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CONDITIONS AND STRATEGIES OF LITERARY REPRESENTATIONS OF BULIMIA

This paper examines the wider context of the relationship of literature to the social phenomenon of food disorders. The body is seen as a cultural text, as well as the center of control (Bordo, 1993). The key issue concerns the capacities and possibilities of giving a plausible representation of bulimia based on the novel "Polupani lončići. Potresna ispovijed o borbi s bulimijom" ("Olly Olly Oxen Free. A touching testimony about the struggle with bulimia", 2003) by Croatian writer Jasna Šurina. It deals with a disorder that the ill themselves often do not want to acknowledge, and live a hidden, chaotic life with the aim of taking control over their bodies. Such a life can be represented only as a fragmented, confusing, and nonlinear story, a chaos narrative that, in this case, develops into a restitution narrative (Frank, 1979). Coherent, homogenous or linear narrative usually seems to be unfeasible. The analysis shows that the narrator Jasna manages to find her voice and defy stigmatization by representing her state and experience, no matter how chaotic her representation is. Her identity can be formed and somewhat convincingly represented only at the intersection of her regaining and losing control, at the junction of indifference and vulnerability, in the interplay between dependence and independence.

Key words: *narration*, *wounded storyteller*, *chaos narrative*, *restitution narrative*, *bulimia*, *control*, *stigma*

The topic or motif of illness has been present since the first known literary works in various functions.[1] Classical and biblical representations often

[1] The literary work "Polupani lončići" ("Olly Olly Oxen Free") by Jasna Šurina was discussed in a methodologically different lecture, "Autobiography, Autopathography, Autothanatography", and delivered at "Hvar Theater Days. Biographical and Autobiographical in Croatian Literature and Theater" in October 2021. "Conditions and Strategies of Literary Representations of Bulimia" is a brand new scientific paper and has never been delivered or published.

depict illness as a sign of divine power or punishment for committed sins. In subsequent periods illness is used as a metaphor for moral decline or is a means of questioning power among confronted sides. Illness can also be used to portray aging, deterioration, and transience of life.[2] The most numerous literary representations are those of leprosy, plague, tuberculosis, cancer, and various mental illnesses. Their representation usually includes the characters' beliefs about causes and outcomes of the illness, descriptions of symptoms and treatments, subjective experiences, thoughts, and experiences connected to illnesses. As Couser (1997) notices, the discourse of illness and the closely related discourse of disability comprises a large part of literary and art corpus today and is continually growing. Nonetheless, it seems to be of little interest and significance for both literature and social activism, since there are almost no acknowledged classics,[3] and political activists consider these narratives too marginal, sentimental, and tepid to be effective.

When considering literary representations of illnesses, one should keep in mind that every representation goes beyond portraying a certain state and includes bot the formation and modelling of the discourse of illness. In other words, representation always contributes to both the development of ideas and beliefs on the illness in question. Such double process of representation and structure merges with the formation of language meanings and opens a space for dialogue on urgent social issues. This paper examines the conditions, capacities, and chances for a convincing representation of bulimia, an eating disorder that even those affected by it rarely tend to admit and accept as a disorder or harmful behavior. Moreover, due to hiding and lack of typical visible physical manifestations of the illness, it can remain unnoticed for a longer period of time even in a close circle of family and friends. "The curse of this illness is that it so awfully doesn't look like an illness." (Šurina, 2003: 116), says one of the characters in the novel being examined, "Polupani lončići. Potresna ispovijed u borbi s bulimijom" " ("Olly Olly Oxen Free. A touching testimony about the struggle with bulimia") by Jasna Šurina[4], a writer from the city of Rijeka, Croatia, published in 2003. The paper discusses the questions of the narrative structure of the novel, the author's voice and its reliability, intertextual techniques, the language and style of narration to find out how one

[2] See also Lupton, 2012.

[3] Couser (1997) notices that established authors write about illness only when they experience it themselves, usually in the form of an autobiography. On the other hand, unknown authors would likely never have written books, if they or someone close to them had not become ill.

