

**Reading the trauma of eating disorders: Marya
Hornbacher's *Wasted: A Memoir of Anorexia and Bulimia*
(1997) and Elena and Claire Dunkle's *Elena Vanishing* (2015)**

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Abstract: This paper will look into two memoirs dealing with victims of anorexia nervosa and bulimia: Marya Hornbacher's *Wasted: A Memoir of Anorexia and Bulimia* (1997) and Elena and Claire Dunkle's *Elena Vanishing* (2015) in order to discuss the possibilities of reading narratives on serious mental health issues such as eating disorders. The main question it will ask has to do with how we read narratives on eating disorders and how many possibilities of reading exist in such a case. Some of the possible readings of such trauma narratives include: the symptomatic reading which embodies a reading effect that will in its turn emerge as symptom (Rooney, 2017: 127); the empathetic reading as a response founded in empathy which involves "intellectual interest, active imagination, emotional investment" and – crucially – "ethical engagement" (Assmann 2018: 216) or the implicated reading where the reader is a participant in a system that generates dispersed and unequal experiences of trauma and well-being simultaneously (Rothberg 2019: 12) In line with Rita Felski's insistence to redefine what we mean by reading with a "critical thinking" this paper will discuss how important it is to think critically when reading mental illness narratives. We will see that such

traumatic narratives require multifarious capacities of the reader, with the symptomatic reading always remaining at the core of the reader's experience.

Keywords: eating-disorder memoir, symptomatic, empathetic and implicated reader

Eating disorder memoirs

Although eating disorder memoirs were mostly published in the 1990s (Jenefer Shute *Life-Size*, 1992; Stephanie Grant *The Passion of Alice*, 1995; the Spice Girls Geri Halliwell *If Only*, 1999) we have seen a resurgence in interest, as the publishing market proves, in this type of memoir in the last ten years (Stephanie Elliot *Sad Perfect* 2017; J. J. Johnson *Believeraxic*, 2017; Stephanie Covington Armstrong *Not All Black Girls Know How to Eat*, 2017; Walt Gleeson *Quiet in the Corner*, 2020). Marya Hornbacher's *Wasted: A Memoir of Anorexia and Bulimia* belongs to the first category as it was published in 1997 and Elena and Claire Dunkle's *Elena Vanishing* was published in 2015. The logical explanation to the trend would be the increase that we see in eating disorders in young women all over the world. In Johns Hopkins Medicine Journal, Ellen McVay warns that, from 2018 and 2022 in the United States, health visits for eating disorders more than doubled for children under the age of 17¹. Though the important trigger for the increase in cases of eating disorders was the COVID pandemic, the fact that memoirs on eating disorders started being published before the pandemic, shows that discussions on this mental illness had entered the public arena even before COVID.

¹ <https://www.hopkinsmedicine.org/news/articles/2024/12/eating-disorders-among-kids-are-on-the-rise>

In the past five years, the Croatian media have also been talking about the increase of patients between the ages of 12 to 30, with 40,000 people registered in the healthcare system, while the number of people with eating disorders is most likely twice as high. Anorexia nervosa is also recognized as the deadliest of all mental health illnesses with 10 % of people dying within 10 years of getting the disorder and up to 20 % dying within 20 years. Yet, if memoirs on eating disorders are increasingly being read, we should ask whether anything changed in their representation of this mental illness and whether one should expect the same type of the reader in the 1990s and 2020s.

Of course, narratives of starvation are nothing new for the well-read audience: one would probably immediately think of Samuel Richardson's *Clarissa Harlowe* (1747-8) who starved herself in response to the controlling behavior of her family and her suitor; or Franz Kafka's short-story *A Hunger Artist* (1922), about an artist who professionalized his starvation in public. He was first admired and approached by the passers-by with awe until they lost all interest in his 'performance' and let him die, only to replace him afterwards with a panther. Also, in connection to bulimia, one might think of *Confessions of an English Glutton* (1823) written to mock Thomas De Quincey's *Confessions of an English Opium-Eater* (1821) or Christina Rossetti's *Goblin Market* (1862) where Laura slowly wastes away after gorging on fruit offered by the goblins with clear implications that women should not take pleasure in food.

