THE IMPORTANCE OF FOOD IN THE HEALING PROCESS

Food represents one of the child's earliest contacts with the external world. It is the activity around which personal relationships first develop and around which they may first break down, with the most dangerous and far-reaching of consequences.

Bettelheim 1950,p.180

Through our therapeutic work with children, mealtimes and food provision gives workers a crucial tool in combating emotional trauma that children may have suffered.

Keenan 2006, p.,83

Our first experience of food is normally within the context of a loving relationship with parents. The baby who is being fed receives the nourishment of milk but ideally far more than that. Some studies have shown that the physical warmth and contact in the earliest feeding experiences are as important as the feeding itself. The 'mother' not only holds and feeds her baby but she is also emotionally attuned at a deep level, responding to small changes in the baby's feelings. The experience of feeling emotionally held in this way and its association with food will help, it is hoped, the young infant to develop a positive relationship with food and feeding – as something satisfying, enjoyable and nourishing. From this positive beginning the infant is then able to become sociable around mealtimes, as she moves from being fed to sitting and feeding herself. Her first family meals, with parents and siblings may become a focal point for the family where they enjoy each other's company. Bettelheim (1950) captured the importance of food in the process of becoming a sociable person, by titling a chapter in his book *Love is not Enough* – 'Food is the Great Socializer'.

Rather than associating food with positive experiences, children who have suffered deprivation, trauma and abuse are normally very anxious in relation to food. Their anxieties can range from feeling there won't be enough food for them to a genuine fear that the food might be contaminated or even poisoned. Some children may act very suspiciously of food and eat very little. They may need to feel in control of what they eat and may only be happy to eat very specific foods, until they feel safe enough to try new foods. Other children might always appear to be hungry and eat excessively. This may be related to anxiety and constantly eating as a way of trying to keep difficult feelings at bay or a form of self-soothing. Deprived children and in particular children who have been homeless are used to fending for themselves. This kind of self-provision can make it hard for them to accept food from someone within the context of a relationship or social situation. Some traumatized children may be extremely mistrustful and rejecting of our efforts to provide food. This can be difficult for us to manage as Keenen describes.

> As caring adults, children not eating can cause adults distress, creating an anxious pre-occupation. Like the mother feeling rejected by a child who spits out her milk (McMahon 2003), the worker may feel personally rejected by the child who won't eat the food provided, leading to strong feelings. (Keenan 2006)

In some cases, where it seems that the child may be developing an eating disorder these anxieties are especially challenging. Careful attention does need to be paid to this and whether there are any signs that a child has a specific eating disorder.

As food is so symbolic of early provision and everything that hopefully goes with it, like a parent's love and care for his or her infant, it can become the focal point where feelings about relationships in the present and past are expressed. Food can be perceived by a child to represent our care or lack of care for her. Therefore, a child who accepts food happily from an adult may be conveying a message that she also accepts the relationship with that adult. Conversely, by rejecting or 'rubbishing' the food it can feel like she is rejecting the adult's care. In reality, both scenarios may hide more complex issues and we need to be careful to maintain a thoughtful response. For example, a child may be rejecting the food and hence the adult's care as a form of testing:

> He is trying to breach what he may perceive as the grown-up's caring façade. He will want to get beneath this façade and prove that she shares his perception of himself as worthless and unlovable. Once again the carer needs to develop a kind of 'therapeutic stubbornness' whereby she continues to provide the opportunity for a good experience despite being shown by the child that she is completely hopeless (Hamil 2004, p7)

Paradoxically, a child who is behaving like this may be more engaged with the adult than a child who appears to be more readily accepting, but also has learnt to please adults to protect herself from potential harm and to keep an emotional distance.

