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Mother's Experiences in Early Stages of Relationship with the Child, in Mothers of Adolescents Treated for Obesity

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Abstract

This article describes the specifics of mental representation of the self as a mother in mothers of obese adolescents. The mental representation of the self as a mother is a way of experiencing the self as a mother of one's child and the relationship with the child. It determines how the mother functions and what her experiences are in relation to the child. It is the collection of mental representations related to *being with* the child, mental representations of the mother-child relationship. The study presented in this article falls within the area of research covering psychological conditions of formation and persistence of obesity in children and teenagers. 37 mothers participated in the study – 17 mothers of obese persons and 20 mothers of persons with normal body mass. Among the children of interviewed mothers, the average age of obese children was 14.57, and the average age of children with normal body mass was 13.42. Structured clinical interviews were used as the study method. Mothers of obese adolescents were noted to more frequently lack access to the representation of the self as a mother. More frequent referral to experiences caused by extreme emotional events in relationship with the child up until the age of 3 was observed in mothers of obese teenagers.

Keywords: Mental representation of the self as a mother; Obesity; Adolescence; Traumatic experiences

Introduction

Obesity is a disorder, which affects the quality of somatic, social and psychological functioning of a person [1,2]. An increasing rate of occurence of this disorder is indicated in persons of all ages [3]. A particular increase in the frequency of obesity occurrence is observed in children and adolescents [4,5].

In Polish research, excess body mass, being overweight and obesity in youth ages 13-15 has been diagnosed in 13.3% of this age group; more freqently in girls (14.9%) than in boys (11.6%). Obesity occurred in 4.5% of investigated students. Girls made up more than half of all teenagers with excess body weight among this age group as well as 2/3 of all obese persons in this age group. The percentages of girls and boys with obesity were comparable [6].

The results of the study presented in this article fall within the area of research covering psychological conditions of formation and persistence of obesity in children and teenagers [7].

Psychologists believe that the mother-child relationship, in which the parent encourages or obstructs, achieving autonomy, plays a key role in long-term persistence of obesity in children [8]. The existence of a specific parent-obese child relationship is indicated, resulting in difficulty in achieving separation. A child-parent dependency in emphasized, leading to difficulties in peer relationships for example [9-11]

It is assumed that the child's obesity is related to the child's experience of codependency, in which the child subordinates to the mother and allows to be fed. The child's mother is perceived as responsible for keeping the child alive and providing proper conditions for development [12,13].

Hilda Bruch believed that the formation of obesity in a child is connected to the mother's lack of assigning an adequate meaning to the child's behavior, which prevents the child from differentiating experienced sensations – emotions from the state of hunger and satiety. Hence the child does not acquire the ability to properly indentify and satisfy its somatic and psychological needs. A child experiencing a non-specific, internal stimulation seeks food as means of reducing experienced tension [8,14].

According to Hilda Bruch good mothering exhibits in the ability to differentiate the child's emotional expression from its biological needs. Providing food to the child, whose cry is the expression of feeding needs, allows the child to acquire the ability to distinguish the state of satiety from hunger. A mother's adequate recognition of the signals coming from the child allows the child to discern somatic and bodily needs. It permits the child to acquire the ability to employ behaviors leading to satisfying the needs [8].

Feeding and providing food to the child, may also protect the mother against confronting her own incompetency and lack of confidence. Mothers, as well as fathers, of obese children are dependent on their relatives more frequently than other parents. The feeling of dependency on the parents may inhibit functioning in the relationships with the child and the spouse. Mothers are more frequently codependent in dealing with their children. A mother's helplessness may exhibit in more frequent feeding, as well as the use of carpal punishment. It may also exhibit in anxious limiting and over-protectiveness towards the child. A consequence of such "mothering" is frequently denying the child physical activity and relationships with peers, who are perceived by the mother as threatening to the child [15].

