

Please eat...

A mother's struggle to free her teenage son from anorexia

Bev Mattocks

PLEASE NOTE:

This book is a true story written from a personal perspective. Therefore it might differ from someone else's perspective of the same events. However, to the author's recollection, all events described here did take place. To protect identities and respect confidentiality, most names have been changed. Any resemblance of these names to actual persons, living or dead, events, or locales is entirely coincidental. Please note: this book is written as a source of information only and is not meant to be used, nor should it ever be used, to diagnose or treat eating disorders or other medical conditions. For diagnosis or treatment of eating disorders or other medical problems, please consult your own physician. The publisher and author are not responsible for any specific health needs that may require medical supervision and are not liable for any damages or negative consequences from any treatment, action, application or preparation, to any person reading or following the information in this book.

bombshell

“SO,” I SAY TO THE PERSON I’ve been asked to call at CAMHS (Child & Adolescent Mental Health Services), “When it says ‘waiting list’, how long are we talking about?”

“At the moment you’re probably looking at around 18 to 22 weeks,” comes the reply I don’t want to hear.

“But my son needs to be seen urgently!” I hear the panic rising in my voice. “He’s lost a quarter of his body weight, he’s exercising like mad and he seems to have gone completely insane!”

“Unfortunately there’s a lot of demand at the moment,” she says with some sympathy. “I can’t do any more than place you on the waiting list. Once an appointment for an assessment becomes available we’ll write to you with a date.”

“So, once he’s been assessed, when does the actual treatment start?” I ask with mounting panic.

“Once they’ve decided what course of action to take.”

“Which will be... when?”

She can’t say; it’s up to the assessor to decide. We will get a maximum of three assessments before they make a decision. *Three assessments? How long will that take?*

“Is there nothing you can do to bring an appointment forward?” I’m desperate. A quick calculation tells me it could be mid-April before we’re seen. But CAMHS won’t budge. There’s nothing we can do but wait. I feel totally powerless. I want to scream. I get in the car

and drive round to my sister's house to get it out of my system.

“Good God, he got seen faster when he broke his nose in rugby!” I say as Alison hands me a coffee. “18 to 22 weeks is around five months!” My mind quickly rewinds to where we were five months ago... June... A lot can happen in five months. “In June we didn't even know Ben was getting sick! Look how far he's gone downhill since then. Imagine what another five months could do to him? And to us? God Almighty, Ben could be *dead!*”

I think back to the days when Ben was a baby, when the NHS would pull out all the stops to ensure he developed healthily. Midwives, health visitors, baby clinics, GPs... The slightest hint of a health or growth issue and - zap, pow! - he'd be in front of a paediatrician in an instant. Like the time he appeared to be developing bow legs when he was 12 months old.

Now he's a teenager it's as if they don't care. “The crazy thing is,” I cry, “he's the same human being. And this time he has an illness which could kill him. *What's not urgent about that?* I bet if he had cancer they'd fast-track him into treatment quickly enough.”

I feel physically sick. Potentially five months to wait until treatment, five months during which time who knows what could happen. “And who's to say the treatment will work right away?” I say. “What if it doesn't? What if Ben spirals even further downhill?” My mind starts to go to dark places...

“Have you thought about going private?” Alison asks. “At least it'd provide a stop-gap. And hopefully it might prevent things from getting any worse. Who knows, it might even work!”

Suddenly I remember we've got some private medical insurance - a perk that comes with Paul's job. I call the insurer the moment I get home. Yes, they do cover us for mental health issues. But unfortunately it's only £500 a year. We will need to pay for any treatment over and above this. Not a problem, I say. I'd sell my soul to get my son back.

“If money's going to be an issue, we're happy to pay for some of it,” Alison says when I call her back with the news. I can feel myself

filling up. I want to hug that generous sister of mine.

“I’ve got some savings, too,” I add. And I’m sure mum and dad would help, and Paul’s parents too.

But I can’t stop being angry. The irony is that, in a country with a free National Health Service, we’re being forced to go private to rid our son of an illness which I’m quickly realising has the power to kill him.