[4] "Polupani lončići" ("Olly Olly Oxen Free") is Jasna Šurina's debut novel. Her second novel, "Hana, reci cvrčak" ("Hana, Say Cricket"), was published in 2007.

can represent efforts to gain full control, insatiable hunger and the inability to embrace one's body, if at all possible. Furthermore, the paper explores how the novel reflects social and cultural context, most importantly from the aspect of stigma. Finally, it considers the possibility to control one's own life, as well as the possibility of a marginalized, degraded, and ill subject to write, i.e., to represent one's own endangered life and the possible identity transgression.

Although a hybrid genre, "Polupani lončići" ("Olly Olly Oxen Free") can be categorized as autobiographical discourse where the narrator uses first-person-singular representation of an episode of her illness that lasted for seven years, and analepsis to include the earlier parts of her life.[5] The author depicts her personal experience and harmful practices that she has utilized to control her body in the sense of obsessive food accumulation and preparation, followed by dedicated multiple vomiting, as well as continual drinking and unsupervised medicating.

The aspects of food disorders are not in the primary focus of literary and cultural theorists and are sporadically examined by usually feminist theorists.[6] They argue that social pressures assert such aggressive and intense standards of femininity and beauty on girls and women that "the surprise is not how many do have eating diseases, but that any at all do not" (Wolf, 1990: 210), i.e. that "culture not only has taught women to be insecure bodies, constantly monitoring themselves for signs of imperfection, constantly engaged in physical 'improvement'; it also is constantly teaching women (and, let us not forget, men as well) how to see bodies." (Bordo, 1993: 57) The body thus becomes a culture text, as well as a center of control. "The body—what we eat, how we dress, the daily rituals through which we attend to the body—is a medium of culture." (Bordo, 1993: 165) The contemporary culture is obsessed with controlling the unruly body, keeping it slim, firm, and young, which can result in unsustainable extremes when it comes to eating disorders. Susan Bordo interprets bulimia, anorexia and similar unspecific eating disorders as extreme consequences of anxiety and fantasies incited by contemporary culture, which sees a slender body as a symbol of having control over body and bodily needs.[7] Weight loss is equated with taking over control and being underweight is the embodiment of the achieved control. She also notices that

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5 Transitions between the past and the present are continual and render understanding the story difficult. The narrator is aware of this: "don't be confused by jumps from the past into the present" (Šurina, 2003: 15).

6 Compare Bordo (1993), Wolf (1990), Hubert (2004).

7 "/F/ood refusal, weight loss, commitment to exercise, and ability to tolerate bodily pain and exhaustion have become cultural metaphors for self-determination, will and fortitude" (Bordo 1993: 68).

women have been present throughout history in the role of the body, firmly connected to the body and focused on the body. Culturally, overeating is considered positive when it comes to men. It reflects their masculinity and strong sexual appetite, while women's food cravings – the cravings of those man-eaters– has to be restrained and redirected towards feeding others, not themselves. Images of female eating have often been stylized as private, secretive, and illicit in cultural representations, which assumes that women's cravings for food is a dirty, disgraceful secret that should be practiced exclusively behind closed doors. Western constructions of femininity do not include a hearty appetite. On the contrary, feminine hunger should be repressed and food intake limited. Bulimia is the consequence of expressing defiance. According to Bordo, compensatory binging becomes inevitable; women binge in private, secretly and feeling shame, and try to annul this by self-induced vomiting or some other type of purging. The body is, therefore, approached in this reading as a powerful symbolic shape, as well as a direct center of social control that is being disciplined, is self-disciplining and being normalized by various strategies. Bulimia and anorexia become, according to Bordo, the embodiment of resistance; however, the body can execute subversion only by destroying itself. The threat of self-destruction is one of the key motifs in "Polupani lončići" ("Olly Olly Oxen Free").

