

'THE ONLY THING I COULD CONTROL': To combat stress and insecurity, teens turn to disordered eating. But it soon spirals out of control.

Due to the sensitive subject matter, all student names have been changed to protect their privacy.

By Annie Jones

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Laurel first began starving herself when she returned to school after quarantine.

Every day, she would pick up her Covid-era boxed lunch – a turkey sandwich, an apple, two chocolate-chip cookies and a bag of chips – and take it to that week's assigned lunch zone, where she would eat only the sandwich. The chips and apple she returned; the cookies she gave away to friends.

Before lunch ended, she would hide in a restroom stall and stick two fingers down her throat. Behind the wall in the Science Building, nobody could hear her retch and cry.

The longest Laurel has ever gone without eating is three days, but she refused to believe it when her therapist told her that she may have an eating disorder. She assumed that, since she was not losing weight, she was not in a "calorie deficit" and therefore could not possibly have a problem.

Laurel calls it the "SWAG Effect." In popular culture, she says, Skinny White Affluent Girls are the only people depicted with eating disorders. Since she does not fit the stereotype, she only comprehended that she had an eating disorder after months of treatment.

A 2023 study found that doctors were half as likely to recommend eating disorder treatment to Hispanic and Asian patients as they were to white patients. Patients without private insurance – a group in which Black, Hispanic and Native Americans are overrepresented – were a third as likely to receive a treatment recommendation.

Abbie Madden, a Houston dietitian who specializes in the treatment of eating disorders, was invited by Students Against Stigma to give a presentation on restrictive eating in March, in which she stressed that every eating disorder is different.

"There is a stereotype associated with eating disorders that it's a white teenage girl who looks emaciated," Madden said. "The vast majority of eating disorders don't look that way. I don't think it's ever as simple as someone wanting to be skinny."

Laurel initially started purging to lose weight, but she kept doing it because of the adrenaline rush. In those moments when her body and mind focused all energy on purging, she was distracted from her anxieties.

"It's addictive," she said.

Before the eating disorder, Laurel was diagnosed with an anxiety disorder, which means that her body is almost always locked in flight-or-fight mode. That anxiety makes it doubly difficult to eat: when someone's nervous system detects a threat, digestion and hunger literally stop.

"When you're in flight-or-fight, your organs temporarily shut off to prioritize dealing with the threat. Your heart beats differently," she said. "When you're in rest-and-digest, that's when the less critical body processes can happen. I'm in flight-or-fight all the time – I can't rest."

Laurel began to associate feeling full with being overwhelmed, and the feeling of having food in her stomach eventually became so uncomfortable that she couldn't eat anything without experiencing distress.

The standard of cheer is skinny and white. I wanted to be as close to the standard as I could.

SIENNA

After years of struggling with her eating disorder, Laurel can no longer accurately gauge her hunger cues. "At first, hunger had a lot of power over me," she said, but eventually it became a comfort. In her mind, it proved that she was "doing the right thing." She told herself not to feel hunger so consistently that she ultimately became completely out of tune with her body.

"Eating very little or eating past the point of fullness can both serve to numb emotions and even physical sensations," said therapist Katie Keyser, who also spoke at the Students Against Stigma forum.

Madden explained at the forum that almost all her clients with eating disorders engage in the behavior to cope with underlying trauma, and every eating disorder develops for different reasons. One patient could be traumatized or self-conscious or genetically predisposed, and their disorder might cause weight loss, weight gain or even no change at all.

Laurel sees her disordered eating as a form of self-harm.

"Maladaptive coping is a three-headed monster: eating disorders, addictions, and self-harming," Laurel has learned from her therapist. "They all fulfill the same purpose of coping in a way that ultimately is harming yourself because traditional coping doesn't have as quick of a solution."

'THRIVING IN ISOLATION'

Sienna has never felt beautiful. Growing up at St. John's, a predominantly white institution, she internalized the stereotype that Black women are usually heavier than their white counterparts.