It shouldn’t happen. But it is.

THE NEXT DAY I SIT IN THE school car park waiting for Ben to finish classes drumming my fingers on the notepad where I’m making notes and adding up my savings.

Where do we find a private therapist? How do we know it will work? Paul and I are completely new to this, yet here we are facing the prospect of finding urgent life-saving treatment for our child but we don’t have the first idea where to start.

The school bell rings and hordes of teenagers flock out of the building, laughing and joking, some throwing a rugby ball around while others swing on the railings. One boy kicks a football so high it lands on the sports hall roof. The Deputy Head swoops in to give him a swift telling off. Just another normal school day, I think to myself looking out from my surreal bubble.

Then Ben appears, a solitary figure, loitering far behind the others. His pale, bony appearance contrasts with the other boys. Remember the days when he’d be laughing and joking with them? Kicking a rugby ball around as they headed for the pitch on match days?

As he climbs into the car his face has a haunted look and his blank eyes are framed by dark rings. I daren’t ask him how he got on at school. “Just drive,” he commands in the slow, deep, dangerous tone I’ve come to dread. I feel the tears beginning to prick behind my eyes as I’m ordered around like a servant. Ben sits in silence all the way home, staring at nothing.

Once home, he sits in the car. I get out and open the house door, but he’s still sitting in the car, still staring at nothing with cold, wide

eyes. I go into the house and potter around a bit, my stress levels getting higher. Ben is still in the car and he's still staring into space.

Suddenly the car door slams and Ben crashes into the hallway and clammers up the two staircases to his attic bedroom where he slams the door. I sit on a stool in the living room, head in my hands, tissue box within reach. Is there ever a day when I don't cry?

As a family we eat our evening meals at the dining room table. We like to get together and talk about the day, without the distraction of the TV. We even eat at the table when it's just Ben and me. But with the anorexia demon at the table as well, meals have changed beyond recognition.

I'm already in a state of high anxiety wondering what the trigger will be this time. Maybe the food won't be hot enough, or there will be a danger food on his plate, or - more often than not - the portion will be too big or too small and it will throw him into confusion. Perhaps the combination of foods will be wrong. One day - for instance - I produce home-made veggie burgers in a bread bun with home-cooked oven chips. The demon doesn't like it and Ben brings his fist down on the dinner plate, smashing it and making the food splatter around. Oh hell, it dawns on me, I put breadcrumbs in the burger. Bun plus crumbs plus chips equals too many carbohydrates in one go, and - boy - am I being punished for it now.

I can always tell when things are about to erupt. Ben's face reddens, and then he quickly glances from one item to another, weighing up the situation. For a moment he's silent. Then he suddenly slams down his knife and fork, bashing his fists on the plate and sending the food flying before storming out of the room. Outside in the hallway he stamps and crashes around, thumping things and smashing his head against the wall while howling like an animal in pain. Then he hurtles up and down the hallway, banging, crashing and wailing, before disappearing up the stairs to his bedroom and slamming the door.

Meanwhile I'm left sitting at the dinner table, looking down at my food. I can't eat. I can't do anything except get annoyed at the hot

tears I'm allowing to stream down my face. I sit there with my hands over my wet eyes - my head thudding - another box of tissues at hand. These days I have a box in every room.

10 or 15 minutes later Ben comes back into the room silently, almost like a sleep walker. He sits down, robotically picks up his knife and fork, rearranges whatever mess he created earlier and resumes eating in silence. I am silent, too. I daren't say anything in case it sets off the demon again. I've lost my appetite - the food tastes like cardboard. But I can't afford to leave any food on my plate when I'm eating with my anorexic son.

The rest of the evening is a mix of violent tears, hysterics and more of the long drawn out, low-pitched animal wails. I didn't know it was possible for human beings to make a sound like this. The closest, I think, was the guttural, almost primeval noise I made when I was in labour with Ben.