To the mothers of obese children, feeding becomes a method of expressing emotions and sacrifice. Mothers unsure of their feelings

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towards their children may compensate by excessive feeding and over-protectiveness. As a consequence, the greater the child's deficit in experiencing gratification and security, the more frequent and greater its food and feeding demands become. The mother perceives feeding as the means of realizing her maternal role in her relationship with the child. Identifying and in a sense restricting the "mothering" to providing food, causes infantilizing of the child who is perceived as small and requiring care, regardless of its age, effectively promoting the codependent relationship. Adolescence is the time of changes in the way the child is perceived by the parents. The parents are confronted with the necessity of recognizing their child in the maturing person who is physically and emotionally changing. Mothers and fathers face the necessity to redefine themselves from a parent of a child to a parent of an adolescent [16]. The evolution of a mother's way of experiencing herself as a mother is accompanied by the need to redefine the relationship with the child into one allowing the child to experience autonomy.

What is the representation of the self as a mother in mothers of obese adolescents? What is the function of feeding in the mother-obese teenager relationship? The question of the meaning of feeding in the mother-obese child relationship also appears to be the key to understanding the difficulties in the process of treating obesity: introduction of a diet, modification of eating behaviors and life style.

Materials and Methods

Mothers selected for the study had children treated for obesity, for whom the excess body mass of their child presented an issue and who sought specialized help to deal with it. All children of interviewed mothers were obese since early childhood.

37 mothers participated in the study. 17 of the interviewed mothers had obese adolescent children (8 girls and 9 boys) while the remaining 20 mothers had children with normal body mass (13 girls and 7 boys). The average age was 14.57 among obese children and 13.42 among children with normal body mass. The average age of obese girls was 14.08, and the average age of girls with normal body mass was 14.12. In the case of the sons of interviewed mothers, the average age of obese boys was 15.01 and the average age of boys with normal body mass was 14.8.

Category Name	Psychological phenomena exhibitions
• **Full ability to access** the qualities of representation of the self as a mother	response contains a description of qualities of person's functioning and perceived qualities of interaction with her
• **Lack of ability to access** the qualities of representation of the self as a mother	lack of response or the response does not contain a description of qualities of person's functioning and perceived qualities of interaction with her
• **Difficulty in accessing** the qualities of representation of the self as a mother	convoluted, unclear stucture of the response, for example repetitions or low content despite seemingly extensive response, fragmented, isolated qualities of person's functioning

Table 1: Categories for analysis of access to qualities of representation of self as a mother.

Categories	Mean ($\bar{x}$)		z	p (one tailed)
	O	N		
Lack of access to the qualities of self as a mother	0.11	0.01	-1.474	0.041*
Full access to the qualities of self as a mother	0.72	0.89	-1.321	0.04*

O – mothers of obese persons
N –mothers of persons with normal body mass
p – statistical significance, p one-tailed
*p <0.05

Table 2: Comparison between the frequency of use of mental representation of the self as a mother, in mothers of obese and normal body mass persons (U Mann-Whitney Test).

Categories	Mean ($\bar{x}$)		z	p (one-tailed)
	OF	NF		
Full access to the representation of self as a mother	0.49	0.78	-1.497	0.047*

OF – mothers of obese girls
NF – mothers of girls with normal body mass
p – statistical significance, p one-tailed
*p <0.05

Table 3: U Mann-Whitney Test value for the comparison between the frequency of use of specific categories of mental representation of the self as a mother, in mothers of obese and normal body mass persons.

Categories	Mean ($\bar{x}$)		z	p (one-tailed)
	O	N		
Danger to the child's life during intrapartum	3.72	2.90	-1.664	0.048*
Child's hospitalization within the first year of life	0.94	0.75	-2.146	0.016*
Child's refusal to feed	10.06	3.25	-2.237	0.013*
The occurrence of somatic sicknesses with a difficult to treat course	8.17	6.10	-2.144	0.016*
Other	3.80	2.61	-1.923	0.027*

O – mothers of obese persons
N –mothers of persons with normal body mass
p – statistical significance, p one-tailed
*p <0.05

Table 4: U Mann-Whitney Test value for the comparison between the frequency of use of specific categories of traumatic events, in mothers of obese and normal body mass persons.

Single mothers made up a smaller part of the interviewed group. 4 mothers of obese teenagers (2 girls and 2 boys) and 5 mothers of teenagers with normal body mass (2 girls and 3 boys) raise their children on their own.

