



University of Messina

ISSN 2612-4033

Journal of Clinical & Developmental Psychology

Journal homepage: <http://cab.unime.it/journals/index.php/JCDP/index>



Breastfeeding practices and BED: the quality of the role of Mother-Child bonding process in the Italian context

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ABSTRACT

Background: Following a careful revision of the literature, this study wants to analyse the clinical relationship between early feeding patterns (especially breastfeeding), and a subsequent development of an eating disorder (especially binge eating disorder). This peculiar clinical picture arouses attention because it is considered as a widespread psychopathological modality in our current time, a time in which psychopathology is increasingly impressed on the body. Aim of this study is to highlight the relational dynamics that are considered to be of fundamental importance to the early ways of feeding to determine the concept of the limit of the body. These relational dynamics refer to the notion of attachment with all that implies.

Methods: For this purpose, 40 articles were selected in which the topics discussed refer to maternal attitudes towards breastfeeding and their influence on infant development, the impact of attachment patterns on the development of eating disorders. The research and electronic literature databases searched include PubMed, PsycINFO and PsycARTICLES.

Results: Now, on the one hand there are the ways of relating, the attachment process, and their concrete expression in the first feeding patterns, on the other hand there is the persistent emergence of a particular clinical picture and the binge eating disorder, in which the above-mentioned dynamics are altered.

Conclusions: This work shows that the relation of the attachment is the main element of connection between premature eating dysfunction practices and the willingness to develop a binge eating disorder.

Keywords: *Breastfeeding, Attachment, Maternal care, Binge eating disorder, Bonding Process, Eating Disorders*

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<https://doi.org/10.6092/2612-4033/0110-2429>

INTRODUCTION

During the last few years, numerous studies (Faber, 2000; Voelker, Reel, Greenleaf, 2015; Scherer et al., 2010) and researches (Cecon et al., 2017; Balantekin, Leann, Jennifer, 2017; Mehak, Friedman, Cassin, 2018) have highlighted an increasingly important change in contemporary clinical.

This significant mutation refers to a “clinical of the body” (D’Agostino & Rossi Monti, 2016), in fact several Mental Health Professionals have turned their attention on it, especially in a period in which traumatic events are imprinted directly on the body, a body that thus becomes expression of various psychopathological conduct. It is a physical body, but above all a psychic body, increasingly lacking in its function of limitation, unable to contain and restrain itself.

Considering this precise image, this work tries to investigate the original dynamics by which that process of psychophysical limit fails (Smith & Ellwood, 2011). This image goes in direction of a defensive thickening; dynamics that inevitably bring attention to a very precise experience, that of breastfeeding, an experience destined to become a prototype of all subsequent methods of psychic elaboration of external reality (Kim, 2019).

Now, it can say that on the one side, breastfeeding is the highlight of relational exchange and an experience in which food assumes a strongly symbolic value (Kim et al., 2011). On the other side, this practice is a clear and insistent development of a constantly expanding psychopathological phenomenon about the psycho-corporeal dimension: Binge Eating Disorder (BED) (APA, 2013).

Since 1959, Stunkard has recognized this disorder as a clinical condition. This is a clinical picture, particularly widespread today, which appeared for the first time in the DSM-IV in the form of a clinical condition worthy of further investigation, until subsequent research has helped to define the BED as a separate clinical picture, with its subsequent inclusion in the DSM-5 (APA, 2013).

Finally, the single element of mediation between the two factors, which are connected to the concept of body-limit, is the quality and the strength of the relation of the attachment.

Breastfeeding: the moment that represents the limit function

The attention paid in this work to such a complex and intimate practice, such as breastfeeding, derives from the need to return worthy meaning and value to such an essential moment, which unfortunately is currently neglected by the contemporary clinical.

After the last studies done, it “emerges a detachment of the generativity in the sexual dimension and an obscuration in the intimate connection covered by the technicality stepped in the process of child rearing” (Imbasciati, 2007).