I attempt to talk things through with him. Sometimes it works and sometimes it doesn't. If it doesn't, then the scene will carry on well into the night. But I know that whatever I say - or whatever positive action Ben may agree to - everything will be forgotten the next day. It isn't that he doesn't want to keep his promises; he just *can't*. The demon won't let him.

THE NEXT TIME I GET a free moment away from Ben - that brief period between getting him off to school and receiving the first communication of the day from Sheila or from Ben - I begin my search for a private therapist. Blimey, I think, this is going to be even harder than I thought. I'm stunned at the sheer variety of different therapists and approaches used to treat eating disorders. Psychiatrists, psychologists, counsellors, new age therapists, hypnotherapists, therapists that only treat adults and a bundle of acronyms as long as my arm: CBT, NLP, TFT, DBT...

Oh - and because I want to claim on our health insurance - I have to get a GP's referral. The therapist also has to be on their "approved" list. I can't choose just any Dr Tom, Dick or Harry.

The thing is, I still have no idea where to start. And what if - in my ignorance - I spend all our cash on a treatment that doesn't work? But it's not just about the money; the treatment we choose *has* to work. Period.

Over the next few days I begin an intensive cramming session on anorexia. I send off for books, call helplines, scour the internet for information and spend a lot of time talking about eating disorders with the school nurse. But even then I can't help but feel I'm just scratching the surface. Basically I haven't a clue what kind of treatment Ben needs or where we will find it. Or, when we do eventually find it, how that treatment will work. How long, I wonder, does it take to talk someone out of their anorexia and get them to eat?

Heck, I don't even know the difference between a psychiatrist and a psychologist. How on earth can I expect to make an informed decision about which life-saving treatment is best for my son?

going private

I DECIDE TO START AT THE top and go for a private psychiatrist. Psychiatrists seem to be the most expensive so, logic implies, their treatment must be the most effective. This means Ben will get better faster. Or at least that's the way my mind is working in the run up to Christmas in 2009. Eventually I find a psychiatrist that can see us over the busy festive season.

Friday afternoon sees us sitting opposite a rather stern, smartly dressed gentleman as the clock ticks away on the first £250 of our insurance money. But, after asking a lot of questions, it appears he'll simply be supervising the treatment. He hands me a list of suitable therapists to contact - the people that will do the real work. "Then, in a few weeks' time, you can come back and tell me how you got on." *Not at £250 a shot, we won't*, I mutter under my breath. I take the expensive list home.

Only one of the therapists is available before New Year: Karen, a therapist specialising in CBT (Cognitive Behavioural Therapy). This, I discover, is a talking therapy widely used to help people with mental health problems including eating disorders. The idea is that, through talking, a CBT practitioner can help the patient identify and change extreme thinking and behaviour. Or at least that's what the internet says as I do a quick CBT cramming session.

"But I must warn you - it's not going to be a quick fix," Karen explains when I call her. "To be honest Ben needs to be treated by a

team of people - like CAMHS. I only do CBT. But I'll see what I can do.”

She doesn't sound very positive, I think, wondering if we're wasting our time and money. But I guess it's better than nothing and by now I am desperate.

OCCASIONALLY WE SEE a glimpse of something that almost resembles the old Ben. He'll calm down from the latest rage and sit with his head on my shoulder, clinging onto my hand as if I'm a lifebuoy in a stormy sea. But it's always short-lived. Before long the demon is back, spitting venom, getting violent and shrieking at me to f*ck off. When you're only 5ft 3 and female it's not easy to restrain a teenage boy. I've no idea where stick-thin Ben gets his strength from.

Working out our weekly menus is becoming harder than ever. By now we're limited to a minuscule range of meals, each containing ingredients which I know Ben will eat without too much fuss. Ben's policing of the kitchen is also getting worse. Often I'll find him checking there's no contraband in the fridge, freezer or larder. Everything has to be zero fat and if an extra-light version is available then we have to buy that. One day he tips all the cheese into the trash bin because, it appears, we're not allowed to eat cheese any more. I stand there aghast.