In eighth grade, Sienna decided to lose weight before cheerleading tryouts the following year. She used an app to help her "safely" restrict her eating and practiced intermittent fasting, which entailed waiting 14 hours between each dinner and breakfast. She wanted to have a "big glow-up – like the other girls." By the time cheer season rolled around, she had lost a noticeable amount of weight.

"The standard of cheer is skinny and white," she said. "I wanted to be as close to the standard as I could."

When Sienna was missing her uniform one day, she had to borrow a friend's – but it was too small. Suddenly, she felt like all her efforts had failed, and vowed to eat even less.

When her pediatrician noticed that she was rapidly dropping weight, Sienna assured him that she was fine.

For the first time, Sienna was getting compliments from her peers. People stopped her in the hallway to tell her how pretty she looked or point out how much weight she had lost. She had never felt more seen – or more miserable.

Starvation made her short-tempered; she isolated herself from her friends and fought frequently with her family. All she thought about was her weight.

"I was yelling at my mom, yelling at everyone," she said. "I was calling myself fat every single second."

Keyser said that patients often skip social events that involve food. Laurel avoids eating at social gatherings because it is so stressful that she cannot engage in conversation. She steers clear of formal events that require her to dress up and "look beautiful" because she is so insecure about her appearance.

"Eating disorders thrive in isolation," Keyser said.

Sienna's illusion finally broke at the end of her freshman year, when she saw her reflection in the wall mirror at dance class. She felt weak enough to collapse at any moment.

After dance class, she went straight to the nurse's office, sobbing, convinced that she would starve to death if she didn't get immediate help.

The nurse walked her to Ms. Le Grange’s office, who advised her family on treatment options and referred her to an eating disorder facility in a hospital.

During her stay, patients were served three meals each day, along with plenty of snacks. After spending months obsessing over every calorie, Sienna felt like she was losing control. She was terrified to gain weight.

But treatment helped her work through those fears, and, for the first time in a year, she let herself eat whatever she wanted. She had finally given herself permission to eat without hating herself.

In our interview, she struggled to talk about her time in the hospital without crying. Yet after reminiscing about that newfound feeling of freedom, she smiled.

“I was so happy. I had food freedom. I got to eat cookies and ice cream,” she said. “But it went downhill when I started gaining the weight back.”

She didn’t understand that gaining weight was healthy for her, so she went back to restricting her eating. Her strategy backfired when she started binge-eating: she restricted food intake until she was starving, then ate large amounts at once. She had focused so intensely on her diet that her brain could not maintain the level of around-the-clock control. So when she started eating, it was hard to stop.

This cycle of restriction and binge-eating accelerated Sienna’s weight gain, exacerbating her guilt. Keyser said this is common, especially since recovering anorexics sometimes regain weight faster because long-term starvation slows their metabolism.

“The body is kind of like a thermostat,” Keyser said. “If I’m eating less, my body is going to adjust, and my metabolism is going to down-regulate so I can conserve resources. Many people, despite quite significant restriction, might be at a normal weight because their bodies are really good at keeping them alive.”

ONE SIZE FITS ONE

According to the American Academy of Child and Adolescent Psychiatry, only 6% of teens with eating disorders are clinically underweight. Since the Diagnostic Statistical Manual lists being underweight as a required criteria for an anorexia diagnosis, most patients are actually diagnosed with “atypical anorexia.”

“When the majority of anorexia diagnoses don’t meet the criteria, maybe it’s time to reevaluate the criteria,” said Laurel, who has atypical anorexia.

Doctors use the Body Mass Index to determine who is clinically underweight, even though the system was invented 200 years ago by a Belgian mathematician using a survey sample of exclusively white men. He used the BMI to measure weight trends across an entire population, not as a medical tool.

“BMI is a very faulty tool. It doesn’t take into account female body composition – it doesn’t really take into account male body composition, either,” Keyser said. Although using BMI has been standard medical practice for decades, “there have been numerous studies that show that there are much better ways to look at and measure individual health than BMI.”

