

# Fundamentals of Feeding Kids

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In our culture, like so many others, food and feeding is equated with love and nurturing. The feeding process, when done in a mutually respecting manner, is one of the quickest ways of building and maintaining a positive, trusting relationship. But so often what starts out as a symbol of love and nurturing, ends up for many parents as a power struggle at the dinner table.

One such scenario may be fueled by concerns that a child is not eating enough. The parent is concerned that the child is undernourished and on the verge of starvation. Here begins the all too common mealtime activity between parents and child of gentle coaxing, begging, pleading, and outright bribery. It is not uncommon for the frustrated parent to resort to an unsuccessful attempt at “making their child eat”. These scenes will often finally culminate in a test of wills, and what might appear to be a standoff at the OK Corral.

Under these circumstances, one of two things may happen. Either the child unwillingly accepts the food...or flatly refuses it. The parent involved may feel frustrated or inadequate. She or he may feel like a total failure at the seemingly simple task of feeding their child. Even more devastating is the feeling of personal rejection, especially if the child accepts the same food from someone else.

Children do not like to see the person who guides and loves them frustrated or despairing of them. The child also does not enjoy having to go to bed scared or defiant as a way of showing that their caregiver is not listening to their needs.

## Feeding relationships

The above scenario is an example of a feeding relationship gone wrong. Generally speaking, a feeding relationship is created when a caregiver prepares and offers food to a child. The child responds to the offer by accepting or rejecting the offer. The nature of the relationship is further re-enforced when the caregiver in turn responds to the child in a more or less supportive manner.... which then leads to a counter move by the child.....and so on. Over time, the predominant feelings, whether positive or negative, that result from these feeding interactions will determine whether this is a positive, respectful and supportive feeding relationship, or one more likely to result in a negative relationship with food for the child, and potentially also a negative relationship between the caregiver and the child.

## Common feeding/ eating problems

There is convincing evidence to suggest that 25-30% of children are affected by feeding /eating problems, which in turn often impacts on both physical and emotional growth and

development. Common problems include poor food acceptance at all ages, undereating or overeating compared to actual physiological or emotional need, vomiting or gagging at the sight of certain foods, failure to progress appropriately to solids and table foods (in the absence of a medical explanation), excessive finickiness, and what can be characterized as unacceptable behaviors by the child at mealtimes.

These can be frustrating issues for parents to deal with. Part of the frustration comes from not knowing if or when it is appropriate to intervene in the situation, or to “let it run its course”. After all, what toddler do you know who is not a picky eater at some stage? Who ever said teenagers are supposed to love vegetables? The dislike of broccoli is genetic, isn't it?

In order to encourage physical growth and healthy psycho-social development, it is important to be able to distinguish between normal versus problematic feeding and eating behaviors. The other frustrating aspect of opening Pandora's box and asking whether or not there is a problem, is, if it is determined that there is a problem, then what do you do about it? (We are ever mindful of the fact that forced feeding is unethical and illegal in Canada. But so too is letting a child starve). No wonder parents caught in these feeding dilemmas feel like they are in a Catch-22 situation.

Here then are my top five most often overlooked fundamentals about children's eating and feeding children. These are taken from my experience working as an outpatient dietitian in the eating disorders clinic and the out-patient pediatric department of a large urban hospital, as well as in my private practice. In addition to overlooking these fundamentals, parents frequently experience some level of difficulty in honoring the principle known as the Division of Responsibility in Feeding. Ellen Satter, the foremost clinician and author in the area of feeding children, developed the *Division of Responsibility in Feeding* over 30 years ago. The principle holds that parents (caregivers) are responsible for selecting, preparing and offering food to their children. They are also responsible for determining mealtime structure such as times and place where the meals and snacks will be eaten. The child's responsibility is to choose to eat from the selection offered, or to choose not to eat. When the *Division of Responsibility* is blurred, a mealtime struggle often results.