Often traumatized children who feel an emotional emptiness are unable to trust anyone to provide for them. They may try to fill this emptiness through comfort eating, or sometimes through delinquent activity where the feelings of excitement replace the feelings of emptiness. However, these attempts by the child to ward off feelings of emptiness are ultimately unsatisfying. They tend to lead to a habitual but ineffective pattern. If a traumatized child begins to form an attachment and to feel safe and secure, she may begin to feel that her needs for nourishment can be met in the context of a caring relationship. At this point the child may become hugely demanding of her carers to fill her emotional gaps. In essence, this is a healthy development but can be misunderstood because it might appear that the child is becoming excessively demanding and 'greedy'. Dockary-Drysdale (1990a, p.82) has talked of how delinquent excitement can be replaced by oral greed, 'part of the therapeutic process is to help the child to find his lost infantile greed, which has been displaced into delinquent excitement.' The key factor is that the greed, which is really a wish to have needs met, takes place in the context of a relationship rather than self-provision, such as mealtimes provided by carers. Though it may be necessary to have some reasonable control over how much the child eats, it is not helpful to respond in a critical or punitive way. Often children who have been deprived expect that their ordinary needs are a burden to their carers. They are used to being punished for expressing any kind of need. As a result they may feel that their needs and desires are 'bad' and 'greedy'. An empathic response would be to recognize that the young person has a genuine need and to ensure this is met by positive and enjoyable experiences around food. As the child begins to realize that the provision is reliable, the feelings of greed normally subside.

Whether our feelings about the child's attitude towards food are to do with eating 'too much' or 'too little', it is likely that we are affected by both the child's own feelings and our experiences in relation to food. On the one hand, the child may be 'projecting' her own feelings about food and everything it entails for her. On the other, as food is an emotionally laden subject for many of us, our own feelings and experiences are stirred up. We may remember being told we were greedy; anxious there wasn't enough food; made to eat food we didn't like; or being criticized for not having good table manners. If we had largely positive experiences we might feel particularly frustrated if the child can't enjoy the food we offer and feel appreciative. Keenan (2006, p.44) wrote about how demanding it can be for us to manage our own anxieties and responses around food, 'As a therapeutic worker, it is vital to be as in touch as possible with our selves so that we can work objectively with the children, not using them to relive our histories'.

The children's attitudes around food and eating habits provide us with valuable insights into their emotional states and their experiences. In therapeutic work with traumatized children, it is particularly important that we recognize both the emotional as well as the physical and nutritional aspects of food. Dockar-Drysdale, in 'the Difference Between Child Care and Therapeutic Management', wrote that,

> The differences between child care and therapeutic involvement are best seen by comparing the two kinds of work within the framework of everyday life. For example, child care workers know a lot about food and just what children need to keep them well, therapeutic workers…., while they are aiming to provide a balanced diet, are tuned into the emotional needs of the child where food is under consideration. (Dockar-Drysdale 1988, p.8)

Whitwell gives an example to illustrate this point:

> A child who has a problem with sharing, linked to an anxiety as to whether there will be enough, could have a negative reaction to a cake being divided into slices. A whole, small cake may be a more complete, emotionally satisfying experience for this child. (Whitwell 2010)

This can also be seen to be what Dockar-Drysdale refers to as a 'complete experience'. She describes the importance of such experiences for traumatized and deprived children:

> Finally, I want to draw our attention to the concept of 'the complete experience' which is important for both child care workers and those who are trying to provide therapeutic management. Deprived children have had endless incomplete or interrupted emotionally experiences. People have come and gone in their lives with little realization of the awfulness of this coming and going for the child. The ordinary devoted mother sees to it that the experiences which she gives her children are complete – with a beginning, a middle and an end. She does this intuitively - it does not have to be thought out. (Dockar-Drysdale 1988, p.12)

The way we provide food for children, whether individually or in a group mealtime is one of the most effective ways we can provide 'complete experiences'.

Meal preparation

This begins with the making of a meal plan and shopping for the food. The way this is done needs careful thought and with as much involvement of the children as possible. A good starting point is to discuss the children's likes and dislikes and to ensure that there are meals that everyone likes on the menu. This way each child will have particular meals they look forward to, which helps on the days when they aren't so enthusiastic about a particular meal. Involving children with food shopping, as well as helping them to feel confident about the food and where it has come from also helps them to learn the practicalities of shopping and creative budgeting.

