



“It’s completely heartbreaking to hear your child say, ‘I don’t want to live any more’” Toby is nine years old. Last year he began starving himself. His parents, teachers and doctors have no idea why. *Caroline Scott* reports on the rise of anorexia in primary school children

Photographs by Lorena Ros

The piece of bread and butter that is causing Toby so much distress is no more than a couple of inches across. He’s been sitting at the table with his plate in front of him for hours now, and he is incredibly upset. He sobs, he screams, he tells his mother he hates her and calls her a “bitch” for ruining his life. The simple act of picking up the bread and putting it in his mouth would end the trauma, but he can’t bring himself to do it.

Toby is nine years old and in the grip of anorexia nervosa. Although he is around normal weight, he has a morbid fear of becoming fat and mealtimes make him angry, agitated and afraid. If his mother wins the battle and he eats the bread, he’ll spend the next hour running up and down the stairs, or doing press-ups on his bedroom floor to burn off the calories. If he’s prevented from doing that, he’ll manically clench and unclench his muscles under the bedclothes, often with tears of exhaustion streaming down his face. Toby is too young to explain what he’s feeling, but to his family it’s like he has been possessed, his usual sunny nature taken over by something outside of himself.

It’s difficult to know the true number of children this young suffering the agony of eating disorders because there is a dearth of

research, but Toby is certainly not alone. At a time when childhood is being eroded from all sides, not just by the earlier onset of puberty — which, for girls, has fallen by five years since the 1920s — but by the shape-shifting fairground mirror of social media, the pressure for even the smallest child to be clever, thin and therefore (the thinking goes) popular has never been greater.

Up until last summer, Toby seemed to be just like any other little boy. He had good friends and enjoyed school. When he announced one morning that he was giving up sweets, his mum Orla, who gave up her job in finance to look after Toby and his younger sisters, Andrea and Amy, thought he wouldn't last the week. But Toby was uncompromising, flatly refusing ice creams and treats, even on holiday. In September, he decided he wasn't going to eat meat any more. By October, he'd cut out dairy products and was studying food packaging, swapping items in an attempt to reduce his calorie consumption. During the first week in December, he was rejecting almost everything he was given, apart from a few vegetables and some squares of dry bread, which he believed contained no calories.

The likelihood of anyone developing an eating disorder depends on a mixture of genetic, biological and cultural influences. Dr Rachel Byrant-Waugh, who with Dr Dasha Nicholls leads the Feeding and Eating Disorders Service at Great Ormond Street Hospital, points out that there have always been cases of pre-teens with anorexia nervosa (AN): the first case in a seven-year-old was recorded in 1894. It is also not uncommon for young children to suffer from “disordered eating” — a phobia around food that doesn't include the fear of gaining weight.

But what we are seeing now is not the odd case. Susan Ringwood, chief executive of the eating disorders charity Beat reports a sharp rise in parents of younger children phoning the helpline. “Ten years ago it was rare to see an eight-year-old with AN,” she says. “Now we're seeing more and more and I don't know how to account for that. The difference with younger children is that they frequently refuse to drink, too. They lack any rationale which makes AN in little ones so much more dangerous.”

Hospital admissions for under 12s have risen from 66 to 119 a year in 10 years, according to the Health and Social Care

Information Centre. But, since only the most seriously ill children are treated as inpatients, this can only be a snapshot. Figures are not kept for the numbers referred to local Child and Adolescent Mental Health Services by GPs — the first port of call for worried parents.

Dasha Nicholls led the only study into the prevalence of anorexia nervosa in very young children in 2011. The results suggest that around three in every 100,000 children under 13 will develop an eating disorder. Nicholls believes the will not to eat — and, often, drink — can be even stronger in younger children than it is in teenagers. “There is certainly a suggestion that the response to treatment in very young children isn't always straightforward,” she says. “Having said that, I have seen and treated very many young patients with anorexia nervosa successfully. Most do recover, though for a small proportion, regardless of age, it will become chronic, like an addiction, and it's much, much harder to pull them out of it.”

Toby's mum, Orla, says it was as though “a switch had been flicked”. She thinks the trigger might have been health-education classes at school, which gave him some knowledge about fats and sugar, but doesn't feel this caused his anorexia. “If that was the case, you'd be able to resolve it,” she says.

