CHAPTER 2

YOUR CHILD KNOWS HOW TO EAT AND GROW

IF YOU DO A GOOD JOB of feeding, the chances are very good that your child will grow up to have the size and shape body that is right for him and that he will have a stable and appropriate weight as an adult. However, like no other topic in child nutrition, food regulation and growth is permeated with misunderstanding and pitfalls. We have been informed again and again about the alarming increase in the incidence of child and adult obesity. Obesity has been targeted as the number one child nutritional problem, and parents who have a child who is chubby—or who just has a family history of fatness—try to take evasive action by restricting their child's food intake.

Parents who fear their child is growing "too slowly" will find the issue just as troublesome as those whose child is supposedly growing "too fast." As with restricting a child who presumably eats "too much," trying to "get" a slow-growing child to eat more is an uphill battle that can be extraordinarily unpleasant for everyone concerned. Given our culturally weird eating attitudes and behaviors, however, we are all too ready to interfere with our children's eating and growth, simply because we are accustomed to interfering with our own.

Consider the $30 billion a year weight-loss industry. In 1999 one-third to one-half of Americans surveyed said they were diet-

ing either to lose or maintain weight.[1] Consider that most people say they are dieting only when they are frankly restricting food intake. The majority, for whom restraint has become the usual eating practice, don't see themselves as dieting but only as eating normally. Consider that 40 percent of Americans feel conflicted and anxious about their food choices, and they are upset that they aren't living up to today's stringent nutritional standards.[2] Restrained eating—that is, regular attempts to eat less than we are really hungry for or to settle for less appealing food than we really want—has become such a fixed part of our relationship with food that it is hard for most people to see that the negativity and restraint are anything but normal. They are not. It is harder still to see how *our* restrained eating could complicate and even contaminate our attempts to feed our children. It does.

Appropriate feeding is built on trust—trust in your child's ability to eat and in his ability to grow in the way nature intended. Once you have done your job with feeding, it is up to your child to eat what and how much he needs, and then both you and your child can trust his body to grow and develop appropriately. Given today's concern with health, size, and shape, a child who grows "too fast" or "too slowly" may tempt you to restrain what he eats or force him to eat more. It won't work. If you try to take evasive action with your child's growth, you can cause the very problem you fear. If you restrict your chubby child and try to make him be thinner, he can become preoccupied with food and may be prone to overeat whenever he gets the chance. If you try to get your slender child to eat more and fill out, he may become revolted by food and be prone to undereat whenever he gets the chance. A chubby child doesn't necessarily grow up to be a fat adult, and a thin child doesn't necessarily grow up to be a thin adult. Interfering, however, frequently produces the very result it is meant to prevent. Moreover, interference inevitably causes lasting damage to the parent's relationship with the child. If you interfere, you will give your child the message that your love is conditional—that you can truly approve of him only if and when he is different. Since you won't want to make your child feel so bad, your path is clear: you can only wait, enjoy your child, keep a healthy curiosity, and enjoy watching him grow up. You won't know how it will turn out until your child is grown. As so aptly put by Yogi Berra, "It ain't over till it's over."

MAINTAIN A DIVISION OF RESPONSIBILITY

Instead of trying to control and manage your child's eating and weight, think in terms of optimizing. By optimizing, I mean feeding your child in the most helpful and supportive way possible, doing your job to provide food and supporting your child in doing his. Throughout *Child of Mine*, I will encourage you to observe a division of responsibility in feeding.

The Division of Responsibility
Parents are responsible for the *what*, *when*, and *where* of *feeding.*
Children are responsible for the *how much* and *whether* of *eating.*

I will elaborate more in the coming chapters on how that division of responsibility is played out with children of different ages and in different circumstances. For now, it is enough to say that you provide your child with the food and feeding environment he needs, and then you let go. You trust that as long as you are doing your job, your child will eat what he needs and will grow appropriately. Optimizing is far different from doing nothing at all. As you can see from the list below, optimizing means that you actually do a great deal.

To go into more detail, *you* are responsible for

- Controlling what food comes into the house.
- Making and presenting meals.
- Insisting that children show up for meals.
- Making mealtimes pleasant.
- Teaching children to behave at the table.
- Regulating timing and content of snacks—no running with food, no food right before dinner.
- And a few nuggets of your grandmother's wisdom: no fanning the refrigerator door, no candy before dinner, and saying "yes, please" and "no, thank you."

However, you the parent are *not* responsible for

- How much your child eats.
- Whether he eats.
- How his body turns out.

Your child knows how much to eat, and he has within him the genetic blueprint for his growth. In order to build on that blueprint and make the most of it, however, he needs your help, support, and acceptance. You must do your part in feeding by reliably and lovingly providing him with appropriate food. You must limit his sedentary activities and give him opportunities to be active. And you must do it year after year, in a loving and consistent fashion. Once you have done all of that, you must trust the outcome. You must keep your nerve and resist the impulse to interfere. Your child may be fatter or thinner, shorter or taller than you are comfortable with, but you have to assume that his size and shape are right for him. Then you must be accepting and supportive. Even if your child's body turns out not to be as fashionable as you would like, your love and support will help him to be comfortable and to accept himself.

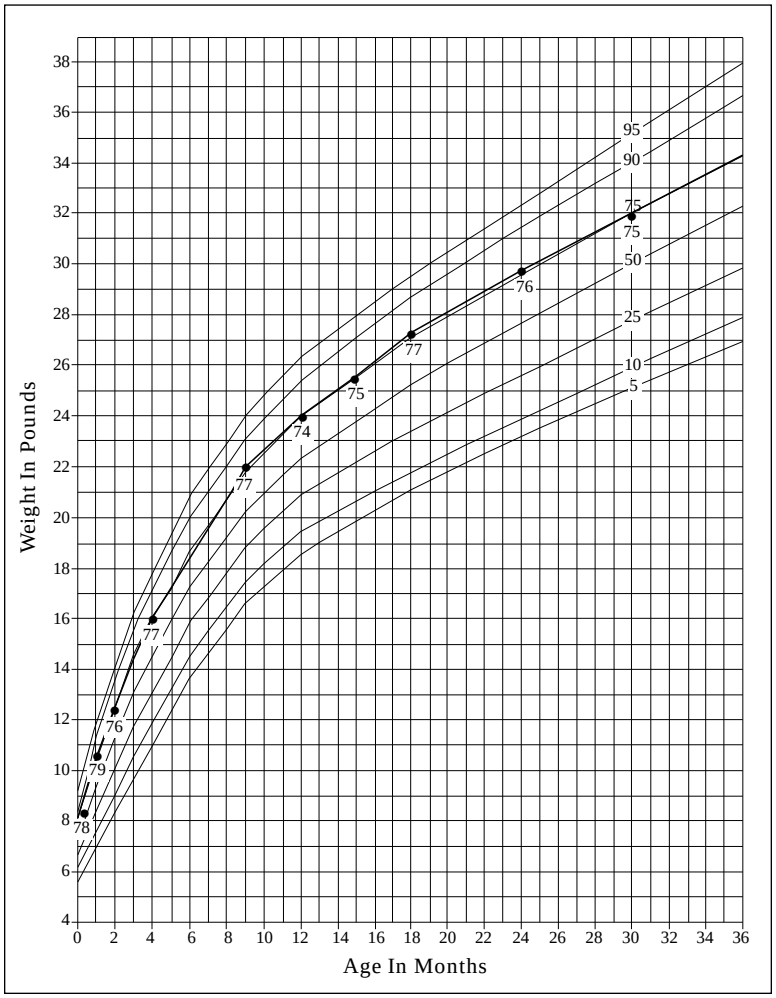
WHAT IS NORMAL GROWTH?

Your child has a natural way of growing that is right for him, and he knows how much he needs to eat to grow that way. If you do your jobs in feeding and let him decide how much he wants to eat, you generally don't need to worry about normal growth—it will happen. There are many different normal body shapes and sizes. Some children are short and stocky, some are tall and slender. Some are fat and some are thin. Your child's shape and size are determined mostly by heredity: the size and shape of his mother and father. Expect him to grow according to your genes, not your wishes.

To understand normal growth, it helps to understand growth charts. When you take your child to a health clinic for regular checkups, he is weighed and measured, and those numbers are plotted on a standard growth chart. Figure 2.1 is a standard weight chart for boys aged 0 to 36 months. There are more growth charts in appendix A, "What Is Normal Growth?" that plot height for age and weight for height. Figure 2.1 is a weight for age growth chart for boys, and the ones in the appendix are charts for girls. As you can see, the chart is set up like a graph with age in months along the bottom, weight in pounds along the side. The curves drawn on it are standard growth curves, or reference curves, compiled from averages of thousands of chil-

dren. The graph has a plot on it, as if a child has been weighed time after time: as a newborn, age 1 week, 1 month, 2 months, 4 months, and so on. As you can see by the example, this fictional child's weight follows along near the 75th percentile. His height will be plotted on a separate curve, and it might be at the same percentile, or higher or lower. His weight for height might come out the same, or, again, be higher or lower. The actual percentile doesn't matter so much as your child's showing a consistent

FIGURE 2.1 BOYS' WEIGHT FOR AGE GROWTH CHART



pattern of growth as it is plotted over several months or years.

Statistically, our boy whose weight is around the 75th percentile is heavy relative to other boys—75 out of 100 boys will weigh less than he does at this age. But comparing a child with other children is not the important point of the charts—it is more important to compare a child with himself. Does he grow consistently and smoothly? Sometimes a child's true growth pattern doesn't appear until about age 12 months. It's not uncommon for an infant to have a period of "catch-up" growth during the early months if he was small to begin with, or "slow-down" growth if he was big to begin with. Over the first 7 years, a child's height tends to adjust toward the average of his parents' heights. Don't ask me to explain it—it's all done with percentiles. Slowly crossing percentiles can even be normal as long as the growth is *smooth* and that it is consistent with the previous pattern. Once a child's growth levels off and establishes itself on a given percentile, however, that is where it is likely to stay as he gets older and moves from this growth chart to the one for boys up to 18 years old.

Growth Reflects Your Child's World. Growth plots give one of the best overall indicators that things are going well for your child—medically, nutritionally, emotionally, and in terms of the feeding relationship. From my perspective, investigating an upward or downward blip in the growth chart often reveals that food selection or feeding have gotten a bit derailed. I think, for instance, of the boy whose weight at 12 to 15 months bumped up from the 50th percentile to the 75th percentile. His parents were still feeding him on demand rather than providing him with the structure and limits he needed as a toddler, and he had predictably become a tyrant with food. I also think of the girl whose weight fell off her usual curve about that same time—her parents were giving her only very low fat food and she wasn't able to eat enough to satisfy her calorie needs. Still another child the same age comes to mind. This little boy was still predominantly breastfed and had no interest in eating table food or even semisolid foods. Another girl gained a considerable amount of weight at that age when she got the upper hand with her mother, who had been restricting her food intake from the time she was born. These are all toddler examples, but we see these growth blips at other ages as well. The child under age 6

months might diverge downward because she doesn't suck well, for instance. Eight to nine months is a frequent age for downward growth blips, when the child begins wanting desperately to feed himself and the parent thinks he's still a baby.

Medical professionals follow children's growth looking for confirmation that a child is doing well medically. A medical worker who sees these kinds of blips in growth curves will be likely to mentally review your child's history to look for indicators that something is *medically* amiss. Not finding anything to be concerned about, she will reassure you that everything is fine. What she means is that everything is fine *medically*. However, seeing such a blip in your child's growth, it would be legitimate for you to ask to see the dietitian to rule out any problems with nutrition or feeding. A word of reassurance: if you catch such problems early, they are likely to be small and easily resolved.

Growth Extremes Are Not a Problem. The weight of a child who grows consistently at the 5th percentile or the 95th percentile is just as appropriate and trustworthy as that of the child growing closer to the mean—the 50th percentile. However, since that growth is statistically unusual, and since the child whose measurements are at the outer fringes of the growth chart is relatively small or large in size, health workers tend to be more vigilant to be sure growth progresses well. Parents may pick up on that vigilance and compound it with their own natural uneasiness about any extreme feature or behavior in their child, growth included. The problem that emerges is that parents of large children may unconsciously hold back with feeding, and parents of small children may unconsciously try to feed past children's fullness cues. Be aware of the tendency, and resist the impulse. Your large or small child is just as trustworthy about regulating his food intake as is the child whose size is closer to the average. Trying to change the amounts your child normally eats will only make feeding miserable for both you and your child, and is highly likely to exaggerate the very pattern you are concerned about.

Some few health professionals misinterpret extremes in growth. On a public health level, in fact, children who are above the 95th percentile are classified as obese, and children below the 5th percentile are classified as showing growth failure.