The views about bulimia as affecting spoiled children from rich families developed in the 1970s, the decade of the expansion of popular culture, media and fast fashion, when an increased number of recorded cases took place, have been abandoned nowadays. In the 1980s, bulimia was accepted as a diagnosis, and is described as an illness or a medical state mostly affecting the female population. Bulimia is characterized by body dissatisfaction, obsessive concerns with weight, dieting, bingeing and purging either by self-induced vomiting, misusing laxatives, or rigorous exercising to counterbalance the calorie intake.[8] It is, therefore, manifested as controlling one's own body weight by vomiting or other methods of purging, and it includes diverse symptoms, such as the loss of self-control, self-starvation, compensatory bingeing, strict self-imposed criteria, use of laxatives and diuretics, obsession with weight, fear of being overweight, resistance to socially imposed norms, rejection of diagnosis, rejection of treatment, and others. Bulimia is the embodiment of panic and chaotic search for one's own identity by trying to establish control and modify one's body. It is often recognized as an initial wish for an attractive and feminine body. Paradoxically, achieving this slender physique includes unappealing, unhealthy, and risky practices of bingeing, self-indu-

[8] See also Burns and Gavey, 2008.

ced vomiting, drinking and medication abuse. Although body modification practices, such as nose or ear piercing, tattooing, forehead wrinkle and line smoothing, foot binding, neck elongation, tightlacing, wearing high heels are numerous and can be found in all civilizations, Hubert (2004) notices that they are more common among women in contemporary western world.[9] Since the 1950s, mechanical restrictions, such as corsets, have gradually moved to emotional, aesthetic and moral planes, with the aim of attaining beauty standards that promote slenderness. According to Hubert, bulimia represents a rebellion against such non-physical corset. The correlation between bulimia and controlling one's body is complex and connected to various factors. Obesity is a health issue, but it also represents a normative risk. It threatens individuals to become marginalized or excluded as objectionable or unwanted. Attitude towards food is becoming more complicated from an early age and can more often than not lead to "one-woman hunger camps" (Wolf, 1990) causing food disorders that can remain concealed for a long period of time: quiet, invisible and skillfully hidden.

Bulimia is an attempt to regain control that often follows feeling one has lost control over one's life. That is exactly the case with Jasna, the narrator of "Polupani lončići" ("Olly Olly Oxen Free"): "If you really insist on some kind of physical beginning, that would be, roughly, when I was 19. A year earlier my parents divorced, I didn't manage to enroll at the university of my choice (…) and then the break-up with my first steady boyfriend." (Šurina, 2003: 9) The process of bingeing and vomiting becomes a means of regaining control. After episodes of uncontrollable food intake, persons suffering from bulimia usually experience powerful guilt and shame due to this lack of control. The act of vomiting or other compensatory actions can function as an attempt to manage these emotions. Moreover, the body is the enemy that should be brought under control and modified in accordance with strict rules: "I've decided to lose a few pounds and bedazzle him with my new beauty." (Šurina, 2003: 10) Societal norms and pressures promote weight-related beauty standards so that people with bulimia often place great emphasis on self-control, especially related to food, weight and physical appearance in general.

Confronting the illness demands explanations and one's own mobilization, which in this case can be boiled down to one thing: writing. The narrator clearly states her intent: "I just want to explain some things to those who need or want this. To those who are unlucky enough to be ill. Those who are unlucky enough to live with the ill. I want to teach the undereducated Croatian

[9] Anne Hubert (2004) examines the production of bodies as creating and implementing nutritive and aesthetic standards.

