

Anorexia Boy Recovery

A mother's blog about her teenage son's recovery from anorexia

Part 4 – 2014

BEV MATTOCKS

(aka 'Batty Matty' – the nickname I used to write my blog back at the start)

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IMPORTANT NOTE

The content for this book is taken from my Blog. As a result, it is written like a diary. Accurate English grammar and correct sentence construction were not at the forefront of my mind; I simply wanted to get my thoughts and experiences down “on paper”. Therefore, in places, it might not flow perfectly. I also dart around from one topic to another, some days looking back and others writing about whatever was going on in our lives at that present moment. There is also some repetition; I may describe the same event a number of times to remind my readers of a key event that occurred earlier on my son's journey to recovery.

As you would expect from a blog, there are days when I'm angry, days when I'm frustrated, days when I'm reflective and days when I offer advice based on our own experiences of what worked and what didn't. It's important, therefore, to judge these posts as being “of the moment”, chronicling my current point of view and feelings. What you see here is also my own personal recollection of events. Other people's opinions and recollections of the same events might differ.

Most importantly, this book should never be treated as a substitute for advice or treatment from a professional medical clinician. Also what may work for one family may not work for another. Therefore I strongly recommend taking professional advice if you are at all concerned that your child may be developing an eating disorder.

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JANUARY 2014

A summary of our story in the lead up to treatment

In case you're new to this blog and are unfamiliar with our story, here is a summary which should give you a rough idea of how my teenage son, Ben, found himself on the road to anorexia (and eventually, thankfully, on the road to recovery).

BACK AT THE START I HAD no idea that boys got eating disorders. Like many people, I thought anorexia was something exclusive to girls. I assumed it was a “diet gone wrong”, that all they needed was a good talking to and they'd snap out of it.

But of course eating disorders aren't like that. Not one bit.

At primary school, my (only child) Ben was overweight. He was quiet, well-behaved and most definitely not “sporty”. Then, at the age of 11, he won an academic scholarship to a fabulous independent secondary school with a reputation for sport – especially rugby.

Surprisingly for a sports-shy boy, Ben took to rugby like a duck to water. He has a natural talent for the game and was immediately given the position of Number 3 in the team, a position given to the biggest, toughest boys. Soon, Ben was playing rugby virtually every day of the week, including local club rugby on Sundays.

Before long the puppy fat disappeared to be replaced with an awesome athletic physique. Being good at sport at a “sporty school” also carried a distinct kudos. Soon Ben was one of the most popular boys in his peer group and he revelled in the change. He was good at other sports, too. In the summer of 2008 – one year before the eating disorder began to manifest itself – he and his dad did the Coast2Coast cycle ride across Northern England, up and down some of the most challenging terrain in the country. Ben was a star on the athletics field and in the cross country running team. In fact I think the only sport he wasn't good at was cricket.

But, before long, Ben began to tire of all this sport and exercise. He felt increasingly lazy. Yet he was worried that if he didn't keep it up he might lose the athletic physique and the kudos he'd earned as a rising star in the rugby team. Worse, he might get fat again. And, being a growing teenage boy, Ben loved his food! During the spring of 2009, as the rugby season came to a close, Ben gradually discovered that, by eating diet foods, he could consume the same quantities and do less exercise, without putting on any weight. Great, he thought to himself, I've discovered the magic bullet...

Unfortunately things didn't work out like that. In the event Ben began to exercise more, not less. But diet foods and generally cutting down on intake meant he was consuming less calories and fats. It wasn't a great mix for a growing teenage boy.

For us, as parents, the alarm bells began to tinkle during the summer of 2009. It began with our summer holiday in France where Ben was swimming 100 metres of the villa pool every day and going for gruelling runs in the heat. He was also reading all those "Men's Health" magazines packed with diets and exercises to develop bodies like the impossibly toned models in the photographs.

Getting a "six pack" became Ben's Number One goal. Back in the UK he joined a gym and went seven days a week supplemented by yet more gruelling runs plus hundreds of daily sit-ups, press-ups and crunches. Meanwhile he devised even more low calorie, low fat meals. Cooking became a passion. But at the same time, eating was getting more ritualistic, for example chopping fruit into tiny pieces before carefully arranging on a plate. He was also avoiding certain foods – more foods than he was actually eating.

We noticed that he was getting increasingly depressed and withdrawn. He'd have sudden and distressing outbursts, sometimes violent, which became more and more frequent. And, over that summer, he completely cut himself off from his friends.

Worryingly, Ben was losing weight, very, very quickly. During that summer of 2009 Ben lost one quarter of his body weight. Something was seriously wrong.

It wasn't until late September that I was prompted to take him to the doctor. I simply didn't know what we were dealing with. Was it just a teenage phase or was it something more sinister? Worse – because sometimes Ben would eat and behave normally – was it simply my imagination?

I don't think the GP was too sure, either. The problem was that, to anyone that hadn't seen Ben as a rugby forward, he didn't look like the stereotypical anorexic i.e. skin and bones. He was skinny by this stage, yes, but then that isn't that unusual in some teenage boys. Neither is fussy eating.

I took him to the GP a few times but each time Ben was simply instructed to “eat sensibly and come back in a couple of weeks' time”. In the end it was the school nurse that suggested I get Ben referred for treatment. The staff were becoming increasingly concerned, especially Ben's rugby coaches. Already he had been invalidated out of the team after having been moved to less aggressive positions. I used to worry that if Ben played rugby at this stage, he'd snap in half.

It took a while for the penny to drop – that Ben was developing an eating disorder. My husband and I were horrified. We didn't know what to do or where to turn. In the end it was the school nurse who told me about CAMHS (the NHS Child and Adolescent Mental Health Services). So we went back to the GP and insisted Ben was referred right away.

We assumed we'd get an instant appointment but were horrified to find we might have to wait five or six months just for an initial assessment. Meanwhile Ben was disappearing in front of my eyes. He was doing strange things – because anorexia doesn't just affect your weight, it affects your mood and your behaviours. He was becoming out of control at school, his personality was changing into someone we didn't recognise... basically everything was imploding.

Then, in January 2010, while still on the waiting list for treatment, Ben was admitted to hospital with a dangerously low pulse rate of 29. Thankfully this meant we were able to get him fast-tracked into treatment and he spent the next two years

being treated for anorexia.

It took a long time. It's difficult for people with eating disorders to acknowledge they have a problem and even if they do, they are often powerless to do anything about it. This is not an illness you can just snap out of. It is all-consuming and debilitating. Left unchecked it can destroy lives. Indeed eating disorders have the highest mortality rate of any mental illness.

Through my blog – and now my books - I want to do everything in my power to “fast track” other parents through this massive learning curve and point them towards good, solid, evidence-based support in a world where there is still precious little awareness about eating disorders, especially in boys.

Of course I'm not a clinician or an expert; I am just an ordinary mum writing about the day to day experiences of living with a teenage boy recovering from anorexia. But when you suddenly find yourself on this devastating journey, it can be so reassuring to know that others have been along this road too. To know what they went through, to know what signs to watch out for and to know what worked. And, importantly, during those many false summits and disappointments, to know how they found the strength to continue fighting as they helped to guide their child towards recovery. This is why I write my blog.

But the problem with my blog is that, by the end of 2012, it was getting extremely long. There are now 418 posts in total which makes it difficult for other families to plough through everything. Blogs aren't like books. You can't just read through them from start to finish and you can't easily refer back to something you found particularly helpful or relevant. You're clicking here, there and everywhere. Worse, much of the earlier information – for example from 2011 - risks getting overlooked altogether. And there's some important stuff in there! I know, because I've had so much positive and encouraging feedback from my blog followers.

I hope this PDF proves useful to you.

Best wishes,

Batty Matty, January 2016.

Sunday, 5 January 2014

C'mon feel the noise!!!!

Something I haven't heard for FIVE LONG YEARS! The sound of a load of teenage boys messing around, making a heck of a lot of noise and having fun in our house. Not since Ben's birthday in December 2008 has there been so much yelling, laughing and crashing about. And eating. I am in seventh heaven.