Guidelines for children growing at the outer percentiles vaguely recommend that a child "should be checked, followed up and possibly referred."[3] The issue gets really ticklish when you realize that children are certified for WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) if they are above the 95th percentile or below the 5th, which tends to automatically label the child, at least in the parents' eyes, as being somehow abnormal. He is not. He is not obese; he is just big. His growth is not faltering; he's just small. The child growing consistently on his own growth curve, even if it is *above* the 95th percentile or *below* the 5th percentile, is likely to be regulating very well and growing in accordance with his constitutional endowment. Again, the real growth issue for any child on any percentile curve is whether his growth follows along his usual growth curve. If it follows along, it is appropriate growth. If it diverges abruptly upward or downward, there could be something wrong. That divergence needs to be carefully investigated to determine whether everything is still all right medically, nutritionally, emotionally, and in terms of the feeding relationship.

For more about the principles of growth curves, see appendix A, "What Is Normal Growth?" There I have given you examples of other growth curves and of how children's growth is plotted on those curves. I will also cover growth characteristics in the age-related chapters (chapters 7 through 9).

RESTRICTING CALORIES

I am absolutely opposed to putting children on weight-reduction diets. In my view, no person has the right to impose food restriction on another, even if that person is your child. Withholding food profoundly interferes with a child's autonomy, and you will both pay the price for that interference. Your restricted child will grow up feeling angry with you; he will feel bad about himself, and he will depend on you to provide controls on his eating and will be unable to tap into those controls within himself.

You will be pressured from the outside to do something about your large or small child. "He doesn't look like he ever missed a meal," family and friends will say, or "what a little

peanut! Don't you feed that child?" Of course they intend to be funny or clever, but for a parent who is at all sensitive about a child's size and shape, such comments can be hurtful. Particularly with a fat child, outsiders feel duty-bound to express their opinions. This bit of cultural weirdness is given periodic encouragement by public health pronouncements. The Centers for Disease Control and other government agencies warn us that child obesity is our number one health concern and register the opinion that the reasons children—and adults as well—are fat are (1) too much food and (2) too little activity. Such announcements are likely to make the most enlightened parent withhold second helpings or declare trips to the ice cream shop—every child's basic entitlement—as off limits.

One cannot argue with the statistics and with the self-evident assessment of the problem as disruption in energy balance. However, we still need to answer a fundamental question. *Why* are children eating too much? Children are excellent regulators. They know how much they need to eat, and they are highly likely to grow in a predictable fashion. Even when food is very good, children get filled up on it and eat only as much as they are hungry for.

It seems to me that a good bit of the problem lies in the solution. That problem, and the solution, are food restriction. Most health professionals today have gotten the message that "diets don't work" and will not ostensibly put your child on a "diet." They are afraid that restricting a child's food intake will precipitate eating disorders in later life. It's rare for a parent of a child who grows "too fast" or "too slowly" to be given a calorie prescription or told how much their child should eat. More often external control of a child's calorie intake comes about indirectly. Parents—often on the advice of health professionals—may attempt to restrict a child's fat intake as a way of keeping him slim. I talked with a very sad mother the other day who was reflecting on how upsetting it had been for her chubby 8-year-old son to be admonished at every checkup to restrict his dietary fat to keep himself "healthy." The boy knew it wasn't "health" that was being talked about but "weight," and he had learned to feel bad about his ever-chubbier size and shape. Outside restrictions can take the form of anything from behavioral modification to labeling foods as good, bad, or indifferent. It's the *attitude* that makes the difference. If the intent of an

approach to feeding is to reduce the child's weight, it is outside control and it is destructive.

Whether or not you call it a diet, general advice about how much a child "should" eat or clothing that advice in weaselly words won't stop this approach from having negative effects. "He's gaining pretty fast—see if you can get him to eat less." "His growth is slow—see if you can get him to eat more." Other times the outside control comes in the form of a feeding schedule. "Don't let him eat so often—he's getting too much." Even the seemingly permissive message "let your child have his treats—just don't let him eat too much" is weaselly because it undermines trust. You manage the menu; your child will get enough—you don't have to make it happen. Any such messages can lead you to ignore your child's feeding cues and, instead, impose some outside prescription on how much he "should" eat. That will turn you into a police officer rather than a parent, and it can have long-lasting consequences for your child's psyche, his size and shape, and the way he feels about himself and the world. Let me give you an example.

Amanda Nagle and her daughter, 3-month-old Sena, stopped by my office one day to talk about breastfeeding and food restriction. Amanda was struggling with her pediatrician's advice and she wanted a second opinion. Sena was growing very quickly—she had gained 7 pounds since birth and had done it all on breastmilk. At their last appointment, the doctor had advised Amanda to restrict her chubby daughter to five rather than seven breastfeedings a day to try to hold down her rate of gain. Amanda had tried to follow the advice and not feed her daughter so often, but the result was disastrous. "She would ask to be fed, and I felt it was wrong to feed her. I would try to stave her off, play with her, entertain her. She would get more and more unhappy and upset until eventually I would give in and feed her. She would just wolf down her breastfeeding and look around for more. The whole time I felt bad because I felt I was doing something wrong by even feeding her as little as I was. So I gave it up. I decided that I couldn't do it. It was making her unhappy and certainly making me unhappy. In fact, I felt that the only way I could really follow the doctor's advice was to put her on the bottle because this infrequent nursing was drying up my milk supply. I guess if my feeding Sena this way will make her fat, she will just have to be fat. I feel bad about

that, but I'm not willing to spoil our time together."

Amanda did some very healthy parenting. She went down a wrong path, knew it, and found another way. Getting it right the first time is not the point—knowing whether you are getting it *wrong* and then tinkering is the point. The real misfortune of this story is that the mother was made to feel so bad about doing the right thing for her baby and for herself. Fortunately, that pediatrician, like a lot of others, has discovered the error of his ways and no longer gives that sort of advice. However, just the other day a lactation consultant told me the same story about another baby, mother, and doctor, only this time the mother persisted in following the doctor's advice until her breastmilk dried up and she had to wean her baby to formula.

Since indirect controls on children's food regulation can be as destructive as more direct controls, it is important to be able to see that such controls are really weight-reduction dieting by another name. Amanda wasn't told to put her daughter on a diet, but she was instructed to feed some vaguely defined "less" than her daughter wanted. The parents of the chubby 8-year-old were not told to put their son on a diet, but the low-fat food instructions were actually intended to control his eating and weight. Parents of a large child or one with a robust appetite generally don't see themselves as putting their child on a diet, but nevertheless they often hesitate to gratify his appetite for fear he will eat too much and get too fat. Direct or indirect, outside pressures on food intake can lead to struggles about eating and have truly disastrous consequences.

Since *Child of Mine* is about getting things to go *right* with your child, I will emphasize what to do and generally stay away from horror stories about what can go wrong. You are in a position to enjoy your child and to have the fun and satisfaction of watching him grow and develop, and you can expect your feeding relationship to be a positive one. However, since our culture is so full of such truly distorted and destructive attitudes about feeding and body weight, I am going to tell you a couple of horror stories. Think of them as an opportunity to raise your consciousness. You will benefit from knowing what it looks like when things *really* go wrong.

Distorted Eating—Mary's Story. Seventeen-year-old Mary was suffering from bulimia; she was obsessed with food and with

dieting, she disliked and distrusted her body, and she ate in a bizarre and extreme fashion. She would diet severely, so severely that she virtually starved herself and ate only when she couldn't stand the pain of hunger any longer. When she finally gave in to her hunger and ate, she wouldn't just eat enough to satisfy her hunger. As far as she was concerned, even eating at all was bad, and once she had started eating she might as well go the whole way and eat as much as she could hold. She would go on eating binges, stuffing herself in a frantic fashion, eating whole cakes and butter by the spoonful and virtually depleting the family food supply. Then when her stomach became so bloated and painful that she could hardly stand it, she would vomit. She used her finger, pushing it far down her throat so she could retch again and again until she had no more left to throw up. Sometimes that would be the end of it. Other times she would repeat the pattern, stuffing and purging herself repeatedly in the course of a day.

Mary perceived herself as being fat, although she was not. She had a nicely proportioned medium build and an attractive figure. The problem was that she was heavier than the model thinness that she thought was ideal and that her parents seemed to have in mind for her. Mary thought she was ugly, and she was so ashamed of her size and shape that she stayed home, avoiding her friends and their activities. Part of her distress about her body came from high school standards of body shape and size and standards of thinness. Part of her distress came from the modeling school her parents were sending her to in hopes that it would "make her feel better about herself." In reality it just made her feel worse to be around all those skinny women with all that emphasis on appearance. But the most powerful pressure came from home. Mary's mother was thin, the kind of disciplined-looking thinness you get only when you work on your weight, and work hard. She had the model look about her—starved. That is a different kind of look than the one of people who are constitutionally thin, because naturally thin people look for the most part like their flesh covers their bones and like they are strong and healthy. Mary's mother looked fragile, and there was a quality of being forced about her, as if she constantly had to drive herself, physically and emotionally.

Mary's father was thin, too, but not excessively so. However, he was the one who voiced their concern about

Mary's "overeating." He said that Mary had always eaten a lot, and he wondered how much it was normal for someone of her age to eat. In fact, he said, Mary had eaten a lot ever since she was born. When she was still in the hospital, the nurse had brought her into the room and said "Your little girl certainly eats a lot—she had two whole bottles." Of course they thought eating a lot meant Mary would get fat, so they set out to prevent that. Actually, I wondered whether Mary was hungry when she was born—had her mother gained enough weight during pregnancy? I never heard a word from them about growth curves—whether Mary was even big to start with. The whole tragedy of Mary's feeding seemed to be based on those two bottles and that nurse's chance comment.

From that day on, Mary and her parents struggled over her eating. From observing other parents with their supposedly overweight babies, I can guess what that struggle was like. I would guess that when Mary's parents tried to feed her less than she really wanted, the spirited Mary fussed and cried until she got more to eat. How long she had to fuss probably depended on how able her parents were on any given day to tolerate her fussiness. Her crying was no doubt upsetting, and the only way they could stop it was to do the one thing they didn't want to do—feed her.

Mary grew into what they perceived as being a chubby toddler, and by the time she was three years old she was sneaking extra food from wherever she could get it. Her first memory of mealtime was of her mother dishing up her plate for her with a limited amount of carefully selected food. And Mary cried at the memory of never getting enough to eat unless she sneaked to do it. For Mary, not getting enough food felt very much like not getting enough love. Her parents said they were doing it for her own good, but I wondered how much their own egos were involved—how important it was for them to have a thin and what they perceived as being a more beautiful daughter.

Comparing Mary's parents with Amanda Nagle teaches a lot about the contrast between effective and ineffective parenting. Amanda tried restricting Sena, saw that it was hurtful, and quit. Mary's parents never saw their tactics as hurtful or even ineffective. They did the same thing, year after year. They saw Mary's lack of cooperation and out-of-control eating as being the problem, rather than being able to see that what they were

doing was contributing. It didn't bother them that Mary was so unhappy—it bothered them only that Mary was giving them so much trouble.

Despite their rigid determination, Mary's parents had not been successful in getting her to undereat and weigh less. Other parents are successful, and as a result children are smaller or thinner than they might otherwise be. Which it is depends on who is more determined and resourceful: the parents or the child. Now let's turn to a story about a parent who got the upper hand.

Deliberate Underfeeding. A psychologist at a professional meeting told me about a young mother in his neighborhood whom he had heard about from his daughter, who had baby-sat for the children. All of this rigamarole starts to sound like an urban rumor, but it is not. Rather than telling another underfed child story that I know about first-hand, I have included this one because its extremes illustrate such important points. The mother was so determined that her children were not going to get fat that she frankly underfed them, and the children appeared to be thin and short, and they were *certainly* preoccupied with food. The psychologist's daughter was so distressed about the children's plight that she had refused to baby-sit them again.

According to the baby-sitter, the mother's strategy was to restrict anything that might put weight on her children. She used only low-fat recipes and would not allow her children to have butter, margarine, or salad dressings. She was very stingy with breads and other starchy foods, and she certainly would not let them eat candy or anything sweet. She would let them eat only so much at mealtimes, even if they said they were still hungry and begged for more, and she absolutely forbade their eating between meals. She left instructions with all the baby-sitters she hired that they were not to feed the children. It was hard on the sitters, because they felt bad for the children, and the children were so hungry they couldn't get their minds off of food. But the sitters didn't dare feed them, because the mother could tell by the satisfied way the children behaved if they had been fed. Most sitters wouldn't work for her any more because they felt so sorry for the kids.

