misunderstanding of eating disorders, there are some individuals who are using their platforms to spread awareness about what anorexia truly is. Some of the most recent anorexia depictions are Hilary Mantel's short story "The Heart Fails Without Warning," Troian Bellisario's film *Feed,* and Marti Noxon's film *To the Bone.* These three works were chosen as the focus of this section because each of them address the same illness in completely different ways, showing precisely how complex anorexia truly is while also attempting to show what O'Connor and Esterik were talking about--the anorexic's anorexia.

To the Bone is a film that was released this past year on Netflix. The film follows a twenty-year-old woman named Ellen who has been suffering from anorexia for an undisclosed, yet substantial amount of time. Ellen's background with her illness is not truly made known to the viewers but the focus of the film is her family's desire to uncover what fuels her illness and make her well again, despite her reluctance to recover (*To the Bone*). *Feed* is a film that was also released this past year on the Internet. This film shows the development of anorexia in a high school girl named Olivia and follows her struggles with control, eating, and understanding who she is without her twin brother (*Feed).* First published in 2009, "The Heart Fails Without Warning" portrays a young, adolescent girl named Morna who is suffering from anorexia. The background, and most information regarding her illness, is not shown to the reader, and the focus of the story is an apparent rivalry between Morna and her younger sister Lola (Mantel). While each of these works approach the subject differently, they share two major commonalities: the dysfunctional family, and the sibling relationship.

The dysfunctional family is the most complex commonality in each of the three works. In *To the Bone* and "The Heart Fails Without Warning," the dysfunctional family is present from the very beginning of the anorexic's story, but the background as to which came first, the anorexic or the dysfunction, is unknown to the viewer. In these two particular works, the parents do not only

misunderstand the illness, they also misunderstand their daughters. This misunderstanding leads the family to misguided attempts at saving their daughters, seemingly making matters worse instead of better. In *To the Bone,* the family of Ellen is either forcing an unwanted recovery or ignoring her and the situation entirely because they have reached the conclusion they cannot save her and do not want to see her die (*To the Bone*). In "The Heart Fails Without Warning," the family of Morna does not understand what is wrong with her, so they try to force her into eating or choose to not discuss the issue, ultimately ignoring that their daughter is dying. The mother sneaks heavy cream into Morna's food so she will eat fat without knowing it while the father tells her that boys will not be interested in a girl who looks like she does. Each parent is doing what they believe is best to help her, but in the end they ultimately push her further into her illness (Mantel). The family dysfunction in *Feed* is unlike the others because Olivia's family is grieving the loss of her twin brother Matthew, appearing to cause the dysfunction and consuming them so entirely they are not aware of their daughter's struggles until the end of the film (*Feed*). While each work has a focus on varying family dysfunction, none of them can answer the question of whether or not the family plays an active role in the development or progression of anorexia, but they all highlight how the misunderstanding and misguided attempts of the family can make matters worse instead of better, which is what makes this particular topic so complex.

The most prominent focus in each of these works deals with the relationship between the anorexic and their sibling. In "The Heart Fails Without Warning," there is what appears to be a sibling rivalry between Morna and Lola. Lola has felt that Morna and her illness consume all the attention her parents have to give, leaving her wanting for a love she ultimately will not receive. The emotions that Lola feel seems to emphasize the rivalry between sisters, but actually shows their connection; a mirroring of emotions in the sisters that shows not only how Morna feels as an anorexic, but also that the only person who understands her and how she feels is Lola. This mirroring of emotions is emphasized towards the end of the story when Morna's illness begins taking her life. Lola hoards her own food to save for Morna because she feels Morna's

hollowness and cannot stand to eat without her, a complete contrast to the beginning of the story when Morna was seemingly at a healthier weight and Lola ate enough for the both of them (Mantel). In *To the Bone,* Ellen's half-sister Kelly is the only member of the family who sees Ellen as an individual and not as an illness. Kelly does her best to influence Ellen to get better and continuously tries to convince her that life is worth living, though sometimes she goes about this in a backwards way. When Susan tries to force food into her system, Kelly tries to get on Ellen's level of comfort and turns her calorie-counting obsession into a game. When her family seems to abandon her, Kelly is the only one who chooses to stand by her and give her the honesty she needs. Had Ellen been an only child, chances are she would have given up on life long before she had a chance to save herself, which fortunately does not happen in the film (*To the Bone*). In *Feed,* the sibling relationship is both a focal point of the film and a metaphor. Before Matthew dies, Olivia seems to be healthy and in control of her life. Once her twin passes away, however, Olivia begins a downward spiral. Although he dies in the beginning of the film, Matthew plays a pivotal role in this story as the voice in Olivia's head, telling her she cannot eat because he is starving and needs her food. Olivia both sees and hears her brother throughout the film, ultimately relinquishing control of her life to him. At the peak of her anorexia, Matthew convinces Olivia that she has nothing left to live for and should join him in death. Her failed attempt at suicide is what brings her to the point of recovery and it is at this part of the film that Olivia's therapist tells the her and the viewers that her brother was not with her, but was the voice that her anorexia chose. This film ends with Olivia seeing her brother while she is trying to eat lunch, and choosing to ignore her inner voice and eating anyways (*Feed*). This sibling relationship was used as a tool to show others a particular aspect of the illness, but each of the three works uses this relationship to speak about anorexia in a way that only an anorexic can while also delving into how the illness impacts more than just the individual suffering from it.