In support of this report, the Technical Operative and Interdisciplinary Committee for the Promotion of the Breastfeeding (T.A.S.), member of the Ministry of Health in Italia, encouraged the promotion of a research in 2014. This study revealed that during the first days of life, more than 90% of Italian women start to breastfeed (although not exclusively), the 77% of Italian women exercise the exclusive breast-feeding after the hospital discharge, at four months of age the 31% of women breastfeed and finally, at six months of age only the 10% of women do it.

Having said that, the Breastfeeding seems linked to a series of important benefits for both maternal and infant aspects.

Countless recent studies have proved all the benefits linked to the breastfeeding, (Wigg et al., 1998; Oddy W. H. et al., 2011; McCoy et al., 2006; Hannah et al., 1992; Weaver, Schofield, Papp, 2018). Many of them have pointed out a strong and beneficent interrelation between the exclusive breastfeeding duration and the improvement of the cognitive-emotional-communicative development of the child, (Wigg et al., 1998; Oddy W. H. et al., 2011).

Furthermore, another important benefit is the strong reduction of maternal experiences about depressive disorder, (McCoy et al., 2006; Weaver, Schofield, Papp, 2018).

Despite the several demonstrated benefits, the reduction of breastfeeding period is in constant increase. This trend is characterized by the so-called “modern mom” (Gibbs, Forste, Lybbert, 2018) and it seems to determine important repercussions for the psycho-mental development of the newborn.

To better understand these weaknesses, we need to consider the breastfeeding practice not only as the most important moment of the communicative exchange, but also as an essential moment for the creation of the limit (Smith & Ellwood, 2011).

This conception of limit represents the human mind and its natural need for defence because it is already active since the first days of life. Using this concept, we can imagine the Ego as a protective membrane for the mind (Weaver, Schofield, Papp, 2018), and the breastfeeding as a sensorial-communicative-relational experience (Gibbs, Forste, Lybbert, 2018), which has the ability to structure a secure membrane or a vulnerable one.

In the Italian context, Caccia (2002) strongly supports that the breastfeeding alights every sense of the child and bring him to the reality, it orients and focuses his attention, calms him down when he feels nervous, organises his rhythm of life, regulates his excitement and submits him to the early frustrations. These are just some of the several effects of the breastfeeding in fact the bosom regulates his excitement and submits him to the early frustrations.

Excitement-Frustration, Full-Empty and Presence-Absence are considered contradictory groups that were born during the Breastfeeding phase. They help to create not only a strong mother-child relationship, but also the thought activity of the child (Weaver, Schofield, Papp, 2018).

All of which means that when the baby cries, the mother tries to give him what he needs: a feeding, a cuddle, a diaper change, or she just holds him. When she responds, the baby learns that he can trust her, and depend on her to feel safe and quiet. This attitude helps to build the defensive structure of the Ego (Oddy et al., 2011).

If for any reasons, the mother does not react to the needs of her baby, he starts to feel distressed and in this way the process of De-limitation starts, bringing out brain fractures (Weaver, Schofield, Papp, 2018). In other words, babies do not develop a healthy attachment and may have behaviour or development problems later in childhood (Smith & Ellwood, 2011).

Breastfeeding practices and models of attachment: what type of relation?

Analysing the previous concepts, it is quite clear how is important to the baby the first relationship with food in order to give an appropriate training about the cognitive development.

When the baby is placed directly on mother's chest and he starts to be lovingly breastfed, he put inside him not only the maternal milk but also all the feelings of well-being linked to the strong sentiment of love that the mother has for him. This skin-to-skin (chest-to-chest) contact helps the baby transition to the outside world and this psychosomatic development is the base for the psychological processes such as thoughts, dreams and symbols (Trombini, 2007). Winnicott (1975) identifies this process as "psychosomatic integration" in fact when a mother breastfeeds her baby, she needs to stay in a peaceful place and especially, she needs to be able to respond to her baby's needs. If this process does not happen, the breastfeeding experience does not help the Ego development, on the contrary, it develops a cognitive impairment. (Trombini, 2007).

Therefore, the breastfeeding is the first and the most important phase of attachment between mother and child, because a higher frequency of breastfed meals and the duration of an exclusive breastfeeding during the first year of life seems to be positive for the memory performance, early language, and motor skills. In addition, it might help to facilitate maternal sensitivity and secure attachment between mother and child.

