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## PERCEPTION OF THE CHILD'S OBESITY IN PARENTS OF GIRLS AND BOYS TREATED FOR OBESITY (PRELIMINARY STUDY)

### SPOSTRZEGANIE OTYŁOŚCI DZIECKA PRZEZ RODZICÓW DZIEWCZYNEK I CHŁOPCÓW LECZONYCH Z POWODU OTYŁOŚCI (DONIESIENIE WSTĘPNE)

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#### Abstract

**Aim:** The aim of this study is to analyze how the parents of children treated for obesity perceive the child's obesity and to search psychological determinants of persistence of obesity in children despite of treatment

**Material and methods:** 15 mothers and 15 fathers of children treated for obesity participated in the study. The age of their children ranged from 7 to 9 years. The average age of the studied children was 8.1 years. Clinical interview concerning mental child representation in mother/father was used to collect the data.

**Results:** The parents of children treated for obesity concentrate on description of the child's obesity (eg referring to obesity related behaviors and physical appearance). Majority of statements contained negative content. Mothers of girls as well as of boys with obesity see the problem primarily in the child's behavior related to over-eating. The parents of children treated for obesity express parents' attitude towards the child's obesity (eg parent's emotional attitude towards the child's obesity or source of child's obesity). They worry and fear about social and health consequence of obesity. Some parents attribute the fault for obesity in the child. An increased number of symptoms of anxiety, helplessness in parents may affect the quality of the child's relationship with mother and father. Mothers of girls more frequently indicate the daughters' obesity as an obstacle in their relationship. Obesity is perceived not only as a somatic problem but also as an interpersonal one. Mothers and fathers of girls with obesity describe the child's obesity and express their attitude towards it more often than mothers and fathers of boys with obesity. This may be conditioned by the lower social acceptance of obesity in woman than man.

**Conclusions:** 1. It is paramount in treating children for obesity, to consider the parents' emotional attitude towards the child's problem and their awareness of its presence; 2. Taking note of parents' understanding of the complexity of the child's difficulties, which may be caused by negative perception of obesity by the mother and father as well as other persons in the environment; 3. particular consideration of parents' readiness to support and help the child during the treatment process.

**Key words:** obesity, mental representation of the child in the parent, parent's perception of the child's obesity

#### Streszczenie

**Celem pracy** jest analiza sposobu spostrzegania otyłości dziecka przez rodziców dzieci leczonych z powodu otyłości oraz poszukiwanie psychicznych uwarunkowań, które sprzyjają utrzymywaniu się otyłości, pomimo leczenia.

**Materiał i metody:** W badaniu wzięło udział 15 matek i 15 ojców dzieci leczonych z powodu otyłości. Badaniami objęto rodziców dzieci w wieku 7-9 lat. Średnia wieku badanych dzieci wynosiła 8,1 lat. Rodziców badano wywiadem klinicznym dotyczącym psychicznej reprezentacji dziecka u matki/ojca.

**Wyniki:** Rodzice dzieci leczonych z powodu otyłości koncentrują się na opisie otyłości dziecka (np. zachowań związanych z otyłością oraz opisie wyglądu zewnętrznego dziecka). Większość wypowiedzi zawierało negatywne treści. Dla matek zarówno chłopców, jak i dziewczynek z otyłością, problem stanowi przede wszystkim zachowanie dziecka, związane z objadaniem się. Rodzice dzieci leczonych z powodu otyłości wyrażali także swój stosunek do otyłości dziecka (np. stosunek emocjonalny rodzica do tuszy dziecka lub przyczyny otyłości dziecka). Rodzice dzieci leczonych z powodu otyłości martwią się i obawiają społecznych i zdrowotnych konsekwencji otyłości. Niektórzy rodzice przypisują dziecku winę za jego otyłość. Narastający lęk i bezradność rodzica może wpływać na jakość relacji dziecka z matką i ojcem. Matki dziewczynek, częściej wskazują na otyłość córek, jako utrudnienie w relacji. Otyłość spostrzegana jest jako problem nie tylko somatyczny, ale także interpersonalny. Matki i ojcowie otyłych dziewczynek częściej od matek i ojców chłopców otyłych opisują otyłość u dziecka oraz wyrażają swój stosunek do niej. Być może jest to warunkowane mniejszym społecznym przyzwoleniem na otyłość u kobiety, niż mężczyzny.