Today Ben invited round all the new friends he's met over the past year or so at Games Workshop for an epic table-top Warhammer battle which has lasted 5 or 6 hours and is still going on.

The house has been full of nerds, and I love it!

And I simply ADORE the sound of Ben being 'the old Ben', just as he used to be when his friends were round here.

Plus, Ben has been right in the middle of it rather than hovering on the sidelines being ignored. Just as he used to be.

A get-together like this is something that hasn't happened in any shape or form in this house for FIVE LONG YEARS thanks to the eating disorder and the way it isolated him from just about everyone. And the way that social anxiety, loneliness and isolation has been one of the longest-lasting remnants of the eating disorder.

The only downside is that these boys are from here in Leeds and not Sheffield where Ben is at university.

I hope and pray that he will make a similar set of friends at Uni this coming semester.

But in the meantime I think our household has had the best and rowdiest afternoon for YEARS.

And the grin on my face is ten miles wide.

Monday, 6 January 2014

On the menu tonight is...

When Ben was a little boy, I got him to eat home-made nut-and-cheese balls in spaghetti sauce by telling him they were my sister's recipe: Alison's Cheesy Balls. Basically, if he thought my sister adored these tasty nutty rissoles, then he wanted to eat them too. It's some time since we've had Alison's Cheesy Balls for dinner, but tonight Ben himself has cooked them for us - and I can't wait!

Friday, 10 January 2014

Relatively quiet here

Everything has been relatively quiet. Ben is busy revising for uni exams which aren't until the end of the month, and so he is still at home. We are still working on gaining the bit of weight he lost during the first term at university, and will weigh him again on Sunday to make sure everything is still heading in the right direction. If not, he has agreed an increase in calories. And that's about it, really, for now!

Saturday, 11 January 2014

"I'm not seeing much jubilation..."

... said Ben this morning as he popped onto the scales to see that he'd gained a kilo over the past week. But, as I explained to him, I was still a bit dazed. It was very early on a Saturday morning and I'd just woken up with a stonking headache (despite an alcohol-free January in a bid to be kind to my body after a rather enthusiastic consumption of red wine in the lead up to Christmas!)

"Sorry, Ben, I am thrilled and delighted," I said as I hugged his PJ-bottoms-clad

physique, over the moon at feeling that lovely flesh on those bones. "Well done!"

Earlier this week Ben announced that such-and-such weight was the minimum healthy level for a young man of his age, build and height - and that he wasn't there just yet, but planned to get there very soon.

Compare this to previous years where he would insist that he was "fine as I am".

I love life without ED, the horrible eating disorder.

Oh, and Ben's just turned up at the door with 5 or 6 of his Warhammer friends again for a day's table-top gaming.

Excellent.

Monday, 13 January 2014

Boadicea in her chariot, guns a-blazing in the fight against eating disorders and poor treatment

On the 9th March 2010, I discovered the Around The Dinner Table forum for parents of young people with eating disorders. It was like an oasis in a desert. I immediately posted my first post there and, within moments, the second parent to respond was a lady I came to know as 'cjbSuffolk'.

Very quickly, over the next few days, weeks and months, I came to know this lady as 'Charlotte' because she often couldn't be bothered with going incognito. And, anyway, how could anyone go incognito for long who had a habit of swooping in to provide loving support, help, advice and just about anything else she could assist with when a new, desperate parent joined the forum.

Before long Charlotte would be on the forum, email, phone or Skype doing her level best to offer help and support, and often to fight a family's cause when they were up against a less-than-adequate CAMHS or other mental health team.

For example, one evening in early June 2010, my (then) 16-year old son, who was deeply entrenched in his eating disorder, tried to climb up onto the roof of our two-storey house, not caring if he fell off. I managed to pull him back in through the

skylight and the rest of that evening was Sheer Hell. Unable to sleep during the early hours, I fired off an email to Charlotte to tell her what had happened.

I knew I could depend on her.

I just knew...

Now, Charlotte Bevan was famous for being up and about at all hours, probably something to do with being a farmer. But, within no time, she was on the phone to me offering help and support, and a shoulder to cry on. She'd also been in touch with some of the other ATDT mums who also stayed up well after their bedtime to help.

In the months that followed I only had to hint at an ED-fuelled nightmare going on in our house or at CAMHS and Charlotte would be there in a flash, on the phone or Skype, telling me to 'breathe' and put on my 'big girl pants'.

And I know I wasn't alone in getting these Rapid Response calls...

Almost right up until her death, which tragically took place this morning following a long and painful battle with breast cancer, Charlotte was thinking of other families fighting eating disorders. If she wasn't offering direct help on the phone, Skype, by email or on the Forum, she was fighting their cause in some other way.

Charlotte was the kind of person you could imagine wouldn't think twice about chaining herself to some railings and making a fuss to get her point across. She could be loud. She spoke her mind. I once likened her, on the Forum, to Boadicea with her chariot, charging through the battle and flattening the evil ED (and any bad healthcare providers) in her path.

She just cared so much about others.

Yet Charlotte wasn't your typical 'saint' or 'angel'. As far as I know she wasn't religious. She wasn't a 'do-gooder'. She wasn't trying to earn Brownie Points with God, the church or anything like that. She had no 'hidden agenda'.

She was just a Jolly Nice Person Who Cared.

And, in a world of selfishness, greed, hatred and evil, there are few truly genuine and totally selfless people like this.

To say that 'she will be sadly missed' is too lame a phrase.

I, and many hundreds of other people across the globe, are devastated that she is gone from us. Even though, I - like many of them - never actually met her in the flesh. Skype is the closest I ever came to meeting Charlotte.

I very nearly met her once - at the November 2012 FEAST UK conference where she did a sterling job of helping me to book hotel bedrooms for everyone. She was supposed to be introducing the conference. But she had to give back-word. Her mum was seriously ill, with cancer.

Who would have thought then that, before long, this terrible illness would attack dear Charlotte, too?

No, it isn't fair. It is bloody unfair that someone like this should be taken from her family and all the other people that loved her and who she loved.

My thoughts go out to her family, especially her girls and her husband.

Please consider making a donation to Charlotte's Helix in her memory.

Wednesday, 22 January 2014

Feeling a bit down and stuff...

I think it was dear Charlotte's death last Monday that started it off but I've been mega down in the doldrums for a few days. You know, those days when you latch onto negative things rather than positive... For example today when I got my first negative book review on Amazon and - typically of me - I took it personally, despite the fact that I have umpteen excellent reviews.

And also when I tried to get my books onto our local city library shelves only to be told that they don't consider 'self-publishers'. (Actually I publish through a company called Creative Copy, the publishing arm of my existing writing business, so I prefer to class myself as an Independent Publisher or Indie Publisher.)

So then my mind goes into 'you're rubbish' mode. 'You're rubbish, you're a fake, you're not a "real author",' despite the fact that I am a real writer, having worked as

a copywriter for 25 years and that I'm about to embark on an MA in Writing.

But my silly head ignores all the positive stuff and latches onto the negative.

And, yes, I know that when you publish a book - especially a book where you describe your emotions in such honest and raw detail - you are opening yourself up for criticism. You have to be prepared to take the hard knocks as well as the warm hugs...

It's just that I'm not very good at doing that.

FEBRUARY 2014

Thursday, 6 February 2014

Oh come off it NEXT, that model is positively emaciated

Oh I am so pissed off with the way fashion models and mannequins are so ridiculously skinny and present this look as the 'ideal' to young women and men. And the model gracing the front of the new mini NEXT catalogue I've just been sent in the post takes the biscuit. You can see this frankly emaciated figure [here](#).

Yes we know that mass media and glamorisation of an overly-thin ideal do not cause eating disorders, but they can certainly lead a vulnerable individual down the path to developing one and serve as a constant source of triggers for people with eating disorders.

I mean, NEXT... If my daughter looked like the one in that photo I'd have her down the local GPs' surgery in a shot.

It is no longer ethical for a company like NEXT to portray 'the ideal' as skinny and emaciated. It never was ethical, but with all the recent publicity to portray 'real women' (whatever a 'real' woman is...) you would think they'd know better.

