



EMPTY

A MEMOIR

SUSAN BURTON

BOOK CLUB KIT

DEAR READERS,

Growing up, I was wary of food—I preferred everything “plain”—and also conscious that in my family, size mattered. “I’m so glad I have thin grandchildren!” my grandmother once exulted. But at fifteen, these preoccupations solidified into eating disorders: first anorexia, and then binge-eating. I went from eating little—a spoonful of granola before I left for school in the morning, one airy cinnamon twist from the Taco Bell we drove to at lunch—to tearing around the kitchen. The bingeing took over my life. I seemed like I had it together. I had close friends, good grades; I was captain of the swim team, Most Likely to Succeed. But every instant was pervaded by food: by swearing not to eat it, by eating it, by feeling it stuck inside me; feeling bloated, crazed, like I had no way out. By the time I got to college, bingeing felt like an addiction.

I kept my problem secret. I was too ashamed to get help. My “solution”—perilous, ultimately crippling—to the bingeing was to return to anorexia. I wanted to be “empty,” and that was only way I knew how.

The eating disorders never really went away. My obsession with food continued to define my life, and I continued to be unable to talk about it. I told no one, not even my husband.

In my thirties, I set out to write a book that would intertwine the story of my adolescence with a cultural history of teenage girlhood. It soon became clear that the story of my eating disorders was the one I really needed to tell. It felt urgent and unresolved. Yet still, I resisted it—I was too scared. It took years before I was able to give myself permission to do what I wanted and needed—which in a way is a metaphor for eating-disorder recovery.

I’m drawn to stories about secrecy and the transformative powers of opening up. I wanted to write a book for anyone who’s ever hidden something, or is hiding it still. Hiding is an isolating experience, and there is value in knowing that you are not alone. I would have craved a book like this when I was despondent. While I’ve struggled with both anorexia and binge-eating—most people with eating disorders have more than one of them—*Empty*’s focus is binge-eating. It’s more common than anorexia and bulimia, but there is less research and little storytelling about it. By telling my story, I’m arguing for the importance of this subject, and, more broadly, for the value of personal stories about women’s lives and struggles.

As I wrote, I thought a lot about how who we are as teenagers shapes who we become as adults. Many of the forces that defined my adolescence resonate with me still. *Empty* is about longing, compulsion, and the desire for intimacy. I write about my illness in the context of my family story, which is one I’ll always be trying to understand: my parents’ divorce, my mother’s alcoholism, and my father’s rage.

When I began writing, I still had a lot of problems with food that I had yet to even *identify* as problems. This is a book for anyone who wants to recover from something, whether you’re there yet or not. Telling my story has been life-changing. I’m in therapy now, and I’m working my way through this stuff. In my experience, an eating disorder was an attempt to fulfill an unmet need for human connection. I hope that *Empty* encourages readers to seek their own connections—to share their own struggles, whatever they might be, and reach out for help. I have learned that there is more power in telling a secret than in keeping it.

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DISCUSSION QUESTIONS

1. Susan writes that when she was growing up in the 1980s, “binge-eating disorder wasn’t on the list of things you could have.” How did the fact that binge-eating disorder wasn’t widely known, studied, or discussed end up affecting Susan’s life?
2. As a teen, Susan searched for books about other girls with eating disorders. How would these stories have helped her? Have you ever read a book you think might have helped her?
3. Was there a book that helped you understand yourself as a teenager? If so, what was it? If not, what do you think the perfect book would have said?
4. Susan kept her eating disorder a secret for decades. “I found that I could barely get my story out,” she writes. “I’d held this secret so hard. It went against everything in me, to speak it aloud.” What was it about this specific secret that made it so hard to tell? Do you think it gets more difficult to tell a secret the longer you’ve kept it? Why or why not?
5. What was the relationship between Susan’s secret and the shame she felt about her eating disorders? Do you think she needed to combat the feelings of shame before she could finally share her secret?
6. Eating disorders aside, Susan writes evocatively about the universal experience of being a teen girl—wanting to fit in, feeling deeply connected to music, trying to figure out where your parents’ dreams for you end and where yours begin. Did you identify with any of the feelings or experiences she describes? What emotions defined your own teenage years?
7. Do you believe that who you are as a teenager informs who you are as an adult? What are the pros of looking at life this way? What are the cons?
8. In the book, and in her author’s letter for this book club kit, Susan writes that she wasn’t the only person in her family to struggle with her relationship to food and thinness: Her grandmother openly expressed joy and relief at having thin grandchildren, and Susan’s mother spoke negatively about her own body. Discuss the ways parents can pass their issues and insecurities onto their children. What can parents—and children—do to break the cycle?
9. What lessons can parents of teenagers take from *Empty*? What can you do to foster healthy conversations with your teens (and children of all ages) about their relationships with food and body image?
10. In Susan’s eyes, how did her experience of early puberty influence her eating disorders?
11. Historically in our culture, the voices and struggles of teenage girls haven’t been taken seriously (at least not until it’s too late). Why do you think this is? With teen activists like Greta Thunberg and the students of March For Our Lives making waves in the news, do you think we’re learning to pay attention to the voices of teen girls more? Why or why not?
12. Susan initially tried to write a different book, but the story of her eating disorders pushed its way forward and onto the page. Have you ever tried to write or talk about one thing, only for the truer story to come forward instead? Describe that experience.
13. When *Empty* ends, Susan is seeking help as a forty-something woman—but she still hasn’t completely “fixed” her thoughts about food. What is the benefit of sharing her story with readers before it’s technically “over”? How could it help readers? Do you think there are some things we can never fully heal from?

EMOTIONAL AND BEHAVIORAL

- In general, behaviors and attitudes that indicate that weight loss, dieting, and control of food are becoming primary concerns
- Preoccupation with weight, food, calories, carbohydrates, fat grams, and dieting
- Refusal to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates, etc.)
- Appears uncomfortable eating around others
- Food rituals (e.g., eats only a particular food or food group [e.g., condiments], excessive chewing, doesn't allow different foods to touch)
- Skipping meals or taking small portions of food at regular meals
- Any new practices with food or fad diets, including cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)
- Withdrawal from usual friends and activities
- Frequent dieting
- Extreme concern with body size and shape
- Frequent checking in the mirror for perceived flaws in appearance
- Extreme mood swings

PHYSICAL

- Noticeable fluctuations in weight, both up and down
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Menstrual irregularities—missing periods or only having a period while on hormonal contraceptives (this is not considered a “true” period)
- Difficulties concentrating
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low white and red blood cell counts)
- Dizziness, especially upon standing
- Fainting/syncope
- Feeling cold all the time
- Sleep problems
- Cuts and calluses across the top of finger joints (a result of inducing vomiting)
- Dental problems, such as enamel erosion, cavities, and tooth sensitivity
- Dry skin and hair, and brittle nails
- Swelling around area of salivary glands
- Fine hair on body (lanugo)
- Cavities, or discoloration of teeth, from vomiting
- Muscle weakness
- Yellow skin (in context of eating large amounts of carrots)
- Cold, mottled hands and feet or swelling of feet
- Poor wound healing
- Impaired immune functioning

Source: <https://www.nationaleatingdisorders.org/warning-signs-and-symptoms>

RESOURCES

Contact the National Eating Disorders Association Helpline at (800) 931-2237 or myveda.org/chat.