Experts agree that puberty is one of the most important biological triggers, but social and environmental factors are much harder to pin down. Like many boys his age, Toby is football mad. He has never used social media and isn't really conscious of celebrity-fuelled, size-zero culture. He and the other nine-year-olds I met show no sign of hitting early puberty, although some had become anxious about healthy eating after Personal, Health, Social and Economic Education lessons at school. Whatever the reasons, a growing number of pre-teens are developing anxieties about their place in the world and increasingly, expressing these anxieties through starvation.

Threatening, cajoling and trying to force Toby to eat didn't work. He'd say he preferred his body to “stay as it was” and he wanted “a flat stomach”. In desperation, his dad convinced him that he'd found a “Superman drink” without any calories. “We managed to get this high-calorie drink down him morning and evening,” says Orla. “We told him we'd made it up with water but we mixed it with

full-fat milk. You couldn't do that with a teenager, but at only nine, Toby trusted us.”

By January this year, Toby weighed 3½ stone and, according to Orla, was in “physical and psychological meltdown”. His heart rate had dropped to 40 beats a minute (the normal rate for a nine-year-old is 70 to 120). He refused to go to school, because he thought he might die. The GP referred Toby to mental health services and they got an appointment at an eating-disorder clinic within days. Orla recalls Toby freaking out on the car journey. “He was hitting the windows, calling me names I had no idea he knew. Then he tried to strangle me from the back seat. I felt absolutely desperate, so alone. It is completely heartbreaking to hear your nine-year-old say: ‘I don't want to live any more.’”

In the 1970s, the German-born American psychoanalyst Hilde Bruch linked anorexia to over-controlling mothers and absent fathers. Freud saw it as a refusal to accept developing sexuality. Both theories are unscientific and neither has any basis in research, yet have somehow taken on the mantle of fact — and mothers, particularly, feel hot guilt and blame. “Feeding your child is at the very heart of motherhood,” explained Sarah, the mother of Bobi, 13. “If you can't even get your child to eat, and he's telling you he hates you and he wishes he was dead, what kind of mother are you?”

The highest incidence of eating disorders is still among adolescent girls aged 15 to 19. But the peak age for boys depends on how their disorder is classified: 15 to 19 for anorexia; 20 to 29 for bulimia and 10 to 14 for EDNOS, which stands for Eating Disorder Not Otherwise Specified — a lumpen and confusing medical classification for children who display all the symptoms of anorexia (avoidance of food, secrecy, mood swings and obsessive over-exercising) but whose parents had somehow managed to get enough food down them to prevent them from becoming dangerously underweight.

Nicholls's research confirmed a clear genetic link: 44% of the children in her study had a close family member with a history of mental illness, most commonly anxiety or depression. In addition, 20% had a history of early feeding problems, particularly fussy or picky eating. And more than one-third of the children in Nicholls's study were boys. “Each of us has various levels of vulnerability to

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developing an eating disorder,” she explains. “It’s partly our genetic make up, part biology, partly personality — but we’re rather ignorant about how all those factors work together.”

For Orla, the hardest thing has been seeing her sweet-natured “mummy’s boy” change. “When your nine-year-old calls you a bitch, that’s not a normal situation. It’s really, really frightening. Then when I try to talk to him calmly about it later, he insists he meant it. He’s very angry with me for making him eat and he wants to hurt. You have to tell yourself constantly: this isn’t my child — it’s the eating disorder that wants to destroy the family and create all this sadness.”

Bobi was nine when he began to starve himself. “There was a big push on healthy eating in school,” says Sarah. “Bobi and his friends decided to weigh themselves and he was the heaviest. He seemed devastated, even though he’s never been overweight. Around the same time, his grandfather died, and I it all combined to create the perfect storm.”

Sarah devours a pub lunch while we talk. “I’ve always had a healthy attitude towards food. Never been on a diet in my life,” she says. “Just not interested.” She has gained a bit of weight trying to get Bobi to eat more. “Otherwise he’d say: it’s not fair...” She shrugs. “If I have to eat a few more pies to get him to eat, so be it.”

Bobi is 13, now, with sisters of nine and seven. The summer Bobi stopped eating, Sarah and her husband, Antony, took him to their GP, thinking he was ill. The idea that Bobi might have an eating disorder never occurred to them: “Because obviously nine-year-old boys don’t get eating disorders, do they?” Their GP immediately referred them to child mental health services.

