



Families/Caregivers and Childhood Binge Eating

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EXPLORING OUR OWN BIASES

We live in a society that values thin bodies. It is easy to succumb to the messaging surrounding this thin ideal of beauty and health and internalize it to the point that it becomes integrated into our self-concept and evaluation. We often see restrictive eating behaviours, grueling workouts, and the notion of “will power” strongly praised and promoted in the health, wellness, and fitness industries. Conversely, bodies that are presumed to contradict that ideology are highly stigmatized (Nath, 2019). Individuals with larger-than-“ideal” bodies can internalize this weight stigma and conclude that they are blameworthy and must lack the motivation to sacrifice eating and stick to an exercise regimen for the sake of their appearance and health. Research demonstrates that statistically, binge eating disorder (BED) is more likely to go untreated than any other eating disorder diagnosis (Kornstein, 2016). Stigma has been found to be one of the most frequently identified barriers for seeking treatment (Reas, 2017); individuals are less likely to seek care from a professional due to fears of encountering fatphobia or anti-fat attitudes (as BED is associated with – but not deterministic of – higher weights), and feelings of shame and embarrassment about their “out of control” eating. Paradoxically, for many individuals with BED, extreme dietary restriction is the culprit, not the solution.

LOSS-OF-CONTROL EATING

A cardinal feature of BED is loss-of-control (LOC) eating, and largely follows a detrimental cycle that begins with thin-ideal internalization that prompts unhappiness with one’s shape or weight. Extreme weight control methods can seem like the cure for this dissatisfaction; in reality, they cause physiological and psychological experiences of “famine” (intense hunger), which evolution has shaped us to counteract quickly and strongly when food becomes available. This protective drive manifests as LOC eating (“feast”), which only fortifies body dissatisfaction and fear of weight gain.

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Research has shown that some children experience LOC eating patterns that resemble but do not meet full criteria for BED (Tanofsky-Kraff, 2011; Tanofsky-Kraff, 2008). It is important to delineate the differences between pediatric BED (P-BE) and BED, because in youth, the size of the binge episode matters less than LOC and other behavioural and psychological symptoms. LOC eating in childhood

or adolescence predicts later accelerated increases in body size and the development of P-BE, disordered eating attitudes, and depressive symptoms. P-BE itself is further associated with poor dietary intake and practices such as limited dietary variety, inconsistent eating patterns, eating when not hungry and vice versa, body dissatisfaction, and low mood (Bohon, 2019).

Early identification and treatment of P-BE can prevent or mitigate these negative outcomes and correlates. It is also important to examine a child's individualized growth trajectory and family history. Indicators of healthy growth are moving targets in children and adolescents, whose bodies are constantly developing, internally and externally. Weight and growth percentiles must be examined in these contexts, and should not be used in isolation as a measure of a child's health or likelihood of P-BE diagnosis.

PARENTING CONSIDERATIONS

The literature uses the terms authoritative, authoritarian, or restrictive to describe parental feeding practices or styles that involve controlling, tightly limiting, or restricting the food their child eats, especially when it comes to foods deemed unhealthy. Overly restrictive or authoritarian feeding practices have been found to increase preoccupation with food and concerns about food scarcity, which may lead children to develop preferences for restricted foods (Brun et al., 2021). A recent study found that overt restrictive feeding practices hindered children's ability to self-regulate food consumption and increased body weight (Brun et al., 2021). Examples are heavily policing consumption of "treats", using food as a reward, or expecting the child to finish everything on their plate. It should also be noted that some restrictive feeding practices may be used covertly, without the child's knowledge (e.g., refraining from buying the restricted food item altogether) (Bergmeier et al., 2015). On the other hand, unrestrained consumption via overly permissive feeding

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practices, which refers to letting the child dictate their food choices completely, may result in poor dietary intake or inadequate physical activity (Bohon, 2019).

This information guides parents to operate in a middle path, establishing regular eating routines consisting of a wide range of food types, with an emphasis on macronutrients associated with healthy development and long-term energy. All foods, including snack and dessert items, should be incorporated regularly lest parents risk creating a "forbidden fruit" temptation. Parents have the power to shape their family environment in a way that facilitates a neutral to positive relationship with food and eating for their children, thereby reducing triggers for LOC eating and P-BE.

STRATEGIES TO SUPPORT YOUR CHILD

Teach and remind your child that:

- Growing bodies are meant to be constantly changing, and to trust their body and listen to its needs.
- The human body is not infinitely malleable, and there is a high cost associated with trying to make one's body smaller than it is meant to be.
- There are many factors that can disrupt a body's size outside of eating and exercise such as poor sleep, stress, and excessive screen time.
- Bodies are diverse; there is no single standard for appearance.
- You care about what they do, not how they look. Reinforce this message by praising effort and behaviour, not appearance and other static factors.
- There is no such thing as "bad" foods – all foods have their time and place.
- The body communicates hunger and fullness with certain recognizable cues. Discuss with your child what these cues feel like and teach them how to identify them on their own. (Note: If your child is neurodivergent they may need more support in learning these cues).
- They are unconditionally loved, accepted, and valued just as they are.
- It is important to challenge misconceptions/unhelpful beliefs about body size and pressures to diet.

CURRENT FAMILY-BASED INTERVENTIONS

Families have an important role in reversing harmful attitudes about food and building positive and healthy behaviours in their child. Studies have found that having a family-centered approach to the treatment of binge eating leads to better health outcomes in children (Domoff, 2018). More research is needed to determine best treatment options for children and adolescents with P-BE. However, more research is emerging that shows evidence of weight-inclusive approaches to healthcare being more effective in treating BED and the harm associated with weight-loss focused interventions (Tylka et al., 2014).

Peer support

Families and caregivers are often met with a large amount of judgment and stigma from family, friends, and professionals when seeking help for their child's P-BE. Peer support programs are considered particularly helpful in these circumstances. Programs often include recognition, sharing of successes, exchanging stories, and sharing tips for recovery. These elements can increase parents' confidence in supporting their child with binge eating.

CONCLUSION

P-BE has significant physical and mental health consequences for children and adolescents. Parents are ideal agents of change in reversing harmful attitudes about food and building positive and healthy behaviours, attitudes, and self-concept in their child. These parenting practices have the potential to mitigate risk of P-BE and facilitate recovery for affected youth.

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ADDITIONAL RESOURCES

- The Children's Nutritionist, *Why children grow up having unhealthy relationships with food and how to avoid them*: <https://childrensnutrition.co.uk/full-blog/unhealthy-relationship-with-food/>
- More Love, *What to say to larger kids (from adults who've been there)*: <https://more-love.org/2021/04/26/what-to-say-to-fat-kids-from-real-people/>
- Holland Bloorview Kids Rehabilitation Hospital, *Having body-positive conversations with children: A parent guide for confident conversations about weight*: <https://hollandbloorview.ca/sites/default/files/2021-07/Parent%20Guide.pdf>



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