Most readers are also aware of anorexia mirabilis, or *inedia prodigiosa*, a form of daily fasting that was practiced in the Middle Ages by Catholic nuns to imitate the sufferings of Jesus. So, one could argue that eating disorders have a long documented history, but also

that they occurred in particular historical circumstances promoting self-control and self-punishment. Interestingly, as noticed by Greta Olson, the majority of literary writings on eating disorders concern anorexia, whereas bulimia, twice as common as anorexia, is not so well documented. Olson believes that “the literary interest in anorexia reflects Western culture’s infatuation with self-control and the historical fascination with thin ‘spiritualized’ women.” (7-8) However, both chosen memoirs deal with young American girls confessing their mental health issues which concern bulimia *and* anorexia. Thus Marya Hornbacher’s *Wasted* charts the course of anorexia and bulimia that drove her to the brink of death over the course of fourteen years, while Elena and Clare B. Dunkle’s *Elena Vanishing* was written to document Elena’s sinking into eating disorders that lasted for 7 years. *Elena Vanishing* was written jointly by Clare Dunkle, Elena’s mother and an award-winning author, and Elena herself. In line with the confessional narratives of previous decades and centuries, both Hornbacher and Dunkle feel the need to tell the reader why they wrote their memoirs. For example, Hornbacher says:

I wrote it because people often dismiss eating disorders as manifestations of vanity, immaturity, madness. It is, in some ways, all of these things. But it is also an addiction. It is a response, albeit a rather twisted one, to a culture, a family, a self. I wrote this because I want to dispel two common and contradictory myths about eating disorders: that they are an insignificant problem, solved by a little therapy and a little pill and a pat on the head, a ‘stage’ that ‘girls’ go through (...) and conversely, that they must belie true insanity, that they only happen to ‘those people’ whose brains are incurably flawed, that ‘those people’ are hopelessly ‘sick’.

(5-6)

In the excerpt above, Hornbacher immediately places her chronic eating disorder in the realm of societal misunderstanding of what it is and how serious the consequences are. She also calls her eating disorder 'an addiction' which later she explains as "(...) the longer you do it, the more you need to achieve that original high" (105) with adrenaline kicking in when you are starving. Also, she detects the holy trinity of culprits for the onset of eating disorders: a culture – Western culture as obsessed with thin bodies; a family – a particular family dynamic which is chaotic and with no clear boundaries and a self – the personality of an eating –disordered person plays a huge role – "we are often extreme people, highly competitive, incredibly self-critical, driven, perfectionistic, trending toward excess." (6)

Elena Dunkle, on the other hand, feels obligated to post 'A Note to the Reader' saying that "This is a true story. But it is also a work of fiction. (...) Our goal has been to create an accurate portrait of anorexia nervosa in all its separate stages, just as Elena herself lived through them." (0) The fictional part has to do with her mother filling the gaps in her often non-chronological memoir and turning them into a story. In the 'Afterword', however, she warns the reader not to use this memoir as a guide for how others should live or as "a suggestion for how to handle your own journey to recovery". (286) Although, in both cases the authors are very careful to warn the reader about their writing, it is also significant that Dunkle's memoir makes it clear that her experience is unique to her and might not be similar to anyone else's story. This particular 'address to the reader' reminds one of the early-nineteenth-century addiction autobiographies where the addicts want to preserve 'the dignity of autobiography' (Harding, 452) by not falling into the trap of advertising drugs or alcohol to the public, which, paradoxically, is exactly what they end up doing – for example, Thomas de Quincey's pleasures of opium outweigh the

dangers of drug addiction; Charles Lamb's *Confessions of a Drunkard* advocate for drunkenness in the utilitarian, rational world of the First industrial revolution.