While each of these works captures and shares an anorexia we need to see, I believe that *To the Bone* holds the most lasting impact on its audience because of the truth and grit that

surrounded it from the beginning. This film was groundbreaking for a number of reasons, but two of the biggest reasons are Marti Noxon and Lily Collins. Noxon wrote this film with her own experiences of anorexia in mind. She believed that it was time to start the conversation and she wanted to have a voice in it. What furthered this personal aspect to the film was Collins' own experiences with anorexia, which made the character of Ellen even more real than she already was. There is a scene in the beginning of this film where Susan is forcing Ellen onto the scale, telling her that she cannot live there if she does not agree to regular weigh-ins. Ellen strips down and steps on the scale while Susan photographs what she looks like. She shows this image to Ellen and says, "do you see that? Do you see what you look like? Do you think that's beautiful?" (*To the* Bone). Collins said in an interview after the film was released that the actress playing Susan was not supposed to actually take a picture of her and since seeing it was unexpected, her reaction was genuine.

This genuine reaction is not the only moment in this film that truth and honesty are pushed to the forefront. The film opens up to Ellen sitting in a room surrounded by other young women, doing some sort of group therapy with art. One of the young women in the group is talking about how she feels about her anorexia and is essentially blaming society and the media for making her feel the way she does about food and her body. Ellen interrupts this young woman's stereotypical rant and mockingly tells her, "Society is to blame, the world is so unfair. I have to die. There is no point in blaming everybody. Live with it." Her rude interruption and apparent discounting of the young woman's feelings leads to her getting kicked out of the facility (*To the Bone*). While this scene may have seemed harsh and cruel to some viewers, Ellen was simply speaking the truth about the illness. The true harshness in this scene is that nobody wanted to hear the truth that Ellen shared—that anorexia is not merely a vanity crisis caused by cake commercials and supermodels—they were stuck in the misconceptions of anorexia and this lead to Ellen being completely disregarded and restricted from ever giving her opinion again in that

facility, essentially silencing the truth they were faced with regarding the illness and choosing to believe the myths instead.

Debunking myths, self-love, and acceptance are all pivotal themes in this film, and they are consistently apparent throughout. Ellen's underlying issue with herself is not something the audience is privy to for much of the film. There are times throughout the film where Kelly asks Ellen why she is the way she is, and Ellen never has a response for her. In the beginning of the film, I'm not sure that even she is aware of why she starves herself and exercises obsessively, it's just something she does. Everyone else in Ellen's life believes they know they why she suffers from anorexia and they tend to point the finger at everyone in her life except for her. Her newly lesbian mother, who is mostly absent for the entirety of the film, believes her absent father and neurotic stepmother are the reason behind her illness. Similarly, Susan believes that Ellen's mother is to blame. She claims that growing up with a bipolar mother took its toll on Ellen and she never learned how to express herself or her struggles in a healthy way. Instead of asking Ellen like Kelly does, these assumptions lead to both parties constantly bickering and even being banned from group therapy sessions (*To the Bone*). While they are busy blaming each other, they seem to forget that Ellen is the one who is choosing to restrict herself. Ellen is the one who is suffering. If anyone can be to blame, they need to look to Ellen and not each other. These scenes address yet another myth that surrounds the illness--that the family is the reason for the illness, that they have the power to save her. I mentioned above that delving into the family is a complex process; this is why. While the family does not make an individual starve themself—they do that—how they treat the illness and the person suffering from it does impact that illness. When someone gets sick or something bad happens to a child, many people want to focus blame on the parents. Parents have as much control in these situations as the anorexic does, and often that is almost nonexistent. This film puts a great effort in showing that the issue is not actually Ellen's family (though they certainly don't help) but her inability to accept and love herself.