health-care system a few things." (Šurina, 2003: 11), but she also stresses: "First and foremost, I want to help me. Myself. The words inside me have been screaming for such a long time, begging to be let out, for everybody to see." (Šurina, 2003: 12). The narrator, who is also the main character and is called Jasna, as the author herself, addresses readers in the first person singular and defines her writing as a short journey through her own self-destruction and playing with death to finally name the reason clearly: "The game is called bulimia. Fingers were used instead of arrows and joystick. Stomach is save. Vomit is tilt. The number of players is strictly one. The aim of the game is to eliminate all the people that surround you, but the maximum number of points brings self-destruction." (Šurina, 2003: 7) Her entries span a period of seven years of her illness. She experiences her illness as a method of self-awareness and practicing life that she would not want to repeat, being at war with herself even as she is writing. "That which began as a voluntary surrender of my body to my ingenious mind at a cost of a few pounds ended as an ultimate self-destruction. I became a champion in throwing up." (Šurina, 2003: 13) Jasna resorts to compulsive eating: her hunger is insatiable, a voracious gaping hole that needs to be filled. This is followed by purposeful, self-induced vomiting, as a means of taking over control, and the resulting slenderness is a victory of will over body. The key word is control. Having control not only of herself, but also of her surroundings, since her way of living proves to be a driving force affecting her divorced parents, her sister and friends. Ultimately, though, complete control is unmaintainable, and bulimia leads to an uncertain, unstable and, finally, self-defeating state. In trying to convey as much objective, honest and direct images of reality as possible, her descriptions focus on everyday situations, mostly felt as ugly. She designates herself as disturbed, "a big fat pig" with a "disgusting body" (Šurina, 2003: 19), a cruel person who herself experiences that same cruelty, someone who does not deserve any better. She concludes: "I'm stupified, cerebrally weak, I bulimied out." (Šurina, 2003: 19), thus revealing that the illness has taken over her capacity of thinking and even acting. It has taken over her identity. The mechanisms of social control are directed towards modification: if the role taken up by an individual is not compatible with the societal normative values, the society regulates or redirects identity formation, marginalizes or stigmatizes subjects.[10] Most illnesses are not stigmatized, but bulimia is. As one of the characters in "Polupani lončići" ("Olly Olly Oxen Free") states: "When somebody has leukemia, everybody empathizes and express their solidarity. Everybody

[10] Compare Erving Goffman's pioneer work on stigma and its effects: "Stigma. Notes on the Management of Spoiled Identity".

understands that the person is seriously ill. Everybody wants to help. When somebody has anorexia, some people admire them. There's something heroic in giving up eating, in losing weight until dying. When somebody has bulimia, everybody is disgusted. There's nothing heroic in bingeing and vomiting." (Šurina, 2003: 116) Structural stigmatization of bulimia is underlined by limited medical care for the diseased, insufficient scientific research, as well as the absence of addressing bulimia in a wider social and cultural context. Stigmatization minimalizes and marginalizes a subject on the social scale. Stigma greatly diminishes the quality of life of the main protagonist, causing a chronic source of stress and anxiety, shattering confidence. Nevertheless, narrator Jasna in "Polupani lončići" ("Olly Olly Oxen Free") manages to find her voice and withstand stigmatization through representation of her own state and experience, despite that representation being chaotic.

The author uses diverse narrative strategies to structure the novel, among which there is metaficition[11] as metatextual play and a vivid representation of the flow of consciousness about her own text and its constructedness. The exploration of different perspectives and aspects of narration can be seen as a hybrid form, combining a few genres: testimony genre replaces diary entries, and then letters.[12] First, she uses her diary entries (the earliest of which is dated 16 April 1996) which serve as a recalling aid of sorts. Later on, she relies on letters written to and received from the association Libella that provides help to people with eating disorders. Although the author claims her text to be truthful, her unreliability is also constant.[13] The foreword itself functions as paratext which the author/narrator/main character uses both to confirm the truthfulness of her story and to indicate writing as a construct. She does that in a sort of dialogue with herself: "You know, you should write a foreword. Like, a page or two. Just simply write what the book is about. Nothing too broad. Good." (Šurina, 2003: 7), and then addresses a reader: "Dear reader – fuck, I've always wanted to write that – welcome." (Šurina, 2003: 7) A few pages later, she addresses a reader again: "I'm going to tell you a story about my life." (Šurina, 2003: 9), directly indicating an autobiography. She continually demands active participation by readers. For example, they should continue a sequence that she has started: "State yourself" (Šurina, 2003: 9), or she warns readers that an important segment is following: "Now, pay close attention!" (Šurina, 2003: 10) By directly addressing readers, the narrator expects to in-

[11] Compare Hutcheon 1988.

[12] It is common in metafiction to problematize truth, which the narrator Jasna openly states: "You'll find out everything about myself, because I want so." (Šurina, 2003: 12). She claims this truth will be redeeming for her, but painful to others who will recognize themselves in it.