In each of the groups, 2 mothers had only one child (1 had a daughter and 1 had a son). The majority of mothers had 2 children. In the test group, 12 mothers had 2 children, 2 mothers had 3 children and 1 mother had 4 children. In the control group, 15 mothers had 2 children, 2 mothers had 3 children and 1 mother had 4 children. The interview referred to the youngest child in the case of the majority of mothers. Only 2 mothers in the test group and 3 mothers in the control group had children younger than the "discussed".

Most of the interviewed mothers fit in the 36-40 (14) and 41-45 (14) age groups. 9 mothers fit in the age group between 46 and 51. Most of the interviewed mothers had completed high school (23) or college education (12). Two mothers had an incomplete college education (in the test and control group).

The test group consisted of mothers of obese children of adolescent age indicated by an endocrinologist, podiatrist or internist. The control group consisted of mothers with children with normal body mass,

indicated by a teacher at school (principal of which approved the study), after a parent/teacher conference.

Parents in both groups were informed by the teacher about the possibility of participation in a study regarding the qualities of adolescent functioning and its perception by the parents. Ethical Committee of Faculty of Psychology University of Warsaw has approved the research.

Clinical interviews were used as the study method. A conversation about a child is a discussion about very complex dimensions of experiencing the self and the relationship with the child. It is a discussion about fantasies, anxieties, events related to experiencing the self and the relationship with the child. Participation in the clinical interview provides a mother with an opportunity to express contents relating to the child's qualities, "being with" the child and experiencing herself as a mother. From a psychological diagnosis perspective it is the answer to the question about a mother's mental representation of the child and her representation of herself as a mother [12,17].

Mental representation of the self as a mother is a way of experiencing the self as a mother of one's child and the relationship with the child. It determines the mother's functioning; her fantasies, fears, emotions, and wishes regarding the child. It constructs a collection of mental representations regarding *being with* the child, mental representations of the mother-child relationship [12,18].

The subject mothers participated in a structured clinical interview consisting of 13 questions. This article introduces the results of a content analysis of the mothers' answers to the last of the asked questions: What would you say if you were to describe yourself as a mother? This question was presumed to allow the actualization of experiences, thoughts and behaviors forming the mental representation of the self as a mother. It was the question about what the mother perceives as specific and typical for herself as a parent of her own child. The content obtained in the interview was analyzed in regards to access to qualities of the self as a mother, expressed through the ability to identify and verbalize these qualities. This category was evaluated on a continuous scale from full ability to access, through difficulty in accessing to lack of access. Every interview was analyzed by three persons (the competent judges method). These persons received detailed written instructions allowing them to assess the mothers' access to their qualities of the self as a mother.

The results of the analysis of mothers' responses regarding the qualities of self as a mother revealed contents referring to traumatic experiences.

During the second part of the analysis, conducted after a 6-month intermission, the 3 judges indicated evidence of traumatic experiences in previously analysed mothers' responses. An experience was considered to be traumatic if at least three of the following were identified:

1. Mother experienced the threat of death or sickness of the child or her own.
2. Mother's experience was accompanied by anxiety, helplessness, fear.
3. The experience is current, experienced on the level of conscious thinking and/or nightmares and it currently induces strong emotional response in the mother.
4. Mother tries to avoid thoughts, conversations or places related to the trauma.
5. Mother recalls sense of alienation and isolation associated with the experience.
6. Mother remembers disorganization and difficulty in functioning (see: APA, 2000).

The judges evaluated the presence of each category on a 2-level scale, from 0 to 1, where 1 indicates the presence of the category.

In the third part of the analysis, three different judges conducted a categorization of the pre-determined traumatic experiences.

The agreeablity factor of the judges was calculated. The judge agreeability factor regarding the access to mother's qualities equaled 92%, 95% and 94%. The judge agreeability factor regarding the pre-determined traumatic experiences ranged from 93% to 96%. The agreeability factor regarding the classified categories of traumatic events ranged from 94% to 96%.

Statistics

The SPSS software was used. Given the nature of our variables ("count" variables), non-parametric statistical tests (Mann_Whitney U-test with z approximation) were used to test differences in number of features of mental representation of mother and symptoms of traumatic experiences.