Although, both eating disorder memoirs paint an authentic experience of going through hell and back in recovering from mental illness, they require a reader with excellent close reading skills and an empathetic response that goes beyond the words on the page. The symptomatic reading is therefore required as a default reading since the reader must be cautious of the possibility that what the text seems to be saying is in stark contrast to what it actually says. The following subchapters therefore speculate on the difficulty of interpreting eating disorder memoirs and the necessity of a symptomatic reader who will not make the mistake of recommending such memoirs to an inexperienced reader.

Interpreting eating disorder memoirs

The question of how to interpret eating disorder narratives was already posed by Susie Orbach in the late 1990s. In her essay 'Interpreting Starvation' (1998), Orbach posits that post-Second World War period psychoanalysis lost its sensual understanding and became "curiously dislocated from the body." (134). She adds:

Such interpretations lost much of their validity because they bypassed listening to the patient in favour of relying upon a construct: the woman is fat, therefore she wants the father's child. The woman is thin, she refuses a female rounded body, therefore she is pre-oedipally arrested. Absurd and crude as such interpretations sound, they encapsulate the kind of understandings that were previously available. (134)

As a psychotherapist, Orbach refuses to see eating disorders as metaphors, in which case the patient's body is read as a text – the female body thus becomes linked to a 'performance' and the action of eating or not eating is seen as entirely symbolic. Famously, Judith Butler contended that "the body is understood to be an active process of embodying certain cultural and historical possibilities" where "acts by which gender is constituted bear similarities to performative acts within theatrical contexts" (521). Hornbacher's memoir could be seen in the light of such body performativity, where the desire to be thin is linked to the cultural imperative of happiness and success at all costs:

Starving is the feminine thing to do these days, the way swooning was in Victorian times. (...) My generation and the last one feigns disinterest in food. We are 'too busy' to eat, 'too stressed' to eat. Not eating in some ways signifies that you have a life so full, that your busy-ness is so important, that food would be an imposition on your precious time. (118)

Numerous times in her memoir Hornbacher blames her eating disorder on the environment she grew up in. In the 1990s America, she claims, her "generation was weaned on subliminal advertising, stupid television, slasher movies, insipid grocery-store literature, MTV, VCRs, fast food, infomercials, glossy ads, diet aids, plastic surgery, a pop culture wherein the hyper-cool, blank-eyed supermodel was a hero." (135) Her eating disorder thus becomes a metaphor for the wider social and cultural problem of the capitalist society in which women are seen as commodities, bodies to be conquered and enjoyed, only if they conformed to the criteria of thinness.

From her early childhood Hornbacher had a sense of what it means to fit in: primarily it was connected to having a particular type of body.

For example, at the age of 5, when she lives in California with her parents, she remembers standing in the kitchen with her friend and talking about dieting. Soon after that, she would stop eating dinners that her father, who loved cooking and eating, prepared for the family. Also, she observed her mother's strange eating habits, where normally, she would skip a meal or push the plate away, leaving the dinner half-eaten. It is clear that from Hornbacher's early age, food was a problem in her family and her parents "used food – one to excess, one to absence – as a means of communication, or comfort, or quest." (22) The fact that both her parents worked in a local theater explains why she was fascinated with transformations and believed that nothing was as it appeared in reality: her father, being a theatre director acutely aware that he would never become a name; her mother, angry with the fact that she got pregnant at an early age and herself, masking her obsession with vomiting by being a playful little girl.

Hornbacher understood early on that her femininity was a 'performance' which had to be constructed in relation to absence of food and that consuming food stood for the loss of control and the expression of profound emotional distress. Therefore, in her memoir, a woman's body is seen as a site of cultural dynamic in which fasting is perceived not only as normal, but also as necessary. For example, when visiting her grandmother on her mother's side, the old lady continuously makes comments about how her little cousin Joanna looked:

Oh, no, honey, you mustn't eat that! You eat too much, you're going to get fat!' She pinches Johanna's arm and says 'Honey, look at this! You're getting fat!'

