



THE MODERN CHILD BETWEEN THE FEEDING INSTINCT AND OBESITY

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According to a survey conducted in Romania, between 2010–2012, as part of the National Program V relating to child obesity screening, the share of obese children whose body mass index (BMI) displays values $>+2DS$, varies between 9,48% for the age group 6–7 years and 6,77% for the age group 13–14 years.

The clinical manifestations of obesity are the somatic appearance (disposal of excess adipose tissue), to which are associated symptoms generated by medical complications (cardiovascular risk, diabetes in adults, orthopedic problems), as well as psychological complications (low self-esteem, low efficiency in school activity, affected emotional-affective tonus), relational difficulties.

Using a psychological approach, H. Bruch refers to the connection between obesity and family interactions, as well as their effects on the child's psychic development. The child's incapacity to respond to his feeding needs properly is apparently related to the chaos of his first satisfaction experiences, especially the oral ones.

Obesity comes to express power insufficiently developed psychically in terms of self-esteem in front of the surrounding world.

Addressing the issue of child obesity through psychotherapy aims to restore the psycho-affective and behavioral balance and the harmonious growth of the child, subjectively as well as physically.

Social and cultural models regarding feeding and satisfying one's appetite for food are the result of the interaction between heredity-environment and learning.

Key words: obesity, risk, instinct, learning, culture.

INTRODUCTION

The number of obese children worldwide has come to a considerably high growing rate, varying depending on the socio-economic group, geographic location, age and gender. Hence, the need to identify belief and conviction models concerning the family and social group's eating habits is a highly topical necessity.

Nowadays, children and adolescents all over the world choose carbonated drinks, sweets and fast-food over fresh fruits and vegetables, water, physical exercise and socializing activities in parks and sports grounds¹.

Doctors, parents, nutritionists and psychologists need to be concerned about forming correct eating

habits from early ages, which can be consolidated and maintained throughout one's life.

A longer, healthier and happier life is closely related to the quality of any man's nutrition and activism.

Research shows that overweight and obesity are on the increase among children and teenagers, affecting 20–30% of the general population.

The British-born American psychologist William McDougall has argued since 1908 that the origin of behavioral reactions lies in the internal drives or instincts².

Viewed as both an innate unconditioned reflex and as a reflex acquired through conditioning, the feeding instinct has a central place in man's life.

In man's biology, the elements of the eating behavior are biochemically, neurologically, digestively and sensory programmed. These are the **feeling of**

hunger, or the need to eat in order to procure one's vital energy, the **appetite** or the appetence (lust) to eat, which is related to selectiveness or the food preferences, the **pleasure** to eat, which is related to food particularities acquired through learning and **satiety**.

In the lateral hypothalamus there is the centre of hunger, while in the ventromedial hypothalamus is the centre of satiety.

In the medial prosencephalon is the pleasure circuit related to feeding and satiety³.

Human pleasure is integrated at this level, being essential to motivation and learning as it is necessary to appreciate eating, drinking, thinking and other bodily manifestations as pleasant, in order to perform them³.

Consequently, the way in which food is consumed is as important as what is consumed.

Life begins with the intrauterine period.

Pregnant women transmit the proper attitude towards food to their babies which can prevent changes of the eating behavior such as anorexia, bulimia and compulsive eating. Such behavioral changes usually impact the neuropsychic development and expression at the behavioral level and the efficiency in the child's activity and socialization, and subsequently his adult life as well.

The fetus builds its body using materials that the mother's blood carries. The latter needs to be as healthy and as rich as possible, without toxins or deficiencies, rich in nutrients and the necessary vital elements.

The fetus perceives the smells and savors of the food absorbed by the mother.

The appropriate molecules dissolved in the amniotic fluid stimulate the sense of taste and the forming smell. Stored, they remain within the child as reference security elements.

Later on, the smells and savors will be found in the mother's milk. This ongoing process makes the child familiar – via the implicit memory – with the family's eating habits, shaped by the specificity of the region and country where he is born.

During the fetal period, taste buds start developing in the 9th week and reach maturity towards the 13th week⁴.

Initially they form on the entire surface of the oral mucosa and later cluster on the tongue.

The amniotic fluid permanently bathes the fetus's mouth from which a certain amount is absorbed⁴.