Monday, 17 February 2014

It's difficult being a mum...

... says Bev in the Understatement of the Century! This morning, en route to the railway station with Ben, I was thinking about it, wondering whether it'd be better to love less or not to love at all than to love a lot and care.

But then I decided that I'd far rather be a caring, loving, concerned, worrying mum than someone who didn't have the capacity for love or who focused their energies on other stuff.

This, even though I really have had enough of worrying about Ben. I really could do with a break. I really could do with things finally working out well for Ben on the university social front so he will look back on his university years as fun and enjoyable.

I know he is finding it punishingly hard. But I also know that he is persevering. He did have the option to take another Leave of Absence for 12 months, to sort things out, but he decided against this. We have been looking at other options to make university easier for Ben, including transferring to our local university, but unfortunately this is probably not feasible. Not unless he takes Year 1 again. And with university fees at £9,000 a year, no-one would want to do that unless there simply wasn't any option.

On the 'plus' side, Ben's new friendship group here in Leeds is going from strength to strength. He sees these guys every weekend and I can't tell you how wonderful it is to hear the noise and laughter of teenage boys in our house again after all these years of solitude.

And, because Ben is still coming home every weekend, there is no reason on this planet why this new friendship shouldn't blossom and grow.

It's just the week days that need sorting out. But the Good News is that Ben is continuing to go out socially, to clubs and societies, and is continuing to meet people

who, fingers crossed, may one day turn into friends.

I just wish I could stop worrying about him, because I know how very depressed he gets.

But the other Good News is that his weight is continuing to creep up, so the continuing teething troubles at university don't seem to be triggering the eating disorder. And, when you think about it, this is Seriously Good News and proof that his recovery is strong.

Gah, I hate anxiety.

Thursday, 20 February 2014

Thumbs-down to the policymakers at Leeds University Admissions

During that critical period between year 11 and year 13 at high-school, Ben missed a heck of a lot of school. During year 11 he was plummeting into anorexia and ended up studying for his GCSEs at home while battling with this terrifying descent into a serious eating disorder. He never, ever managed to get back into school full-time. In an ideal world Ben - a highly articulate and intelligent young man - was predicted to get AAA at A-level. In the event, he got BBB plus an A in his Extended Project Qualification. Considering what he'd been through, this was an amazing feat and one that Sheffield University obviously recognised as they pointed us towards their Disrupted Studies scheme which is aimed at people who, like Ben, "have experienced issues of a personal, social or domestic nature that have affected either your post-16 studies, or any GCSE subjects that cited in our course entry requirements". We supplied all the relevant information and Ben won a place at Sheffield, a 'Russell Group' University like Leeds University.

But, as you know, Ben is finding it mega tough to settle into life at university away from home. Although the eating disorder side of things is relatively OK, he is receiving therapy and medication for depression - a result of the aftermath of the anorexia. As a result both he and I contacted Leeds University (our local university) to

see if he could transfer there. Same course, same entry requirements, similar university, yet - despite a lovely lady from student admissions who we've been corresponding with - without the same flexibility when it comes to entry. Or at least transfer from a similar university.

Leeds University do have flexibility if you're a brand new potential undergraduate and, for similar reasons to Sheffield's Disrupted Studies scheme, you need to study in your home town. But they'll only drop one of the grades. So, if they normally require AAA, they'd perhaps accept AAB under the Leeds University Access to Leeds scheme.

So, despite the massive battle with anorexia during these crucial school years, Leeds has said that Ben wouldn't be able to transfer to the same degree course.

How about a joint honours course, then, with lower entry requirements?

Unfortunately not - because the Access to Leeds scheme isn't available to students with experience of higher education (i.e. who are already at another university), even if they transfer back into Year 1. The only other option would be to consider another academic institution that required lower grades to see if they would be willing to accept a transfer.

I don't know whether the same would apply if Ben were a Leeds student wanting to transfer to Sheffield under their Disrupted Studies scheme. But I do know that Sheffield took his Grade A EPQ into account as part of the entrance requirement. Leeds does not.

In my opinion, this feels like discrimination. Ben is expected to have got the same grades as he probably would have got had he not been through a prolonged period of serious illness and missed so much schooling.

I can't see the difference between requesting a transfer and considering re-taking the year - and being a new potential undergraduate. Why make allowances for one but not the other?

Frankly, I would like to see Ben remain in Sheffield. Thus far the university has shown itself to be mega sympathetic to his predicament. It's a lovely place and the

supporting student services staff are wonderful. Sure, the lady I spoke to at Leeds University was very nice, helpful and sympathetic, too, but her hands were obviously tied. 'Rules is rules', it seems...

Sunday, 23 February 2014

So excited about meeting Prof James Lock next week!

Prof James Lock (co-author of the very excellent and informative book *Help Your Teenager Beat an Eating Disorder*) is in Glasgow a week today for an information and discussion session on Family Based Treatment (FBT) for Eating Disorders - and I will be in the audience.

And I will get straight back to you, my dear blog followers, as soon as I get back home, to let you know what he said!

I might also give him a copy of my book: *When Anorexia Came To Visit*. Indeed two of the mums that contributed to this book will be there, too, one of whom I've met several times, but the other I've only talked to over the phone when researching my book. The three of us are meeting for lunch and I am soooooo looking forward to that!

Monday, 24 February 2014

It's Eating Disorders Awareness Week - so let's have some evidence-based facts, please.

It's Eating Disorders Awareness Week. So the media have dragged in various 'experts' to spout their stuff about what 'causes' eating disorders and how they might be prevented. It's a shame that, in some instances, these 'experts' aren't better informed. Indeed my network of parents (from the F.E.A.S.T. community) seem to know more about the ins and outs of eating disorders than they do.

First there's the article on Forbes.com (pointed out by Laura Collins) about the role

parents apparently play in causing and potentially preventing eating disorders. "Parents," the article says, "lead by example" and "need to be mindful of how they eat, their relationship with their own bodies, and the potential impact on their kids".

And, sigh..., it doesn't take the article long to point the finger at mothers and how a mother's "attitude regarding body image significantly influences how children view themselves". But all is not lost because their eating disorders expert kindly provides some "constructive support and suggestions describing how parents can help promote a positive body image in teens and children". And so on. Laura's blog talks about it better than I can.

Then there's The Times newspaper which, annoyingly, I don't have a copy of - and it's a subscription-only website. What I do have, however, is Young Minds' sensible response to The Times' claims that "A silent epidemic of anorexia is sweeping through the country's top independent schools, affecting thousands of teenage girls".

Firstly, eating disorders can strike anyone, regardless of gender, ethnicity, race or sociodemographic group. Thus there is as much chance of a student at a state school developing an eating disorder as there is at an independent school. Likewise, some schools 'get' eating disorders and offer excellent support and some don't: state and independent.

On a personal level, my son Ben was educated privately. His school 'gets' eating disorders and the support we received from the staff - from the teachers and medical staff through to the headmaster and management team - was amazing. Would he have received the same support at a state school? Possibly. Possibly not. Who can say? The same goes for if we'd chosen another independent school - or even educated him at home.

And secondly, of course, it's not just "teenage girls" that get eating disorders. **BOYS GET EATING DISORDERS, TOO!**

I am hoping I won't come across any other 'experts' digging up long-obsolete 'facts' about eating disorders this week - or ever.

This is Eating Disorders Awareness Week 2014, not 1974.

Tuesday, 25 February 2014

I will say it again... BOYS GET EATING DISORDERS TOO!

It's Eating Disorders Awareness Week and, already, I've come across several references to eating disorders as illnesses that affect girls and young women. No mention of boys. Or, if there is a mention, it's only a passing reference. But, you know what? (And I know that most of my readers DO know, especially Sam Thomas of Men Get Eating Disorders Too who spends most of his waking hours trying to raise awareness of this inescapable and stark fact.) **BOYS AND MEN GET EATING DISORDERS TOO!**

I will say it again: Eating disorders are NOT just a 'girl thing'.

In a way, I wish they were, because then my son Ben would never have developed the eating disorder that robbed him of three crucial years of his teenage life with the fall-out still evident and messing up parts of his life today, almost 5 years on. That's a shocking ONE QUARTER of his entire 20-year-long life!