**Wnioski:** 1. W leczeniu dziecka z otyłością, konieczne wydaje się uwzględnienie ustosunkowania emocjonalnego rodziców w stosunku do problemu dziecka i ich świadomość jego istnienia; 2. Zwrócenie uwagi na rozumienie przez rodziców złożoności problemów dziecka, których źródłem może być negatywne spostrzeganie otyłości, przez matkę i ojca oraz inne osoby z otoczenia; 3. Szczególnie uwzględnienie gotowości rodziców do udzielenia wsparcia i pomocy dziecku w trakcie procesu leczenia

**Słowa kluczowe:** otyłość, psychiczna reprezentacja dziecka u rodzica, spostrzeganie otyłości dziecka przez rodziców

DEV. PERIOD MED., 2014, XVIII, 2, 148-154

## INTRODUCTION

Negative emotions associated with the perception of persons with obesity are discussed by many specialists – including pediatricians (1, 2, 3). Due to the characteristics of their body, persons with obesity frequently experience the lack of acceptance by others (4). A social stereotype of a person with obesity has been observed (5, 6). The stereotype of an obese person fits within a more general category, namely “the stereotype of an unattractive person” (7, 8).

Parents of children treated for obesity are typically concerned with the child's social functioning. The objects of such trepidation are the child's relations with peers; the parents are worried that their child will be lonely. The future of a daughter with obesity may become of particular concern due to a social discrimination more frequent in the case of women (4).

The subjects of the study are the characteristics of *the parent's mental representation of the child*. The mental representation of the child is defined as the subjective manner of experiencing the child and the relationship between child and the mother/father. It encompasses observations regarding the child, knowledge about the child's traits and behaviors, judgments, and emotions invoked in parents. It also consists of fantasies, expectations and ideas regarding the child. The mental representation of the child influences the parent's interaction with the child, the manner of perceiving and understanding the child and the child's emotions and needs, as well as formulating expectations of the child. Through it, the child learns who she/he is and how the parents would like her/him to be, which establishes her/his manner of functioning (9).

The aim of this study is to analyse how the parents of children treated for obesity perceive the child's obesity and to search psychological determinants of development and persistence of obesity in children as well as the sources of difficulty in its treatment.

## MATERIAL AND METHODS

The group consisted of 15 mothers and 15 fathers of children treated for obesity participated in the study. The average age of mothers was 36.31 years old. The average age of fathers was 37.41 years. All parents had at least a high school education. 10 mothers and 8 fathers had university degree. 5 mothers and 7 fathers graduated from secondary school. All of them were married or had an informal partnership. The majority of the parents had one child (12 in the study group). The remaining parents had two (2) or three children (1).

Parents of children treated for obesity, to whom the excessive body mass of their children appeared as a problem and who sought professional help due to its presence, were included in the study. The study group consisted of parents of children with obesity diagnosed by an endocrinologist or a pediatrician. No specific, somatic conditions of obesity were diagnosed in the children of the interviewed parents. Parents of 8 girls and 7 boys were interviewed. The age of their children ranged from 7 to 9 years. The average age of children was 8.1 years.

## METHOD

The parents were interviewed using a structured clinical interview for mothers and fathers, prepared by the author

(10). The interview consisted of 13 questions concerning mental child representation in mother/father. This study presents the results of the content analysis of mothers and fathers' responses to the question (question asked during the interview): *What is your child like?* This first open-ended question was assumed to allow the actualization of experiences, thoughts and behaviors, which form the mental representation of self as a parent. This is the question about what the parent perceives as specific and characteristic of their child. The responses received from mothers and fathers were analyzed in regard to the characteristics constituting the mental representation of the child (9). This study concentrates on the mothers' and fathers' responses regarding characteristics of the obese child's and her/his obesity. The method of analysis, conducted using the data obtained in the interviews with parents, referred to the two categories of the mental representation of the child: 1. *description of the child's obesity* and 2. *parent's attitude towards child's obesity*.

The description of the child's obesity category encompassed parents' statements regarding the presence, displays and consequences of the disorder (f.e. characteristic of child's body, somatic condition, physical appearance).

Parent's attitude towards child's obesity category comprised the parents' statements referring to emotional attitude and the manner of understanding of development and persistence of the disorder in the child.

Three persons – clinical psychologists, analyzed the content of each statement made by mothers and fathers during interview, according to the two categories the mental representation of the child (the competent judges method) (11). The raters ranked the presence of these categories on a 2-grade scale, from 0 to 1, where 1 identifies the presence of the category. The agreeability index of the judges' analysis (*Kendall's coefficient of concordance*) was calculated for assessing agreement among raters and is presented in table I.