Time stops. No one moves, Johanna, who is 12 and quite thin already, starts to cry. I stand up and walk out of the room. I go to my bedroom and sob, my mother comes in after me and tells me my grandmother doesn't know any better, and I say I don't give a damn if she knows better, this whole family is totally *fucked up* about food. (241)

It is clear that the consumption of food was an intergenerational traumatic experience for this family, with women obsessing over dieting for their entire lives. At the age of 9, Hornbacher became bulimic, mimicking her father's binge-eating and at fifteen she became anorexic, emulating her mother's dietary habits and daily standing in front of the mirror to check on her body size. She turned to anorexia after realizing that bulimia was "crass and gauche, so unlike the person (she) wanted to become" (90) whereas anorexia was all about being "dark and mysterious" (90), the embodiment of self-control. Hornbacher also connects eating disorders with different parenting styles and says: "If you are bulimic, it is assumed that you come from a chaotic family. If you are an anorectic, it is assumed you come from a rigid and controlling family. As it happens, mine was both." (22)

Also, the mirror becomes a powerful metaphor not only for the lack of proper size, but also for gradual sinking into madness. Hornbacher uses this historically potent metaphor to describe her weakening sense of the self, which is worthy and recognizable only if the mirror says so. In the case of eating disorders, body dysmorphia sets in the early stages of illness, making the patient believe her obese, distorted reflection in the mirror is the true size of their body. She compares herself to *Alice in Wonderland* by saying that she "went through the looking glass, stepped into the nether world, where up is down and food is greed, where convex mirrors cover the walls, where death is honor and flesh is weak." (10) Thus, Hornbacher uses the most potent

metaphor of the mirror as prison, telling the truth about the woman's worth and power.

As she has always been encouraged to write short stories and poetry by her English teachers, Hornbacher's traumatic narrative is full of references to literary works she found were closely tied to her life experiences. By using excerpts from Anne Sexton, Sylvia Plath, Adrienne Rich and Emily Dickinson² among others, she clearly takes a lot of pride in being a successor to women writers who struggled with different mental health issues or emotional and existential turmoil. For example, she calls her last chapter 'Dying is an Art, Like Everything Else' thus directly referencing Plath's 'Lady Lazarus' and linking her suicidal tendencies to Plath's own suicide. Yet, the reader in tune with confessional poetry of Sexton and Plath cannot help but wonder how much of Hornbacher's self is actually a carefully crafted suffering persona - a woman who went through hell and back and could then, at 23 years of age, congratulate herself on leading a pretty much normal life. In that sense, the memoir displays a high level of literariness (Olson, 230) as Hornbacher makes conscious choices about how to tell her story. It includes poetry excerpts, essays, her medical records and scientific data about eating disorders. Also, the narrative shifts from the real to the surreal in its gothic atmosphere when she describes her disoriented drives and a car accident, sexual adventures with strangers, her pregnancy at 14 and self-induced miscarriage by falling down the stairs, endless trips to the toilet and numerous stays in eating disorder centers. Though some of these descriptions are really dark, the reader feels that sometimes she romanticizes her illness and congratulates herself on becoming a

² Anne Sexton had a bipolar disorder and made multiple suicide attempts; Sylvia Plath suffered from severe depression and many signs point to disordered eating behaviours.

successful journalist in Washington D.C. Though at first she notices that there was something wrong with the city and comments on “the palpable greed, and the thrum of excessive power” (234), on the other hand, she has never been as productive and her eating disorder has never been so much out of control when she moved to the city:

I go back to Washington for a two-week journalism seminar at American, pounding the pavement to the rustle of the East Coast rat race. I am on Capitol Hill. In a workshop about representation of women in the media, I get into a virulent argument with a cocky little bastard about advertising, my face flushed, both of us standing up and leaning our hands on our desks, hollering excessively articulate epithets at each other. He spits out, *Feminist*. (...) I get down and stand on the scale. 87. (238)