Woe betides me if I attempt to fry anything. Even frying a chopped onion in a tablespoon of oil is a criminal offence. *Why fry when you can dry-fry?* The slightest globule of oil is described as “swimming in fat” and results in violent refusals to eat. When you've just cooked a meal that your child refuses to eat, what can you do? If it was a normal teenager you'd tell them that it's either this or nothing. But with a teenager with anorexia you can't; you know they have to eat. Sometimes I end up cooking a brand new meal - or, on the occasions when I've reached the end of my tether and have to get out of the kitchen before I smash the place to pieces, we'll go out to eat. Not a great experience, as you can imagine, when your child has anorexia, but I figure there'll be something on the menu he'll eat,

even if it's only a salad (dressing-free, of course).

New recipes are risky. I take a sharp intake of breath as I remember the day when I foolishly decided to cook smoked mackerel burgers. *Was I aware of how much fat there is in mackerel?* All day long thoughts of "fat-laden" mackerel buzzed around Ben's head. I knew because he kept texting me about it. By the time he arrived home he was in a terrible state.

At meal times our portions have to be identical. Absurdly I find myself weighing them out in front of Ben to prove there isn't a nano gram more on his plate than on ours. If there is he'll throw a wobbly - or remove food from his plate and deposit it on mine. "I've got loads more than you, mum," he'll say accusingly.

I used to love cooking and now I loathe it. From the moment I walk into the hated kitchen I'm in a state of high anxiety. The slightest creak on the staircase and I'll throw the ("extra lean") minced beef, tomatoes or whatever into the chopped onion which I've dared to fry in oil. I'll stir vigorously to remove any sign of oil and then stir it again just to make sure. And all the time I pretend to be acting normally. Sometimes I even find myself nervously singing songs in a bid to distract Ben from what's going on in the kitchen. With Christmas just around the corner I sing *Winter Wonderland* over and over again until I'm sick to death of it. *See, I am so H-A-P-P-Y and R-E-L-A-X-E-D.*

As a mother it has always been my job to feed my child, and my son has a lifelong history of demolishing food as if it's going out of fashion. Before the anorexia he'd Hoover up every single morsel - and demand more - while I'd look on with indulgent satisfaction. My son could eat for England. Yet now the thought of feeding him puts the fear of God into me. One false move and - ker-pow! - the demon erupts. I live in dread of Ben walking into the kitchen to find me adding an extra tablespoon of oil to the pot.

A lay person might say: "For God's sake, just make him eat. To hell with the repercussions; you're his parents!"

But it's almost impossible to describe the ice cold fear you have of

the demon: the thing that's inside Ben which, without much provocation, could make him take his own life rather than eat. By this time suicide is a constant worry. I feel as if we're living on a perpetual knife-edge

I find myself hiding contraband like cheese, ground almonds and so on in strange places, ready to slip into the mix as soon as Ben is upstairs, my body ramrod straight with tension in case I'm found out - frantically tasting the food to make sure the extra ingredients aren't detectable. If in doubt, I don't add anything. The sheer blind terror I feel at times like these is beyond description. Yet at the same time I can't help but notice the absurdity of it all. Here we have a teenage boy who, like most teenage boys, should be eating his parents out of house and home. Yet I'm terrified of a small chunk of cheese.

Only the other week a mother was laughing about how her ravenous teenage son would arrive home from school, get out the bread, slather on the butter and proceed to systematically clear the contents of the fridge. Her son, she exclaimed, had a huge breakfast every day and then you'll never guess what he did next? He stopped to pick up a friend on the way to school and had a second breakfast there!

It seems ludicrous that here am I, the parent of a teenage boy the same age, my hand trembling with fear as I get some grated butter out of the freezer, tip some of it out and stir it into the rice pudding, all the time listening to make sure Ben isn't coming back downstairs. Then I hide the butter at the back of the freezer again. No it isn't ludicrous; it is heart-breaking. *How the hell did my son end up like this?* I long for him to rush into the house after school, cram calorific snacks into his mouth and still be ravenous by suppertime. I wouldn't give a damn about how much my food shopping cost me; I'd get a second mortgage if necessary. If only my son would eat...