This lack of fault on the family is shown in two major scenes in *To the Bone,* both of which take place at the very end of the film. Susan may suffocate Ellen on most occasions and not know how to act around her or treat her, but she is consistently the only parent in Ellen's life that advocates for her and places her in facility after facility. This constant seeking of treatment is something that Ellen resents from the very beginning of the film when she is seen in group therapy, mocking the young woman dying in vain. It is made clear that this is not the first facility that Ellen has entered into or been kicked out of, as she treats her eviction as a game she has won. The majority of the film focuses on Ellen in her new facility, which is actually an unconventional group home. There comes a time when Ellen chooses to leave the home because she is scared and hopeless after a young woman everyone was rooting for ends up in a bad situation. She runs off to her mother's home and it is here that she shows how, despite all her mother has done, she is not to blame. Ellen's mother defends her decision to leave the home and tells her, "If death is what you want, I accept it now. I love you. I just can't keep fighting you." While Ellen continues to run away from herself and her problems, her mother has finally decided to stop running with her. She then tells Ellen that while she may not be to blame for her anorexia, she was still a crappy mother. She asks her if she can feed her like a baby to make up for all the times she wasn't there for her when she was growing up. Ellen refuses this awkward proposal, but at the last minute decides that she wants that bond with her mother just as much as her mother wants that bond with her. After a day with her mother, Ellen finally decides to stop running too. She goes back to Susan and the group home, and before the film ends, Ellen is seen hugging and thanking Susan. While all the bonds are mended at the same time that Ellen finally decides to mend herself, these moments are not dependent upon the other. Ellen finally accepts who she is and decides to save herself, and in doing so she accepts her family and her surroundings as well. They may not have caused her illness, but they definitely could have helped fuel it, and when Ellen decides to stop fighting herself, she decides to stop fighting them and their love for her as well (*To the Bone*).

Ellen's family has some pivotal moments when it comes to her self-acceptance, but the character that impacts her the most is her unconventional new therapist, Dr. Beckham. From the first moment both Ellen and the audience meet Dr. Beckham, it is pretty clear that he is not your ordinary therapist. He chooses to focus on the patient and what they feel and think, he does not care about the food or how his patients feel about it; he knows the issue isn't the food, but something deeper. Before he will admit a new patient, Dr. Beckham must first meet with them, exam them, and give them a rundown of his rules. His physical exam of Ellen is brutally honest, as are his rules. He analyzes certain bruises on her body and Ellen, used to lying about her illness, tells him, "I don't feel that unhealthy. If I want to be thin, dont they say that that's better? I'll outlive the normies." Dr. Beckham, now inspecting her arms and wrists, holds up her overly-hairy arm and responds:

> Do you like this? The furry. Lanugo. Your body is trying to keep you warm by making more hair, but you know that, right? I talk to kids like you all day every day, so I know that, as a rule, you are full of shit. You're not thin. You scare people. I'm guessing you like that. But the way that you're going, one day you wont wake up. I'm not going to treat you if you aren't interested in living. If im going to help you, you have to agree to a few things. No talk about food, I'm not interested. It's boring and not very helpful. And your parents can't talk about it either. You're on your own (*To the Bone*).

Ellen appears to be taken aback by his honesty and his rules, and it is made clear that Dr. Beckham is approaching her treatment unlike any of the other doctors she has had before. His unconventional techniques are undoubtedly what is responsible for Ellen getting to where she does. Like the techniques mentioned by O'Connor and Esterik, Dr. Beckham combines personal narrative with medicine, and in the case of Ellen, it results in her life being saved. Not only does Dr. Beckham choose unconventional methods, but so do all of his staff members. In her first group therapy session with the other members of the house, the therapist tells the group, "It's not about thin enough, right? There is no thin enough, it doesn't exist. What you crave is the numbing

of the thing that you don't want to feel." She goes on to compare eating disorders to any other addiction, telling the group that the exercising is like the addiction while the starving is the high. These doctors view the illness and the patients differently than every other person they encounter in this film. They believe the issue lies within the individual and they try to show them that they are not their illness. Ellen's parents are bickering back and forth about what has caused her illness and one of them makes a remark about how they cannot handle her anymore. She responds to this by saying, "I'm sorry..that I'm not a person anymore, I'm a problem." Ellen struggles with separating herself from her anorexia because no one else has been able to do that. Accepting herself as a person who suffers from anorexia, instead of only ever being considered an anorexic, is something Dr. Beckham and his staff try to lead her towards (*To the Bone*).