According to John Bowlby (1951), we can define this phase of attachment "secure attachment", in fact we need to keep in mind that responding quickly to a baby's cries is the best way to show him that he is safe and loved. This attitude allows having a secure or healthy attachment, which is the foundation that lets the child explore the world and have a safe place to come back to. (Ainsworth, 1989).

Several studies (Kim et al., 2011; Moberg & Prime, 2013) support this theory because a prolonged duration of an exclusive breastfeeding experience was associated with the improvement of cognitive development that is also linked to caregiving activity (important is the release of oxytocin and prolactin). Other studies emphasise also other effects of breastfeeding as interactive responses, (Smith & Ellwood, 2011; Smith & Forrester, 2017). In other words, longer is the period of breastfeeding, more positive and stronger is the relationship between mother and child (Weaver et al., 2018). Other scientific findings have identified an interesting connection between breastfeeding practices and the development of a secure model of attachment known as maternal sensitivity ("maternal sensitivity") (Britton, Britton, Gronwaldt, 2006).

In this respect, an important study conducted in 2006 by some researchers from the University of Tucson in Arizona, consists in a longitudinal study involving 152 mother-child dyads to assess the strength of the association between the duration of an exclusive breastfeeding and the secure attachment model. This evaluation needs to consider maternal sensitivity as an important mediating factor, in other words, "the timeliness and coherence whereby the parent responds to the needs of the child, through an interactive behaviour characterized by positive satisfaction and mutual enjoyment in the dyadic relationship" (Britton, 2006).

Thanks to this survey, researchers have found an interesting connection between attachment theory and infant feeding practices, in fact, a complex relationship emerged between these two factors. This new complex relationship can be just explain by an equally complex model; according to Tucson researchers, the early maternal intention to adopt the exclusive breastfeeding (assessed pre-partum), would be a significant marker for the subsequent development of maternal sensitivity that influence the security of the attachment too (Britton, Britton, Gronwaldt, 2006). At this stage, the relationship between breastfeeding practices and security of the attachment are mediated by maternal sensitivity in order to help researchers to affirm that "the regression models used show how the quality of the dyadic interaction is important to promote greater security in the attachment bond" (Britton, Britton, Gronwaldt, 2006).

There are several and multiple studies aimed at confirming what was highlighted by Britton and collaborators in 2006. In particular, Kuzela and collaborators (1990) have highlighted how the choice of feeding method can have a significant influence on mother-child interactions in a study aimed at comparing mother-child interactions in dyads characterized by breastfeeding, with those of dyads in which the use of bottled milk was predominant. (Kuzela, Stifter, Worobey, 1990).

Putting in comparison mothers who adopted the only use of the bottle with them for whom it was usual the breastfeeding, the latter case showed a greater number of vocalizations, a greater use of

touch and caresses during interactions with their baby so as to create a relationship based on intimacy sensitivity and mutual pleasure easy (Kuzela, Stifter, Worobey, 1990).

Because of old studies (Britton, Britton, Gronwaldt, 2006), it can confirm how much breastfeeding for a long period of time and accompanied by a whole series of specific aspects (social support, presence of a supportive partner, belonging to a medium-high social class) can encourage a significant increase in maternal sensitivity, and therefore, the mother's ability to respond coherently, promptly and lovingly to the needs of her baby. This element has a close connection with the emotional-relational side becoming the factor for a safer mother-child relationship.

At this point we might ask ourselves: if exclusive breastfeeding for a period longer than 6 months would seem to support a more positive mother-baby relationship and the subsequent development of a safe model of attachment, it is possible to hypothesize a relationship between early dysfunctional modalities diet and increased vulnerability to the danger of subsequently developing an eating disorder? In addition, is it possible to hypothesize a relationship between early dysfunctional feeding modalities and greater vulnerability to the risk of developing an uncontrolled feeding disorder (DAI) or Binge Eating Disorder (BED) in childhood? What would be the role of the quality of the attachment relationship?

