

# When mom has an eating problem

March 17 2010, by Leiv Gunnar Lie

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They would love to be perfect mothers. Instead, they feel ashamed and inadequate, and fearful that their children might inherit their eating difficulties.

Imagine an ordinary Norwegian home, where Mum is having dinner with her three-year-old son. Underneath the surface of this seemingly idyllic scene, the woman is fighting a fierce battle with herself, thinking: "I wish he could finish eating, so I can go to the bathroom and throw up."

This is just one of many real-life stories Kristine Rørtveit has listened to while working on her thesis.

Employed at Stavanger District Psychiatric Centre, she spends most of her time doing research for her PhD at the University of Stavanger. Listening to her informants' stories has given her insight into their everyday struggles.

## Keeping up appearances

"Eating difficulties, such as extreme dieting, compulsive overeating, and vomiting, are usually kept under the surface. Keeping up appearances, even in one's own home, requires a lot of strength," Rørtveit says.

Some of the sufferers have children, which creates additional problems. Mothers often dread meal times, even though they are aware of their importance to the children's upbringing.

"One of the women I interviewed said every meal the family was having together, felt like standing on the edge of a cliff. These are grown-up women who themselves believe that what they do is wrong," she says.

## **Lack of motivation**

According to the Norwegian Board of Health Supervision, between 0.2 and 0.4 per cent of the population is affected by anorexia nervosa, and 1-2 percent by bulimia nervosa. The majority of sufferers are women between the ages of 15 and 40.

Only 30 percent of anorectics and less than six percent of bulimics receive treatment for their condition, the Board has found. Researchers attribute this to a lack of motivation to undergo therapy. But feelings of guilt and shame may also prevent patients from seeking help.

This feeling of guilt and shame is precisely the subject of PhD candidate Kristine Rørtveit's study. As there is very little qualitative research on how mothers with eating difficulties perceive their daily lives, Rørtveit's article -- built on in-depth interviews with eight informants -- presents a rare insight into this problem.

## **Bad conscience**

The women talk about their bad conscience for living a double life, how they devalue themselves as mothers, and how they live in constant fear of transferring their illness to their children. Eating difficulties often kick in with full force when their children grow up, and often in connection with meals.

One informant talks about her feelings of anxiety associated with eating, and how hard it is to keep calm while sitting at the dinner table with her

child.

Another says she pretends to be eating, only to throw up at first chance. Still another says she is too exhausted to be able to participate in her children's everyday life. Sometimes she only manages to utter one-syllable words, such as "yes", "no" and "good night".

## **Difficult daughter's wedding**

An informant told how her problems haunted her even into her daughter's adult life:

"I couldn't take part in her wedding, because I was too trapped in my own system. Everyone else was full of emotions and expectations, but I was completely the opposite," the woman said.

Rørtveit has produced two further research articles, based on group conversations with five informants.

The first article describes how women with eating difficulties balance mental vulnerability and strength. On the one hand, they are pleased with the way they manage to keep up appearances and live a seemingly normal life. On the other hand, this double life is draining a lot of strength.

## **"Like doing drugs"**

The second article describes the women's feelings of being trapped in their own bodies - of which they are ashamed to boot.

Their obsession with their bodies expresses itself in many ways. Women may feel their bodies are swelling out of proportion from the tiniest

piece of food, and some compare their bodies with everyday objects that surround them. One woman thought she had become too big to be able to pass through the doorway.

Others report that they get a kick from their illness. One woman said she enjoyed the excitement of planning her food orgies, and compared them to doing drugs.

## **Training health workers**

Rørtveit, an experienced psychiatric nurse, thinks it is necessary to understand these women's mindset in order to help them define their problems.

In her opinion, health personnel could be better skilled in spotting pregnant women with eating difficulties, knowing what treatment they could offer them, and how to organise supportive measures such as group therapy.

She believes medical staff is reluctant to address sensitive issues with their woman patients, like [mothers](#) taking their children to health control.

## **Good to talk**

Often when Rørtveit is giving lectures to psychiatric nurses taking further education, students ask for advice on what to do if they suspect a woman patient is suffering from an eating disorder.

She suggests they embed it into a general enquiry into their patient's sleeping pattern, activities and meals.

"Although eating difficulties are associated with shame, I believe a lot of women would like to be able to talk about their problems. Increased awareness and better care may mitigate the stigma, and inspire more women to seek help," Rørtveit concludes.

Provided by University of Stavanger

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