This is an extreme case. So extreme, in fact that I called it child abuse and advised the psychologist to report it to the

proper authorities. Failing to give a child enough food is fundamental neglect. Once again, this mother is an example of a not-good parent. The children were clearly in distress, but the mother was so invested in her agenda that she was not sensitive to their plight. I don't know if there was a father in the picture, but if there was, he wasn't doing his job either. He was failing to challenge her on behalf of the children. Good parents are not the ones who say, "yes, dear, you're right, anything you say." They are the ones who help each other by challenging and disagreeing when parenting is going down a wrong path.

However, even though this case is extreme, elements of it are not that unusual. There are many reports in the pediatric literature and at clinical meetings about nutritional growth retardation due to parents' adherence to health beliefs currently in vogue and recommended by the scientific community.[4] Most of those cases of poor growth are caused by parents' adherence to a low-fat diet. Given today's emphasis on low-fat eating, it is an understandable error. Parents think restricting fat is the right thing to do. Often a child, rather than putting up a fuss or acting starved like the children I just described, simply quietly loses interest in eating. The problem becomes apparent when the child is weighed and measured and is discovered not to be growing well. Parents are shocked and appalled—and often angry—that their honest efforts to do the right thing have been so destructive. For guidelines on managing the fat in your child's diet, see the section called "Enjoy Fats and Oils" in chapter 8 (pages 351-354).

I hope you get the point: these are stories of extreme behaviors that cause eating disorders and growth distortions, and *you* are not going to go there.

A Compulsive Eater Who Was Just Normal. Before we move on, let's neutralize those horror stories. Hearing about the extremes is helpful for recognizing negative patterns, but going to the extremes is not an immediate threat for you. Most people are good enough parents—not perfect, but at least within the ballpark. All parents make mistakes. The effective parents are the ones who are sensitive enough to their child to realize when their tactics are not working and do something to remedy them. Young children change rapidly. If you change what you do with feeding, and keep it changed, your child will change right along

with you. Let me tell you a happier story to illustrate my point.

Todd's parents, like Mary's, feared that their 2½-year-old was a compulsive overeater. Unlike Mary's parents, Todd's parents sensed that something was wrong and sought help. As the parents told it, Todd always wanted second helpings or even thirds, although it seemed that he had eaten quite a lot. In fact, the minute he came to the table he began begging for more food than his parents were giving him. Even with such big meals, between times he hung around and begged for food handouts. Todd regularly embarrassed his parents at birthday parties by pining so much over the cake that he wasn't interested in going off to play with the other children. At home, when the parents put out a plate of cheese and crackers for company, Todd was right there, eating steadily as long as the supplies held out.

Todd's weight was going up, not down. But to his parents, his weight pattern was beside the point. They saw his eating as being so abnormal that they labeled him a compulsive eater, and that was their major concern. What was the problem? Restrained feeding. Todd's parents were trying to restrict him to only one helping at mealtimes and no snacks between times. But Todd was tougher and more resourceful than they were, and he regularly wore them down. Since he was so afraid that he was going to have to go without, once he had access to food he ate as much as he could hold, not knowing when he would be able to wear them down again. Both parents were surprised when I told them that they didn't have to control the amounts that Todd ate because he was capable of doing that himself. They didn't know that internal regulation even existed, as they had not experienced it for themselves. Todd's mother was bulimic—her way of regulating her food intake was to try to follow a 1,200-calorie diet and then throw up if she ate more than her allotment of food. The father was uninterested in food and regulated his eating by giving himself a food quota and then eating it as if it were like doing any other chore.

My assessment was that Todd's food preoccupation and overeating were growing out of his fear that he would not get enough to eat. I encouraged the parents to establish a division of responsibility in feeding, to have regular meals and snacks, and to let Todd eat as much as he wanted at those times. They were not to give in to his food-panhandling between times. At all times, they were to reassure him. At meals and snacks, they

were to say, "you may eat as much as you want" and then *let* him eat as much as he wanted. When he begged for food between times, they were to say "snack time is coming soon and you can eat as much as you want then." Todd's parents were worried about the plan. If Todd's eating was so out of control when they were restricting him, what would it be like when they withdrew the controls?

At first, Todd confirmed their worst fears. He ate like there was no tomorrow. But after 2 to 3 weeks, he started to trust that his parents really meant it when they said he could eat as much as he wanted, and his eating started to settle down. He began eating like any other toddler. He would eat a lot on one day and hardly anything the next. Sometimes he forgot all about his snack, which pleased his parents, but I told them they had to offer snacks anyway. Todd needed to trust that this parents would remember to feed him. To help Todd, his parents had to be trustworthy about doing their part in feeding; then they had to trust him to regulate his food intake. Since none of us can take our children where we haven't gone ourselves, the parents had to learn to trust their own food-regulation processes as well. I treated the mother's eating and coached both parents in experiencing their own ability to regulate food intake.

The treatment succeeded. Within 6 to 8 weeks, Todd's "compulsive eating" had gone away. He was no longer so preoccupied with food, and he was relaxed and casual about meals and snacks. He was able to have fun playing with the other kids at birthday parties. But the proof of the treatment came when I last saw the family. They had put out a plate of cheese and crackers for company and Todd had eaten a couple of crackers and gone off to play.

How Food Restriction Feels to the Child. It is clear from the previous discussion that appropriate food regulation depends on a positive and accepting feeding relationship between parent and child. The impact of this relationship becomes more clear if we imagine what it must be like for a child, who is, after all, essentially a captive audience in the feeding situation. He is absolutely dependent on his parents and other adults to satisfy his food needs, and those needs make themselves insistently apparent. Hunger is a powerful, potentially gratifying, and potentially painful drive. Whether a child learns to fear or

accommodate hunger depends on his early experience with feeding. If he asks to be fed and someone feeds him promptly and lets him eat until he is satisfied, he associates hunger with pleasure and he looks forward to what happens next. But if his parents try to get him to eat less than he is hungry for and stop feeding him before he is really full, then hunger becomes very unpleasant. In my videotape *Feeding with Love and Good Sense*, 8-month-old Andrew is so excited to eat that he can't sit still in his chair. But his excitement is tinged with anxiety, and it isn't long before the viewer knows why. Andrew's child care provider has been instructed by the parents not to let Andrew eat as much as he is hungry for, on the grounds that he "has no stopping place." Of course, the assumption is an incorrect one, because every child has a stopping place.*

Andrew is chubby, but that's all right, because many children are naturally chubby toward the end of the first year. The chubby infant has no greater risk of growing up fat than the thin infant. In fact, there is no significant correlation between fatness in childhood and in later life until a child gets to be at least 6 years old and perhaps older.[5] Most fat adults become fat as adults, and only about a quarter of preschoolers appear to retain their fatness.[6] Given our previous discussion about the tendency of a child's growth to follow consistently along a particular percentile, the wonder is that not all children in the upper percentiles retain that pattern as adults. These figures on longitudinal patterns in growth are often used to sound the alarm that childhood fatness is retained into later life. In reality, the data makes the point that most young children slim down. However, Andrew's chances of slimming down as he gets older are being decreased before our very eyes, because his child care provider follows directions and stops feeding him before he is really full. Andrew cries and looks around for more food, but no more is forthcoming. This has happened enough that even at 8 months of age, Andrew approaches eating knowing that it is not going to turn out well for him. He will be hungry and dis-

*The only exception to this statement is the child with Prader Willi syndrome, a developmental disability that often includes cognitive impairment but always includes an extremely thrifty metabolism combined with excessive appetite and preoccupation with food. Unless their food intake is restricted, children with Parder Willi eat more than their extremely limited needs and gain far too much weight.

appointed at the end of the meal. To understand what it is like for Andrew, imagine that you are on an ocean cruise or a raft trip without enough food to go around. How relaxed and capable of enjoying the trip would you be? Hunger becomes a harsh master if there is no way to make it go away.

Andrew's child care provider might have been helpful to him and to his parents if she had said, "no way am I going to make a child go hungry." A good child care provider is more valuable than rubies, and those parents might have listened to her. However, that provider didn't become enlightened until after she saw the videotape, and she felt bad when she came to understand why it wasn't good to underfeed Andrew. My favorite fantasy about Andrew is that when he got to be a toddler he turned into a little cupboard raider like Todd, our "compulsive eater," and made himself such a nuisance to his parents that they sought some help to straighten out their approach to feeding. Sometimes situations have to get worse before parents can see that there is a problem.

It's hard for a child to settle for less than he wants, but it is also difficult for a child to eat more than he wants. If you have ever had to eat when you really weren't hungry, or experienced the nauseated, too-full feeling that comes from having overdone it, you know that it is not a pleasant experience. A mother who approached me wanting advice about her too-small child, whom she had been force-feeding, said it best: "When you don't want the food, it feels like it grows in your mouth." Despite her sensitivity to his feelings, this mother was so desperate about her son's very survival that she was putting food in his mouth and holding his lips shut until he swallowed. If you find yourself forcing your child to eat, know that it is the wrong solution and that you must have help in finding another way. Forcing is miserable and extremely costly emotionally for both you and your child.

EVEN BIG AND SMALL CHILDREN REGULATE

Terminology fails me when I try to talk about the large child. *Chubby* works for some children, but the large child may not be chubby but only *solid* or *stocky*, as my mother accurately said about me when I was in the fourth and fifth grade. *Chubby* to

me means a high proportion of body fat, *solid* or *stocky* means strong muscles and heavy bones and maybe a blocky (another word) silhouette. A stocky child might plot out high on the weight-to-height percentile charts but still have a pretty low percentage of body fat. *Fat* is a word that is usually considered a derogatory term, but people in the size acceptance movement are trying to take the word back and neutralize it as a simple descriptive term. They see the word *obese* as being inappropriate because it makes fatness a medical condition. Despite all the flap about health consequences of elevated body weight, it is only for the few people in the far upper ranges of weight who suffer clearly identifiable health consequences. Talking about the *thin* child is easier, because the terms are not so negative or pejorative. However, the child who is taunted by his schoolmates for being *skinny* or a *beanpole* has a social challenge similar to the one faced by a child who is taunted for being fat.

Why do I need a word? Because I have to tell you that despite your best efforts your child might be fat—or thin—and there is nothing you can do about it. Your child is highly likely to grow up to resemble your body size and shape. That may mean that your child's normal pattern of growth will be at one of the extremes on the weight-to-height charts. That extreme plotting may come from a relatively high proportion of body fat. Or it may mean that your child may be particularly thin and slight and have not only low body fat but low muscle mass as well. *Your task as parent is not to try to change your child's size and shape but to support him and accept him just the way he is.*

Even the fat child is entitled to eat as much as he is hungry for. Even the small and slight child is entitled to eat as little as he is hungry for. The division of responsibility in feeding, and the parts about not being responsible for how much a child eats and how his body turns out, apply just as much to the fat child and the thin child as to the child who is closer to the average. Your job is to feed your child, see how he grows, and love whatever he turns out to be. Your job is *not* to try to get him to grow any differently than his constitutional blueprint dictates.

Because of your own struggles with weight, you may be tempted to try to control or modify your child's weight. Don't. It won't work and it is likely to make the problem worse, not better. Do a stellar job of feeding, then let nature take its course.

You can't tell at this age how your child's body will turn out. Your control efforts can make the problem worse, not better. Rather than trying to change your child's natural body, it's much better to put your efforts into feeling good about your child and helping him to develop good character, common sense, problem-solving skills, the ability to get along well with others, and good ways to cope with his emotions. Children who are unusual—whether they are relatively fat or relatively thin—like children with other characteristics that make them different, need better-than-average social skills in order to succeed.

HOW MUCH DO CHILDREN EAT?

General or specific, we don't say what quantity an infant or child *should* eat. There are too many variables: activity level, calories required for growth, the ability of the body to squander or conserve calories in response to changes in food intake, and behavioral and psychological consequences of manipulation of food intake. Nor do we *need* to know how much a child should eat. Children have finely tuned mechanisms for determining how much they need to eat, mechanisms that automatically take into account variations in the food they eat as well as in activity, growth, body metabolism, and body chemistry. In a very few cases we make a rough beginning guess of how much a child might need and then fine-tune that guess on the basis of the child's growth. We need to do that, for instance, with children who are tube-fed, but even those children have hunger and fullness cues that can help guide the tube-feeding process.