Her successful journalist career is in stark contrast with her emaciated body while her feminist defense of women in the media is highly ironic in the context of her eating disorder. Namely, the very nature of illness undermines all feminist imperatives of women empowerment. In line with research on eating disorders in the 1990s turning to culture and family as causes for mental health issues, Hornbacher blames the American life-style and her own family for causing her downfall. As a typical white, middle-class girl, she becomes the center of the child-centered family, thus revealing the middle-class psychopathology. In other words, her illness “can be seen as a striking dysfunction in the bourgeois family system” (Brumberg, 134) further aggravated by the social pressure to “succeed” in life through her carefully chosen career, and a marriage partner. Yet, in the excerpt above, the reader feels that she falls into the trap of such success-driven culture, being proud that she is a successful journalist and that

she 'made it' in the man's world. Of course, if the man's world is still the standard, she has no way to bypass this standard and her illness becomes the very embodiment of her inability to resist the patriarchal discourse even if she is a feminist.

Unlike the self-conscious narrator of Hornbacher's *Wasted*, the narrator in Elena and Clare Dunkle's *Elena Vanishing* has a limited perception of the world which corresponds to the way people suffering from eating disorders see their reality. The simplicity of its narrative procedure makes it suitable for young adult readers, but just like *Wasted*, the memoir should be recommended with necessary trigger warnings. The narrative pace is slower and its focus is not the action but Dunkle's state of mind instead. Dunkle's psychological decline has to do with what she calls the 'voice of conscience' which is telling her what to do and how to feel in certain situations. The reader senses that this voice is an impostor, a common occurrence in people diagnosed with eating disorders, which belittles and shuts off the sane voice in her head. For example, in a powerful scene where Dunkle stops at Burger King to fill her starved stomach, the evil impostor voice becomes relentless:

My hands are trembling on the steering wheel. My breath is hot and quick. Like magic, a big white bag appears in my lap. The shake is cool and soothing in my hand. I pull over into the nearby parking spot and tear into the food like an animal. *What the hell?* Screams the voice in my head. *What the hell?* But I keep right on shoving the hot, greasy food into my mouth. Stop it! *Stop it! STOP IT! Stupid bitch! Stupid fat BITCH! (...)* *You will fix the problem, says the voice in my head. You will fix it NOW.* (159)

Vomit splatters my face. My hands are smelly and slimy. The plastic bag on my lap is a warm, gooshy mess. But I don't stop. I can't stop.

(...) Then spots of bright blood come up. (...) Tears are trickling down my face and burning my eyes. (160)

This particular event is witnessed by a young man working in Walmart. After having realized that he watched the whole thing, a feeling of shame overwhelms her, "shame so deep I wish I could die" (160). Furthermore, by delving into the mind of a mentally ill person, the narrator discloses the major symptoms of eating disorders, valuable for readers who want to know more about this fatal illness. First, their world shrinks to the point where it becomes difficult to perceive reality around them and all they think about is food – hiding food, stashing food, buying food and then throwing it away, eating it and purging or avoid eating it altogether. As the chemical balance in the brain changes, the person loses focus, sinks into states of dissociation and has either insomnia or nightmares. While being transported from Germany to the US in a helicopter with her father, she has a feeling that "this can't be happening. It isn't happening, is it? It's like I'm watching a movie that's all around me." (16) Also, obsessive-compulsive disorder sets in which makes her plan her days minutely:

No junk food. Exercise every day. Study hard. Work hard. BE hard. No tears. No meat. No eating after 9 pm. Get up at 6 every day. Bed before 1 am. 800 calories max on weekdays. Weight day is Friday. I will not be a failure! (124)

Such 'to do' lists are typical of anorexic patients who are perfectionists and want to have everything under control. On the other hand, following routine gives them a sense of security. As the brain starves, normal dreams turn into nightmares:

Nightmares come swimming out of the corners of my mind: chopped-up corpses. Bloody limbs. Dead baby! Dead baby! DEAD BABY! Shut up! I whisper, pounding my fists on my thighs. The room whirls. In a frenzy, I snatch up my razor from the bathtub and peel a deep slice through the flesh of my arm. Instant calm. The panic stills. The voice dies back to a whisper. (223)

After each and every nightmare, Dunkle cuts herself in order to release the tension of unexpressed emotions. The 'dead baby' in her dream is Lilly Arabella, the child she miscarried due to her emaciated body and hormonal imbalance. Years later, during group therapy in a hospital, she will admit to carrying the trauma of miscarriage and having given a name to an unborn baby.