Ultrasonography has evidenced the fetus's preference for sweet taste and its "prudence" to bitter taste. The amniotic fluid impregnates with the smell and taste of the food which the mother consumes. Thus, the child's awareness of his future food is raised even from his mother's womb, shaped by the geographic area in which he is to be born.

In human ethology, the child's feeding instinct, experienced as a state of excitement or inner tension, neurobiochemically motivated, is closely related to the type of relationship between the mother and the nursling.

Physical-biologic as well as psychological research of this relationship support the modelling of the tension experienced by the hungry child when in the presence of maternal behaviors, also of the quality of satiety and satisfaction that the child experiences in the presence of the mother or care person.

In the instinctual manifestations of feeding and experiencing life through learning, experiences can have an ordinary, natural course, or on the contrary, the child can experience disturbing states of fear, anxiety, agitation, disquiet, gustatory under- or overstimulation in the presence of the care entourage resulting in changes of the eating behavior.

The manifestation which modulates a nursling's feeding instinct is the affective-emotional experience which the mother or care person has in the child's presence.

According to Winnicott, instinctual manifestations regarding feeding and the sufficient or insufficient way in which they are accompanied by the mother are relevant all through the child's life and on every other behavioral levels⁵.

In the presence of the mother, or other care persons, two kinds of manifestations are visible with the child: the instinctual ones and those crystallized through experience and the processes of cognitive, affective-motivational and volitional learning.

Again according to Winnicott, offering food to someone when he or she needs it equates with responding to a psychological need, through one's living presence and availability⁵.

H. Bruch discusses the connection between obesity and family interactions, as well as their effects on the psychic development of the child. The child's incapacity to adequately respond to his feeding needs apparently relate to the chaos of his first satisfaction experiences, especially the oral ones⁶.

The role of the mother or care person is regarded as central, with a concrete reference to their way of anticipating and satisfying the child's feeding needs, either by balanced attitudes, or misbalanced ones of neglect or exigency, overstimulation or permissiveness.

In the presence of these attitudinal types, the child's capacity to discern the sensations from the inner tension, from hunger, lust, or other frustration, boredom, loneliness, overload, remains weak and thereby eating acquires a nondifferentiated compensatory function.

Projective tests in the case of obesity indicate compensatory resolution of the need for power, affirmation and personal integrity.

Thus, from a psychological perspective, overweight and obesity can have a double role: protecting- in the presence of the surrounding world and a guarantee of self-esteem and integrity.

A feeding behavior disorder may result in excessive growth of body weight, caused by the accumulation of large amounts of fat in the subcutaneous tissue and around the viscera. This is what defines **obesity**.

Obesity comes to express power insufficiently psychically developed in terms of self-esteem in front of the surrounding world.

It can be exogenous, when it is determined by food in excess or regards certain feeding principles, or endogenous, when it is a result of disorders of the endocrine glands or the nerve centers in the hypothalamus.

According to a survey conducted in Romania (as part of the National Programme V, run by the Ministry of Health during the period 2010–2012), the share of obese children whose body mass index (BMI) displays values $> +2DS$, varies between 9,48% for the age group 6–7 years and 6,77% for the 13–14 years age group.

Clinical manifestations of obesity are primarily the somatic aspect (disposal of excess adipose tissue), to which are associated the symptoms arising from the various complications they determine.

Research has showed the importance of the significance of the eating in the family culture, of eating meals together, respectively, as well as perceiving these as major and enjoyable social events, but treated carefully.

The American psychologist Paul Rozin and the French sociologist Claude Fischler's research documentations have shown substantial differences between food-related attitudes between different countries¹.

Thus, among French people, food can be perceived as a source of pleasure, while it is viewed as a source of concern regarding health by American people.

Also, using the method of observation in restaurants and supermarkets, as well as by analyzing cookery books and guides to restaurants, differences between food environments have been highlighted. For instance, there were differences noted as regards portion size and a different emphasis on food quality.

Eating and food culture that promote moderation and pleasure may be considered the basis of cognitive support for a balanced life.

It is necessary that the eating experience is related to the recognized pathway in the body's natural order, with affective-emotional feelings of affection and peace^{7, 8}.

Addressing child obesity through psychotherapy aims to restore the psycho-affective and behavioral balance and the harmonious growth of the child, subjectively as well as physically.

Social and cultural models regarding feeding and satisfying one's appetite for food are the result of the interaction between heredity-environment and systematized or learning through experience.

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