Towards the end of the film, where it seems as though this method of treatment is actually not a beneficial way to treat the illness. Another young woman in the house suffering from anorexia got pregnant the one time she was healthy enough to have her period. She tries, with the support of the house, to stay healthy enough to have her baby. She makes it out of the first trimester and everyone celebrates by throwing her a baby shower. Not long after the shower, the young woman wakes up covered in blood, seemingly having a miscarriage. Her loss leads to her leaving the home and everyone feels the loss of both the young woman and her unborn child. It is through this loss, a loss no one expected, that Ellen loses her hope in recovery. She witnessed a young woman try as hard as she possibly could to be healthy and still end up losing everything in the end. Dr. Beckham notices Ellen's retreat back into herself and this hopelessness reaches its peak in a therapy session. Ellen wants reassurance that life will eventually be easy, and Dr. Beckham, true to form, delivers nothing but the brutal honesty she needs to hear. "I can't reassure you. This idea that you have that there is a way to be safe, its childish and cowardly. It stops you from experiencing anything, including anything good." "You don't think I feel bad enough already," asks Ellen, "I know I'm messed up, but you're supposed to teach me how not to be." Dr. Beckham gets fed up with Ellen's refusal to accept her reality and tells her, "You know how. Stop

waiting for life to be easy. Stop hoping for somebody to save you. You don't need another person lying to you. Things don't all add up. But you are resilient. Face hard facts and you can have an incredible life." It is after this session that Ellen decides to leave the home. She no longer feels that Dr. Beckham has anything to offer her if he can't offer her an easy solution. Her family gets worried that she just takes off, but Dr. Beckham assures them that Ellen needs to reach bottom before she can be saved. Like with the rest of the film, Dr. Beckham ends up being right, and Ellen finds herself at bottom when she takes off to visit her mother (*To the Bone*). The doubt viewers may feel about her treatment gets resolved in the end, and though her struggles are not over, the film ends on a hopeful note.

Ellen's journey is difficult, and it's difficult to watch her struggle through it, but her journey is honest and genuine and it's the perfect depiction of the anorexic's anorexia. The story is Ellen and her own personal narrative, and the truth that Collins brings to the character is what makes this film even more startlingly honest. Collins published a memoir recently in which she talks about her illness and her feelings towards this film. Much of what she writes in her memoir is mirrored in the film and in Ellen, providing further proof that the film depicts the real thing as best as anything possibly could. Chapter five of her memoir is titled "My Battle for Perfection" and goes into depth about how her illness started and how it impacted her life. This chapter sounds very familiar when you compare it to Ellen's story. Collins talks about her obsessive exercising, saying she would experience anxiety attacks if she had to go a day without exercising, even going so far as calling it "a form of self-medication" (Collins 43). Collins says that everyone needs food to survive, but it is the relationship you have with food that defines everyone's differences. She talks about how, growing up, she loved to eat and try new foods, but as her illness progressed she was afraid to eat food at all, believing that if she tried one thing she would lose control and eat too much (Collins). This is an exact fear that is mirrored with Ellen, with the character asking another home member "I feel panicky. Like the world is just going to fall apart. Aren't you afraid you won't be able to stop?" (*To the Bone*). One of the biggest similarities

between Collins' memoir *Unfiltered* and her character in *To the Bone* deals with that complicated familial aspect. Collins makes it clear that her family had nothing to do with her illness, even admitting that she knew she was doing something wrong and hurting herself, but that knowledge never made her want to stop. She has no trouble admitting that her problem was with herself, and not with her family or her upbringing, but this didn't stop her mother from taking it personally when she found out how sick Lily was. "Not surprisingly, she took it personally, as if she hadn't paid enough attention. But really, I had done such a good job of lying and hiding it. Hiding my pain. Hiding my ways of dealing with it. And hiding myself" (Collins 49). Also similar to the film, Lily takes it upon herself to debunk some myths. At the end of this chapter, she talks about her road to recovery and acceptance: No good came from lying, and skinny was not what I actually wanted. I wanted to feel in control of my insanely busy life, and I wanted to feel happy and content within my own skin. As soon as I realized that hiding would never bring me closer to those goals, I allowed myself to accept help and acknowledge that something was wrong" (Collins 50). Reading through Collins; memoir was just as difficult as it was to watch her struggle to recovery as Ellen in *To the Bone,* but both of those narratives show the world that anorexia is something completely different than what most people believe it to be. Noxon and Collins both used their platforms to start the conversation about anorexia, and not just any conversation, but the right one, the honest one. The real anorexia is not what is usually depicted in young adult novels, and there are numerous memoirs on the shelves that continue selling the misconceptions that society has long since believed, that everyone else is to blame, that food is the problem, that beauty is what they strive for. Looking at these four anorexia narratives—"The Heart Fails Without Warning," *Feed, To the Bone,* and *Unfiltered*—you can see the difference between the truth and the lies surrounding anorexia. If these four works can portray such an honest view of anorexia, then creative narratives have the power to further provide a much-needed change in the statistics surrounding this illness.