Results

Mothers of obese adolescents, more frequently than the mothers of persons with normal body mass, lack the access to the representation of themselves as a mother. Similar results were observed in the case of mothers of obese girls, who also more frequently than the mothers of girls with normal body mass, lack the access to the representation of themselves self as a mother. We could conclude that such a mother does not have the ability to refer to the thoughts, fantasies, anxieties and emotions in connection with taking care for the child. She does not have access to the content of experiencing herself as a mother of her own child and to the content of experiencing the child as a person in a specific relationship with her. We could speculate that a mother of an obese teenager does not know what kind of a mother she is and does not know herself [18]. According to Stern, she is unable to refer to an important and dominant area, around which her mental life is organized [12]. One of the mothers said: Do I know what kind of mother I am? What can I tell you about myself? There is nothing special about me... Another mother referred to external evaluations and other people's opinions: What do I know about myself? Others should describe me. You should ask my sons or my husband.

Specific qualities of representation of the self as a mother were isolated in the interviewed mothers. Mothers of obese adolescents more frequently than the mothers of persons with normal body mass spoke of traumatic experiences during the early stages of their children's lives. Experiences mentioned by the mothers referred to:

1. Threat to the child's life during intrapartum.
2. Child's hospitalization within the first year of life.
3. Child's refusal to feed.
4. Occurrence of difficult to treat somatic sicknesses and
5. Other (such as physical injuries – he fell out of the stroller, she hurt her head)

The threat to the child's life during intrapartum lead to the fear of

losing the child and anxiety regarding the condition of the mother's own health. One of the interviewed mothers was concerned with surviving the labor. The manner in which the mothers describe their experiences appears to be distinctive – most frequently they assume the perspective of a person other than themselves. One of the mothers said: The doctor was worried whether I would *survive the labor*. Another mother mentioned: My mother donated money to the church, because she was afraid that my son wouldn't survive – he was so small…

Interviewed mothers remembered a child's hospitalization within the first year of its life as the time of disorganization, detachment from reality and difficulties in functioning. One of the mothers recalled: I don't know how I lived through this. I hardly remember anything from that period of time. I never felt that way since then… Another one said: I remember it like some pictures, the kind of pictures that don't apply to me. Like a movie about somebody else…

A child's refusal to feed represented one of the symptoms of the mother's difficulty with taking care of her child. It provoked reflections regarding the mother's lack of competency and the search for somatic causes of the child's refusal to eat. A mother of a 15-year-old boy reminisced with tears in her eyes: He didn't want to eat at all – neither breastfeed not from the bottle. We were doing tricks to get him to eat anything at all. Mothers' difficulties in taking care of the child correlated with experiencing helplessness and anxiety. A mother of a 15-year-old boy said: I didn't produce any milk after my Caesarean and I had to bottle-feed. And that… He ate poorly, spat up, didn't eat at all, all together it was horrible. I don't want to remember that…

Mothers' difficult experiences lead to somatic sicknesses in children. One of the mothers said: *No doctor* knew what was wrong with him… Referring to the doctor's helplessness accompanies mothers' memories of child's sicknesses. A mother of a 17-year-old obese girl said: She was horribly susceptible to sickness when she was little. She got sick as soon as she went to the kindergarten. She had problems with everything since she was born, throat, stomach, kidneys. She had very little immunity… And nobody understood why… The experiences related to sickness in early stages of child's development remain current and induce a strong emotional reaction. A mother of a 16-year-old girl said: I will never forget the early days. Sometimes I still dream at night that I am running with her down the stairs to see the doctor… that I keep giving her medication and her fever doesn't drop… I remember like it was yesterday, when she lost consciousness in a cab…

Children's sicknesses cause disorganization and feeling of alienation in mothers. A mother of a 16-year-old boy reminisced: I remember when he was in the hospital… the doctor was talking to me, and I only saw his lips moving… I couldn't understand anything… Another mother said: I was standing by the window next to her room, and somewhere far down on the street the life was happening, without me – because she is here and we don't know what will happen next…

Mothers of obese teenagers more frequently than the mothers of their peers with normal body mass remember other difficult emotional events, most frequently related to children's physical injuries in early childhood. It is worth mentioning that the children's somatic symptoms are the source of emotional experiences for obese teenagers' mothers. This may be one of the reasons for a stronger concentration on the somatic area of child's functioning, expressed in feeding of the child.