A couple of years later this all comes out into the open as I'm reading this manuscript to Ben. "You deceived me!" he interrupts as I try to explain why I "tweaked" the food occasionally.

"Yes, I admit I did add extra calories wherever I could," I

respond. “Heck, Ben, you were falling off a cliff - I was fighting to save your life. I’d have done anything to save you. Any mother would do it. *You’d* do it if you were a parent, I guarantee it.”

“But I thought I could trust you.”

“You could and can trust me, Ben, and you know that. But back then, while you were sliding into goodness only knows where, I was terrified the eating disorder would destroy you. I couldn’t just sit back and do nothing.”

ONE DAY I DECIDE TO STRIP all the grocery shopping of its packaging so Ben can’t home in on the nutritional labels or tell if it’s high fat, low fat or no fat. I also scribble out the calories and fat content from recipes. Out of sight, I reason, means out of mind. But I haven’t figured on Ben knowing every individual calorific value off by heart. Ben, who’s always been pretty weak at maths, is a genius when it comes to adding up calories in his head and working out fat content.

I even toy with the idea of swapping foods around - of buying standard cheese instead of fat-reduced cheese and putting it in a low fat wrapper, or substituting zero fat yoghurt for full-fat.

Crazy scenarios like me standing in the supermarket car park decanting higher fat products into zero fat containers, then rushing to the trash bin to get rid of the evidence; even swapping the labels around on milk cartons.

Absurdly, I worry Ben will appear out of nowhere and I’ll be found out. I begin to know where all the trash bins are located on the way to school. Ping! In goes another cheese wrapper or yoghurt pot.

I hate the person who invented those nutritional wheels on food packaging - the information that’s supposed to alert everyone to “healthy eating”. I suspect many people ignore them. But not teenagers with anorexia; people like Ben are drawn to nutritional information like bees to a honeypot.

I also hate those people that are cramming our supermarket shelves with diet products. None of this stuff existed when I was

Ben's age. Yet, curiously, we have a bigger problem with obesity than ever. Something is seriously wrong. I want to put skull and crossbones stickers on every "light", "lite", "extra-lite", "skimmed", "fat reduced", "diet", "healthy" and "low calorie" product there is. Warning: *keep away from your anorexic child...*

Once upon a time recipes were written without any nutritional breakdown. You'd just lob everything into the pot, cook it and eat it - just as it's been done since the world began.

But, in today's obesity-obsessed and oh-so-H-E-A-L-T-H-Y 21st century, everything has to be measured out accurately and subdivided into calories, umpteen different kinds of fats and other nutrients, all of which are meticulously listed below each recipe. It's like manna from heaven to the anorexia demon.

I catch Ben going through the recipes, ticking all the "safe" meals to "help me out". He crosses out all the added fats and other "baddies", suggesting "healthier" alternatives and writing comments about why we don't need "that much" cheese or meat. He puts a huge "X" through any unsuitable recipes. The more vigorous the "X" the higher the calorie and fat content.

"You're not on a diet, Ben!" I sigh for the umpteenth time. I am wasting my breath.

I remove a stack of Good Food and Delicious magazines from the kitchen cupboard to a bookcase in my bedroom and dig out all those old recipe books, the ones without "healthy" nutritional information. But, by now, Ben can add up the calories and fats in a recipe just by looking at it.

BEN ISN'T ENTHUSIASTIC ABOUT seeing Karen, the private CBT therapist. He doesn't want treatment; he doesn't feel he needs treatment. Karen makes it clear that we won't get anywhere unless Ben agrees to work with her. Nothing in Ben's expression or body language indicates that he has any intention of working with her, or with anyone. He just sits there silently, black rings under his eyes, painfully thin and waif-like in the pyjama pants he's been wearing for

the yoga sessions he does after school. He doesn't want to be there.

Over three or four sessions Karen does her level best to get through to Ben, but he's not reacting or listening. But, to his credit, he does some of the "homework" she sets him, like making a daily list of positive things that have happened in order to raise his mood. But he soon gives up. "It's been a sh*t day so I've nothing positive to write," he says again and again, leaving the list untouched.