Keyser stresses that every body responds to certain foods differently and that individual behaviors are a much better measure of health than body weight. Some people are naturally heavier than others – according to a 2012 study of more than 24,000 children, genetic factors accounted for at least half of adolescent variance in body weight. Their conclusion: No diet works for everyone, and no weight is healthy for everyone.

“You can’t judge somebody’s relationship with food based on how you think they look from your lens,” Le Grange said.

When students in Amy Malin’s psychology class prepare presentations on mental illnesses, Le Grange warns them about listing signs of eating disorders. Some people who engage in disordered eating feel guilty for not matching those “identifiers,” and in the face of more harmful behaviors they might feel like their habits are not actually so unhealthy. Then, in order to lose weight, they might emulate those new, more dangerous tactics.

“A lot of times, they want somebody to recognize that they’re not doing okay,” Le Grange said. Some people desperately want to be seen, so they will adopt more harmful behaviors to feel validated in their disorder.

TIED TO THE NUMBERS

Daisy stopped eating because she has always felt, in her words, “mediocre.”

“I felt like the only thing I could control was being beautiful,” she said.

During the lockdown of 2020, while Daisy zoomed into classes, she decided it was a perfect time to fix the

“problem” with her body: her weight. Everyone was busy adjusting to their new virtual work schedules, so nobody monitored her eating habits.

According to the Centers for Disease Control and Prevention, hospitalizations for eating disorders among adolescent girls doubled during the pandemic. Eating disorder-related appointments, including hospitalizations, pediatrician visits and telehealth therapy, rose over 107% from 2018 to mid-2022.

Once Daisy got down to her target weight, she figured she would start eating again, but her view of her body was so distorted that she could never feel skinny enough.

“You think it’s all under your control. You think because you’re not emaciated that you don’t have any complications,” Daisy said. “First of all, there are tons of complications, even if you’re not super skinny. Second of all, I was super skinny; I just didn’t realize it because I had body dysmorphia.”

I felt like the only thing I could control was being beautiful.

DAISY

Daisy weighed herself obsessively. When her parents removed all the scales in the house, she used a measuring tape to check the diameter of her limbs, which she recorded in a journal every day – green ink if her dimensions had decreased, red if they increased.

“What’s addicting is the numbers, the scale,” she said. “You become so tied to these numbers that you feel like if you were to gain weight, you would be worthless.”

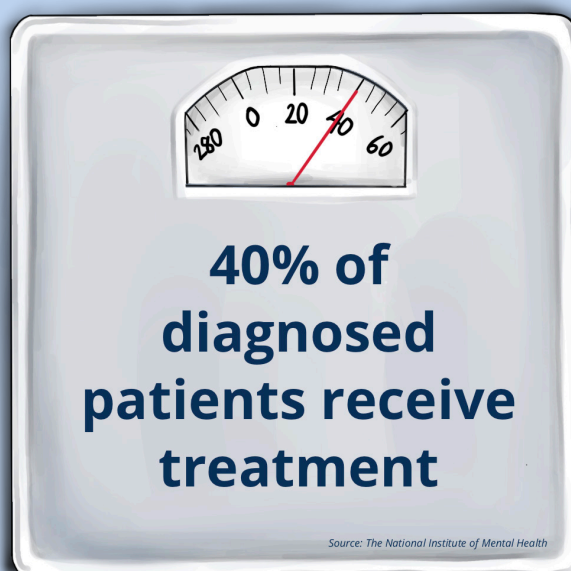
By the time Daisy enrolled in a partial hospitalization program at an eating disorder clinic (where she spent all day at the hospital but slept at home), her quest to make those numbers smaller and smaller had become a competition. Whenever a “new girl” had trouble eating at the clinic, Daisy tried to eat less.

“I can’t have them beat me,” she recalled. “I’m trying to be the skinniest one here.”

EVERY HOUR, EVERY DAY

Madden says that the first step of treatment is to address the painful physical symptoms caused by long-term purging and starvation.

Stomach acid from frequent vomiting can erode esophageal lining and strip teeth of their enamel. In fact, dentists and orthodontists are often the first to notice if someone has been purging due to the erosion of their back teeth. Facial glands can also become inflamed, and blood vessels pop around the eyes. Sustained hunger can even result in hair loss or fingers turning blue from poor circulation.



