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Child feeding perceptions among mothers with eating disorders

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A B S T R A C T

Feeding and eating difficulties are documented among the offspring of mothers with eating disorders. Understanding the perspective of mothers with eating disorders is likely essential to develop parent-based early prevention programs for children of these mothers. In the present study, twenty-nine mothers who were diagnosed with an eating disorder prior to becoming mothers and who currently had toddler age children participated in a semi-structured interview examining maternal functioning and child feeding. The maternal perceptions that emerged from the interviews were sorted into central themes and subcategories using interpretive phenomenological analysis. Data indicate that mothers with eating disorders express preoccupation with their child's eating, shape and weight, and many dilemmas about child feeding. They also reported rarity of family meals and their toddlers' preliminary awareness of maternal symptoms. Maternal concerns regarding child nutrition, feeding and weight were reported as more intense in regards to daughters. These maternal perceptions illuminate the maternal psychological processes that underlie the feeding and eating problems of the children of mothers with lifetime eating disorders. Findings should be addressed in the evaluation, treatment, and research of adult and childhood eating disorders.

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1. Introduction

The offspring of mothers with eating disorders are at an increased risk for feeding and eating problems as well as other developmental, behavioral and emotional difficulties (Agras, Hammer, & McNicholas, 1999; Micali, 2005; Zerwas et al., 2012). In particular, the development of healthy eating habits appears to be significantly compromised for these children. As early as six months of age, the children of mothers with Anorexia Nervosa are more likely to experience feeding problems, and their mothers report greater child emotional eating at age four years (de Barse et al.). The children of mothers with Bulimia Nervosa are more likely to be overweight and have difficulty transitioning to solid foods compared to children of mothers without an eating disorder (Agras et al., 1999). Additionally, infants of mothers with lifetime eating disorders exhibit less positive affect with their mothers during feeding and play (Stein, Woolley, Cooper, & Fairburn, 1994). Elementary-school children whose mothers have lifetime eating disorders are more likely to have “health-conscious” eating habits (Ammaniti, Lucarelli, Cimino, D'Olimpio, & Chatoor, 2012; Easter et al., 2013; Micali, Simonoff, Stahl, & Treasure, 2011), and by age thirteen they report greater disordered eating and emotional eating as compared to children whose mothers do not have histories of eating disorders (Allen, Gibson, McLean, Davis, & Byrne, 2014).

These early years are critical in shaping children's eating habits (Danaher, Fredericks, Bryson, Agras, & Ritchie, 2011) and mothers are most commonly in charge of determining their children's daily feeding routines. Mothers usually decide what foods are offered, the amount that is provided, the timing and context of meals, and who is involved in feeding interactions (Rapoport & Bourdais, 2008). Most studies suggest that these feeding-related decisions

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are more complicated and distressing when the mother has a history of an eating disorder (Mazzeo, Zucker, Gerke, Mitchell, & Bulik, 2005). For example, in comparison to control mothers, mothers with a history of an eating disorder are more preoccupied with their child's weight and underfeed their children (Hodes, Timimi, & Robinson, 1997; Hoffman et al., 2012). Maternal co-occurring obsessive-compulsive symptoms mediate the links between the maternal eating disorder and her restrictive feeding practices (Farrow & Blissett, 2009). At the same time, though, these mothers also use food more frequently than other mothers for non-nutritional purposes, such as soothing or distracting the child (Agras et al., 1999; Evans & Le Grange, 1995). Analyses of recorded feeding interactions between mothers with eating disorders and their children generally revealed increased conflicts, stricter control over the child's eating, and more maternal negative emotions in comparison to non-symptomatic dyads in several studies (Haycraft & Blissett, 2010; Park, Senior, & Stein, 2003). However, a recent study that assessed mothers who recovered of their eating disorder did not find differences (Hoffman et al., 2013).