## 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) have been used to test differences in the number of features of the mental representation of the child.

## RESULTS

The analysis of statements made by mothers and fathers of girls and boys with obesity allowed the isolation of a category of the description of the child's obesity. When describing their child, mothers of girls with obesity refer to the child's obesity more frequently than the mothers of boys with obesity. Similarly, fathers of girls with obesity refer to the child's obesity more frequently than the fathers of boys with obesity (tab. II).

The following categories of parents' *description of the child's obesity* were isolated: 1. the description of the child referring to obesity-related behaviours (for example: *eats too much, sits and eats, constantly eats sweets*); 2. the description of the child's physical appearance (for example: *is too fat, looks like a ball, has too much body*); 3. the perception of the child through the obesity lens (for example: *he is so slow due to his weight, that's why he is sick so often, maybe that's why he has problems at school*) (tab. III).

The above listed categories were identified in statements made by mothers as well as by fathers. The majority of statements contained negative content, such as: *it's not good that she is this way, he is less dexterous, or he looks ugly*. The statements made by some mothers sounded particularly critical. Mothers of girls as well as boys with obesity see the problem primarily in the child's behaviour related to over-eating (for example: *can't control the consumption of sweets, is constantly snacking on something*).

When describing the child, mothers of girls with obesity refer to their own experiences and thoughts regarding the child's obesity more often than mothers of boys with obesity. Similarly, fathers of girls with obesity refer to their own attitude towards the child's obesity more frequently than fathers of boys with obesity (tab. IV).

Parent's attitude towards child's obesity was expressed in statements regarding: 1. parent's emotional attitude towards child's weight (for example: *I worry about how she/he looks, I'm upset about her weight, I feel helpless*); 2. difficulty in treating child's obesity (for example: *I don't know how to forbid him to eat, he has a huge appetite, it's a very tough illness*); 3. sources of child's obesity: a. sickness, somatic ailment; b. characteristic inherited from parents (for example: *takes it after me*); c. result of a particular emotional sensitivity (for example: *when he*

Table I. The results of the judges' agreeability index (*Kendall's coefficient of concordance*).

Tabela I. Wyniki wskaźnika zgodności oceny sędziów (*współczynnika oceny zgodności Kendalla*).

Category <i>Kategoria</i>	Mental representation of the child <i>Psychiczna reprezentacja dziecka</i>	
	Mothers of children with obesity <i>Matki dzieci otyłych</i>	Fathers of children with obesity <i>Ojcowie dzieci otyłych</i>
Description of child's obesity <i>Opis otyłości dziecka</i>	96%	96%
Parent's attitude towards child's obesity <i>Stosunek rodzica do otyłości dziecka</i>	95%	95%

Table II. Comparison of the frequency of referring to categories regarding the description of child's obesity in mothers and fathers of children with obesity (Mann-Whitney's U-test).

Tabela II. Porównanie częstości odnoszenia się przez matki i ojców dzieci otyłych do kategorii dotyczących opisu otyłości dziecka (test U Manna-Whitney'a).

Group Grupa	Description of the child's obesity Opis otyłości u dziecka			
	Girls with obesity Dziewczęta z otyłością Mean/Średnia $\bar{x}$	Boys with obesity Chłopcy z otyłością Mean/Średnia $\bar{x}$	z	P (one-tailed)
Mothers Matki	1.500	.714	-2.380	.008*
Fathers Ojcowie	1.143	.500	-1.792	.036*

p – statistical significance

\*p&lt;0.05

Table III. Comparison of the frequency of referring to categories regarding the parent's attitude towards the child's obesity in mothers and fathers of children with obesity (Mann-Whitney's U-test).

Tabela III. Porównanie częstości odnoszenia się przez matki i ojców dzieci otyłych do kategorii dotyczących stosunku rodzica do otyłości dziecka (test U Manna-Whitney'a).

Group Grupa	Parent's attitude towards the child's obesity			
	Girls with obesity Dziewczęta z otyłością $\bar{x}$	Boys with obesity Chłopcy z otyłością $\bar{x}$	z	P (one-tailed)
Mothers Matki	1.429	0.375	-2.400	.008*
Fathers Ojcowie	1.143	0.500	-1.797	.036*

p – statistical significance

\*p&lt;0.05

Table IV. The frequency of referring to categories regarding the description of the child's obesity in mothers and fathers of children with obesity.