Coda

Writing this thesis was harder for me than I thought it would be. While it was occasionally difficult finding the time to research or sit down and start writing, that wasn't what challenged me the most. I suffered from an eating disorder for all of my teenage years and the first few years of my twenties. I had a really hard time convincing myself that I needed to let it go, and sometimes I'm not sure that its something that can ever be done. A lot of people have asked me about my experiences with bulimia and anorexia and I honestly never know how to tell that story. My narrative on eating is too intertwined with too many other narratives and I don't know how to tell any of those stories on their own, let alone all together. That was the same difficulty I faced with this project. I felt like there was so much to say and I didn't know how to say any of it. I'm not really convinced that I said it how I hoped I would, or that I even did this topic justice. Completing this project was hard on a personal level, but the physical process was challenging as well.

I went into this project with a lot of ideas and no real concrete plans. The picture I had of this was blurry at best. It hit me over the summer while I was watching *To the Bone* for the first time that I wanted to interview someone(s) with this illness. I had no idea who I would talk to or how I would even go about getting the permission to do so, but I knew without a doubt that I wanted an interview to be a part of this project. Later in the summer I discovered that a young woman I grew up going to church with was suffering from anorexia and had just recently been discharged from a rehabilitation facility. This was the first time I had heard that she was struggling with anything remotely serious, but she had apparently been struggling with anorexia since about the same time that I had started. I felt connected to her through this experience and in that moment I very much felt like this was meant to be, I needed to interview her. I did some digging and found out that the facility was not the first one she had gone to and she had not left any better than she had arrived. Her condition made me question whether or not this was a good idea and I put it on the backburner. Quite a few months later I started hearing about her again and

was told that her family had given up on her and she was seeking counseling as a last ditch effort for survival. The woman who was counseling her was a pastor and a friend of my mothers. This woman spoke of the young anorexic often with my mother and it was through this friendship that I approached the counselor and asked her if I could speak with her and possibly the young woman as well. I explained my project and what I would want to talk to each of them about and they seemed genuinely interested in being a part of it. After I got their okay I started the process of filling out the IRB papers and waiting for approval. During that time there were a number of truly awful circumstances falling on the young woman and I once again questioned whether or not this was the best idea. The counselor eventually stopped seeing the young woman and upon this occurrence she had told me that she didn't really think she could be helpful for my study. I reached out to the young woman to let her know that I thought her health was more important than my project and that she was not obligated to talk to me still. She responded to me rather quickly, despite being hospitalized at the time, and told me that she was completely committed to telling her story no matter what. Her family began a fundraiser to get her into a new facility and we were both fighting against the clock by the time she said she would start gathering her thoughts and piece her story together to send to me. Unfortunately we both ran out of time and this story was not something that ended up being a part of this project.

With the loss of her story I contemplated adding my own in its place. I came to the conclusion that it would take away from what I wanted to say about anorexia from an objective standpoint, and I didn't want to make this project about me. It feels a little incomplete without the third section I had intended it to have, but I tried my best to turn the second part into a combination of the two. I had a feeling something may hinder my plans with the young woman, so I went out and bought Lily Collins' memoir. She talks about her struggles with anorexia and she also mentions her work on the film *To the Bone* and how she felt about herself while she was playing that role. I thought that her personal narrative held just as much power and influence as

the young woman's would have, so I decided to focus most on that particular film and her as a person over the other two works that I studied.

This project was not what I had in mind for my honors thesis when I asked if I could do one. I tried really hard to come up with a topic that I thought fit into the English major. If it wasn't for Dr. Beebe and his interest in the medical humanities, I would have never known that so many of my own passions fit into this one major. This project would not have gotten this far if it had not been for Dr. Beebe and his encouragement and his interest in it. I don't think this is what it could have been, but I think it's a start in a much bigger conversation that needs to take place. I can only hope that by the time it does start that I will have my own story pieced together and someone can have a more complete picture of the one I tried to draw here.

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