It is so important to raise awareness of the fact that males get eating disorders as well as females - and that these eating disorders are every bit as serious. Not simply so they get diagnosed by the medical profession sooner and get treatment, but so families can recognise the signs of an eating disorders in their son and take action.

Back in spring 2009, just under 5 years ago, my husband and I had no idea that boys got eating disorders. So we didn't recognise the warning signs as they began to emerge. Not until the eating disorder had become quite advanced did the penny suddenly drop about why Ben was behaving so strangely around food and losing so much weight. And why he seemed to be transforming from the boy we'd raised into a volatile stranger.

This is because we never, ever in a million years expected A TEENAGE BOY to get anorexia! Just as we would never expect a young person to show the signs of

dementia or another illness that we would never, ever associate with this particular demographic.

Our GP didn't recognise the warning signs of an eating disorder either. And, when we eventually got treatment for Ben 4 months after I first took him to see the GP, the treatment team had no experience of dealing with anorexia in teenage boys.

Also, they would never actually refer to it as 'anorexia', because Ben's BMI was never 'low enough' to meet the official criteria, despite the fact that he'd lost one quarter of his original bodyweight and went on to lose even more.

Which, I imagine, is pretty common with boys who've been big, burly rugby players or sportsmen like Ben and whose BMI was probably sky-high before he fell sick.

As you know, I write this blog because I don't want other families to go through what we went through. I want to raise awareness of the signs of eating disorders in boys and help to empower families to seek urgent, evidence-based treatment.

But I, along with Sam Thomas of Men Get Eating Disorders Too and a number of others, don't want to be the only voices shouting in the wilderness that **BOYS AND MEN GET EATING DISORDERS TOO**.

It's time the media, healthcare experts and so on woke up to the fact and stopped referring to eating disorders as a 'girl thing'.

And, as one of my Facebook friends has discovered today and sent me this link to the very excellent Kartini Clinic blog, eating disorders in males go back centuries!

MARCH 2014

Tuesday, 4 March 2014

Scotland rocks - quick blog before I rush out!!!!

Gotta rush out, only got back late last night, so this is a copy of what I've just posted on the ATDT forum - will talk A LOT MORE when I get back. I have SO MUCH TO SAY I

think I'm going to EXPLODE!!!!!!! Here it is...

This afternoon I plan to BLOG, BLOG AND BLOG AGAIN about what I heard in Glasgow on Sunday from James Lock - I took so many notes, my pen was positively smoking!

Seriously, though, I want to know what plans are in place, if any, for England and Wales to follow Scotland's example in running out FBT for eating disorders across the whole of the country? [This report was from 7 days ago]

Sorry I haven't had time to read the above posts [on the forum], so apols if I missed this above - I only got back from Scotland late last night and have to drive my son to uni this morning. But, meanwhile, I am positively EXPLODING with so many emotions: Absolute Delight that Scotland has 'seen the light', so to speak, and that lives will hopefully be saved - and that our young people will be able to resume their normal lives far, far, far sooner than the up-to-7-years or whatever it was for the old-style treatment for anorexia and bulimia.

Absolute HORROR AND ANGER that young people in England and Wales are still being failed by teams using essentially 19th century methods or, indeed, any method at all for some families who cannot access any NHS treatment at all for eating disorders.

Someone somewhere is about to DIE because of this failure to follow Scotland.

OK, as James Lock said, no method claims to have a 100% success rate, there will always be people that fail to respond for whatever reason and there are co-morbid conditions to take into account, BUT at least it has been proven to work far more effectively and shorten the duration of the eating disorders. SO WHY THE HE*K AREN'T WE DOING IT IN ENGLAND AND WALES?

As I said to my son this morning - it is as if someone discovered a whole new treatment for cancer that had a far higher success rate and cost less to run out, yet clinicians continued to insist on old-style chemo and radiotherapy to treat the illness.

Gotta rush out now, but I am positively BUZZING with what I heard in Glasgow on

Sunday.

Tuesday, 4 March 2014

Sorry, but it's just far, far too complicated for lives to be saved

This, it appears, is what The System is like in England (I know Wales is different). Things are so very, very complicated in England that it's almost impossible to explain. (Thanks Marcella for doing your level best to attempt to do so, though...) This, essentially, is almost certainly why FBT (Family Based Treatment) for eating disorders in adolescents is not being rolled out across England as it is in Scotland (which has a far, far simpler political system by the sound of things). Meanwhile young lives are being lost. Like the young man and women I learned about at the weekend - both university students who lost their lives to their eating disorder.

Yes, I am aware that there can never be a one-size-fits-all solution to finding a treatment for eating disorders and also that it's virtually impossible for any treatment to get even remotely close to a 100% success rate. I am also aware that FBT is only believed to be effective in adolescents with eating disorders (i.e. not adults).

But on Sunday afternoon in Glasgow, Dr James Lock presented indisputable evidence from sustained, indepth clinical trials, both in the United States and in Scotland, that implementing FBT as a treatment method for eating disorders (and especially anorexia) leads to a faster and more sustained recovery in a higher proportion of adolescents. It also costs far less to roll out than the old, traditional treatments for eating disorders especially when you factor in the case of in-patient treatment.

As a copywriter it's always been my job to weed out all the fluff, filler and nonsense and go straight for the jugular - the single-most-important-reason to do something, in the case of advertising this would be for a customer to purchase a product. It has been drilled into me since time immemorial to get straight to the point and steamroller through any rubbish or bullsh*t.

So, naturally, I tend to do the same when it comes to my thinking on eating disorders.

This is why I want to say that, frankly, I don't give a flying you-know-what for ridiculous red tape and protocol and "can't do's" when it comes to young people's lives.

In ten years' time when yet more families are missing their beautiful sons and daughters who have been killed by this devastating illness purely and simply because it took too long to get diagnosed, and / or because they had to wait too long for treatment and, when they eventually got that treatment, it was treatment that had essentially remained unchanged since the 1870s... will these families accept that, OK, things were just far, far too complicated in England to do what Scotland have just done and made FBT (Family Based Treatment) for eating disorders available to any family that wants it?

Would this justify their child's death in their eyes? Would it make them feel any better?

What do you think?!

Sorry, but all this bullsh*t and red tape doesn't wash with me. It just makes me mad and makes me want to get militant.

Tuesday, 4 March 2014

Yes I know that FBT may not help everyone but...

No-one is claiming that FBT (Family Based Treatment) for eating disorders has a 100% success rate, nor that it works as effectively for adults with eating disorders as it does with adolescents. There are families where FBT has failed to help their child recover; indeed I know of some personally. But the reason why it is being rolled out across Scotland for families that request it is that studies and clinical trials have proven that it is significantly more effective in achieving a faster and more sustained recovery for adolescents than when alternative methods are used. And that, in my opinion, is as

good a reason as any for everyone, wherever they live, to be permitted access to FBT.

FBT, in its 'purest form' as implemented by people like Professor James Lock, is also massively cheaper than traditional methods for treating eating disorders.

The NHS is permanently strapped for cash, so it makes sense to use a treatment that not only works more effectively but is hugely cheaper. To me this is a no-brainer of epic proportions and I just can't get my head round why it isn't being rolled out across the rest of the UK.

Sorry, but I can't. Call me a naive parent, but I just can't see why not.

FBT, as practiced by people like Lock, claims to take on average between 9 and 12 months from initial treatment to discharge. Compare this to the 5-7 years of traditional eating disorder treatment.

FBT also prefers to treat the patient as an out-patient, avoiding hospitalisation wherever possible. The costs this could save are astronomical.

And, by implementing faster, cheaper, more effective treatment with a more sustained recovery for the individual, as a matter of routine, across the United Kingdom, waiting times for treatment would be shortened exponentially. More young people could be treated: earlier, faster and more effectively.

Also, never forget that the vast majority of work is done within the family as opposed to intensive individual treatment with therapists - so this saves even more money and frees up even more places.

And savings would be made on Adult Services too because, by the time they reach adult-hood, more young people would be free of this devastating illness.