Despite all her good intentions, I can't help feeling that our sessions with Karen are like trying to plug the hole in the Titanic with cotton wool. I have no idea how talking is supposed to make Ben change his mind and regain all the lost weight. Or how long it will take. Or how terribly thin he will have to get before it bears fruit.

I feel as if we're floating adrift in a huge ocean with no land in sight. The escalating eating disorder has transformed my son beyond all recognition - yet all pleas to speed up our CAMHS appointment are falling on deaf ears. I am powerless to get my son the treatment I believe he so urgently needs and which, in a country with a free National Health Service, he should be entitled to.

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Praise for *Please eat...*

"Please eat..." is an essential read for anyone trying to understand more about eating disorders in teenage boys. Bev Mattocks describes the story of her son's anorexia but also provides insight for other families facing this complex illness in a world where anorexia is still associated with teenage

girls. Totally recommended.” - **Sam Thomas, Founder of *Men Get Eating Disorders Too***

“Bev Mattocks shares her painful personal story so beautifully that the reader feels a deep connection. She models the tenacity needed by parents to stand up to these deadly illnesses for the long haul. This is a powerful account which health care providers around the world need to read before meeting with their first eating disorders patient.” - **Becky Henry, Founder of Hope Network, LLC & Award Winning Author of *Just Tell Her To Stop: Family Stories of Eating Disorders***

“The world is slowly coming to realise that ‘Boys Get Anorexia Too’. Bev Mattocks writes honestly and from the heart about helping her teenage son to overcome anorexia. Like ours, this is another success story of a family working together with friends, school and clinicians to beat this insidious illness. Many families will find great comfort from reading this story as well as much needed energy to fight the eating disorder.” - **Jenny Langley, Author of *Boys Get Anorexia Too***

“This is a wonderful book. It's quite hard to read because the story is so painful, but easy to read because of the clarity and simplicity of style.” - **Gill Todd, RMN MSc, former Clinical Nurse Leader at the Gerald Russell Eating Disorders Unit, Bethlem & Maudsley Hospitals, London**

“I have just finished *Please eat...* and it such a powerful page turner! Bev Mattocks has captured the complexity of her family's journey so honestly, bravely and with such clarity of writing. It is a compelling read.” - **Susan Ringwood, Chief Executive, BEAT**

“Cancel your plans for the day when you open this book” - **Laura Collins, Founder of *F.E.A.S.T. (Families Empowered & Supporting Treatment of Eating Disorders)* & Author of *Eating With Your Anorexic***

“Bev Mattocks is doing such amazing work empowering other parents and helping to raise awareness that boys get eating disorders too.” - **Leah Dean, Executive Director, *F.E.A.S.T. (Families Empowered and Supporting Treatment of Eating Disorders)***

“This book takes you on an emotional journey through the everyday reality of dealing with anorexia. If you're a health professional, read it to understand what parents are struggling with at home. If your friends or

relatives think that anorexia is simply a refusal to eat, get them to read Ben's story. And if you believe anorexia is a girl thing, this book will sweep away your misconceptions.” - **Eva Musby, Parent and Writer**

“*Please eat...* is gut wrenching and touching. It captivated me and I could hardly breathe as I was reading it. I read the first six chapters in one sitting. Bev Mattocks has done such a great job of bringing her story to us in a vivid and personal way.” - **Parent**

“*Please eat...* made me very emotional, it's hard recalling those moments when you realise that something is wrong. I am sure the book will be a valuable resource for many parents battling with eating disorders.” - **Parent**

“When I first came across Bev Mattocks' story I was in the depths of despair with my daughter's anorexia which was spiralling out of control. Bev helped me realise that we were not alone, that we could help our daughter to recover and that, as her parents, we were part of solution and not the cause of her eating disorder. This is an empowering book.” - **Parent**

“*Please eat...* is moving and engaging. Bev Mattocks creates a totally convincing picture of what it is like. It certainly educates, so that a parent who's in doubt would recognise the symptoms.” - **Parent**

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