Children Vary Child-to-Child. Every five years a committee of the National Research Council publishes the Recommended Dietary Allowances.[7] The committee is made up of respected nutritionists who summarize current nutritional knowledge and make estimates about levels of nutrients required for health. Over the years they have had a hard time making recommendations for calories because calorie requirement is so variable. Currently, they are finding their way out of their dilemma by giving ranges. Generally speaking, they give an average calorie requirement and then follow it with a "coefficient of variability of plus or minus 20%." That means that once an average figure

has been arrived at, a child might actually eat 20 percent fewer calories or 20 percent more than that average. Figure 2.2, "Range of Calorie Intake for the Average Infant," and Figure 2.3, "Range of Calorie Intake for the Average Child," show the calculated medium, low, and high intake of a boy or girl growing at the 50th percentile for height. In other words, the graphs illustrate the range of calories that a child *might* eat. A taller or shorter child may eat more or less. Once again, keep in mind that in most cases knowing how many calories an infant or child is consuming is unimportant and is just a matter of curiosity. Two children may be the identical size and shape and appear to have the same level of physical activity, but one may need to eat twice again as much as the other.

Children Vary Day-to-Day. Not only do children vary child-to-child, they vary day-to-day as well. Allow me to illustrate. Back in the thirties, when people were first beginning to bottle-feed, they tried very hard to learn how. This was the "scientific age of feeding." A formula based on evaporated milk had just been

FIGURE 2.2 RANGE OF CALORIE INTAKE FOR THE AVERAGE INFANT

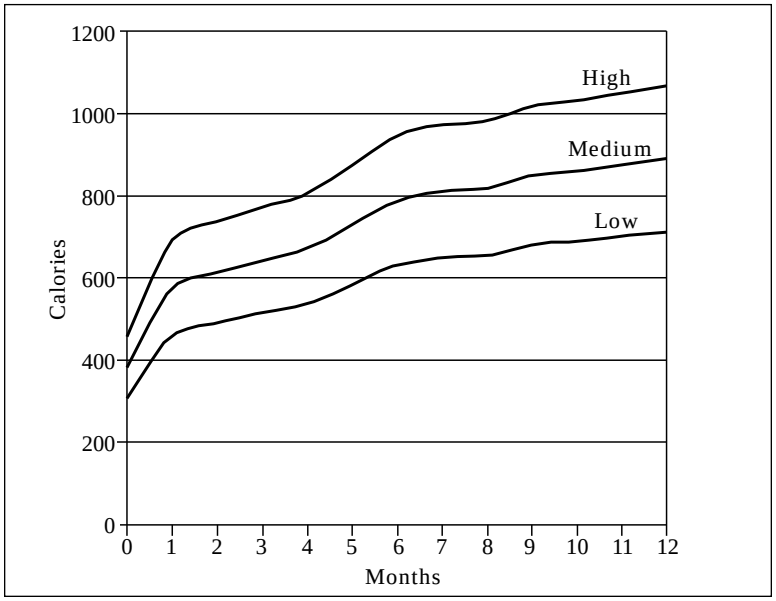
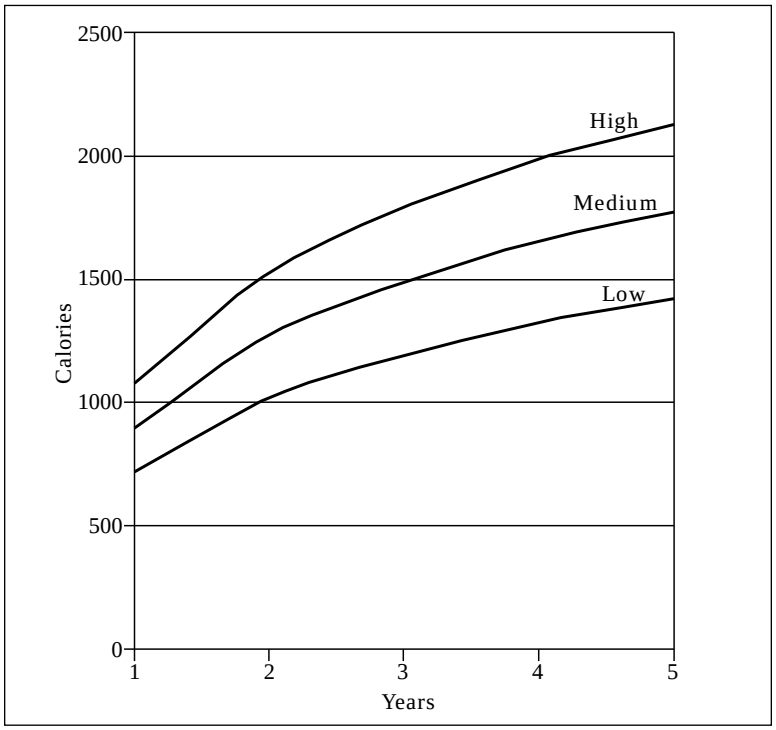


FIGURE 2.3 RANGE OF CALORIE INTAKE FOR THE AVERAGE CHILD



perfected. Supplemented with vitamin C in some form, it finally solved the age-old problem of babies' getting diarrhea from artificial feedings and opened the door for bottle-feeding. And people switched from breast- to bottle-feeding in increasing numbers. Bottle-feeding was "modern," but nobody really knew how to do it.

Unfortunately, to begin with, nobody asked the babies. The then new professions of pediatrics and nutrition attempted to fill the gap with scientific reasoning. They figured out how many calories babies "should" be having per pound of body weight, weighed and measured them, and calculated their total allotment. Then they divided that allotment into six equal feedings (every 4 hours, you know) and instructed parents to give the babies just that, no more, no less, at exactly those intervals around the clock. If parents failed to follow the regimen, there

were dire warnings about the physical and emotional distortions that would result. Like the feeding recommendations, these were largely the product of someone's imagination and had very little to do with knowledge of how babies really operate. It was miserable for babies and parents alike, because babies didn't get hungry every 4 hours. They asked to be fed after ever 2 or 3 hours, and parents either let them cry and felt terrible or fed them and felt terrible.

But at the Gesell Institute, Arnold Gesell and Frances Ilg challenged these assumptions.[8] They said, essentially, wait a minute, that's not what works with babies! If feeders are that controlling and ignore information coming from babies, it is going to cause a lot of problems, and both parents and babies are going to suffer. By way of backing up their contention, they did a series of bottle-feeding experiments with babies in which researchers fed them when they were hungry and let them eat as much as they were hungry for. Babies were allowed to go to sleep when they wanted to and to sleep as long as they wanted to. And when they woke up, they were fed whenever they asked for it, even if they wanted to eat twice in a row after a long nap.

Researchers kept track of how much the babies ate and weighed them every day. Figures 2.4 and 2.5 show what happened with one little boy, Baby "J."

The only thing that was consistent about J's intake was his inconsistency. One day he ate a lot, the next day not so much. His intake from day to day varied by about 20 to 30 percent. During the third week of the study, when he was 8 weeks old, he had a cold and his intake varied even more. One day, for example, it was only 20 ounces, the next day it was 32. But his growth was smooth, even during that third week when his food intake varied so widely. Little "J" knew what he was doing.

You Can't Tell by Looking How Much a Child Eats. Some children require a lot of food and some don't require so much, and you can't tell by looking, or even weighing and measuring, how much your child is likely to need. The common assumption, of course, is that people are fat because they overeat. This assumption represents an extravagant level of nutritional snobbery and metabolic ignorance. Such a distorted assumption can lead you to attempt to underfeed your chubby baby—or even your slim baby with a strong family history of obesity—or

FIGURE 2.4 FORMULA INTAKE OF BABY "J"

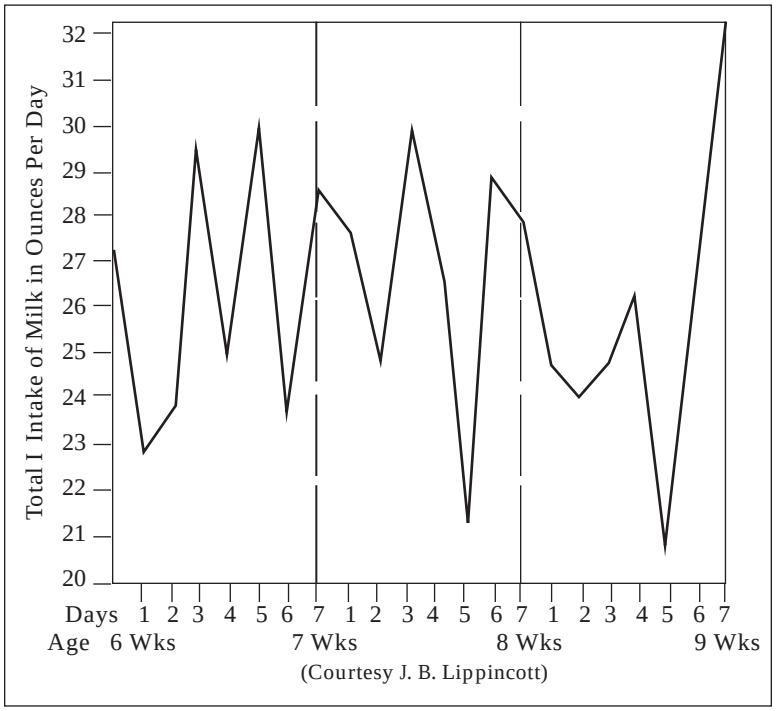
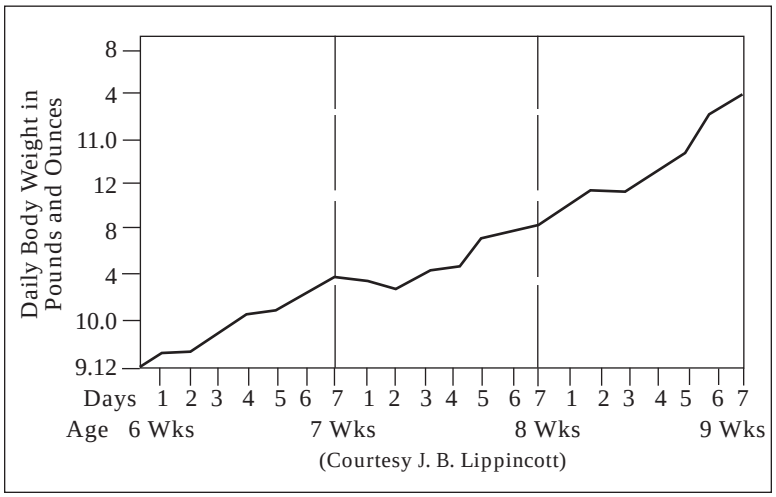


FIGURE 2.5 GROWTH OF BABY "J"



attempt to overfeed your thin baby. Such attempts would not only be profoundly disruptive of the feeding relationship with your child, they would also be extraordinarily misguided. In reality, slim babies do not undereat and fat babies do not overeat. In a 1979 food intake survey, Michigan researchers talked to the mothers of 650 children up to 1 year old to find out how much children ate. The researchers then separated off from the full group of 650 children the 35 who ate the most and the 34 who ate the least. The contrast was startling. The lightest-eating children, who consumed only 550 calories per day, were the heaviest—they weighed on the average 20 pounds. The heaviest-eating children ate 1,100 calories per day and weighed an average of 14 1/2 pounds.[9]

It is legitimate to question this study because the researchers got their data from mothers' reports of infant food intake, and mothers could have unconsciously distorted the information. If a mother was self-conscious about having a thinner-than-average or fatter-than-average baby, she could have fudged the information a bit to make it look like her baby was eating more or less than he really was. I'm not accusing the mothers of lying—in most cases this fudging is done unconsciously. But there was another, more carefully controlled study done by two Harvard nutritionists that showed essentially the same thing. The researchers actually recorded and measured what the babies ate. They also found out how much they exercised, by strapping tiny pedometers to their arms and legs. As in the Michigan study, the Harvard researchers noted that the fattest babies were the least active and ate the least, and the leanest babies were the most active and ate the most.[10]

A Low Metabolism Won't Make Your Child Fat. The point of the research we just examined is that children are *born* with certain tendencies for size and shape, food intake, and activity. Those tendencies are interactive and mutually supportive. A child is born with the energy regulation capabilities to support his distinctive size and shape. A child is born with the tendency to be active or inactive, and that, too, supports his size and shape—and his hunger and appetite. I will belabor this point, because there is so much misunderstanding about it. Just because a baby is relatively inactive and doesn't eat very much it doesn't mean it will be easier for him to get fat, nor does it

mean that he is somehow deprived or going without if he eats as little as he needs. He will be as good at regulating as any other baby, and he will eat as much as he is hungry for. When he gets as much food as he needs, he will be full and satisfied. Food will no longer taste good to him, and he will stop eating without feeling deprived. All three of my children looked average in size and shape but plotted relatively tall and heavy on their growth charts. All three ate relatively small amounts of food. They were all good regulators and as adults have continued to be good regulators and have continued to be about average in size and shape. None of them felt deprived because they couldn't eat as much as their big-eating friends. Even sturdy Curtis, who had a small appetite, seemed to have no envy of his slender friend Jason, who ate at least twice as much. In fact, I was the only person who really noticed how much Jason ate, and that was because I am a nutritionist who takes an interest in such things.