For Laurel, the diagnostic process was extensive. She received an electrocardiogram and an electroencephalogram (which measure heart and brain electricity output, respectively), a bone mass test and a battery of blood tests. She still takes a urine test every two weeks to measure her levels of ketone, an acid produced when the body breaks down muscles – a last resort.

Daisy’s body needed energy so desperately that it broke down her heart muscles. Her heart began to atrophy two years ago – and she still isn’t recovered. Before her eating disorder, she had been an avid soccer player, but now her heart is so weak that she has had to quit entirely.

“That took something away from me that I’ve been doing since Lower School,” Daisy said. She was finally strong enough to start playing again by senior year, but

since she hadn’t practiced in two years, Daisy realized she would not make the varsity team and decided against trying out.

When Sienna’s eating disorder was at its worst, she constantly felt cold. “My bones would ache,” she said. “I was getting so malnourished that my heart rate was low. I could barely walk.”

For Laurel, treatment has been grueling. She must consciously battle her eating disorder “every hour of every day,” and she has had to accept that the behaviors that temporarily lessened her anxiety were actually hurting her. She didn’t want to give up the immediate relief.

“Before, the behaviors that were disordered eating were just normal behaviors to me,” Laurel said. “It was not at the forefront of my mind.”

Now that she recognizes her eating habits as maladaptive, Laurel feels ashamed both when she eats and when she starves herself. The guilt makes her anxious, which makes her nauseous, which destroys her appetite.

As tempting as it is to stop treatment, Laurel understands the importance of showing up to her appointments every week.

“The longer you spend in recovery, the less likely you are to relapse,” Madden said. “The work in therapy is the most important. Long-term, it helps you understand why this happened in the first place.”

A team of doctors, therapists and a dietitian have equipped Laurel with healthier coping mechanisms and helped her improve her eating habits. When she feels overwhelmed, she sometimes turns back to restricting her food intake. Laurel has demonized food for so long that starving herself seems like a victory.

“I’m not doing my weekly therapy homework because I love myself and I want to do it for myself,” she said.

“I do it for my therapist. I don’t want to let her down. I don’t have these reasons for myself because I have such a poor picture of who I am and what I deserve.”

Sienna, as scared as she was to get help, knew that she could not save herself. Without treatment, she said, she never would have recovered because she could not find the motivation to eat.

During our research, we asked Le Grange what the average inpatient eating disorder treatment facility charges. Since they rarely advertise their prices online, she called one.

“Watch this,” she said.

The woman who answered the phone said that a 45-day stay costs \$69,950.

“I’ve hardly, if ever, seen somebody who needs that level of care do less than three to six months,” Le Grange said after hanging up. But insurance companies have determined that 45 days is enough time.

LIFE BEYOND THE DISORDER

We may not know the full aftereffects of Covid for years, but we do know that it spawned an epidemic of eating disorders – and that they are the deadliest mental health disorders among teens.

If any of these stories resonate with you, do not hesitate to seek help. Ignoring your hunger might feel like an accomplishment, or like proof that you can handle the disorder on your own. It isn’t.

People have a pernicious way of convincing themselves that they are fine. Laurel was forcing herself to throw up every day, but the idea that she might have an eating disorder never crossed her mind. Daisy only realized that she was dangerously underweight after her heart began to atrophy.

Eating disorders take up so much time, energy and mental space. They have devastating, long-term physical and emotional effects – they are traumatizing. Nobody can recover from an eating disorder on their own.

If you have even a slight suspicion that your eating habits are harmful, counselors Le Grange and Jake Davis are trained professionals who are ready to help.

“I didn’t know there was life beyond my eating disorder,” Laurel said. “But there is, and it’s recovery that will let me live it.”

Additional reporting by Sophia Jazaeri

Editor’s Note: Many thanks to Ashley Le Grange for being a patient editor; her knowledge and care were invaluable navigating this issue.