Thus, Dunkle's memoir helps us understand the complex psychopathology behind eating disorders and the reader is both, intellectually and emotionally engaged – she learns something new about this illness and feels empathy for the patient. Although, just like Marya Hornbacher, Elena Dunkle comes from a white, middle-class family, the focus is on her personal struggle rather than the family dynamic or cultural influence. Her family situation is far from ideal (her mother got diagnosed with cancer and her older sister left the family unannounced) but she thinks of her family as a place of refuge and safety from the outer world. Clare Dunkle, Elena's mother, holds a special place in Elena's heart and her position changes throughout the narrative. At first the 'voice of conscience' blames her for sending Elena to a boarding school in Germany, far away from home, and for triggering anorexia. However, as the narrative progresses, we see to what extent Elena's mother sacrificed herself for Elena: she moved to a different city just to be close to her hospital, she firmly believed in Elena's recovery and encouraged her to persist every single day despite Elena's aggressive outbursts. However, if we take into account

the fact that Elena's memoir was co-written with her mother, it might point to a certain blind spot of this memoir, i.e. Elena's inability to fully examine her mother's position in her life. For a long time, Elena's parents could not figure out why their daughter got sick. It was a specific event that triggered anorexia which Elena kept secret from them. She was raped by an older boy when she was only 13 and kept it secret for 6 years. During therapy in a US hospital, she was finally able to talk about it. As anorexia is the inability to express strong, overwhelming emotions, Dunkle draws our attention to eating disorders as symptoms of traumatic events out of our control that turn disgust, shame or fear inward, thus triggering this illness.

She is also clear about the dangers of certain beliefs about eating disorders. First, she cancels the myth about people suffering from eating disorders having to be extremely thin: they can affect people at any weight. Second, she warns about the dangers of sudden death, as eating disorders can cause cardiac arrest, seizures, or kidney failure. Third, she says that nobody can share their life quietly with anorexia, the illness will take it all. Fourth, she highlights the importance of the support network based on family, friends and specialists without whom the recovery would be impossible. And last but not least, she claims recovery from anorexia is a life-long battle, much like alcoholism and drug addiction. Thus, in line with recent research on eating disorders, Dunkle offers a layered understanding of this complex illness, shifting the focus from external to internal factors, from 'what happened' to trigger the illness to 'what emotions did I bury inside when it happened'.

Beyond symptomatic reading

More than fifty years have passed since the publication of Georges Poulet's seminal essay "Criticism and the Experience of Interiority" (1972) suggesting that the act of reading involves the coming together of two consciousnesses – the writer's and the reader's when the reader can hardly explain "the facility with which I not only understand but even feel what I read." (60) In the last decade, with the rise of affect theory, the role of the reader has been re-established and Poulet's ideas reused. Thus Melissa Gregg and Gregory J. Seigworth claim that "affect accumulates across both relatedness and interruptions in relatedness" (2) where the affected reader acquires in turn the capacity to affect.

Yet, how are we to read narratives on mental illness, in this case, the trauma of eating disorders memoirs? Leigh Gilmore warned us about the difficult position of the reader of trauma narratives as autobiography and trauma stand on opposite ends. She claimed that "trauma narratives often draw skepticism more readily than sympathy because they expose the conflict between identification and representativeness." (22) In the case of eating disorders where patients suffer from dissociative states and memory blanks, this conflict is further aggravated: the mentally ill person who cannot remember is not to be trusted. And yet, the very vulnerability of confession renders such traumatic narratives authentic and trustworthy. Also, Gilmore adds, "autobiography about trauma forces the reader to assume the position of masochism or voyeurism." (22) The chosen memoirs are certainly difficult to read owing to vivid descriptions of vomiting, self-harm, suicide attempts, endless suffering and sometimes the reader might feel bodily sensations of disgust. Also, the reader might feel relatedness in the sense of common humanity between the narrative subject and herself as well

as interruptions in relatedness where it is extremely difficult to identify with the narrative subject. As for the accumulated affect, the reader might assume the position of an implicated reader in the case of Hornbacher's memoir.