Small-eating adults who look with envy at their big-eating friends are missing one important point: Once you have had enough to eat, food stops tasting good. If you are a small-eating person, you might be wise to choose food carefully and eat the good stuff first, but there is no reason to feel deprived simply because you can't eat a ton. Think of the expense! Big-eating people *do* have a nutritional advantage, because in eating all that food their chances are increased of getting the nutrients they need. However, a little care in food selection can make up the difference.

Food Selection Doesn't Distort How Much Children Eat. A 16-year longitudinal study conducted at the University of California–Berkeley, illustrated that children who became fat when they were teenagers ate no more—at any stage of their upbringing—than children who remained thin. In fact, children who later became fat ate somewhat less. This study also found that children's tendency to be fat or thin was no different whether they were breast- or bottle-fed; whether they were given whole, 2 percent, or skim milk; whether they were started early or late on solid foods; whether they ate a lot of "junk" foods, and whether their parents used certain feeding practices like withholding desserts to compel eating meals. Two feeding-relationship factors appeared to be correlated with adolescent

obesity. The risk of childhood obesity increased (1) with increased parental concern about obesity and (2) with increased incidence of early childhood feeding problems.[5] The explanation? When children and parents struggle about feeding, children lose track of their internal regulators and make mistakes in the amount they eat. One other factor that appeared to be correlated with adolescent obesity was that children who later became fat had a slightly decreased level of activity compared with children who stayed slim. We will talk on pages 72-76 about the role of physical activity in food regulation.

THE FEEDING RELATIONSHIP AFFECTS FOOD REGULATION

Not only does your child know how much to eat, but he is also capable of making up for his errors in regulation. We all overeat at times. We all undereat at times. The same is true for your baby. You will overfeed him at times, possibly with his enthusiastic cooperation, at other times you may underfeed him. He will make up for it—by eating less or more the next time, by getting hungry not so soon or sooner. To overfeed or underfeed your child in a way that has a significant and lasting impact on his weight, you have to be relentless about it. You have to do it again and again, time after time. Eventually, your baby could learn to overfeed himself, but only after the errors in feeding go on for a long, long time. I worked with a man who had learned to overeat and tune out his internal regulators because his mother, who was a dreadful cook, put a great deal on his plate and made him eat all she gave him. She fed him this way from when he was little until he was old enough to leave home, and over time he learned to consistently eat until he was way too full. With careful treatment, he was able to discover that *good* food was worth tuning into and that he truly preferred stopping when he had had enough rather than too much.

Feeding Distortion Starts Early. Feeding interactions that distort children's food regulation can start very early. Mary Ainsworth, who was a pioneer in attachment studies of infants and parents, observed 26 mothers and their babies in the feeding situation. Her observations give us some clues to types of

feeding interactions that can either support or undermine children's abilities to eat the right amount of food. As you read them, keep in mind that my intent is to *reassure* you. You will make mistakes in feeding, but you will be able to compensate for those mistakes. You are not going to make the extreme and persistent mistakes in feeding that Ainsworth observed some of the mothers making.

Seven of Ainsworth's mothers were sensitive to their babies' signals and skillful in their feeding. They presented food so the baby could take it easily, and mother and child enjoyed each other in the feeding situation. Three mothers were eager to get their babies on a schedule. To achieve that, they ignored their children's hunger and delayed feeding so long that the babies became overly hungry and upset. As a consequence, the feedings were tense and unhappy. Four mothers were impatient at feeding times. They said they were feeding on demand, but they seemed so eager to be finished caring for their babies that they put them down whenever the babies paused or smiled or fussed during the feeding. Perhaps because the mothers wanted to get the feedings over with in a hurry, the nipple holes were too big, so the babies coughed and gagged and paused in the feeding. When they paused, the mothers assumed they were full and terminated the feedings. Five of the mothers overfed their babies, some to gratify them and some to fill them up so they would sleep a long time. In the latter case, the babies spit out the nipple, struggled, and tried to avert their heads. But the mothers were determined to get the food in, and they did. Needless to say, the feedings were also tense and anxious.

In five of the cases, the feeding was absolutely arbitrary in timing, pacing, or both. In each case, the mother was having personal problems such as depression or anxiety that made her detached and insensitive to the baby's signals. These mothers put their babies away for long periods and either tuned out the crying or failed to perceive it as a sign of hunger. Feeding times were erratic, as were feeding styles. Sometimes the mothers forced their babies to eat long past the point when they indicated they were full, and sometimes these mothers interpreted any pause as satiety and stopped feeding. Feeding was at the mother's whim and showed little consideration of the baby's wishes. Ainsworth commented in one case that a mother's determined stuffing of her baby "had to be seen to be believed."[11]

As long as the mothers were responsive to their infant's signals, the feedings were positive. However, when the mothers went to either extreme of being controlling or neglectful, the infants ate poorly and mistakes were made in food regulation. Feeding doesn't have to be perfect, but it does have to avoid the extremes. Although she did not measure how much the babies ate, Ainsworth did note that the overfed babies were heavier, and the babies who were fed erratically and whose feedings were terminated too soon were underweight. For more discussion about this topic, see appendix J, "Children and Food Regulation: The Research."

INTERNAL MECHANISMS DEFEND BODY WEIGHT

The body will regulate if you let it—or, much of the time, in spite of what you do to it. Put another way, body weight is not that easy to disrupt. The body has powerful built-in regulatory systems that maintain more-or-less stable weight. There are systems of regulating food intake as well as systems for conserving or squandering calories metabolically, in response to deficits or excesses in calorie intake. If you look at yourself a moment, you will realize that in the last year, in spite of all the different ways that you have lived, eaten, drunk, and exercised, your weight has probably stayed pretty stable. You may not have liked the regulation, because even if you have tried to lose or gain weight you probably will have found that once you relaxed your efforts to modify your food intake, your weight returned to very near its original level. Even if you are 10 pounds heavier or lighter than you were a year ago, you will have missed an exact balance of calorie output and input by an average of only about 100 calories per day. You can hardly call that gluttony—or starvation.

The way growing children regulate is even more remarkable. Not only do they need calories for their general bodily maintenance, as do adults, they also need the right amount of calories for growth. They get taller and heavier, and usually weight increases proportionally to height. Generally, once children are established on a smooth pattern of growth for height and weight, they adhere to that pattern very well. Their level of food intake will support their growth pattern. Children grow faster or slower from time-to-time, and as growth velocity

varies, their food intake varies to match it. The same thing happens with a variation in exercise levels. It is all automatic; the child can do it all himself with his own feelings of hunger and satiety. All you have to do is provide the food.

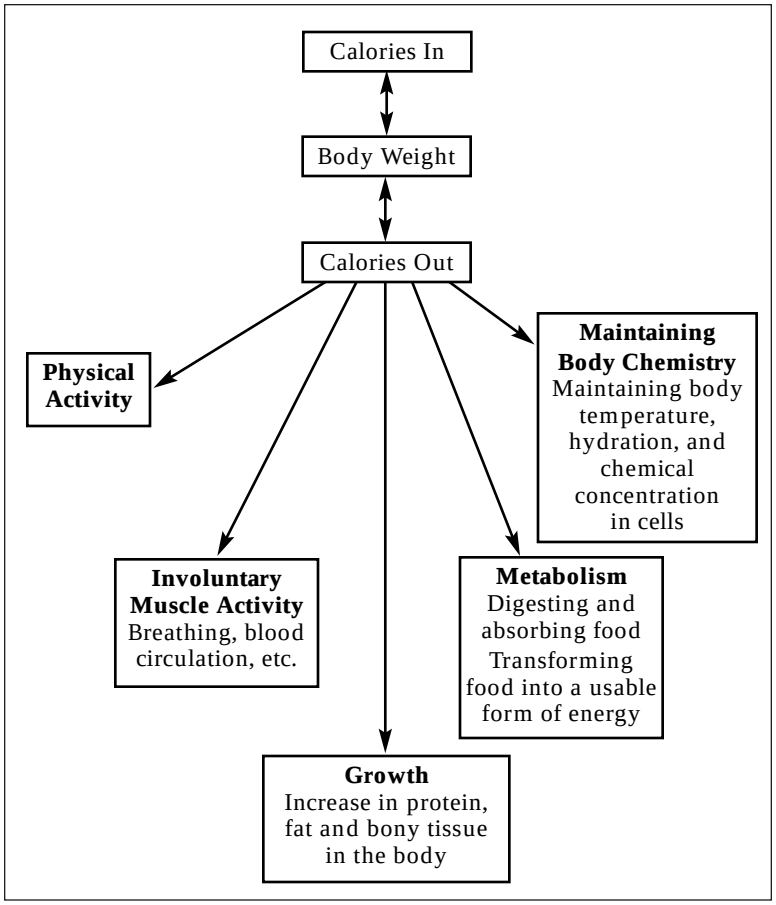
I have repeated to a point of rigor that to a considerable extent body weight is constitutionally determined. Because physical, behavioral, and metabolic processes defend that constitutionally determined body weight, achieving a body weight *other* than what is genetically appropriate will be accomplished only at considerable cost. Figure 2.6, "Regulation of Body Weight," gives an overview of the complex and interactive processes that maintain body weight. Preferred body weight is maintained both by adjustments in hunger and appetite, on the *in* side, and by adjustments in energy usage, on the *out* side. The body can either conserve or squander calories and defend a stable body weight. You can support and enhance your child's ability to regulate well by helping him to be tuned in to eating on the *in* side or supporting his getting enough activity on the *out* side. However, Figure 2.6 makes clear what I said before: if you try to overwhelm your child's ability to regulate you can end up distorting the balance and causing the very problem you fear. Restricting a child's food intake could make him less active and more metabolically efficient as well as preoccupied with food and prone to overeat. Making a child eat more than he wants can make him squander calories in the form of extra body heat or sped-up metabolism, and it can make him feel revolted by food and prone to undereat whenever he has the opportunity.

If you are able to accept and support your child's constitutionally determined size and shape, you will provide him with the best possible help with his lifelong food and body weight regulation. However, that is not the only benefit. Accepting your child's size and shape honors him and strengthens your relationship with him.

MAINTAIN A POSITIVE ATTITUDE ABOUT YOUR CHILD'S EATING

If your feeding relationship with your child is positive and accepting, it is likely to affect your whole relationship and have

FIGURE 2.6 REGULATION OF BODY WEIGHT



a far-reaching impact on your child. Your attitude about your child is reflected in the way you feed him. If you have an attitude of curiosity, relaxation, and trust, you will watch for his cues and respond to them. You will depend on information coming from him and be willing to let him develop the body that's right for him. On the other hand, if you are overly responsible and controlling, you will not be able to be trusting. You will have to supervise your child's eating closely and monitor his growth, being ready at all times to step in and curb or boost his growth pattern.

Your child learns about himself and about the world from the way he is fed. Can he be trusting? Is the world trustworthy? If he asks in a moderate way for food and you are able to respond promptly in a supportive and consistent fashion, then it is likely that the world is trustworthy and he can, in turn, allow himself to depend on others. If, on the other hand, he has to fight and struggle for every mouthful of food, then it is likely the world is not very trustworthy at all. In these feeding interactions your child will learn whether he has the capability to influence others. If other people respond to him in a prompt and appropriate fashion, he learns that what he wants and needs matters and that other people take an interest. It naturally follows that he thinks, on whatever level babies think, that he must be a fine fellow that people go to such trouble for him. On the other hand, if he has to fuss and fight and struggle mightily to get his needs met, or if what he gets has little or nothing to do with what he wants, then he is likely to think of himself as not having much importance to other people or clout in the world.

The way health professionals teach you to feed your child will have an impact on your attitude about your child. If we use growth charts to label your child's growth as being good or bad and suggest to you that you get your child to eat more or less, we are teaching you to be controlling. From your control, your child learns that he is not all right the way he is. A child can outgrow a diet that is less than optimally chosen, as long as it is offered supportively and lovingly. However, outgrowing deeply embedded attitudes about self and the world is devilishly difficult.

The task that presents itself, then, is to find the middle ground. What can you do with feeding that is helpful and productive for your child? What can you do to help your child to get the body that is right for him—without doing any harm?

SUPPORT THE REGULATION PROCESS

People regulate their food intake by getting hungry, by eating, by becoming full and satisfied, and by stopping eating. Your child's body will regulate if you let it. Your job is to support that process; to help set things up for your child so that regula-

tion works as well as possible. Your guide to how much your child needs to eat will be his signals of hunger and fullness. Children must be allowed to rely on their internal regulation or they will lose the ability to be tuned in, and they will be forced to rely on outside sources of regulation instead. Of course, internal regulation is far superior to external.