Discussion

Considering the results of the conducted study we may assume that the limited access to the mental representation of the self as a mother may correlate with traumatic experiences during early stages of child's life. They appear to influence the manner in which the mother realizes basic motherhood functions: ability to tend to child's growth and proper development, engaging in the relationship with the child and establishing support network [12]. It appears, that the described by Stern function of motherhood related to keeping the child alive and providing conditions for child's development, has particularly important meaning in the case of the interviewed mothers, as it is connected with performing care giving activities, such as feeding, somatic condition and child's health care. Difficulties in feeding the child and the occurrence of sickness or injuries may further intensify the anxiety pre-existing in mother.

It is important to mention that the mothers of obese adolescents refer to emotionally difficult experiences in early relationship with the child. Most frequently they describe them from an external perspective – other persons' perspective. Assuming another person's perspective may be a symptom of difficulty in emotional engaging in the contact with the child. Difficulty in emotional engaging in the contact with the child may result in feeling incompetent, difficulty in following the child's needs and a lack of adequate response to the signals coming from the child [12,15,19]. Mothers of obese teenagers focus on the external caregiving behaviors. Feeding the child may aquire a particular meaning. Preparing the food for the child provides the feeling of engagement, taking care of the child, being a mother. Through accepting the food the child communicates to the mother that it is healthy and alive, which has a regulating influence on the mother's emotional experiences, lowering her anxiety. Additionally, a feeding baby causes intense, positive emotions.

Feeding the child is also the foundation for creating the self as a child's mother. I feed, therefore I am a mother constitutes an important element of representation of the self as a mother in the described subjects. A patient of mine while describing her difficulties in introducing a slimming diet to her son said: When I was looking at him as he was eating, his smiling eyes, rosy cheeks, he was all happy, because his mom cooked his favorite food for him... and now he is agitated, angry, looks around and asks if there was anything worse I could have given him... if I want to starve him... do you know how I feel then? Depriving the child of food also means depriving herself of the posibility of being a mother and experiencing the contact with the child. It may be one of the causes of difficulties and failures in treating the child through introducing a diet [7].

Another function of motherhood forces the mother to face the need to establish a support network, which will enable her to realize the former two. Supporting a mother means satisfying her needs and providing assistance in taking care of the child [12]. Interviewed mothers of obese persons spoke of feeling lonely after giving birth. They often described problems with feeding the baby, their anxiety related to child's health and life. Problems related to the health and feeding of the child were the reasons why the mother contacted her own mother, especially in a situation where they were not very close before the child's birth. One of the interviewed mothers said: When my daughter was born, I began to speak with my mother again. About the spitting up, about the fact that the baby wasn't gaining weight… Another mother said: Everyone was advising me what to do, the doctor, my mother in law, my friends… And nothing. He still didn't eat… And then finally my mom recommended… And then he started to eat… Another group was comprised of mothers, who employed

the physician's assistance in solving the difficulties in care giving. We may deduce that the child's feeding problems enabled the interviewed mothers to establish a support network. Child's weight gain may directly indicate to the mother the quality of received support and a positive evaluation of her mothering. One of the mothers said: When I was looking at her, bigger and chubbier, I was thinking to myself – we are in good hands, we can do this…

In conclusion, it is possible to speculate that mother-the provider is the dominating element of representation of the self as a mother of an obese child. Mother, who utilizes food to create herself and the child, Mother, who through feeding, deals with her helplessness in the relationship with the child, communicates feelings to the child and obtains support [7,18].

The results of the conducted study require further discussion. The size of the interviewed group was small, which limits the character of derived conclusions. Interviewed mothers of obese teenagers are a part of a specific group – parents who perceive their child's obesity as a problem and who seek help due to its presence. This means that the results of the presented study do not apply to the obese teenager population as a whole – but only to those who are treated for obesity.

Regardless of the limitations of the presented study results, it is worth indicating the necessity of providing psychological assistance to women, whose children experience somatic sicknesses and refuse to eat in early childhood, based on the difficulties in creating the representation of the self as a mother.

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