[13] "Alcohol makes me not remember." (Šurina, 2003: 58)

tensify emotional connection and create intimacy between herself and readers. Readers can experience an intimate relationship with the character and understand her experiences in a more profound way, allowing them to develop empathy, especially when it comes to fighting with the illness, and increase the credibility of the story being told. The narrator often employs humor and irony, which are common in metafiction. Without them, she assumes her story will not be an easy read: "I'd like to be able to write an easy adrianmolesque text, so that we can chuckle while eating chips…" (Šurina, 2003: 12) She also warns readers about the nonlinear narrative: "Don't pay attention to my jumps from past into present. Unfortunately, they are the result of my fresh wound. My daily fighting with myself." (Šurina, 2003: 15) and her own lies: "I lied to you again." (Šurina, 2003: 17) Both the narrator and readers feel as if stuck in a horrifying state, where time seems to stand still, and the only constant is her bulimic practice: "I could easily write: Read this and that date. Everything keeps repeating itself." (Šurina, 2003: 33) The testimony offered by the narrator is not simple to read: the story is fragmented, disconcerting and chaotic. Furthermore, it is difficult to follow the logic behind individual bulimic episodes. Written in everyday language, Jasna's testimony is full of cursing, disrespect, and brutality towards readers, other characters and even herself. "What the fuck is wrong with you? (…) Please, mom, fuck ff." (Šurina, 2003: 23); "Fuck, Jasna, fuck." (Šurina, 2003: 75). The reasons behind these narrative strategies will now be explored in the paper.

It is known that the ill try to reconstruct the conditions and circumstances of the onset of their illness through narration. This allows them to analyze events and experiences and question various aspects of their lives in order to understand their illness and somehow reexamine their identity, i.e., assign their illness and the new identity meaning and structure.[14] An illness directly influences the identity of a subject, causing it to end the usual way of life, disrupting the established self, or even threatens to cancel the subject, i.e., lead to death.

As the narrator Jasna illustrates, writing can function as a means of recovery or self-expression, a sort of taking over control over circumstances. "They often choose narrative as a means of organizing their experiences, giving them meaning and representing them to others. Using narratives enables ill people to give voice to their suffering in a way that transcends narrow biomedical accounts of illness." (Lupton, 2012: 87) An illness demands a story.

[14] Just as illnesses are diverse, so too are illness, wound and pain narratives. They are heterogenous and appear in varying intensity in the history of literature: they are almost nonexistent in some periods and appear in large numbers when an illness becomes global or acquires a significant cultural meaning.

Stories allow for creating emphatic relationship with recipients: wounded storytellers take on responsibility for teaching others about their illness. The stories can represent experiences and provide those in similar or same situations with guidelines on how to deal with an illness and its stages. (Frank, 1997; Lupton, 2012) Another important aspect of narrating an illness is the authentication of the experience of illness – recording and witnessing it, while at the same time calling attention to marginalized or even taboo topics. Bearing witness to an illness can function as a duty towards others: "People tell stories not just to work out their own changing identities, but also to guide others who will follow them." (Frank, 1997: 17) The narrator explicitly states that her writing is addressed to others who want to or need to learn about the illness; to the ill themselves or those who share their lives with the ill. But first and foremost, she wants to help herself by letting out bottled-up words, for everybody to hear. "I want to help myself first and foremost. (…) I'm writing this for myself." (Šurina, 2003: 12) Her testimony provides her with a technique of trying to understand her illness, a means of overcoming it, as well as answering the question of how to live her own life. This becomes visible from the motto of the novel, taken over from the movie "Girl, Interrupted", where the protagonists asks "How the hell am I supposed to recover when I don't even understand my disease?"