“Antony is super-open, so we had a big conversation about his anxieties and he told them he’d once stopped eating to get into a pair of super-skinny jeans in the 1980s. You could see them thinking: ‘Child is fine, but parents are mad.’ We actually came out laughing. In fact, Bobi conned everyone. A couple of weeks later I asked him why he’d stopped eating again and he said: ‘Because I know how to.’ It was so cold and calculated, it made the hairs stand up on my neck. He said ‘voices’ were telling him to eat less and exercise more. Within a month, he’d lost 3 kilos.”

Bobi would do leg-lifts and press-ups and constantly clench and unclench his muscles.

“When I tried to stop him, he’d kick me, the door and the walls,” says Sarah. “He couldn’t eat or stop exercising. I had to make those choices for him and he hated me for it. His personality disintegrated. His sisters were frightened of the creature — the anorexia; we all were. It was hard to stand up to it.”

Bobi stayed several times as an inpatient at the Royal Free Hospital in north London, but his weight continued to plummet. “FBT [family-based therapy] went straight over his head because he was unable to think about anything other than exercising and not eating,” says Sarah. “He’d say: ‘I want to die. If I was braver, I’d jump out of the window.’”

By the time Bobi was admitted to Rhodes Farm, one of the biggest specialist units for children with eating disorders, he weighed 24 kilos. “Well-meaning relatives would say: ‘It’s all about control isn’t?’ But really it isn’t. When anorexia gets hold of your child’s brain, there is no control for anyone.”

Bobi stayed at Rhodes Farm for 14 weeks and was given 3,500 calories a day. “If he didn’t eat he wasn’t allowed to play on the swing,” says Sarah. “And he really, really wanted to play on the swing.” He was watched while he slept and accompanied to the toilet. “In some ways, I think it was a relief for him. If he was alone, the voices would say, ‘There’s no one here, exercise!’ And he wanted it to be over.”

Three years later, Bobi’s growth has caught up with his peers, he’s a bright, friendly child, but he is still unwilling and unable to talk about how he feels. “To the untrained eye he’s a very normal 13-year-old boy,” says Sarah. “But he’s not. If I said to Bobi: ‘feed yourself today’, that would be brain-bafflingly upsetting for him because he doesn’t know how. Anorexia would still be there, talking to him inside his head.”

Many of the parents who talked to me spoke of their extreme isolation and mentioned the parent-led Feast website as a source of comfort and information, as well as aroundthedinnertable.org, which has a strand specifically for parents of young children suffering from eating disorders. The entries are searingly honest and excruciating to read.

Ten-year-old Freya’s mum, Charlotte, compares the stigma of early onset anorexia to bowel disease. “Would you tell everyone the personal details? To me, Freya’s anorexia feels a bit like that. It’s brutal and it’s embarrassing. Your child behaves so

hideously and says such terrible things — it would be devastating to share all that with friends and relations because... she’s a wonderful kid.”

In June last year, Freya began avoiding cake, quickly followed by every other kind of food and finally refusing water. In November, she was admitted to hospital where she remained for more than a year, with occasional visits home. On one visit, five months in, Charlotte wrote in her diary: “You ate supper while complaining how horrid it was, gulping it down in thick hiccuppy tears. Then you stopped abruptly and went wild. You blamed me for not being your real mum, you tried to leave the house, and you cried out for your ‘real mum’.” (Freya had formed a strong attachment to a member of hospital staff.)

“There is no name for pain like this,” shrugs Charlotte. “She’s my only child. I was crying most of the time. You just have to keep telling yourself she is extremely ill and this is the illness talking, not the child. I have to take walks. I have to do lovely things for myself because if my daughter comes home from hospital in a state, I have to be really calm and in touch with my love for her. That takes a bit of doing when the last thing your 10-year-old said to you was ‘F*** you.’”

Toby is small for his age — the risk of growth failure and bone accretion can have significant impact in as little as six months — with skin stretched taut over his cheekbones. When he is sitting at the table he wants to be pushed right in, otherwise he “feels fat”. Orla constantly asks “What did I do wrong?” The idea that her son’s illness is somehow her fault tortures her, yet, she says, “it doesn’t occur to my husband to ask himself that question”. Orla’s biggest regret is that she didn’t notice Toby’s psychological state earlier. “If I’d known what was ahead, I would have tried much harder to get food into him at the beginning. There were so many things I didn’t know.”

Some children diagnosed with eating disorders don’t simply grow out of it and starvation lingers as a default position, but with prompt treatment, many do make a good recovery. Over the summer Toby made giant strides, even eating some sweets and “taking fruit voluntarily”. But the fear that the illness may come back and wreak havoc when he’s older or under stress is always there ■

The names of parents and children in this article have

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