From the individual's perspective, being free of their eating disorder several years sooner means they can get their lives back on track. Take my son, Ben, for example. If his eating disorder had been picked up earlier, say during the summer of 2009 when the alarm bells first began to ring, and he was fast-tracked into Lock-style FBT, and if he'd been one of the higher percentage of young people for whom FBT is effective, he could have had a normal Sixth Form at school. And the fact that his anorexia stole

so many important years from his teenage life is something that has left him very, very bitter and depressed. This in itself adds to the number of years that an eating disorder can steal from a young person.

But most important of all, by the whole of the UK following Scotland's lead, our young people's lives could be saved.

So there would be less parents preparing their son's or daughter's funerals as will be the case with the families of the two young people who so tragically passed away from their eating disorders last week.

And this, to me, as a fellow parent, is what matters the most.

So, NHS England, you can stuff your red tape and reasons why it'd never work south of the Border. Train your professionals on an eating disorder treatment that's been proven to achieve better results and stop prolonging your patients' eating disorders needlessly or contributing to future deaths by continuing the post-code lottery nature of what kind of eating disorder treatment is available in a family's local area.

Presumably at one point in history, someone said rolling out routine smallpox vaccines for children would be far too complicated...

Wednesday, 5 March 2014

"So where does this leave us?" asked my husband

"Okay, it's wonderful knowing that young people in Scotland are being given a better chance of recovery, and sustained recovery, from their eating disorders - but where does this leave us? How does it help us?" asked my husband.

The truth is that it doesn't really leave us any better off, along with many, many other families who have received ineffective and outdated treatment for their adolescent's eating disorder - and who will continue to do so across parts of England.

Professor Lock said that it's essential to treat the young person within that "five-year window of opportunity" before which studies have shown that recovery tends

to flatline, especially once they reach adulthood.

It is now five years since my son, Ben, first began to exhibit signs of his eating disorder, although none of us realised this is what was happening until way into the summer of 2009 several months later.

He was left to deteriorate while we waited for treatment - and when that treatment finally came (as a result of Ben being hospitalised with Bradycardia when his pulse plummeted to 29) it was - in retrospect and knowing what I have known for quite a long time now and which was officially endorsed at the weekend - largely ineffective and a waste of time and money, not to mention crucial years of his young life. After an initial period of weight-gain, he began to lose again, leading to his lowest-ever weight before I (not CAMHS) took measures to push his weight back up again (via our Contract).

He was discharged after 26 months of CAMHS treatment at the same weight he was at the start - and he and I worked tooth and nail to do what CAMHS had failed to do i.e. get him back to the weight he should have been, a weight that followers of FBT (Family Based Treatment) would consider to be 'full recovery'.

We are still not there. Indeed, lately, Ben has started to question why he needs to gain more weight, and that kind of thing sets off the alarm bells in my head. It makes me feel ever so weary...

When he was discharged from CAMHS, his head was still in turmoil - and I had to work hard to undo a lot of the damage caused by what he'd learned during his 26 months of treatment. He still suffers from bad depression and he is finding it punishingly hard to resume a normal life at university, despite a few chinks of brief sunlight in his uni experience.

There are still some other bits and pieces that aren't quite 'normal'. Well, not in the sense described by Prof Lock on Sunday when someone asked him "What constitutes full recovery from an eating disorder? What does recovery from an eating disorder look like?"

Full weight restoration is vital, of course, said Prof Lock. All too often children are being discharged when they're barely within the healthy weight range. (Remember when CAMHS said to Ben: "We're happy to settle for 'good enough' if you are" and that "some people choose to remain at a lower weight because they feel more comfortable with it".)

But it's also about normalised behaviour, especially when it comes to eating. It is what is considered to be the social 'norm'. No calculating, no weighing, no fear-foods, no resistance to weight gain. Just 'normal' behaviour.

Yes, there may be some co-morbid issues still going on which were there before the eating disorder, like depression (but which came first, I wonder personally, the chicken or the egg?) Ben was always a 'glass half empty' guy and he still is.

Yet when Professor Lock asked me afterwards how my son is getting along, I gave the answer I find I'm always giving these days which is this:

"He's... okay... there's still a little way to go... he's still underweight, he still has some fall-out issues from the anorexia..."

This is why, five years on, I still can't say hand on heart that my son is 100% recovered from his eating disorder.

And, no, what I learned in Scotland doesn't help our situation. To be honest, it just makes me bitter.

Bitter to know that so much of my son's life... one quarter of it to be precise... has been wasted through this eating disorder and the ineffective treatment he received from an English CAMHS team who, I realise, probably didn't have the knowledge or training to know that there was a better way and that much of what they were doing was doing more harm than good.

I don't blame them personally; I blame The System.

The System which led to one Scottish CAMHS professional approaching a former patient's mother and actually apologising for the eating disorder treatment she'd given her daughter before she was re-trained in the evidence-based FBT (Family

Based Treatment).

Thursday, 6 March 2014

I agree that 'one size does not fit all' when it comes to treatment, and here's why...

... which is why I do, in the main, agree with Cathy's comment to yesterday's post (which I really appreciate). Here are my thoughts...

Cathy says: Who says James Lock and his treatment is the 'right' treatment? Who says James Lock is 'right'?

I say: Yes, I agree. Eating disorders are notoriously difficult to treat and one size can never fit all. But, in tests, Lock-style FBT (for adolescents) appears to come out on top of traditional methods of treating eating disorders - according to the findings he showed us on Sunday from the States and in Scottish trials, which is presumably why Scotland is making FBT (Family Based Treatment) available to those that request it. (By this I guess they mean that other methods are still available to families that would prefer not to use FBT?)

Cathy says: I personally feel that FBT can do more harm than good for some families (and the sufferer themselves). It would NEVER have worked for me, in part because my anorexia nervosa (AN) was 'atypical' and probably not AN at all; despite the low weight. FBT is massively stressful for families to engage with and it would have tore my family apart.

I say: Yes, as I say above, there should be choice. The difference is that, in Scotland, families DO get choice. Here in England, apart from in certain areas, families don't get any choice; they simply have to take what is on offer, whether from a specialist eating disorders team or a more generalised CAMHS team. I also recognise that FBT is mega stressful to put into practice, and it may not have worked for our family either. But I would have liked to have been given the option, supported - as good FBT should be - by a very hands-on team that visit and train the family at home.

Cathy says: Furthermore, how many parents can realistically take time off work to care 24/7 for their sick child? To resign from one's job would be a huge risk if FBT turned out NOT to be the best treatment for the child.

I say: No, not all parents can afford to take time off work. But, in the case of a serious eating disorder, sometimes at least one parent is forced to give up work, at least for a period, in order to care for their child - whichever treatment method. I was lucky in that I worked from home. Having said this, I found I had to cancel much of my work, resign clients or be very creative about how I planned in work because of the demanding, exhausting and emotionally-draining nature of caring for a child where an eating disorder is raging 24/7, FBT or no FBT. Our household income fell by half as a result and at one point my husband was out of work, too, which was a struggle. I wouldn't wish an eating disorder on my worst enemy because, for both family and sufferer, it is SHEER HELL, regardless of treatment model.

Cathy says: I recall reading a very interesting thread on the ATDT forum where Charlotte was posting on behalf of Bryan Lask. If I recall correctly, he argued that FBT is not as good as it looks and that the best treatment for AN is one that focuses on the underlying neurobiology, which is not be the same for all people with AN. I write this because I don't like to see you despair, Bev. Your son may have another co-morbid condition that plays a greater role in his eating behaviours and social difficulties than being underweight.

I say: Yes, again I agree that FBT is not for everyone and families should be given the freedom to choose the most effective and suitable treatment for their child - because all children and eating disorders are different. I also agree that my son may have a co-morbid condition: depression. As I said below, he's always been a 'glass half empty' kind of guy. This underlying depression may possibly have been one of the 'triggers' for the eating disorder. But, since starting secondary school, he had gone from strength to strength - on every front including mood, self-esteem, confidence and popularity. It may be that these positive developments would have

continued, had the eating disorder not developed, but who can say?

Thank you again, Cathy, for your excellent comment.

