Family Meals Focus

The Ellyn Satter Institute Newsletter

Children who are obsessed with food

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Consider the toddler described by his parents as, from birth, "eating a lot, being a fast eater, and now being obsessed with food—always clearing his plate and pestering for food, especially when he is upset or anxious." Consider the preschooler who "eats until they throw up" or the preschooler who "moans when she eats and plans her next meal before finishing this one." Indeed, the literature implicates these child "food approach tendencies" in the chain of causation leading to child emotional eating and child obesity.[1]

The conventional wisdom: There is something the matter with the child

- "Our endocrine doctor says most of her outpatients aren't able to regulate; they often eat until they vomit."
- "My twins are the same way and just got diagnosed with sensory processing disorder."
- "My child eats for emotional reasons. When he gets upset, angry, or even excited, he begs for food."
- Some children are born with abnormally hearty appetites (they are hyperphagic)[1] and grow too fast.[2]
- Some children have flawed satiety mechanisms (they don't have a stopping point) and therefore have a genetic risk of obesity.[3]
- Children who are born large are more likely get too fat as they get older.[4]

The conventional wisdom *causes* the problem

Look up the word *iatrogenic*: it is a disease caused by *examination* and *treatment.* Conventional wisdom causes the very problem it is intended to address by characterizing children as not knowing when to stop eating and diagnosing large and consistently growing children as overweight or obese. Despite natural extremes in eating attitudes and behavior, children regulate perfectly well when parents follow the Satter Division of Responsibility in Feeding (sDOR): they do the *what*, *when*, and *where* of *feeding* and let their child do the *how much* and *whether* of *eating*.[5]

- Some children are naturally big or fat, grow consistently at a high percentile, and that's just fine. Conventional thinkers say a child whose BMI is above the 85th or 95th percentile cutoff points for is overweight or obese [ES note: Not my words: theirs.] and impose food restriction.[6]
- Some children have hearty appetites and/or are enthusiastic about food. Conventional thinkers miss children's innate ability to eat only as much as they need and assume this means these children will overeat and become obese.[7] They impose food restriction, especially of highly appealing food, exacerbate children's food *attraction*, turn it into food *obsession*, and create a serious *problem* that *can* dysregulate weight.
- Children who have unusual or poorly understood conditions are often assumed, with absolutely no evidence, to be born lacking the ability to regulate food intake. This might be a child with special needs, endocrine problems, neuromuscular issues, or developmental disabilities. Having made this assumption, conventional thinkers impose restriction of food intake, precipitate children's food preoccupation and inclination to overeat when they can, and use children's resulting drive to get enough to eat as proof of the underlying deficit.

- Children who are afraid of going hungry become food obsessed, may eat until they throw up, and constantly beg for food, especially when they are upset or anxious. Children become afraid of going hungry when parents are disorganized and unreliable with meals and snacks, restrict children's food intake, or can't provide enough food for everyone. Conventional thinkers miss the cause, assume the child doesn't have a stopping place, and recommend food restriction, thereby traumatizing the child even more.
- Children eat for emotional reasons only when they are *fed* for emotional reasons. The problem exists in the *feeding*, not in the *child*.[8]

Children know how much they need to eat

The conventional wisdom, of course, is *wrong*. Children who have the support of sDOR know how much they need to eat. They only become overeaters when, for whatever reason, they become afraid of going hungry. Despite what you read in the literature and hear on the grapevine, the principle that children know how much they need to eat applies to children who eat a lot and/or love to eat, provided their parents follow sDOR.

- **Large infants**. Big babies might stay big (but not necessarily fat), or they might slim down over time. They grow in the way that is right for them.
- **Children who need a lot of food and/or *love* food**. Even though appetite is compelling, it can be satisfied. Even children who love to eat know how much they need to eat.
- **Children who continually beg for food.** Children are blamed for food-begging when the real problems are lack of structure (e.g. reliable meals and snacks) and parents who give them food handouts. Giving food handouts for upset teaches eating for emotional reasons.
- **Children who have endocrine problems (e.g. diabetes, very slow growth, thyroid dysfunction).** Children with diabetes regulate. Those who grow slowly eat as much as their bodies tell them to. Children with thyroid under-activity may grow slowly until the thyroid dysfunction is addressed. There are no endocrine disorders that explain child "obesity."
- **Children with sensory issues—who are unusually sensitive to tastes, textures, and smells**. These children learn manage their own sensitivity, push themselves along to eat a variety of food, and regulate their food intake as long as parents follow sDOR.
- **Children who eat a lot of starches, processed foods, and even sweets**. Poor food selection doesn't make children fat. Poor feeding practices can. While too many sweets can unbalance the diet, those foods don't make children fat when they are included in structured meals and snacks rather than being offered as random food handouts.

What to do about "food obsession?"

Get to the bottom of it[9] and establish sDOR.[10] Children are "food obsessed" because they are afraid of going hungry. Find out what is scaring them and help parents see feeding from the child's point of view. Then help parents establish sDOR, be scrupulous about maintaining structure, and be absolutely faithful about letting the child eat as much as they want at structured, sit-down meals and snacks. At first, the child's so-called food obsession will become more pronounced. However, soon children begin to trust parents to let them eat as much as they are hungry for at structured meals and snacks. Then they become sensitive to their internal cues of hunger and fullness and eat more like any other child at the same age and stage of development: sometimes a lot, other times not so much.

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