Tabela IV. Częstość odnoszenia się do opisu otyłości dziecka przez matki i ojców dzieci otyłych.

	Category Kategoria	Mothers of girls Matki dziewczynek	Fathers of girls Ojcowie dziewczynek	Mothers of boys Matki chłopców	Fathers of boys Ojcowie chłopców
1.	the description of the child referring to obesity-related behaviors opis dziecka w odniesieniu do zachowań związanych z otyłością	34.28%	36.67%	45.46%	38.89%
2.	the description of the child's physical appearance opis wyglądu zewnętrznego dziecka	42.86%	43.33%	36.36%	44.44%
3.	the perception of the child through the obesity lens sposobrzeganie dziecka przez pryzmat otyłości	22.86%	20%	18.18%	16.67%
		100%	100%	100%	100%

is afraid, he eats a lot; when she joined the new class, she was very nervous and that's when she gained weight); d. attributing the fault for obesity to the child (for example: *over-eats and doesn't move away from the computer, would lose weight if he wanted to*); 4. obesity and its treatment as the cause of difficulties in the relationship with the child (for example: *it's the only thing we argue about (obesity), this necessity of dieting affects our interaction*) and in the relationship with partner/family (for example: *I had a fight with the entire household over this feeding*); 5. parent's experiences related to being a person with obesity now and/or in the past (for example: *I remember what it was like to be a fat kid, I don't want her to suffer like I did because of her appearance*) (tab. V, VI).

It seems that for some mothers the child's obesity prevents them from separating out the child's positive characteristics. Mothers of daughters concentrate on the child's food behaviours and associate them with obesity more frequently than the mothers of boys (for example: *she eats too much and she is fat*). It appears as though it is more difficult for the mothers to accept the obesity in a girl than in a boy. Fathers face similar difficulties. Some parents attribute the fault for obesity to the child. An increased number of symptoms of anxiety, helplessness in parents may affect the quality of the child's relationship with mother and father. Mothers of girls more frequently indicate the daughters' obesity as an obstacle in their relationship. Obesity is perceived not only as a somatic problem but also as an interpersonal one. One of the mothers said: *The only thing I argue with her about is food and diet*. The greatest differences

between the mothers of girls and the mothers of boys are observed in statements describing daughters' food behaviours (for example: *she eats too much, we can't stop her because she also snacks at night, she could stand to control her consumption of sweets, etc.*). It seems as though mothers who have daughters with obesity concentrate more on the child's figure and body mass. This may be conditioned by the lower social acceptance of obesity in woman than man. Some mothers when describing the child refer to their own difficult experiences as a person who is and/or was obese in childhood.

Obesity and body mass frequently become the characteristics that allow a finding of a similarity between the son and the father or another person. In the case of daughters with obesity, fathers, similarly to mothers, are concerned about the condition of the child's health. Fathers of daughters with obesity perceive obesity as a problem that may affect the girl's future more frequently than fathers of sons with obesity. They are worried whether their daughter will have friends and if she will be able to make a good life for herself.

## DISCUSSION AND CONCLUSION

The results of this study require discussion. The group of interviewed parents was not large, which fundamentally limits the character of the formulated conclusions. The conclusions presented below have the status of a hypothesis requiring further verification. Interviewed parents come from a specific group of parents who perceive the child's obesity as a problem and who seek help due to its presence.

Table V. The frequency of referring to categories regarding parents' attitude towards the child's obesity in mothers and fathers of children with obesity.

Tabela V. Częstość odnoszenia się do stosunku rodzica do otyłości dziecka przez matki i ojców dzieci otyłych.

	<b>Category Kategoria</b>	<b>Mothers of girls Matki dziewczynek</b>	<b>Fathers of girls Ojcowie dziewczynek</b>	<b>Mothers of boys Matki chłopców</b>	<b>Fathers of boys Ojcowie chłopców</b>
1.	parent's emotional attitude towards child's weight <i>stosunek emocjonalny rodzica do otyłości dziecka</i>	16.9%	15.25%	15.8%	14.9%
2.	difficulty in treating child's obesity <i>trudności w leczeniu otyłości dziecka</i>	18.3%	16.95%	17.54%	19.15%
3.	sources of child's obesity <i>przyczyny otyłości dziecka</i>	38.03%	35.6%	40.3%	34.03%
4.	obesity and its treatment as the cause of difficulties in the relationship with the child <i>otyłość i jej leczenie jako przyczyny trudności w relacji z dzieckiem</i>	16.9%	15.25%	14.05%	14.9%
5.	parent's experiences related to being a person with obesity now and/or in the past <i>przeżycia rodzica związane z byciem osobą otyłą teraz i/lub w przeszłości</i>	9.87%	16.95%	12.31%	17.02%
		100%	100%	100%	100%

Table VI. The frequency of referring to category sources of child's obesity in mothers and fathers of children with obesity.