Friday, 21 March 2014

I've been talking to Glasgow and Clyde about FBT and this is what they say...

The other day I emailed Charlotte Oakley, Clinical Lead, Connect-Eating Disorders, Glasgow & Clyde, Scotland, for more information on Family Based Treatment for eating disorders being rolled out across Scotland. I am immensely grateful to her for taking the time and trouble to reply at length, for allowing me to post the following info and for clarifying the situation which will hopefully help my blog followers to understand what is being done in Scotland - and why. Or at least in Greater Glasgow & Clyde - because, as Charlotte says, she "cannot speak for all of Scotland" although she suspects that other areas are "likely to be the same".

Charlotte says: *"The position in Scotland is, briefly, that in NHS Greater Glasgow and Clyde we decided to implement FBT (Family Based Treatment) as first line treatment for young people with anorexia / atypical, and to that end we first had Professor James Lock over to train in 2010.*

"Since then we have been monitoring our progress to enable us to be as proficient as we can in the treatment. In 2011 the East of Scotland had Professor Lock to train (Lothian, Borders, Fife health boards). Last week he trained the rest to the health boards from the West and North of Scotland.

"Therefore, in theory, all children and young people in Scotland should have access to a person trained in FBT (Family Based Treatment). (He may be coming back to do more training in September with the eastern health boards.)

"We had a fantastic week at the Scottish Parliament [Scottish Eating Disorder Research Network Meeting - 25th February 2014, Scottish Parliament, Edinburgh] as part of Eating Disorders Awareness Week, and from that I think we will progress with sharing of practice and learning across CAHMS in Scotland, something that we have

already started with FBT"

I asked her whether alternative eating disorders treatment models would still be available in Scotland for families who, for whatever reason, prefer not to go down the FBT route. She said that, yes, this will be the case and that *"families are given the treatment options, including the evidence base for each, to decide what is the best fit for them."*

Finally I asked her: *"What convinced you that FBT is the way forward for adolescent treatment, especially with an illness that is notoriously difficult to treat and where 'one size may not fit all'?"*

She said: *"FBT has the best evidence base and the manualised approach enables implementation, as a way of training clinicians, in what we hoped was an effective way and which I think turns out to be the case. I agree that one size may not fit all but there are fundamental elements of the eating disorder that are the same which makes FBT a perfect fit for example a lack of motivation to change by the sufferer and the need for re-nourishment before someone is cognitively able to do any individual therapeutic work. Studies show that FBT is a very acceptable therapy to families, for example we have only a 7% drop-out rate."*

Thank you so much, Charlotte, for clarifying the situation (from the viewpoint of NHS Greater Glasgow and Clyde).

MAY 2014

Sunday, 11 May 2014

Back, to explain where I've been...

For a couple of months I couldn't actually write anything. I couldn't face my Facebook page either - or indeed anything to do with eating disorders and my experience of

getting my (now) 20-year old son through anorexia and back into the Land of the Normal. Here's why...

Back in October I was diagnosed with a trauma disorder, probably PTSD (Post Traumatic Stress Disorder), and put on the waiting list for NHS therapy. In March, when I last blogged, I was still on the waiting list. Nothing was happening. Even when the NHS set a date and time to call me to find out how I was doing, they failed to keep the appointment.

By March the PTSD-type thing had got worse. A heck of a lot worse. I was having nightmares - really horrible nightmares, the kind where you wake up screaming - on an almost nightly basis. I couldn't work. I couldn't do anything much except work, sit on the sofa and watch TV, and do the occasional self-soothing activity like swimming or a massage. The idea of blogging or Facebooking... well, I just couldn't do it. I literally couldn't face it, physically, mentally or emotionally.

I'd changed. I wasn't myself. I knew I needed help, and I needed it fast.

So I dug into my savings and paid for some private therapy, which I am still having - a combination of expert psychotherapy and hypnotherapy. I won't go into the details, just to say that it's been incredibly helpful. The therapist has been amazing. And, because the assessor realised I needed some serious help to get rid of the memories and echoes of the worse of Ben's eating disorder experience, they reduced the cost of the sessions - so that has really helped financially.

At the therapy session on Thursday we were wondering if I'd ever be able to face the world of eating disorders again (yes, it had got that bad!). She thought not. I wasn't sure. But, gradually, I've found that I can dip my toe into the water a little bit. This is the first time I've been able to face this blog in two months.

I'd even forgotten my log-in details!

But I have to admit that, thus far into the post, I am starting to feel uncomfortable and a bit jittery... but at least I'm letting you know where I've been. It's only fair, especially to my blog followers who've been with me since the start of the blog in

January 2011.

Talking about dipping my toe into the water...

After months of feeling really cr*p and doing very little except 'just get through' the day (and night), I woke up one morning last week and decided it was time to push the boundaries.

I decided I had two options. Either I could carry on drifting, watching the telly every night and feeling cr*p - or I could do something - something that would involve a bit of a kick up the ar*e.

It struck me that, over the past 5 years (it is now 5 years since my son's eating disorder began to clearly emerge), I had done very few truly FUN THINGS. Last year it was when I took myself off to the South West Coast, on my own, to proof-read my book *When Anorexia Came To Visit*, and just to 'get away from it all' for a bit.

With nothing more than a small towel and a swimming costume, I headed for a beach, got changed and charged into the sea. It was freezing! But it was FUN! The kind of FUN where the child in you comes out and squeals "Again! Again!"

But that was the sum total of FUN that I'd had in years.

Selfish fun. That's one thing my therapist has taught me: it's time to be a little bit selfish and do stuff for myself, and myself only.

So I decided I needed to make a list of things I could do that would create that "Again! Again!" squeal of fun, things that maybe would push the boundaries of what I would normally consider.

And at the very top of the scariest list was this:

Learning to Surf.

So that is what I'm going to be doing a few weeks from now.

Learning to Surf, for the first time, at the age of 55 years, on my own with an instructor and a group of beginners no doubt much younger than me, somewhere on the South West Coast.

I am intent on coming back into the Land of the Living even if I have to drag myself

there...

(Or 'on the crest of a wave'? Sorry, couldn't resist that!)

JUNE 2014

Wednesday, 4 June 2014

Getting outside my comfort zone to get back inside of 'me'

I'm sorry to say the surfing didn't quite go as planned. Apart from being far, far, far more strenuous than I ever imagined, I spent the first day with a monster of a sore throat. By the next day it had developed into sweats, a hacking cough and an even worse sore throat. By the afternoon I was in bed - and the next day I made the immediate decision to come home while I still felt safe to drive. I have been here, in bed, ever since!

But never mind, I persevered, at least as far as I could on the first day, even if I did spend the last hour or so lying horizontal in my wet suit on my surfboard on the beach, feeling half-dead.

So I guess I can tick that off my list of activities Outside My Comfort Zone (OMCZ). I've also made copious notes ready to write it up at some point along with the 9 (did I hear you say 9?) further OMCZ activities on my list. It began as an attempt to get my life back after almost 5 years of caring for my son as he plunged into and out of his eating disorder. The idea was to show that, rather than opt for softer, self-soothing options like body massage, psychotherapy, hypnotherapy and the jacuzzi at the gym (which, don't get me wrong, I have been doing and very much enjoying), I needed to drag myself kicking and screaming back to a real life.

Back to 'the real me', in a vain attempt to get something back of who I was before Ben's eating disorder all but destroyed our lives.

You see, it struck me that, following the eating disorder, there is very little that I

am afraid of.

If you have read my book Please eat you will know that I have been to hell and back. I have watched a deadly illness threaten to kill my only child and all but destroy the latter half of his teenage years. After having been this far into hell, there is very little that frightens me except if my loved ones were to develop a terminal illness and / or die.

OK, I realise that sounds a bit arrogant. "Look at me, aren't I the brave mum?" kind of thing...

If the truth be told, lots of things 'do' still scare me, but what I mean is that they don't scare me to the extent they did 5 years ago. And some of the things that used to scare me - like speaking in public, for instance, or trying to get in and out of my swimming costume on the beach with nothing more than a small towel - now seem, well, positively silly.