Jasna is a wounded storyteller. Arthur Frank develops the concept of a wounded storyteller where narrating one's illness allows a sick person to abandon the passive role: "The ill person who turns illness into story transforms fate into experience; the disease that sets the body apart from others becomes, in the story, the common bond of suffering that joins bodies in their shared vulnerability." (Frank, 1997: xi) The wounded need attention and care, but they can also be healers: their storytelling can become the source of care by relaying their experience, connecting the self and the wider context.[15] Couser argues similarly: "narratives of illness and disability are a medium in which the writers probe and give expression to the complex dialectic of mind, body, and culture." (Couser, 1997: 295) Jasna is a wounded storyteller who retrospectively remembers the beginnings of her health problems by trying to reconstruct the causes of her illness: after her parents' divorce, the failure to enroll at the college of her choice and breaking up with her boyfriend at the age of 19, she finds herself in "a fertile period (…) for the future total insanity" (Šurina, 2003: 9). She believes this state to be the result of bad parenting: her self-respect is diminished by her father's critiques, the long-lasting belief

[15] The figure of the wounded storyteller is ancient: the seer Tiresisas, who reveals to Oedipus the true story about his father, has been blinded by gods. His wound gives him his narrative power. In the Bible, Jacob's wound is evidence of his story's truth. (Frank, 1997)

that she is a "whore", a "shitty" person, of no use, that she does not deserve anything.[16] Although her father is absent, his influence on Jasna is significant. Occasional meetings with him leave a deep mark on her: after the first ten months since the onset of her illness, she stops vomiting, but continues to binge, which her father notices and casually tells her that she has become a "chunker". Jasna also resents her mother for being more a friend than a mother and holds her responsible for having such a bad worldview: "Disturbing opinions, eh? Naïve. Acquired from mom's stupid monologues about dad." (Šurina, 2003: 20)

Illness narratives usually include not only personal experiences and descriptions of how the illness manifests itself, but also thematize treatment methods, medications used, as well as doctor-patient relationships. Western tradition portrays medical authority as competent and knowledgeable, but this novel questions the image of a doctor as an omniscient, well-meaning persons. The medical institution is described as ignorant: "Big greetings to the Clinical Hospital Center Rijeka. Thank you for knowing nothing." (Šurina, 2003: 8) A direct criticism is directed towards the health care system: "I want to teach the undereducated Croatian health-care system a few things. If that's possible at all." (Šurina, 2003: 11) Jasna does not manage to establish mutual understanding with a psychiatrist who she approached on her own. She blames the psychiatrist for "running away from her directly into the jaws of bulimia" (Šurina, 2003: 14). The extremely violent descriptions of retaliation against the psychiatrist make the narrator seem full of rage and devoid of rationality: Jasna wants to make her "burn at the stake that she herself has obediently prepared" (Šurina, 2003: 14).

According to the categorization developed by Arthur Frank, there are three main types of illness narratives: the restitution narrative, the chaos narrative, and the quest narrative. The restitution narrative is specifically western, optimistic and underlines regaining control and recovery. An illness is an enemy one must defeat, usually accompanied by medicine. The second model, contrary to the restitution narratives, is a story about chaos, focusing on physical deterioration, ineffective medical treatment, financial and other problems. The loss of control makes the story chaotic, difficult to tell and listen to. The chaos narrative abounds with suffering that is often difficult to put into words, which makes the narrator's voice chaotic and lost. The lost voice cannot articulate chaos. Finally, in quest narratives the narrator introduces oneself and recipients to suffering and gives testimony about accepting the ill-

[16] Nevertheless, she finds excuses for her father: "Now I know that dad didn't mean the things he said. I know that he didn't know any other way." (Šurina, 2003: 11)

ness and the new experience. Illness is a quest and a journey, a representation of an experience as a quest, a state that can be learned from, although it does not necessarily include recovery. Quest narratives focus on the changing life values due to an illness. "Illness is the occasion of a journey that becomes a quest." (Frank, 1997: 115) This makes quest narratives often transgressive.