Tabela VI. Częstość odnoszenia się do przyczyn otyłości dziecka przez matki i ojców dzieci otyłych.

	<b>Category Kategoria</b>	<b>Mothers of girls Matki dziewczynek</b>	<b>Fathers of girls Ojcowie dziewczynek</b>	<b>Mothers of boys Matki chłopców</b>	<b>Fathers of boys Ojcowie chłopców</b>
1.	sickness, somatic ailment <i>choroba, dolegliwość somatyczna</i>	14.31%	28.57%	52.18%	50%
2.	result of a particular emotional sensitivity <i>efekt szczególnej wrażliwości emocjonalnej</i>	37.05%	47.62%	17.39%	12.5%
3.	characteristic inherited from parents <i>właściwość odziedziczona po rodzicach</i>	14.31%	14.28%	8.7%	12.5%
4.	attributing the fault for obesity to the child <i>przypisanie winy za otyłość dziecku</i>	33.33%	23.81%	30.43%	25%
		100%	100%	100%	100%

This means that the results of the presented study do not refer to the general population of parents of children with obesity; they refer solely to the population of parents whose children are treated for obesity.

The results presented in this paper are congruent with the results of other studies. Obesity may affect the quality of the child's relationship with parents. In the case of presented data this is reflected in the difficulties faced by girls with obesity who encounter particularly critical judgment by their parents, especially their mothers. Parents' perception of obesity, mothers' in particular, as causing the difficulty in relationship with the child, may prevent them from noticing other important problems (10, 13).

The sources of the disorder, as listed by the parents, are worth noticing. Generally, the reflections regarding the etiology of obesity remain related to the parent's readiness to understand and support the child. Parent's observations of the child's difficulty, caused by a sickness or inherited constitution, leads to seeking professional help. The conviction that the development of the disorder is the child's *fault* impedes the parent's recognition of the complexity of the child's problem. From the child's perspective, parents' behaviours aimed at altering the child's appearance may be perceived as a message regarding the child's unattractiveness or the presence of a defect that requires fixing. This may lead the child to think that she/he does not meet the family's expectations and that she/he is less worthy than her/his siblings and peers. Regardless of the limitations of the presented study results, it is worth indicating the necessity of providing psychological assistance to parents, whose children treated for obesity, based on the parents role in the child's obesity treatment.

Differences in parents' perception of the causes of obesity in daughters and sons have been observed in other studies. The obesity in boys is frequently interpreted by their parents when comparing them to their peers as a result of a lower emotional excitability, lower engagement in relations with other children, higher submissiveness,

and more defined food preferences. Parents perceive obesity in girls as a result of a higher susceptibility to positive or negative influence of the food on the mood, higher emotional sensitivity, lack of sex satisfaction, and rejection by peers. Parents more often associate a boy's obesity with the characteristics of his functioning. In case of girls, parents more frequently perceive obesity as a result of emotional difficulties. Similarly, mothers of teenage girls treated for obesity more commonly attribute it with emotional sensitivity, whereas mothers of adolescent boys perceive it from a behavioural point of view (3, 5, 6, 10).

## CONCLUSIONS

1. It is paramount in treating children for obesity, to consider the parents' emotional attitude towards the child's problem and their awareness of its presence;
2. Including in the treatment the parents' understanding of the complexity of the child's difficulties, which may be caused by the negative perception of obesity by the mother and father as well as by other persons in the environment;
3. With particular consideration of parents' readiness to support the child during the treatment process;
4. Also including the emotional relationship with parents, in particular the relationship between mother and girl with obesity;
5. Further investigation is needed to test the perception of child's obesity in other group of parents (eg parents of children not – treated for obesity; parents have acquired elementary education).

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**Conflict of interest and funding/Konflikt interesu**

This study is funded by the BST Fund (Statue Research) of the University of Warsaw Faculty of Psychology. The study project is approved by the Ethics Committee of the University of Warsaw Faculty of Psychology.

**Received/Nadesłano:** 17.12.2013 r.

**Accepted/Zaaceptowano:** 27.12.2013 r.

**Published online/Dostępne online**

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