Make Eating Times Significant. From the very first, it is important for you to give your time and attention to feeding your child: paying attention to him, observing and solving problems to fashion a feeding interaction that is as supportive and constructive as it can be. For the infant, that means using a system of trial and error to find out why he pulls off the nipple, or fusses, or spits up, or seemingly terminates feeding too soon. For the older child, it means providing the structure and support that promote good eating and providing the guidelines and the environment so he can eat well. We will cover this at length in later chapters. Your willingness to feed appropriately can have a big impact on how much your child eats.

For children to eat well—not too much and not too little—they must have their emotional needs met. A newborn needs help being quiet and alert and tuning in on feeding and on what goes on around him. An older baby needs connection and responsiveness in order to take an interest in food and to regulate properly. Sometimes food gets used as a substitute for quieting or connecting with a baby, and the child can eat too much. Older babies and toddlers need to be allowed to feed themselves, and they need the structure and limits of regular meals and snacks without being allowed to panhandle for food between times. Giving a defiant toddler a cookie instead of a clear limit can teach him to eat instead of working through conflict with other people. Making food available at all times can teach a child to use food for entertainment or for staving off boredom. Children who are bored or lonely at the table, or exposed to a lot of stress, may under- or overeat.

Be Reliable about Feeding Your Child. Your child has to be so sure that he will be fed that he doesn't even have to think about it. To give him that kind of security, you have to be absolutely reliable in feeding him. Make family meals and regular, predictable snacks a priority. Children are a captive

audience when it comes to feeding. We can work through lunch and not worry about it because we know that we can raid the refrigerator or, if worse comes to worse, we can get in the car and whip through the closest drive-through. Children can't do that. They completely depend on us to feed them. Of course, you will at times feed your child by making arrangements for someone else to do it, like the child care provider or the preschool. That is fine. The issue is that feeding has to be a priority, and you have to be thoroughly reliable about seeing to it that your child gets fed—consistently and well.

Beyond the reliability of regular feeding, think about the *quality* of feeding. You want your child to enjoy mealtime, pay attention to his food, and enjoy it thoroughly at eating time. Then you want him, as much as possible, to forget about it the rest of the time. That means mealtime has to be a pleasant time when you can concentrate on sociability and companionship. Don't *feed* your child, sit down and *eat* with him. It's not your job to get food into your child, so avoid urging, rewarding, and encouraging him to eat. Then put away the food until snack time, and do it all over again.

Maintain Structured Feedings. Your child will do the best job of eating the right amount for him if he comes to the table hungry, so he is eager to eat and so his appetite heightens his interest in and awareness of food. We do not want him to come to the table overly hungry to the point that he is either too cranky to eat or so famished that he just wolfs down his food and gets a stomachache. Which it is to be depends on how often he eats. Set regular times for meals, and offer food to your child at those times whether he asks or not. Between meals, have planned snacks, and, again, offer the food whether your child asks for it or not. Restricting your child's between-times panhandling for food and beverages (except water) keeps him from coming to the table already filled up from nibbling on little bits and pieces of food. Maintaining the structure of meals and snacks is essential to enabling him to do a good job with food acceptance as well as regulation.

Some children who are allowed to eat all the time eat too little and grow poorly. Some children who eat all the time eat too much and get too fat. Some children who eat all the time regulate just fine and grow well and predictably. However,

since children panhandle for candy and not for broccoli, the nutritional quality of the diet will suffer if a child is allowed to graze. Here's the point: you don't know which kind of child you have, so you would be well advised to set up his environment so he can regulate as well as possible. That means regular meals, planned snacks, and no panhandling for either food or beverages between times.

Have Good-Tasting Food. Throughout *Child of Mine* I encourage you to set up feeding times so they are emotionally, socially, and aesthetically supportive and rewarding for your child. Use the same principles for choosing food. To help your child (and yourself) eat well, you must provide food that is rewarding to cook, serve, share, and eat. Austerity doesn't cut it with children. Making eating a nutritional chore that has to be done doesn't cut it with children. For children to eat well, food has to be tasty and well prepared. To be tasty and well prepared, food has to contain fat.

Children are extremely tuned in to hunger and appetite. If they are hungry, they will eat. If food tastes good to them, they will eat it. Fat with food helps it to taste good, and gives it a slippery quality that makes it easier for a young child to chew and swallow. Children will push themselves along to learn to like new foods, but they will not eat a food because it is "good for you." They will eat only what tastes good. The extreme and overblown concern adults have about eating fat has trickled down into the younger set and interfered with the pleasure and reward of the family meal. Some food guides for toddlers dictate limits on the amount of fat children should have at meals. Whether that amount is 1, 2, or even more tablespoons, it is still a prescription and, as such, will distort feeding. Children can regulate their fat intake—they don't need us to do it for them. Children need fat in their diets to provide for their energy needs. They need fat to make food taste good and to give them staying power. For guidelines on managing the fat in your child's diet, see the section "Enjoy Fats and Oils" in chapter 8 (pages 351-354).

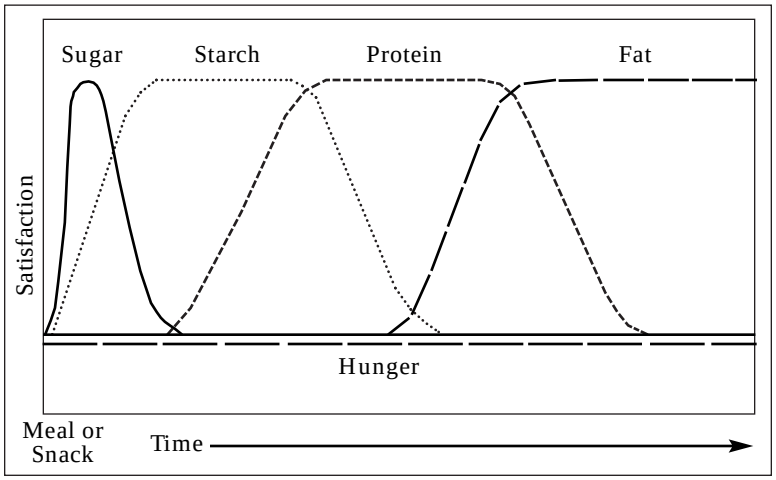
Select Foods That Help Regulation. In chapter 8 we will talk about what I call the *Mother Principle:* A meal needs to have some protein, and it needs a starch (different cultures have dif-

ferent starches, like grits or potatoes or plantain or rice), a vegetable (or fruit, or both), bread (or tortillas or biscuits), a good source of calcium, like milk, and some fat. At breakfast, milk may do double duty as a source of both protein and calcium, and the fruit/vegetable may be orange juice. Here, I will go into a little more detail about the biochemistry of meal planning, but don't forget, meal planning and eating are more than chemistry. A vital part of the Mother Principle is enjoyment.

A well-selected meal, with a good distribution of protein, fat, and carbohydrate, can help your child regulate his food intake. Each of these nutrients has a role to play in inducing some of the many satiety factors that let your child know that he has had enough to eat and give him sustained energy between eating times. The pattern of satisfaction derived from consuming each separately appears to be different from the pattern of satisfaction from all of them consumed together. Figure 2.7, "Satisfaction from Consuming Sugar, Starch, Protein, and Fat," shows the pattern of energy release your child gets from consuming each of the major nutrients.

As you can see from the first curve in the figure, sugar, or simple carbohydrate, provides quick energy but doesn't have much staying power. A glass of orange juice in the morning will give quick energy, but your child will be hungry soon. The

FIGURE 2.7 SATISFACTION FROM CONSUMING SUGAR, STARCH, PROTEIN, AND FAT



second curve, for starch, or complex carbohydrate, takes longer to move up but stays up longer because starch has to be digested and then is gradually absorbed. For the same reasons, starch satisfies hunger longer. A bagel, toast, or crackers with the juice give breakfast or a snack more staying power. The bagel, toast, and crackers are also chewy and good tasting. Your child needs both chewing and good taste to feel satisfied.

As you can see, the protein curve is even slower and longer. Since protein takes longer to digest than carbohydrate, that energy kicks in after the carbohydrate energy gives out—and lasts longer, too. A glass of skim milk makes the breakfast or snack last longer. So does an egg or some cheese, but when you include those foods you also add fat. The fat curve is the slowest and longest of all. Fat gives food staying power. It slows down the emptying time of the stomach and makes everything in the meal break down more slowly. Food tastes better if it has fat in it or with it, because fat in food carries the flavor.

See appendix B, "Select Foods That Help Regulation," for more detail about satiety curves and a table that shows what foods have protein, fat, and carbohydrate in them.

Your Child Can Savor High-Calorie Foods. Before we leave the topic of food composition and food regulation, we need to discuss the regulation of foods with very high caloric density: the foods that are high in sugar, high in fat, or both. These foods are harder to regulate. They are delicious, and they are concentrated in calories. Studies show that we all tend to eat faster when something is very good. Nowadays, the idea is very well implanted that those are *forbidden* foods—foods we can eat only when we are being *bad.* As a consequence, we tend to throw away control when we eat high-sugar, high-fat foods, and our assumption is that to truly enjoy them is to have a *lot* of food—huge portions, unlimited quantities. We go overboard on both ends, keeping ourselves on a tight rein and then cutting loose. We'll discuss this pattern of eating more in chapter 9 (pages 422-423).

Your child won't deprive himself only to overeat later, unless he learns this behavior from you or other adults. Children are so tuned in to their hunger and appetite that they will stop in the middle of a bowl of ice cream when they get enough. Children know how to savor—to tune in to the taste of

good food to get its rewards. Your job is to preserve what is there and not teach bad habits. It's a tricky job. Let's take potato chips, for instance. They do have the nutrients of the potato, but because they are fried and salty to boot, many parents classify them as forbidden foods for themselves and for children. Or visualize, if you will, Oreo cookies, a sugary and low-nutrient snack if there ever was one. Parents try to keep children from eating these questionable goodies, and both children and parents get into a starve-and-stuff mentality. Parents sneak off to crunch their chips or scrape the frosting off the Oreo cookies with their teeth, and so do children when they get a chance. We have a pretty good idea that the sneaking isn't working, but for proof we can look at actual university research, which shows that, particularly for girls, the more mothers restricted access to palatable snack foods, the more snacks children ate when they got the opportunity.[12] The fatter the girls, the more the mothers restrained both themselves and the girls *and* the more they both disinhibited, which means letting go after a period of restraint. Disinhibition and overweight were not related in fathers and sons, fathers and daughters, or mothers and sons.[13]

So what are you to do? It doesn't work to banish the food, and clearly you will be abdicating your food-managing responsibility if you just throw open the cupboard doors and let your child eat whatever he wants and whenever he wants. Here is the middle ground: Have chips periodically at mealtimes, and make sure there are plenty to go around more than once so you even have some left over. Have chips often enough so they don't become a forbidden fruit or even a special treat. Have sweets at snack time, and do the same. Although it hurts me to say it, for the occasional snack put a plate of Oreo cookies on the table along with a glass of milk and let your child eat as many as he is hungry for. I know kids love Oreos, but the nutritionist in me says, "but they don't have anything in them but a little bit of enriched flour!" So be it. Children's nutritional and calorie requirements are such that there is plenty of room for high-calorie low-nutrient food, so not everything they eat has to be high in nutrition. I don't recommend giving unlimited cookies at mealtime because they will replace the meal, but snack time gives a good opportunity to let your child eat as many cookies as he wants. Again, have the sweets often enough so they aren't a forbidden fruit.

Candy is a little trickier—why I don't know. Probably because my mother would let me have only one piece of her wonderful brown sugar candy at a time. Probably because generations of parents have taught us that you don't fill up on candy—except on Halloween of course (see pages 427-428). But from my mother's doling out I learned to savor—I could make a piece of candy last for half an hour. Why not teach your child that candy is special and something to be savored? While you are at it, learn to savor your special treats as well. When you have that cheesecake—or even that Oreo cookie—tune in to it. Get yourself a cup of tea, and sit down to give it your full attention. Take a bite, and close your eyes so you can *taste* and *feel* that food in your mouth. *Celebrate* that treat, don't just wolf it down. Eat until you truly feel like stopping. You don't have to wolf down delicious food to get as much as you want, and you don't have to settle for a small amount if you are going to savor. Pay attention, and eat the food until it no longer tastes good to you. "Eat," as one of my patients said, "until your *mouth* is finished as well as your stomach."

Give yourself—and your child—room to make some errors in food regulation, and trust your internal regulators to make up for those errors. With a particularly delicious food it is easy to enjoy too much and end up eating more than usual. You do it, and your child will do it. Overeating at times is not all that bad. Even people who are what I consider "normal" eaters occasionally eat until they feel quite full. It appears that the body's process of food regulation is flexible enough to compensate for this; it regulates food intake on a daily basis as well as on the basis of weeks or even months. Children may seem to overeat at times to provide for high-energy needs for activity or growth, and then settle down and eat less for a while. They are such good regulators that they work well with their bodies to account for calorie excesses and deficits and balance the energy ledger.

