Feeding problems are relatively common during childhood, as children acquire new developmental skills and are challenged with new foods and mealtime expectations. Although most feeding problems are temporary and easily resolved, feeding problems that persist can undermine children's health, development, and relationships with caregivers. Evaluation and intervention into feeding problems can be complex because feeding is not only a time for meeting children's nutritional needs but also an important opportunity for social interaction. Caregivers help their children build expectations around food and mealtimes. Children, in turn, learn to interpret and satisfy feelings of hunger and satiety through feeding. A partnership develops whereby children and caregivers communicate with one another, forming a basis for the emotional attachment that is essential to healthy social functioning (Ainsworth & Bell, 1974; Satter, 1987).

If there is a disruption in the communication between children and caregivers, the attachment may not be secure, and feeding may become an occasion for counterproductive battles over food. Although it may appear to be paradoxical, children who refuse to eat often gain power and control over their caregivers. Thus, when mealtimes become stressful or confrontational, children may be denied both the nutrients they require and healthy, responsive interactions with caregivers.

The ecological model (Bronfenbrenner, 1993) is a particularly appropriate theoretical framework for examining feeding problems because it conceptualizes children's behavior, such as feeding, as an interactive process that varies across children and is embedded in multiple social levels, extending from the family through cultural factors. The ecological model is based on systems theory, in which changes in any one component of the model affect all other components. Children are conceptualized as active contributors within their primary context—the family. At a broader level, feeding is influenced by the ethnotheories that families hold about feeding and by cultural norms for the timing, type, and amount of food that children should eat (Dettwyler, 1989).

From a child's perspective, feeding requires the integration of multiple systems, including temperament, physical development, and psychosocial development. For example, children are unable to eat solids before they have achieved the oral motor control necessary to move food to the back of their mouths in preparation for swallowing. When solid food is introduced too early, while feeding is still dominated by sucking, food is often pushed forward and out of the mouth, as though the child were rejecting it. Caregivers may misinterpret this action as a signal that the child is rejecting the food or rejecting the caregiver, rather than a sign that the child is not ready for the feeding challenges required of solid foods. If the caregiver responds to the perceived rejection with anger or by intensifying the pressure on the child to eat, mealtime can become stressful and unsuccessful to both the child and the caregiver. Thus, feeding problems may be avoided when clinicians strive to understand caregiver interpretations of their children's behavior and address their perceptions through anticipatory guidance.
Caregivers play an important role in shaping their children’s feeding behavior. They purchase and prepare household food, establish mealtime patterns, and respond to children’s messages about hunger, satiety, and food preferences (Oliveria et al., 1992). In addition, the feeding atmosphere, especially harsh disciplinary practices, can be upsetting to children and affect the amount they eat (Costanzo & Woody, 1985). A negative cycle may emerge whereby children who are hesitant or picky eaters have caregivers who are harsh and rigid during feeding and rely on threats or physical intrusions to encourage eating (Black, Hutcheson, Durbowitz, Berenson-Howard, & Starr, 1996). This cycle can be exacerbated by clinicians who encourage caregivers to make their children eat or blame caregivers when their children do not eat. Caregivers whose competence is undermined by their children’s feeding problems may feel anxious and react by becoming more rigid and controlling. It is not clear whether caregivers react to their children’s food refusal by increasing their rigidity and insistence that their child eat or whether children react to parental harshness by resisting and refusing to eat. In either case, unresponsive, rigid behavior by caregivers is associated with unsuccessful feeding and conflict around food.

In keeping with the ecological model, attention to the caregiver-child interaction during feeding is a critical component of the evaluation of feeding problems. Observations are often conducted by videotaping families during a meal (Black, Cureton, & Berenson-Howard, 1999). Videotapes are analyzed to identify interaction patterns and incorporated into the intervention with families.

By watching themselves with their children, caregivers serve as their own models and identify strategies that promote better feeding. They practice newly acquired skills through repeated videotaped observations, analyze interaction patterns, and identify aspects of their own behavior that contribute to feeding problems or success in their children. The therapeutic use of videotaped interactions has been effective in promoting interactive behavior with adolescent mothers (Black & Teti, 1997) and caregivers who are intellectually limited or burdened with multiple stressors (McDonough, 1995; Wolke & Skuse, 1992). The clinician does not teach the caregiver how to interact with her child, but helps the caregiver gain a better understanding of the feeding partnership and how behavior in one partner influences the entire interaction.

In the past, feeding problems were often conceptualized as child issues, with little attention directed to the role of caregivers or to the social environment. However, with the recognition that feeding occurs within a social context, perspectives from the ecological model are often incorporated into the evaluation and treatment of feeding problems. Yet the research has lagged behind, and there have been no randomized clinical trials of intervention into feeding problems based on the ecological model (Black, Danseco, & Krishnakumar, 1998), despite encouraging findings from clinical and observational studies. Thus, future research is needed to evaluate the effectiveness of strategies for treating feeding problems based on the ecological model.

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