Evidence suggests that certain aspects of the maternal eating disorder likely play a different role in different developmental stages. For example, the more severe the mother's eating disorder, the more controlling her feeding practices are with her infant (Stein et al., 2001). For elementary and middle school children these mothers showed greater concerns for the child's weight and were correlated with children's report of their own eating disorder symptoms (Allen et al., 2014). These findings imply that older children's autonomous eating may be mediated by maternal perceptions. As a field, our knowledge of how to help these mothers and their children is limited and there is little data on evidence based treatments for this population. Given that psychological treatments of eating disorders rely heavily on words, understanding the language that mothers with lifetime eating disorders use to talk about their concerns, dilemmas, and practices in feeding their children is essential for gaining a better understanding of their behaviors as well as designing and refining any intervention programs.

To shed further light on the role of maternal eating disorders in childhood feeding, eating, and development, the current study uses focused interviews to explore maternal feeding-related perceptions in mothers with eating disorders with toddler age children. While this is a qualitative study, we predicted that concerns regarding their children's eating behavior and appearance would be similar to those found in adults with eating disorders in regards to themselves, including attitudes, beliefs and practices around restricted food consumption and a great emphasize of the thin ideal.

2. Methods

2.1. Participants

Twenty nine mothers with a prenatal eating disorder diagnosis who had a toddler between 18 and 42 months old were interviewed in the current study. Participants were recruited from three psychiatric centers in Israel, specializing in the treatment of eating disorder. Participants were included in the study if they had been diagnosed by an experienced mental health professional with either Anorexia Nervosa (N = 14), Bulimia Nervosa (N = 13), or Eating Disorder Not Otherwise Specified (N = 2), based on DSM-IV criteria (APA, 2000), and if their child's age was between 18 and 42 months at the time of the study.

The average age of the mothers was 31 (SD = 4.2), and the children ranged in age from 18 to 42 months, with an average age of 32.5 (SD = 7.2) months. Sixty six percent of the children were girls and forty five percent were first-born. The average onset age of the maternal eating disorder, according to maternal report, was fourteen (range: 6–20 years old). In regards to the presence of current symptoms among the mothers, twenty seven (93%) reported at least one of the following symptoms in the week preceding the researcher's visit: binge eating (52%), food restriction (41%), and/or compensatory behaviors, such as purging or using diuretics (48%). At the time of data collection seventeen mothers received outpatient treatment for their eating disorder and none were hospitalized.

2.2. Semi-structured interview

Each mother participated in a semi-structured interview developed by the first author. This interview was based on the literature of mothers with eating disorders and aimed to elucidate the ways by which mothers find solutions for their feeding-related concerns and dilemmas. The interview aimed at exploring the mother's view of the effects of her eating disorder on maternal functioning and child feeding, through mostly open ended interview questions. Pilot interviews were delivered to ten percent of the sample (four participants), and the themes that emerged inspired the elaboration of further prompts (see Fig. 1). Each interview lasted approximately 60 min, and was conducted at the participant's home. All interviews were audio-recorded and later transcribed verbatim to minimize loss of data.

2.3. Procedure

Following the Institutional Research Board approval from each center, we identified in the centers' records 108 current or past patients who were thought to be married or have children. Of these, ten had a child younger than 18 months, and thirty eight were mothers of children older than 42 months (which were below or above the child cutoff age eligible to partake in the study, respectively). Nineteen patients were not tracked down, and an additional mother was excluded since her child was born in the second trimester and this could have affected child feeding patterns. Out of the remaining forty eligible mothers, 29 (72.5%) consented and were interviewed.

2.4. Qualitative data analysis

Interpretation of the interviews was performed by the first author using interpretive phenomenological analysis (Denzin & Lincoln, 2005; Kvale, 1996; Larkin, Watts, & Clifton, 2006). The interviews were first screened for central and repeating themes and preliminary trends were conceptualized. Only those dimensions that were common to at least six (20%) participants were grouped under a more abstract higher order concept, based on its ability to explain and predict patterns of maternal perceptions (Schreier, 2012). The main categories and explanations which emerged from the interviews were further sorted into central, differentiated themes (Corbin & Strauss, 2007).

3. Results

Three central themes emerged from the interviews: (1) an association of maternal concerns for the child's eating as well as body shape, and weight, with controlling feeding practices, (2) avoidance of eating in the family context, and (3) aggregated effects of the maternal eating disorder on some children. Within each theme, two main subcategories were identified. Table 1 presents the themes and subcategories, with representing quotes.

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