Make Wise Social and Emotional Use of Food. This section is for you. Your child will take on your attitudes and behaviors. The problem is not that we eat—or feed our children—when we are celebrating or depressed or lonely. The problem is that we do it poorly. Eating well can be wonderfully satisfying and relaxing. As the ad for the current weight-loss abomination, a

fat blocker, trumpets, *"We do our best work after a good meal."* Of course, the advertisers want you to take their product to block a third of that good meal's fat from being absorbed, thereby presumably allowing you to lose a little weight. Never mind that it gives you gas and diarrhea and so interferes with absorption of fat-soluble vitamins that you are advised to take a supplement. The philosophy behind the medication is that the way to regulate food intake is to eat and then flush yourself out, a primitive method when compared with attending to hunger and appetite. It is all crazy, but they are right on one account: We *do* do our best work when we are feeding ourselves well. We are energized, organized, and soothed by eating well. But somehow in today's world that is not all right. "It used to be that having a good meal was a great stress-reliever," laments comedienne Loretta LaRoche during one of her routines on *The Joy of Stress*, "but that was before the food Nazis got hold of us."

For eating to be anything but a chore, it *has* to be gratifying emotionally. It has to be exciting, rewarding, sensual, nurturing. Little wonder that eating well can be encouraging and give us a way of lightening an otherwise humdrum day. *There is nothing wrong with that!* The problem is that we do it guiltily, impulsively, and unconsciously, and we get none of the benefit out of it. To allow food to be helpful for you emotionally, you have to tune in and enjoy it. Celebrating with food makes it clear that eating is joyful and rewarding. Soothing with food does the same. When you need encouragement and support, it is all right to make food part of that support. Find something you really like to eat, put yourself in an environment that you find pleasant, and be aware of letting the pleasure of the food raise your spirits. Eating can relax you if you will slow yourself down, concentrate, and allow the rhythm of the eating process to smooth out your nervous tension. If you make good emotional use of food, you may even be able to stop in the middle of a bowl of ice cream when you get enough!

This is not to imply that you should give your child a cookie every time he scrapes his knee or is bored. Eating is *one* way of emotional coping, but by no means the *only* way. It is certainly more appropriate to offer your child some comfort or your calm expectation that he can get interested in doing something else. However, once you sort the feelings out, it is okay to use food for comfort. It is a problem only if you reach for food as an

automatic reflex without sorting things out first, and if you get stuck on food as your only way of offering support.

ACTIVITY SUPPORTS BODY WEIGHT REGULATION

While it is generally assumed that people get too fat because they eat too much and exercise too little, the research is no better at proving that point for activity than it is for food intake. Fat people are no more or less active than people who are thin. It appears that larger people move less than smaller ones, but when you figure that the energy cost of moving is greater for a larger person than for a smaller one, it comes out about the same. Fat or thin, there are natural variations in activity levels. One child will be very active, another will be not as active. However, the least active child will be more active than the most active adult. Being active, moving his body, and being physically capable are an important part of your child's health, his physical self-esteem, and self-esteem overall.

Supporting your child in being active depends on a division of responsibility: you provide the opportunities and your child partakes or doesn't partake in the activity. Develop your tolerance for noise and movement, inform yourself about reasonable levels of physical risk, find your child a safe place to play, and let him do what comes naturally. Above all, turn off the television. Don't try to force your child to be active, or you will experience the same kind of whiplash you would if you tried to manage your child's eating. Encourage your child to enjoy activity for its own sake—don't make the mistake of encouraging activity as a way of slimming down, bulking up, or being "healthy." That will take all the fun out of it. Joyful activity is sustainable—it has a chance of developing into a lifelong habit of movement.

Activity Fine-Tunes Food Regulation. While activity may or may not make your child fat or thin, maintaining a certain minimum level of activity appears to be necessary for the body's food regulation mechanisms to work well. I have to extrapolate from adults, however, to talk about this. In 1956 Harvard nutritionist Jean Mayer and his group did a series of observations in a jute factory in Bengal, India. They chose the setting because it

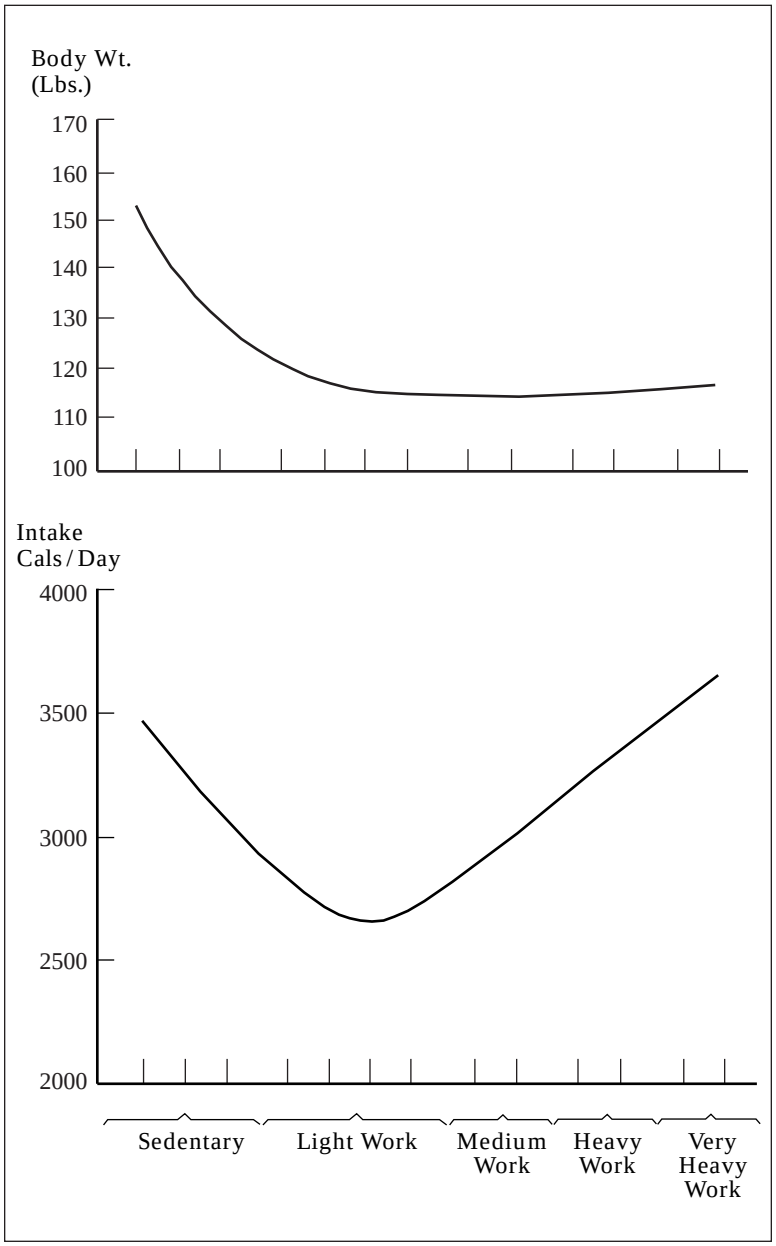
was a self-contained environment, because everyone ate the same type of food, and because the men engaged in different occupations with widely varying levels of physical activity. The more sedentary men were stall holders and supervisors, who sat most of the time. The most active people were the load carriers, coal workers, and blacksmiths, who kept the fires going and moved huge and heavy bales. The people between the two extremes of physical activity were the clerks and mechanics, who moved around during their days' activities but, most significantly, walked long distances to work or who took part in sports.

Figure 2.8 illustrates that, with the exception of the people in the sedentary range, the more active people became, the more they ate. However, their weights remained stable. They were able to automatically balance energy intake with output and maintain a consistent body weight. However, the people in the sedentary range, rather than eating less to match their energy requirements, actually ate more and gained weight.[14] This is an old study but by no means an outdated one. The group set out to test in humans well-established observations in animals. The way to fatten an experimental rat or mouse is to immobilize it. Farmers restrict the activity of cows or pigs in order to fatten them.

Even though I have used data for *adults*, there's good reason to believe they are applicable to children. If you want your child to regulate well, let him get his exercise. Children of all ages benefit physically from being allowed to roam about in as large an area as they can safely handle. They also benefit from a family recreation pattern that includes moderate, pleasurable exercise—and from parents who are capable of turning off that antiexercise machine, the television set.

Limit Sedentary Activities. The equivalent of that Bengalese jute factory for today's child may be the TV room. Population studies find that the more television children watch, the heavier they tend to be. An analysis of the 1988 to 1994 National Health and Nutrition Examination Survey found that one-quarter of U.S. children ages 8 through 16 watched 4 or more hours of television each day. Furthermore, boys and girls who watched 4 or more hours of television each day had greater body fat and had a higher weight for height than those who watched less than 2

FIGURE 2.8 THE RELATIONSHIP OF FOOD INTAKE, PHYSICAL ACTIVITY, AND BODY WEIGHT



hours per day.[15] There is, of course, a logic to this, especially if we remember the associations from the Bengalese study. Children who watch too much television may not have the opportunity to get themselves out of the sedentary range of physical activity, and they may therefore eat disproportionately to their actual needs. And there may be more to it than that. Studies in a Memphis metabolic laboratory of 8- to 12-year-old children showed that while they watched television their metabolic rate was roughly 15 percent lower than when they were awake but at rest. Extrapolated over a day, the decrease in expenditure was 211 calories.[16]

Studies that have attempted to increase children's activities in the name of weight management have indirectly demonstrated television watching to be significant in children's activity—or lack of it. The greatest impact on children's overall activity level was produced by restricting sedentary activity, not by encouraging or even rewarding children for being more active. In fact, children who were not allowed to watch television appeared to increase their activity level and energy expenditure, even when they turned to other sedentary pursuits.[17]

Don't Be Your Child's Entertainment Committee. Based on the evidence we examined above, and based on my own convictions about good parenting in general, I strongly encourage you to limit your child's television time. A 2-hour limit is fairly good, a 1-hour limit is far better. I further encourage you that turning off the television need not—in fact, must not—mean that you will become your child's entertainment committee. Your child can entertain himself. Teach your child to play by himself and to be responsible for himself. Certainly you will take an interest and be companionable and set aside regular time to play. However, once you have done that, it is up to your child to take it the rest of the way. I see young parents today wearing themselves out trying to entertain their children and keep them from ever being bored. Don't do that. Let your child be bored. If he gets bored enough, he will think up something creative and wonderful to do.

Your child does want to be with you, but that doesn't mean he has to have your undivided attention all of the time. Toddlers have a pattern of ranging out and coming back, showing you what they are up to, and then going off to play

again. In fact, studies show that toddlers check back in an average of 10 times an hour, for an average contact time of 30 seconds to a minute. Admire whatever your toddler wants to show you, call it by name, demonstrate something new about it, and send him on his way. Preschoolers are capable of independent play for more sustained periods of time, but your preschooler will still want to be where you are. Keeping his toys close to where you are working, taking a moment to watch (but not interrupt) while he plays, and letting him join in with your activities are all ways of sharing enjoyable time with your child without your having to be an entertainment committee.

Do plan for some uninterrupted playtime with your child, on a daily basis if you can manage it. Twenty minutes is enough, but make the time reliable and uninterrupted. With playing, as with eating, children like to take the lead, and they enjoy your supportive presence. You don't have to pile up blocks for your child to knock down or make elaborate houses or teach about the laws of shapes and sizes and proportions. All you have to do is be there, pay attention, ask about what your child is doing, and make little comments, like "That's a big wall." You can even do all this in a prone position, as long as you truly pay attention and take an interest. Of course, you can add your own ideas about building corrals for the animals out of blocks or playing house with the little people. You can lose at Candyland for the hundredth time, and your child will think it as fresh and exciting as the first time. Don't take over. This is your child's time, and you are there to take an interest.

Once again, playing together doesn't have to go on forever for you and your child to connect. Set a timer. Knowing there is a set limit will free you to take this time. If you have more time to play after it rings, you can go on playing, but when you want to quit, don't hesitate to say so.