Illness narratives, claims Frank, are usually quest narratives, sometimes restitution narratives, and rarely chaos narratives. "Polupani lončići" ("Olly Olly Oxen Free") is first and foremost a representation of chaos: lack of order, inconsistency, or clear structure; the use of analepses, prolepses, sentence fragments with swear words. There is no narrative sequence, only the narrator's stream of consciousness, devoid of causality or coherency. The narrative chaos remains beyond comprehensibility and intelligibility, outside speech and possible resolution. Chaos narratives are difficult to tell and read: common narratives follow a sequenced storyline, events follow one another. A chaos narrative seems as if it is not a story, because it fails readers' expectations, even causes anxiety and feelings of helplessness. All levels of the story reveal futility and powerlessness of the narrator. Life does not become better in that chaotic knot. "The person living the chaos story has no distance from her life and no reflective grasp on it. Lived chaos makes reflection, and consequently storytelling, impossible." (Frank, 1997: 98) Chaos is immanent in Jasna's life, and the story is fragmented and disrupted, as is her life, by vomiting: "The interruptions undercut any pursuit of purpose," (Frank, 1997: 105).

An illness disrupts the subject, disfigures it, so Jasna's story about her fight with bulimia is disorganized and threatens to break down, the narrator's mind is disordered and her voice chaotic. Analepses and prolepses, inserted disconnected sentence fragments, illogically singled out paragraphs, dialogues that are actually monologues, negotiating with herself, bursts of rage, swearing, repetition – all of these techniques are unconventional in a coherent, causal narratives.[17] The lack of causal narrative sequence seems to keep Jasna in a constant present, as if she is stuck in a time loop: the descriptions of her bingeing, drinking and vomiting are completely interchangeable, regardless of which part of the story is in question, because she keeps sabotaging herself throughout the story. This emphasizes the addictive dimension the food disorders. The expectations of the story keep surprising readers: Jasna keeps announcing her recovery, but these announcements are just a starting point enabling a new wave of destructive behavior. A homogenous insight is missing: a reader cannot gain a clear image of why the narrator resorts to such

[17] The novel is seemingly structured in chapters: "I could make this part the third part. Of whatever." (Šurina, 2003: 42), but its simulated structure is visible in significantly different length of chapters.

unhealthy practice of controlling her body weight or about the mechanisms that gradually lead to her recovery. She usually describes her relationships as toxic. The polarizations emphasized in the foreword (her mother as a constant support, her father as someone she can never rely on, the failure of medical institutions…) are not clearly explicated later in the novel. Readers have to believe the narrators about the roles of others in her life. Her unreliability is evident, and her own explanation of this unreliability is an additional proof of uncertainty: "Alcohol makes me not remember. The two of us often talk about life and blah, blah, blah, I don't remember anything the next day." (Šurina, 2003: 58)

Distance emerges as a precondition of telling a story: to be able to verbalize the lived chaos, one necessarily needs to understand it, to distance oneself from it. Jasna relies on her diary entries and letters to the association as resources for her representation. Nevertheless, her efforts to piece together these fragments into a coherent whole are insufficient. Some linearity and coherence can be observed only in the last part of the book, where the chaos narrative becomes the quest narrative. Jasna, a wounded storyteller, gradually recovers her voice, and takes the active role by depicting individual and cultural reaction on her troubles. She is no longer in the position of a degraded and ill subject. Therefore, it is important to address the formation of one's own language. The representation of a possible world is directly connected to language and its meaning, just as language is constitutive of identity construction. Identities formed outside normative demands, a different and thus far unknown form of existence, need a new "language", i.e., notions to represent them, since this is a prerequisite to insure a place for (self)actualization. People with eating disorders reluctantly discuss their experiences, because of stigma, abhorrence, and prejudice. Nevertheless, it is essential to linguistically articulate and name every state or experience, no matter how chaotic or painful it may be. The narrator first confronts socially constructed gendered roles using her body, without voice. Writing her novel allows her to assume a position from which she can be heard and produce her own language. She not only describes her innermost states, attitudes and events in her discourse of bulimia, but also invents a term to describe her state: "I bulimied out." (Šurina, 2003: 19) Literary representation actively constructs identity and discourse. The implementation of a new language thus serves as one more way in "Polupani lončići" ("Olly Olly Oxen Free") to break down the wall behind which bulimia is hiding, to allow for conditions under which thus far suppressed voices and incomprehensible language can be heard and understood as alternative ways of living.