Premature eating dysfunction practices and binge eating disorder (BED): the role of the relation of the attachment

Since the beginning of the third millennium, there is a strong emergency in the field of health about problems of obesity. It is estimated that about 20-30% of people that need to address the specialists in nutrition for weight loss, they suffer from Binge eating disorder (Catapano et al., 2006). To be more specific, people feel the need to eat too much without any type of control. Within this group, a small percentage of patients are affected by Bulimia Nervosa, and therefore adopt regularly after the bingeing elimination behaviours (self-induced vomiting, abuse of laxatives and / or diuretics, excessive exercise, fasting). The rest of the group, which is believed to represent approximately 3% of the adult population, falls into a diagnostic category called Binge Eating Disorder (BED) or Uncontrolled Feeding Disorder" (DAI) (Catapano et al., 2006).

According to the DSM-5 (American Psychiatric Association, 2013.), diagnostic criteria for binge eating disorder include:

- A) Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 1. Eating, in a discrete period of time (for example, within any two-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances

2. A sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)
- B) The binge-eating episodes are associated with three (or more) of the following:
1. Eating much more rapidly than normal
 2. Eating until feeling uncomfortably full
 3. Eating large amounts of food when not feeling physically hungry
 4. Feeling disgusted with oneself, depressed, or very guilty afterwards
- C) Marked distress regarding binge eating is present.
- D) The binge eating occurs, on average, at least once a week for three months.
- E) The binge eating is not associated with the recurrent use of inappropriate compensatory behaviour (for example, purging) and does not occur exclusively during the course of anorexia nervosa, bulimia nervosa, or avoidant/restrictive food intake disorder.

With the help of several studies, it can be said that the binge and the sense of lack of control, are central and pathognomonic elements of the BED, followed by a significant weight gain (Catapano et al., 2006) where the patient's psychological sphere builds a barrier between emotional experiences and outer world. This state of mind makes the patient feel defenceless.

In the view of the above, everything seems to be linked to the premature eating experiences, in fact, the transition to independent feeding (from nine to eighteen months of age) needs for a new type of attachment between mother and child. Clinical investigations show that the mothers' children, who refuse the food, are more insecure in fact they impose a strict eating education to their children. To be more specific, the mother decides when and how children have to eat. Now the act of eating is linked to a negative emotional state and the child is unable to distinguish his feeling of hunger from his emotional experiences." Trombini (2007).

It is important to be aware how much the balance of the feeling of hunger and satiety, is invalidated in the patients who suffer from BED, because they consider the food as an important emotional vehicle. Considering the importance of maternal behaviours and early food experiences, Bruch (1974), analysed several clinical cases highlighting how the mothers of obese children used food as a way to appease every little discomfort felt by the child. In this way, the lack of "affective syntony" is linked to a specific difficulty in recognizing the child's emotional states. In 1986, also Baldaro and collaborators, in another controlled study concerning the emotional-relational attitudes of mothers' obese children, showed that they belonged to a social isolation context. This context helps to create an exclusive, idealized and intrusive relationship, aimed to discourage the child's independent choices and encouraging those corresponding to his or her personal desires or expectations (Baldaro et al., 1986). Instead, Valtolina & Ragazzoni (1995) highlighted how obese children tend to repress their decision-making autonomy, to avoid conflicts with their mothers.

It is therefore clear how much are these mother-child mechanisms essential for the quality of the attachment relationship precisely because they are vital to influence maternal actions and the subsequent psychological development of the child. After that, it is necessary to keep in mind the important repercussions of the studies on the intergenerational transmission of attachment (Benoit & Parker, 1994; Steele, Steele, Fonagy, 1996) that have highlighted how much the consolidation of the Operating Models Intern (MOI) can strongly influence the educational and relational parenting styles.

To deepen on this clinical theoretical background, some researchers (Trombini et.al., 2003) from the University of Bologna, have published in 2003, an interesting study on the international magazine "Perceptual and Motor Skills", where they have tried to examine the impact of the style of the attachment, using Internal Operative Models (IOM) on maternal attitude, especially on parenting style. The study was to compare a group of mothers of obese children and a group of mothers of normal weight children (Trombini et.al., 2003).