For example, the reader of *Wasted* might find herself involved in the same cultural dynamic where she herself perpetuates what Hornbacher sees as problematic: obsessing over one's appearance, the judgment of others, pursuing of a respectable career, having a picture-perfect family life etc. I call such reader 'an implicated reader' borrowing the term from Michael Rothberg who defines the 'implicated subject' in the following terms:

Implicated subjects occupy positions aligned with power and privilege without being themselves direct agents of harm; they contribute to, inhabit, inherit, or benefit from regimes of domination but do not originate or control such regimes. (1)

The reader might thus be a participant in the system that generates "unequal experiences of trauma and well-being simultaneously" (Rothberg, 12), an eating disorder being a traumatic experience, usually well-hidden from the public view (esp. bulimia) which can get significantly worse for the patient if their environment promotes value based on appearance in a success-driven culture. As implicated readers, we are never direct agents of harm but, through our own actions, we perpetuate patriarchal values that are detrimental for women's mental health.

In the case of Clare and Elena Dunkle's *Elena Vanishing*, the implicated reading opens up to what Aleida Assmann calls the empathetic reading as a response founded in empathy which involves

“intellectual interest, active imagination, emotional investment” and – crucially – “ethical engagement” (216). The reader learns so much about the psyche of a person suffering from an eating disorder and gradually becomes both intellectually, imaginatively and emotionally invested as she learns about Elena’s devastating process of recovery. However, we might also argue that empathy generated in the purely hypothetical context of fiction differs from empathy activated in personal interaction – the eating disorder memoir complicates that sort of interaction as we are almost obliged to approach it through ‘the hermeneutics of trust’ (Ricoeur as qtd. in Felski, 9) or what Eve Sedgwick calls ‘reparative reading’ in which:

Interpretation becomes a coproduction between actors that brings new things to light rather than an endless rumination on a text’s hidden meanings or representational failures (Sedgwick as qtd. in Felski, 174)

In such reparative reading the reader’s role seems to be as decisive as that of the text since the affected reader acquires the capacity to affect their surroundings. Dunkle’s memoir engages the reader more, breaks down harmful stereotypes and significantly contributes to destigmatization of eating disorders. This is the book I would recommend to parents, teachers and specialists dealing with eating disorders. Dunkle’s memoir shows that literature does not stand on one side and life on the other. Therefore, as Marielle Macé claims, “reading is not a separate activity, functioning in competition with life, but one of the daily means by which we give our existence form, flavor and even style” (213) By mirroring the recent developments in research on eating disorders which focus on the patient’s psychopathology, Dunkle’s memoir shows how fragile our mental

health is and how important it is to remove stigma from mental health disorders. It invites the reader to reparative reading and empathic identification which in turn could affect the way we live our lives.

Yet, in reading both memoirs, it was impossible for me to escape the symptomatic reading, while paying close attention to the text and its form – the importance of the history of memoir as a genre, the narratological features and language used in describing the experience of eating disorders. Though, as we have seen, such symptomatic reading is not enough, I still think it is necessary. It helps the reader interpret nuances of tone and atmosphere only to conclude that Hornbacher's memoir might be read as a handbook for how to become eating-disordered. (cf. Olson, 230-1)

Without taking into account the reader trained in close reading, *Wasted* could have been easily recommended as a more complex and, in general, better written memoir. The fact that it was republished in 1999, 2006 and 2014, with the 2024 kindle edition proves the point. However, I see the danger of recommending it to the wrong type of audience – easily influenced young adults.

Elena Vanishing, on the other hand, should be recommended to teachers, specialists, and parents because it treats eating disorders with clever subtlety and words of caution that come as the final warning: "please do not take it or any of the other actions in this book as a model for how to handle an eating disorder." (286) Unfortunately, *Elena Vanishing* has not been republished yet.

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