As we have discussed earlier, it is not just the food that the child takes in for nourishment. Equally important is the emotional care and love that is provided. For children who have not internalized this kind of experience we need to use the opportunity to ensure that food is provided in a caring and thoughtful way. The more care and effort that is put into preparing and cooking a meal the more the child will feel that the food is being provided by someone who cares about her. A quick meal out of a packet provided in an impersonal way will not help the child to feel cared about. This means that time needs to be put aside for cooking, wherever possible using fresh ingredients and making a meal. It will be helpful for children to be able to observe and ideally help in preparing food. Seeing the food that is being used will help reduce anxieties about what might be in the food. It is also a good opportunity to learn about food, develop cooking skills and to experience the pleasure of providing a meal. At Lighthouse we were lucky enough through a partnership to receive cooked meals from a five star reception. It was very successful in terms of reducing the workload for carers. However, we found that it started to have an impact on the development needs of the children to be part of the cooking process and the internalization of the experience of being cared for. We have had to find a balance to ensure that the carers are supported with pre-prepared foods, but also that there are opportunities for carers and children to prepare meals together. This is an important element of family modelled care.

Ideally, carers prepare meals with the involvement of at least one child. Often children will gravitate around the kitchen when a meal is being prepared, observant and curious to see what is happening. Some children may be anxious to see exactly what is going into the meal so they can be sure that it is safe to eat. Where appropriate, carers may support a child in taking responsibility for preparing a meal. It may be one of the ways an older child contributes to the running of the home. This expectation of a child is based upon their stage of development. As discussed earlier, children need to experience being provided for before they are able to do it for others.

Meals prepared for children need to have a high nutritional value. The types of food the children eat will also have an impact on their physical, mental and emotional wellbeing. We need to be sensitive and supportive towards specific needs and preferences, such as those related to culture and religion. Some foods might trigger positive memories while others may be associated with abuse and trauma. One child reacted with panic when simply asked to finish his breakfast as it was time for school. He became out of control with panic and it was difficult to understand why. When we later searched his case history, we

found that on an occasion when his mother asked him to finish his breakfast and he didn't, she hit him on the head so severely with a stick that he needed admitting to hospital.

Mealtime

Mealtime is also a setting which permits us to provide children easily and casually with those infantile pleasures they are anxious to receive but afraid to ask for directly.

Bettelheim 1950, p.200

Mealtime is an important aspect of daily life for children and ideally as many of the daily meals as possible should be shared as a 'family' group. Having set mealtimes adds structure to a child's life and reduces the level of anxiety they experience. Mealtimes are a good opportunity to set clear expectations around behaviour and to create a sociable culture in the home. In terms of predictability, it can be helpful for everyone to have their own place in which they sit for all meals. Being clear about how the food is served will also help. Sometimes if this isn't clear, anxiety can escalate which children worried that they won't get a fair share.

We should consider the kind of things that are discussed at mealtimes. How do we ensure that conversations are positive, interesting and fun? To make the occasion as enjoyable and anxiety free, potentially difficult discussions should be avoided. Disruptions should also be avoided, such as answering a mobile of sending text messages! How is the table cleared at the end of the meal? Does everyone help together or do children take it in turns to help? It can be seen from these examples, how many anchor points are involved in a mealtime. Not only do these anchor points help to provide the clarity and consistency the children need – they also act as something children may push against or test, which lets us know how they might be feeling before things escalate to a more serious level. Coming together in this way on a daily basis is an excellent way for everyone to connect with each other and be tuned in to the mood of the group.

It is often said in therapeutic residential care that the start of the day is the most important time of the day. The way children are woken and provided with their first meal of the day can often determine how the rest of the day goes. An appetizing breakfast provides a positive incentive at the start of the day. An enjoyable experience will help a child feel nourished physically, socially and emotionally. Through the routine at the start of the day any worries and anxieties a child has can also be picked on and worked with before they embark on the rest of the day.