There are activities, however, that I would never in a million years have considered doing as they are way out of my comfort zone. I don't mind going to the gym or swimming pool, and I love the odd country hike, but even I turn my nose up at something like going camping these days. I am too old for that. Give me a cosy cottage with a log fire any day (like the one I was staying in earlier in the week...)

These are activities I would probably never want to try ever again and will probably hate. But at least I've done them. And, in some way, I find that helpful in helping me to return to the person I used to be.

(Okay I admit that in the last entry the aim was to do FUN things, but now I've done the surfing, I'd describe it more as 'endurance' rather than 'fun', as far as I'm concerned - so I've moved the goal-posts in what I am aiming for with these activities. It may just be that, through this, I do have fun. I hope so!)

#1 was surfing. So I can tick that off the list now.

#2 is caving / potholing. I have already booked for a day's tuition in July.

What do Ben and Paul think of all this?

They just laugh, of course...

But I don't mind. After all we've been through together, there's nothing wrong with a bit of roll-around-the-floor-taking-the-Michael laughter - even if it is directed at me!

PS: A massive thank you to the gorgeous guys at Surf South West for attempting to teach me to surf on Saturday!

Wednesday, 4 June 2014

Despite a horrid summer fluey bug, I actually feel much better than I did

For months I couldn't even click onto this blog, let alone write it. I couldn't face eating disorders. I steered clear of my Facebook page and anything else to do with eating disorders. Meanwhile I drowned my sorrows in psychotherapy, hypnotherapy and other self-soothing activities. Perhaps they've been helpful because this is the first time for months when I've felt perfectly happy to click onto this blog and write something. As I sit here in bed, coughing up nasty green stuff and feeling physically shattered, I feel incredibly positive inside my head. After going through a very tricky time, Bev's-head-wise, over the past 6 months or so, that has to be Good News all round.

Ben has almost completed his first year at university - just 2 more exams to go. I'm moving him out of his student flat next week, just like millions of other families across the country. A million miles away from last time I moved him out, just 2 days into Freshers' Week, on his first attempt at university in September 2012.

Ben is doing well, mainly getting 'firsts' when it comes to grades. He loves the studying and has adapted to that side of student life brilliantly well with the self-discipline and knuckling down that is so evident with young people that are susceptible to eating disorders and so on.

Okay, the social side hasn't been too brilliant. Not in Sheffield at any rate. Back at home he's made a whole new circle of friends who he sees most weekends and

spends ages gaming with on Xbox. He also went for a meal with some of his old school friends the other Friday until I fished him out of some strange girl's university apartment where they were all getting up to no good as midnight approached.

I know he's a bit fed up with me worrying that the slightest issue - like a bit of weight loss - is heralding a relapse into the anorexia. He keeps telling me until I'm blue in the face that he hates the eating disorder and what it stole from him. Now he is successfully getting his life back, no way is he going to let it trap him again. He knows what to look out for. He knows how to tell any inner whispers from the 'ED voice' to sod off.

I always know when everything is OK with Ben because he sings. And he sings most days, usually while he's cooking. He still cooks huge, tasty meals - often so huge I can't manage them. But he can. And then he'll have 2 puddings afterwards. He still has 2 breakfasts every morning, a 'good' legacy of the anorexia.

In my opinion he is still thin. But he eats a heck of a lot. And he keeps an eye on his weight every so often. Any slight loss and he ups his food intake automatically.

So all of this is Good. And my get-my-life-and-brain-back activities are Good.

But I still find myself avoiding various eating disorder related things.

As a friend said to me the other Friday: "You've got eating disorder burnout." She's noticed it with so many mums in the post-ED world - they reach burnout stage.

But, like the Glasgow School of Art, I am hopeful that there's nothing that can't be reconstructed to resemble what was there before the destruction.

Friday, 6 June 2014

Should I move on and leave the world of eating disorders?

Thank you to Magenta Eel for her comment on yesterday's post about burnout and whether I should leave the world of eating disorders behind. i.e. Do I really want to return to the world of eating disorders? Would I risk allowing it to possibly define me as a person in my future? Wouldn't it be better to just move on? I totally agree that,

yes, it would, in a way - a way that feels natural and comfortable for me. And here's why...

Over the last 6 months I've undergone a lot of therapy, soul-searching and self-awareness. The (my) conclusion, at this present moment in time, is that, no, I no longer want to re-visit all the eating disorder stuff that went on over the last 5 years. The purpose of this blog, and my books, was and is to show families that are facing this terrible illness that other families have been there too - and survived. Right from the start of my son's eating disorder, I knew I wanted to eventually help other families to overcome many of the obstacles and ignorance (ours, as well as other people's), so they could focus on the things that matter most i.e. getting their child well again, without all the hefty learning curve and other stuff that we had to go through.

I have exorcised that desire, so to speak, through everything I have written in this blog and in my books, and there is no reason to repeat any of it. It goes into as much depth as is possible, I believe. It is a job done. At the time it helped me to attempt to make some kind of sense of what had gone on and was still going on, kind of cathartic, but now that's been done. Completed.

At this moment in time, it's not helpful for me to spend ages clicking through forums like the ATDT forum, seeing if I can help another family. Or all the eating disorder related Facebook pages. Or even my own Facebook page - the Bev Mattocks one, the one I use for all things eating disordered. I just can't do it. It's like a mental block. Like mental buffers that won't let me go any further.

So, for the time being, all of this is 'on hold'. Possibly permanently. I can't say. I had a long discussion with my therapist about this and we decided that it's a bit like the way a therapist needs to distance themselves emotionally from their clients otherwise they'd go crazy. You need to know when to switch off, when to say no.

Having said that... I do feel a need, following this successful therapy, to perhaps report on what I've discovered about myself - about the way my body and mind has

been dealing with the aftermath of the eating disorder. I have learned a lot. The therapy appears to be working. And I believe that other parents facing similar post-trauma symptoms following their child's eating disorder, might find it helpful to see how I've been attempting to 'get my life back'.

Just like anything, it may not work for them, but it may point them towards escaping from this thing that's been dominating their lives for so long, so they can begin to get their old selves back.

So, for the time being when I blog, it's NOT going to be about Ben's fight with anorexia, it's going to be about my fight to get my life back and to convince the inner recesses of my brain that 'the tiger' is not crouching behind my garden shed ready to pounce at any moment.

The tiger left our lives months ago.

Tuesday, 10 June 2014

It's funny learning about the brain

I found it really helpful to have it explained to me why I've been feeling as I have, and how the brain reacts to trauma. Even more helpful was being told that this is NORMAL. That this is the way the brain deals with things. Also, that some parts of the brain are different from others. Like the hippocampus, the part of the brain that's largely responsible for 'being stuck' and causing me to respond to dozens of triggers as if the danger were still present.

Knowing how and why I've been feeling and acting as I have has been really, really helpful to me. And knowing I was, and am, NORMAL has helped to remove any of the feelings of guilt that I shouldn't be feeling like this... that I should be able to 'snap out of it'... or that I was going crazy.

So, for me, a large part of the therapy has been helping me to accept that this is happening to me rather than trying desperately to 'snap out of it', that it is eminently normal, and that - given the right responses on my part i.e. various exercises set by

my therapists - I would come through it. Like a physical injury, I needed to give it time to heal, and the right environment for it to heal in.

I've had a combination of psychotherapy and hypnotherapy. So far, the hypnotherapy has been helpful for dealing with my sleeping problems / nightmares. It's very relaxing, too!

I've also taken up yoga at home, to a soundtrack of spa-type music. Feeling physically stronger helps me to feel mentally stronger. (Also yoga is a good way to prepare for surfing and I plan to re-visit the surfing in September.)

Most important of all, I think, for me it's been a case of taking the time to be kind to myself. Not in a stroke, stroke, oh you poor little mother going through all this terrible trauma way, but in an acceptance that, finally, I have my life back - and I can move on. I just need to remind my hippocampus that this is the case. The danger has gone.

I'm not saying the trauma inside my head has gone completely, though. But I feel a million times better than I did, say, in January when I really did think I was going crazy!