Literary theory acknowledges that narratives can provide insight into contingency and fluidity of identities and allow for formation and develop-

ment of new identities: "When illness and disability foreground the body in this way, life writing has a new opportunity to explore the ways in which the body mediates identity or personality." (Couser, 1997: 13) Illness narratives remind us of what we share with other people; they provide us with an opportunity to experience and understand what it means to be a certain body or in certain body. They hold possible effects on both the narrator and readers. This narrative can, therefore, be observed within the context of destigmatizing eating disorders, in this specific case bulimia. From the narrator's perspective, the illness often causes a feeling of futility. However, organizing this experience of powerlessness and pain in a somewhat coherent way shows promise to return or strengthen the integrity and value of life. The last sentences – "I eat as normally as possible. I watch other 'normal' people and imitate them. It's not easy, but it's getting easier. And I pay less attention the more I'm nearing full recovery." (Šurina, 2003: 142) intimate that the narrating subject is taking over control of her life, at least to a certain level, after experiencing complete loneliness, horrifying darkness, and creeping coldness of death.

Finally, it is time to return to the initial question of conditions, capacities and possibilities for realistically representing bulimia. The chaotic dynamic of narration can prove difficult for readers since it complicates following the plot and understanding characters. Nonetheless, this representation of a unique experience seems to be the only possible formation of narrator's testimony, forgotten in the horror of bulimia. Readers have to accept a chaotic narrator as a precondition of potential future order and possibility that a complete and linear story will be told. (Frank, 1997) The representation of a literary subject fighting bulimia shows her ambivalence, multiplicity, fragmentation, decentration and contingency. It shows that that which cannot be represented forms the foundations of its representation, and it is readers' task to try and reconstruct that very same representation. "Yet if the chaotic story cannot be told, the voice of chaos can be identified and a story reconstructed." (Frank, 1997: 89-99) Her identity can be formed, as well as somewhat convincingly represented only in chaos, in sliding between taking over and losing control, at the crossroads of indifference and vulnerability, in the interplay of dependence and independence. Coherent, homogenous, or linear narrative seems to be impossible. Living with bulimia means disorder, confusedness, mess, disarray… and the only thing that can materialize from it all is chaos. The narrator constructs a partially plausible representation of self by metafictionally addressing readers only to repel them by lying and swearing, by telling her chaos narrative that has potential to become a restitution narrative.

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UVJETI I STRATEGIJE KNJIŽEVNOG PRIKAZA BULIMIJE

Rad u širem kontekstu problematizira odnos književnosti prema društvenom fenomenu poremećaja u prehrani. Tijelo se pritom motri kao tekst kulture, ali i središte kontrole (Bordo, 1993). Ključno pitanje tiče se uvjeta, kapaciteta i mogućnosti uvjerljive reprezentacije bulimije na primjeru romana „Polupani lončići. Potresna ispovijest o borbi s bulimijom“ (2003) hrvatske književnice Jasne Šurine. Riječ je o poremećaju koji sami oboljeli često ne žele priznati, nego žive skriven, ali kaotični život usmjeren na pokušaj preuzimanja potpune kontrole nad tijelom. Takav život može se u književnosti reprezentirati samo kao fragmentirana, zbrkana i nelinearna priča; priča o kaosu koja, u ovom slučaju, prerasta u priču o restituciji (Frank, 1997). Koherentna, homogena ili linearna pripovijest ispostavlja se uglavnom neprovedivom. Analiza pokazuje to da je pripovjedačica Jasna uspjela pronaći glas i oduprla se stigmatizaciji kroz reprezentaciju vlastitog stanja i iskustva, makar je reprezentacija u glavnini kaotična. Njezin identitet može se tvoriti pa i donekle uvjerljivo prikazati samo na klizištu između preuzimanja i gubitka kontrole, na presjecištu ravnodušnosti i ranjivosti, u međuigri ovisnosti i neovisnosti.

Ključne riječi: *pripovijedanje*, *ranjeni pripovjedač*, *priča o kaosu*, *priča o restituciji*, *bulimija*, *kontrola*, *stigma*