SOME CHILDREN ACT LIKE THEY CAN'T REGULATE

For some children it is particularly hard to be trusting with feeding. In the section "Vulnerable Children" in chapter 6 (pages 212-215) we'll talk in detail about such children. In general, it is harder to be trusting and accepting when feeding children who are unusual, whose health, temperament, ways of

communicating, size and shape, or eating behaviors are outside the norm. Parents intuitively take evasive action with such children and try to moderate and control their behaviors. That is where they get into problems, because the control leads to struggles, which in turn interfere with the child's eating capability. Here's the hard part: The approach for the cautious, vulnerable child is the same as for the sturdy, communicative, adventurous child. Hang in there with the structure and limits, be friendly and supportive, and give your child the opportunity to learn to manage his own caution, aggression, or upset. To help you with that, here are some stories about children who were vulnerable in one way or another and how their vulnerability affected their eating.

Bridget Was Passionate about Eating. Ten-month-old Bridget loved eating so much that her eyes would light up and she would sit rigid in her chair, eyes fixed on the bowl, eagerly anticipating the first bite. When she finally got the food in her mouth, Bridget would *moan* with pleasure. Bridget loved feeding herself with her hands, folding her fingers over to capture the food, gleefully pressing it into her mouth, moaning and giggling. Bridget's mother was humiliated by Bridget's exuberance. She thought that Bridget's passion for food was downright indecent, and she feared that Bridget's enjoyment of eating would make her too fat. It particularly embarrassed Bridget's mother that her friends and family so loved watching Bridget eat that they gathered around to watch, laughing and exclaiming.

The mother's fears were being confirmed. Between the ages 7 and 18 months, since she had started on solid food and then table food, Bridget's weight had crossed from her usual 50th percentile to well above the 95th percentile. Bridget's parents had tried to carry out the doctor's advice to stop letting Bridget eat so much, but then Bridget's constant refrain became, "I'm hungry, I'm hungry." What should she do, wondered the mother. Whenever she tried to restrict the amounts her daughter ate, not only would Bridget put up a fuss but Bridget's father would give in to her fussing. "Oh, let her have a little more," he would urge. "It can't hurt."

My question was quite different from the mother's. Rather than trying to figure out how to get Bridget to eat *less*, I won-

dered why she was eating more than she seemed to need. From her growth records up to age 7 months, Bridget had demonstrated that she was capable of regulating her food intake and growing in a predictable fashion. Of course, it is always hard to reconstruct these scenarios, but from the videotape of the family meal, I thought I had my answer. Bridget was a performer, and she performed with her eating. She had gotten so much attention for the way she ate that she had learned to eat for her audience rather than paying attention to how hungry and how full she was. Before I planned the treatment, I did have a question for the mother. Why did she let her friends and family make such a fuss about Bridget's eating? She answered that it was hard for her to stand up to them, but she *could* do it with other issues. In this case, she felt that something was the matter with her own response, and because of that she didn't trust herself to do anything.

What was the solution? Get Bridget out of the spotlight. Get her up to the table with the rest of the family, ignore the way she eats, be matter-of-fact about feeding her, and include her in the family—but stop making her the star. They were to give her the same attention as everyone else—pay attention and talk to her some, expect her to listen quietly when other family members talked, respond to her overtures that had to do with talking and babbling, but ignore her eating. Ignoring what we didn't want her to do—showing off with her eating—was the key. It helped. Having lost her audience, Bridget went through a brief period of exaggerating her behavior to recapture the lost attention, but the family steadfastly ignored her eating and made an effort to give her extra attention in other ways, outside the meal. Then she went through a week or two when she didn't take much interest in eating, and then she began acting like a normal toddler. She ate a lot sometimes, not so much others, was enthusiastic about a food one time and wanted a lot of it, and then wasn't at all interested another time. Her refrain of "I'm hungry, I'm hungry" went away, and she seemed to forget about food except when it was time to eat. Her weight leveled off, which seemed to me to be a very positive outcome. The doctor wanted them to restrict her eating to get her weight to go back down to the 50th percentile, but Bridget's parents decided not to do that. They knew that if they restricted her eating they could initiate a whole set of eating problems.

Even though she *loved* to eat, Bridget had always known how much to eat. It was all the interference from the outside that had confused her. When that interference was set aside, she was able to go back to paying attention to her hunger and fullness to tell her how much to eat.

Michael Would Eat Only for Applause. Michael kept himself the center of attention with his eating as well, but for quite a different reason. He had been born prematurely, and during his early weeks he had been fed only through a tube threaded through his nose and into his stomach. Like a lot of prematurely born children who are cared for in the newborn intensive care nursery, Michael had had a lot of unpleasant procedures done to his mouth. As a consequence, not only did Michael not know what eating was, he had learned that anything that happened to his mouth would be negative and uncomfortable. Since feeding was something that just happened to him, Michael hadn't made the connection between being hungry, eating, and getting relief from hunger. Little wonder that he became extremely cautious about learning to eat. To read more about children like Michael, see the section "How to Make Solids-Feeding Fun" (pages 255-258) in chapter 7.

Two-year-old Michael's parents and his occupational therapist had been successful in teaching Michael to take his bottle, and they had gotten him to the point that he could swallow semisolids and even chew and swallow some solid food. The problem was that Michael would eat only with considerable urging from others, and his parents were tired of working so hard to get food into him. He was still being fed through a tube that went through his abdominal wall into his stomach, and they wanted to get rid of that as well. Videotapes of the family's mealtimes demonstrated what the parents were saying. Michael's mother was on her knees in front of his high chair tray, urging Michael to eat. Michael was busily stirring and stirring his food. "Now take a bite," his mother urged over and over. After she had urged long enough and Michael had stirred long enough, he took a tiny bite. Sometimes he let her fill the spoon and put the food in his mouth, but then he would not quite open his mouth for it. Sometimes he put the spoon in his mouth himself, but when he did he was careful to only dip the spoon in the food and not really *fill* it. The meal went on for 25

minutes. I was tired of watching it, so I can imagine what it felt like to take *part* in it. A similar routine took place at school—after Michael ate a certain prescribed number of bites, he would be allowed to play with his car for a few seconds, then the car was taken away and more bites were required for Michael to earn another round of playing.

I advised the parents to start feeding Michael as if he were the usual toddler—get him up to the table with them, offer him soft table food, then turn his eating over to him. They were to tube feed him away from mealtimes so he could be hungry at meals, but other than that they were to let him take over. At first, he stopped eating even the tiny quarter spoonfuls that they had been managing to get down him. But as they got better at ignoring his eating and expecting him to simply behave nicely at the table, he started taking an interest in his food. Ever so gradually he ate more and more, until he got to the point that he was eating fairly respectable toddler-type meals. He ate best, however, at child care, where he enthusiastically participated in meals and snacks and quite matter-of-factly ate as much as the other children did. That told me that his parents were still hovering a bit with his eating—prompting and interfering and making it seem as though eating was still their project and not his. They had been through a lot with him, and they just couldn't quite bring themselves to take the risk of letting him regulate his own food intake. Because of that, they had to continue the nighttime tube feeding for a year longer.

Even with this difficult history, somewhere inside of him Michael wanted to grow up and wanted to take responsibility for his eating. When his parents stopped putting so much pressure on him to eat, he began taking some initiative. He pushed himself along to learn how to eat. It appeared that he started to notice his hunger and to be aware that eating made his hunger go away.

Alice *Knew* How Much She Needed to Eat. Alice was 6 months old, a beautiful, alert little child. However, she had gained only just over 3 pounds and grown 5 inches since birth. Alice's parents had taken her for a chromosomal examination and for endocrine tests to find out whether anything was wrong. But no one could really say. Actually, other than her size, nothing really *was* wrong with Alice. She was just tiny.

The parents, of course, were concerned. They wanted to be sure that they were doing everything they could to encourage Alice to grow. But they said that she was very emphatic about how much she wanted to eat, and she cried and fussed when they tried to encourage her to take more than she wanted. We decided we would try concentrating her formula. We knew we would have to be careful in doing this. For one thing, we knew that giving her more nutrients and less water per unit volume of formula could dehydrate her. The doctor was alert to this possibility and saw her frequently to watch for any signs of dehydration. We also knew that we might just make Alice fat with our extra calories, so the nurse weighed and measured and plotted her carefully to make sure that if she accelerated her growth rate that it would occur in both height and weight. Alice was perfectly proportioned, and we didn't want to spoil that.

Then we set about modifying the formula. Since she was taking a formula that had more protein than she really needed, the first thing we did was add a little syrup, increasing her calories by about 7 percent. Alice responded by decreasing her volume of intake by 7 percent. Since that hadn't worked, we put her back on the regular formula while we reevaluated, and she immediately increased her volume to its previous level. We then speculated that Alice may not have liked the increased sweetness of the syrup, so this time we tried adding oil, figuring that would change the flavor less. We again increased the calories by 7 percent, and once again, Alice was ahead of us. She cut her intake by 7 percent. Back on the normal feed went Alice, and back to the previous volume went the intake.

Our last try was to simply concentrate the regular formula. We carefully took out some of the water to concentrate it by 7 percent; and Alice again decreased her intake. At that point, we gave up. Our only other option would have been to tube-feed Alice, and that didn't seem right. Alice was eating enough for her, and tube-feeding would have meant overfeeding. Knowing Alice, she probably would have compensated for the tube-feeding by taking less formula! The parents decided that they had done all they could and that they simply had to support the growth pattern that was normal for Alice. They moved away, and the last time I saw Alice she was 9 months old and weighed 9 pounds. She was feeding herself tiny amounts of food from the table. She was pulling herself up and walking around things

and startling everyone because she looked like a newborn. When Alice was 12 years old, I tracked her mother down and talked with her on the telephone. She said that Alice had stayed very small, but that she was an alert, together child who did well in school and did well with her friends. She had continued to be a good regulator, firmly eating the amount of food that she needed—no more and no less. I was so impressed at those parents' ability to behave in such a moderate and accepting way with Alice. They did what they could, and then they left it up to Alice. It was clear that Alice knew how to eat and grow, but her unusual growth pattern made it hard to see that and be accepting of it.

Bethany Didn't Eat Enough. Like Alice, 15-month-old Bethany was tiny. However, unlike Alice, Bethany was falling off her growth curve and seemed absolutely unwilling to eat. Bethany's parents were convinced that she'd starve if they didn't take charge. Her father held her head and tried to force food between her lips. She fought back and screamed so loudly that they worried that the neighbors would think they were abusing her. Actually, they were. Being forced to eat is miserable, and they were being profoundly disrespectful of Bethany by forcing her to do what she so clearly didn't want to do. However, Bethany's parents were more afraid than abusive. From the beginning, Bethany had been tiny. Her weight was below the 5th percentile when she was born. She grew at that level for two months and then her weight started to drop off. It dropped lower and lower, until, by the time I saw her, it was far below the 5th percentile.

The problem was that Bethany had ear infections. When she had an infection, it seemed to make her too miserable to eat, and taking the antibiotics decreased her appetite further. After she recovered, her appetite would come back, but before long she would get sick again, and the whole cycle would repeat itself. Her parents had been made aware of her decreasing growth rate and had become more and more forceful about feeding her. Rather than eating, Bethany had become increasingly forceful about refusing.

The solution was for them to back off and establish a division of responsibility in feeding. Like other toddlers, Bethany had gotten so caught up in the battle with her parents

that she hadn't been able to tune in on her own hunger and interest in food. When they stopped fighting with her, she began to eat. It didn't happen right away. For a couple of weeks she ate little if anything. But they made sure to have one or two of the foods that she seemed to like at least some of the time, and gradually she began taking an interest in eating. Even after she started eating better, Bethany ate amounts that seemed too small to her parents. However, the amounts were right for her, because her growth leveled off and ever-so-gradually started to creep back up again. Elated by their success, the parents were tempted to push food a bit, but when they tried Bethany let them know promptly that they were *not* to mess with her eating. Eventually the parents even learned to relax a bit when Bethany was ill or went off her feed for other reasons. Like a lot of children with a less-than-optimum early history with eating, Bethany tended to lose interest in eating when she was going through developmental changes or busy and excited about other things. However, if her parents held steady, she started eating again and then made up for lost time. Even with her intermittent illnesses and poor eating, Bethany would likely have caught up between times if her parents hadn't gotten so scared and so pushy.

Children are remarkable regulators, and they can compensate for the ups and downs in their food intake. A child who grows slowly early on is not necessarily going to keep on growing slowly. Children do catch-up growing. When they get through a period of illness or have a slow start for any reason, they often grow faster for a while. I haven't included any stories here about the child who seems to eat "too much" because I told those stories earlier—about Mary and about Todd. The point with these children, and all the others I talk about in *Child of Mine*, is that you can trust them. Relax and enjoy your child; don't feel you have to hover or manage. Eating with your child, observing his delight and accomplishment with eating, and watching him grow and develop can all be endlessly joyful and rewarding for you. Don't spoil it by feeling you have to manage it. Do your job with feeding, and let your child do the rest. Your child knows how to eat and grow.

Chapter 2

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