"For a psychological evaluation we use the following instrument: Attachment Style Questionnaire (Feeney, Noller, Hanrahan, 1994), in Poerio's italian version (1998) and the Parental Attitude Research Instrument (Schaefer & Bell, 1958), in Nencini and Mattongo's italian version (1960).

The Attachment Style Questionnaire is a self-report questionnaire, made up of 40 items for measuring the style of the attachment (secure, insecure, worried, fearful) according to the categorisation of Bartholomew & Horowitz model (1991).

In addition, the Parental Attitude Research Instrument is a self-report questionnaire made up of 115 items for measuring the relational and parenting style of mothers. Among the measured aspects, there are "use of heartening verbalization, dependence of the son, aggressiveness suppression, marriage relationship quality, intrusion, sharing" (Nencini & Mattongo, 1960).

The results of this study highlight an important difference between the two groups. There was a significant prevalence of the Insecure Attachment Style in the group of mothers with obese children. These data indicate that obese children's mothers tend to make the family their exclusive centre of interest. They also tend to dedicate themselves to their children with possessiveness and hyperprotection. They seem to have an insistent requirement of idealisation of their own role as parent and reward expectations that confirm the efficiency of the care, they provide their children. Consequently, these findings suggest that in addition to dietetic treatment, it may be important to include a psychological intervention, which involves the mother and aims to modify the relational dynamics between the mother and her obese child (Trombini et al., 2003).

Therefore, the insecurity of attachment is reflected in a striking and indisputable way, in the modalities of maternal care. "Nutrition turns into a battlefield in which manoeuvres are activated

whose purpose is to "make the child eat", distracting him, forcing him, chasing him with food on his fork while he is busy in other activities. These intrusive and controlling modalities can hide fears with respect to one's own parenting skills and tend to support real food fighting between mother and her child" (Trombini, 2007). Precisely in this perspective, the results of another study conducted in 2006 take on value, through which the scholars in question have highlighted how much eating disorders respond, especially in developmental age, to a specific need: that of acting on the front body in an attempt to obtain, through the relationship with food (which therefore takes on a symbolic meaning) a radical change in relational dynamics. In this sense, "the hypothesis of a single psychopathological continuum could be confirmed, whose extremes are represented on the one hand by Anorexia, an eating disorder with mainly restrictive behaviours, and on the other, by the BED, known from the total loss of control over 'assistance' feeding" (Catapano et al., 2006). In particular, in patients suffering from BED "The chaotic and uncontrolled use appears as an attempt to break particularly rigid behavioural rules and restore a certain degree of flexibility that has a contrast with the emotional desert determined by disengagement and exaggerated control" (Catapano et al., 2006).

CONCLUSIONS

This work showed that the relation of the attachment is the main element of connection between premature eating dysfunction practices and the willingness to develop a binge eating disorder.

Mothers of obese children attitudes are another fundamental aspect, because they tend to deny any creative and independence impulse of their children. In this way, it is easy to build a relation in which the responsibility to be a mother is assessed on what and how the child eats only.

The feeding becomes a battlefield where the mother tries to trick her child in order to give him food. She distracts and forces him while he is doing other things. These intrusive modalities can hide every type of anxiety that a mother can have towards her child. Unfortunately, this type of insecure relation supports the dysfunctional behaviour during the feeding" (Trombini, 2007).

According to this work, it is evident the necessity of examining the dynamics that are connected with early experiences of feeding; dynamics that refer to the importance of early humans relationships and the effect that they have about the organization of a less vulnerable himself towards the subsequent traumatic experiences. In particular, the analysis of mother's mental condition in accordance with the relationships of attachment could have remarkable clinical implications due to the correlation with the future relationships of attachment that will develop between her and her baby. In this relational process, the premature experiences of feeding represent

a factor of connection between mother's mental condition and baby's mental condition. For this reason, in the absence of without demonstrating problems, they could appear as clinically beneficial interventions turn to encourage mothers to resort to an exclusive breastfeeding such a possible factor of protection respect to the subsequent development of food pathologies.

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