## **Five fundamentals about children's eating**

### ***Children depend on adults in order to achieve their eating competence.***

Children will take the easy way out if they are not offered the appropriate level of eating mastery challenges at the right time. Awareness of the different levels of food mastery expectations and how they apply to a child's growth, development and sense of confidence is key to helping the child become successful at the task of eating. For instance, the timing of the transition to solid foods, as well as the pace of the increase in textures, will set the stage for future acceptance or rejection of new foods and new textures. If you are struggling with a picky eater, regardless of age, it is still not too late to provide them with the opportunity to achieve eating competence. The learning opportunity will be enhanced if presented in a neutral, supportive environment.

***Children need to know that they will be fed.***

Given today's rushed lifestyle, the importance of predictability and structure in children's meal and snack times is often overlooked. When much uncertainty surrounds feeding, and if feeding doesn't correspond with their hunger, the industrious child will load up at every opportunity, in defense of the next perceived famine. Predictable meal and snack times also help to regulate physiological hunger and satiety cues.

***Children are erratic about their eating.***

Even though you have developed a reliable schedule of meal and snack times, depending on your child's age and level of development, erratic eating behavior may occur from time to time. The best advice I can give is to not panic and automatically stock up on children's vitamin supplements, or worse, try to force them to eat as much as you think they should be hungry for. There is much evidence to support the idea that children regulate their intake over time in order to meet their physiological needs. Continue with your role in the division of responsibility in feeding. That is, keep offering the balanced meal and snack selections you have always offered, and trust that their current and future intake, along with their nutrient stores, will allow for the overall balance that they need to grow.

***Children need to feel in control of their eating.***

Fear of the unfamiliar is natural at first. However, children are more prone to experimenting with new food if they know they have an out... that is, there are no significant performance expectations of them regarding these new foods. Therefore, eliminating pressure might in fact serve to pique their curiosity about these foods sooner than you might expect.

Offering food, as opposed to pressuring children to eat, is an extension of your earlier acknowledgement (when they were infants) that they, not you, are in the best position to determine what and how much they are hungry for. This simple but profound act of trust validates the child's sole right and responsibility for determining what and how much they are hungry for, based on their own internally regulated needs. As well, it provides them with the freedom to act accordingly, without fear of reprisal from peers, family members or the society at large. In my work with clients struggling with eating disorders, it is not surprising to learn that for many, their struggles for control, over their food as well as other aspects of their lives, began at the dinner table at a very early age.

***Children will accomplish more with their eating when the feeder does less.***

The way the feeder approaches food and eating has a major effect on the likelihood that the nutritional or skill-building goals of the feeding session will be achieved. For instance, children will often shut down and abandon the feeding process if and when the feeder becomes overly involved, or continually undermines their efforts to become an active participant in the process. The role of the feeder is to be a) present at meal times, b) to provide positive modeling, c) to provide a pleasant meal environment for all, d) to support and encourage current eating skills and e) to gently assist or guide the building of new food mastery skills. If the feeder is rigid or overly involved in the feeding process,

the messages to the child becomes “I don’t believe you are capable of figuring this out for yourself. If you cannot get it perfect, then your efforts are not good enough,” and “getting nutrition into you is more important to me than your feelings”; certainly not the kind of messages that promote high self esteem.

The early context in which we are fed can lead to a sense of pleasure, while poor attention to the needs and wants of a child with regard to eating and autonomy may create ongoing problems with over- or under- control of eating. It is important to keep perspective on the eating behaviours of children in your care, and to focus on their general well-being.

With very few exceptions we are all born with the innate ability to gravitate toward food. For instance note that infants hours old (human or other forms of animal), will seek out or respond to mother’s breast; will motion for and open up for a feeding bottle when they are hungry and equally important, will pull away when they are satisfied or full. With that early feeding intuition intact, and if not significantly disrupted by persistent environmental factors, we continue to grow up and eat when we are hungry and stop when we are satisfied or full. Again, with some rare diagnosable physiological exceptions, those coupled intuitive abilities continue to exist within us well into adulthood. Unfortunately as we grow they can (continue to) be covered over by adverse environmental conditioning.

“Normal eating” is not a science: it fluctuates with the energy and emotional needs of the individual. However, helping your child to find their physiological “normal” or finding yours as an adult, takes patience, some particular knowledge, skills and commitment to a process that can be trying at times to say the least.

## **References and suggested reading**

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