Sunday, 29 June 2014

Healing trauma memories

I've come to the end of my therapy for post-trauma stress - for 2 reasons: firstly, the cost (private treatment); and secondly, because I can probably do just as well with self-help books, etc from now onwards - plus the techniques I learned from the therapy sessions and the general overall awareness of why the mind and body responds to trauma in the way it does. Knowing that I am 'normal' and not going totally bonkers is a massive help!

One thing that came up during the sessions was other trauma that I've experienced during my life, one of which was the terrible experience of giving birth to Ben, almost 21 years ago.

The medical help - in a small-town hospital - was appalling and it was touch and go as to whether both of us would survive. I should have been offered a C-section, but I wasn't. I had gestational diabetes. Ben was 2 weeks late. The birth canal turned out to have an unusual kink in it. And Ben was HUGE.

During a long and traumatic labour, he got stuck. His heart-rate plummeted. The epidural didn't work; the anaesthetist had been called in from a Christmas party and stank of booze and cigarettes. It was too late for a C-section because Ben was stuck in the birth canal.

Eventually, I was literally dragged screaming into theatre where I was roughly held down by a team of medical staff while an individual, who I later discovered was referred to by midwives as the "Butcher of [Town]", performed a massive episiotomy without anaesthetic, then attempted to deliver Ben aided by virtually every device known to baby-delivery-kind while I screamed: "No! No! No!" and struggled to get free from the people forcibly holding me down.

Then I was stitched up, without anaesthetic. The huge wound got infected. It was like medieval torture. The ward staff were all 'old school' i.e. strict, with a no-nonsense approach to mothers. There was zero sympathy.

I am not exaggerating. It is the main reason why Ben is an 'only child'. I couldn't face the experience again.

A bit like dealing with an eating disorder in your child, mothers are supposed to face this kind of trauma bravely and sail through it. It's 'just one of those things' about being a mother; you have to take the rough with the smooth and put up with it. When you make the decision to become a mother, you accept all the extra stuff that can come with it. Or at least that's what I've been telling myself for all these years.

Curiously, last night I woke up screaming "No! No! No!". In my dream, I was in hospital. The anaesthetic hadn't been effective and someone was heading towards me with a sharp scalpel. I had been drugged and my screams weren't being listened

to.

It appears that the therapy resurrected other old memories that need to be dealt with, just as the eating disorder memories need sorting out.

Following the therapy, I can look at this kind of trauma memory and realise that it is 'normal' for the mind and body to react in this way. Rather than fighting it or blocking it out and pretending it never happened, I can accept that, yes, it did happen. And my reaction was, and is, normal. Accepting it in this way is part of the healing process.

Also, part of the healing process is to 'explain' to the hippo campus area of the brain that the danger is NO LONGER PRESENT. Yes, it happened. But now it is gone. And it's been gone for almost 21 years. Or, in the case of Ben's eating disorder, a couple of years.

Sunday, 29 June 2014

Fun on the beach

Watching Ben leaping along the beach in South Devon last Saturday, a massive, genuine smile on his face, I suddenly realised that it's the first time that all three of us have been to a beach since 'that day' in summer 2010 when Ben almost got carried off by the currents, as described in my book *Please eat*.

That was also the day when Ben confined himself to the little beach tent we'd brought with us, face like thunder, claiming that he wanted to die, and eventually running off into the sand dunes and the woods crying out that he didn't want to live a moment longer.

But I won't remind myself of that awful day in too much detail; it's not helpful at the moment.

Last Saturday, in contrast, he just swam normally, over to a rock and then leaped into the clear water with a huge smile on his face, having fun. Just like all the other boys on the beach. He didn't even bother to swim back; the water was "too effing

freezing!". He walked along the beach, eager to tell me how much fun he had had.

And the three of us just lazed on the beach for a while before packing up and returning to the car, followed by a relaxing beer outside a creek-side inn.

Super-chill. 100% stress-free. In fact the whole week was 100% stress-free.

Back at the holiday cottage, Ben cooked a meal. Another huge meal cooked by the talented Ben, which he ate greedily, just like any other young man, followed by his usual 'two puddings'.

What could be more normal than that?

AUGUST 2014

Thursday, 14 August 2014

Hell hath no fury like a mother faced with dangerous ignorance in the medical profession...

If you could have seen me 40 minutes ago, storming into the GPs' surgery, demanding to see the senior partner and demanding that a locum be removed for his (at best) appalling and (at worst) lethally dangerous ignorance of anything to do with eating disorders and mental health... The sheer self-control as I waited in the waiting room to see the senior partner... counting from 100 down to 1... and again... no crying, Bev, PLEASE....

Ben usually sees the University GP for his monthly prescription for anti-depressants, which he is still on, albeit the minimum dosage these days. But, it being the summer vacation, he needed to renew his prescription at our local GPs' surgery. So along he went...

... And back he came...

I haven't seen him like that since the worst days of the eating disorder: kicking furniture, swearing, weeping... crying out that this was the biggest trigger since the

original things that triggered his anorexia five long years ago.

First, he said, there was 'that look' from the (locum) GP. The 'you silly boy, snap out of it' look. Pinched mouth, you know what I mean... Followed by: "Well, why don't you just do some exercise?"

Ben explained that he couldn't exercise because he'd had an exercise addiction as part of his anorexia. He'd had to stop exercising completely when he had anorexia.

'That look' again... Followed by the king of all crass comments: "Well that wouldn't have done anything to improve your appetite, would it?"

As if anorexia was simply about **not** having an appetite... Just do some exercise and - wow - you'll get your appetite back and all will be well again...

Patronisingly, Ben was asked why he needed the medication if, as he explained to the locum GP, he was happier when he was at home i.e. not at Uni.

As if the solution to his depression was simply to be in a location where he felt happy.

Ben was so upset he didn't even take the prescription into the pharmacy.

So I grabbed my bag, a couple of my books, zoomed up there and demanded to see someone important. I saw the senior partner within about 10 minutes.

As I explained to him, the locum GP obviously didn't have the first clue about eating disorders or mental health. It was the kind of reaction that might have been expected from a GP 30+ years ago. In 2014 this is inexcusable.

I said that hopefully Ben is now robust enough to see this for what it was - ignorance - and come through it relatively unscathed. But I also said - and Ben admitted - that, had this experience happened to him 12 or more months ago, it could easily have catapulted him back into the eating disorder.

"The medical profession is here to offer solutions not create serious problems," I said. "And should Ben not be robust enough to deal with this, and should this result in a relapse, I will be making a serious and official complaint. We spent five long years battling to rid our lives of anorexia - a deadly eating disorder that nearly killed Ben.

And all of this in a week where actor Robin Williams took his life as a result of depression."

I said a lot more, too, and also presented the senior partner with two of my books. Please eat and When anorexia came to visit which I insisted everyone in the practice read from cover to cover.

The senior partner, a lovely GP who 'gets it', took my complaint very seriously and said he would be talking to the locum "who will no longer be working at our surgery from now onwards".

And thankfully Ben IS robust enough at this stage to be able to see this for what it is.

Archaic and dangerous ignorance.

SEPTEMBER 2014

Monday, 22 September 2014

Awesome poem, written by my son

For those that haven't seen it on Facebook, my wonderful and incredibly creative (and now recovered from anorexia) son has given me permission to share this poem with you which he wrote last week. I think it is amazing:

Four years of torture, four years of pain,

Four years of worry, envy and shame.

You promised us love, you promised us life,

You promised us glory, no discomfort or strife.

We worked through the day, we worked till we cried,

We worked till I realised that you had lied.

*Our life became hidden, shrouded in fears,
Our life was unworthy, hollowed by tears.
You took our passion, took pleasure with pride,
You took away our love and forced us to hide.
Fearing our friends, fearing our fate,
Fearing ourselves with anger and hate.
You watched us grow cold, you watched us grow thin,
You watched us in misery with that cold-hearted grin.
Yet now rid of you, rid of your pain,
I have one thing to say to you and that is; never again.*

My 2014 blog ends there because I needed a rest from all things Eating Disordered for a few months. My blog picks up again in 2015 and 2016. Thank you for reading.