Snacks and food in-between mealtimes

As well as the regular mealtime, consideration needs to be given to how snacks are provided. It is normal for children to want a snack between meals. The medical advice on eating would also suggest that eating a little, regularly and often is a good for the digestive and metabolic system. Bettelheim (1950) argues that making food freely available avoids

the distraction of feelings of hunger in children. It makes mealtimes a social rather than a purely physical event and symbolizes emotional care for many children. Where food has been a bargaining tool or children have been more generally deprived, they have to experience it as freely given before they can begin to enter into normal relationships with people. Some may need to eat alone with a carer at first because they cannot enjoy a shared meal. Certainly for some children, who may be especially anxious about eating in a group, knowing they can have a snack before or after the meal can help to relieve their anxiety about having something to eat. However, we need to be careful at the same time that we don't reinforce the idea that children can provide everything for themselves. For deprived children, and especially in the case of homeless children, becoming self-sufficient in this way can be a way of avoiding relationships and the need to be reliant on another. One way around this is to make snacks available in-between mealtimes but to expect children to ask an adult if they can have a snack, rather than just help themselves. This can be done in a casual way but it at least connects the provision to an adult in a small way. Dockar-Drysdale (1969, p.63) argues that, 'food, in my view, should always *be given by somebody*, rather than be collected by the child from the larder.'

Another issue can be the type of snacks that are provided and making sure a balance is kept between making healthy snacks available, such as fruit and less healthy snacks. Patience is needed with this, as many children are only used to eating 'junk food' that is laden with carbohydrates, preservatives and sugars. Making a shift from this type of food and eating to a more balanced diet is not easy due to the addictive nature of 'junk foods'. In some cases, the food a child enjoys may be used as a form of self-soothing. To some extent, this soothing is a substitute for the kind of soothing a child would normally receive from a parent. We can't expect that a child will just be able to give this up. However, as they become attached to a carer and find other ways of feeling soothed they may become less reliant of food for comfort.

Food and individual provision

Where children who have been deprived of the most important and formative provision – that which is provided within the context of a primary attachment relationship, careful consideration should be given to the individual experiences connected to food as well as the group experiences. As a child develops an attachment relationship with a carer she will need experiences within this relationship that help to fill some of her development gaps. The provision of a special food experience between the child and carer can be especially nurturing and symbolic of the kind of provision she has missed. How this is done can be explored with the child in a casual way. For example, 'maybe there is a special kind of food or drink that you would like me to give you, when we have time together on our own.' At Lighthouse the structured one-to-one time between the primary carer and the child, provides an opportunity for this kind of provision to develop.

It is quite usual when a deprived child is offered this opportunity within a trusting relationship, that she will ask for something that has a quality to it that is similar to the kind of provision you would provide for a young infant – quite often something that is warm and easy to eat. Dockar-Drysdale (1961) called this adaptation to need and symbolic provision.

If this kind of provision is made, because it is symbolic of the very important primary provision that the child either never had or was disrupted before they had had enough, it is essential that the provision is made reliably. Because the provision is symbolic it is especially meaningful and doesn't need to be made all the time.

The important thing is that it is reliably provided by the child's primary carer, for example, on two or three evenings per week (as discussed in the Robert case example on p.95). The experience can go on for as long as the child needs it. Normally when the child has had enough so that she has internalized the experience, she will let the adult know she doesn't need it anymore. The symbolic aspect of this provision is important, in that it symbolically represents early experience rather than acts as a direct substitute. A cup of warm milk with a biscuit dipped in it may be symbolic of early feeding, whereas giving a child a baby's bottle would be a concrete substitute and potentially confusing for the child. It might imply that the child can really be an infant again, rather than she can have experiences that are symbolically reminiscent of being an infant.

Grappling with this issue is very important as severely deprived children cannot progress developmentally without having the kind of experiences they missed as an infant. As Perry and Szalavitz (2006, p.138) have illustrated, 'these children need patterned, repetitive experiences appropriate to their developmental needs, needs that reflect the age at which they'd missed important stimuli or had been traumatized, not their current chronological age.' Similarly, Dockar-Drysdale refers to this as returning to the point of failure.

> Winnicot described this kind of regression as taking the patient back to the point of failure on the part of the mother towards her baby. The patient may now be a fourteen- or fifteen-year-old, a delinquent hero who certainly does not seem to accept *any* provision from us. The point of failure is nearly always somewhere in the course of the first year, so that it is to this crucial period that the adolescent must return. (Dockar-Drysdale 1990a, p.29)

We have discussed how some of these early needs can be met through the provision of food. There are also many opportunities throughout the daily routine, such as the way we end and begin each day.

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