

FEEDING PROBLEMS: ORAL TACTILE DEFENSIVENESS

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Research at the BabyGym Institute has shown that the close relationship between anxiety and eating and metabolic disorders often seems to originate with a hyper sensitivity to touch, temperature and pain during pregnancy, birth and the first few months of life. The skin is the organ responsible for touch and is also known as the barrier between the body and the environment. The skin regulates the interaction between the body and the environment and can be compared to the function of the membrane of a cell.

The emerging field of epigenetics has shown that no cell can survive without a fully functional membrane. A fully functional skin is able to respond appropriately to environmental signals by interpreting sensory impulses as either malevolent or benevolent. Malevolent signals activate a defensive response while a benevolent signal activates a discriminatory response.

A discriminatory response elicits curiosity and engagement while a *defensive response* elicits rejection and withdrawal.

A layman's definition of skin is the thin layer of tissue forming the natural outer covering of the body of a person or animal. The definition can be expanded to define tissue as both the covering and the lining of the body.

'The epithelial tissue or epithelium in dermatology is a tissue composed of a layer of cells. In humans, it is one of four primary body tissues. Epithelium lines both the outside (skin) and the inside cavities and lumen of bodies. The outermost layer of our skin is composed of dead stratified squamous epithelial cells, as are the mucous membranes lining the inside of mouths and body cavities. Other epithelial cells line the insides of the lungs, the gastrointestinal tract, the reproductive and urinary tracts, and make up the exocrine and endocrine glands. Functions of epithelial cells include: secretion, absorption, protection, transcellular transport, sensation detection, and selective permeability' (uk.answers.yahoo.com).

RECOGNISING OUTER TACTILE DEFENSIVENESS

- resists cuddling and swaddling
- cries easily
- dislikes get undressed and dressed
- dislikes getting into water
- prefers either layers of clothes or no clothes at all
- avoids touching anything.



Causes of outer tactile defensiveness can be numerous and include: excessive stress during pregnancy; placenta insufficiency; premature birth; post term birth; complications during birth; separation from mom at birth; incubation; medical intervention (piecing the skin); environmental conditions, etc. Kangaroo Mother Care is encouraged to release the defensive response (movement away from touch) in favour of the discriminatory response to touch (movement seeking touch).

Babies with an active outer tactile defensive response often show signs of inner tactile defensiveness, which manifests as oral tactile defensiveness. Typical symptoms would include:

Avoidance of most textures in and around the mouth, because anything that is unfamiliar, is perceived as a potential threat. The instinctive response to a threat is to reject, withdraw and cry.

- Latching and feeding difficulties arise and the nipple, bottle teat and dummy may be rejected.
- Difficulties in handling solids.
- Avoidance of textured foods with 'bits'.
- Sometimes mashed food is also avoided.
- Gagging if baby is forced to eat foods he or she is unfamiliar or uncomfortable with
- Messy eating even when child is older.

Oral tactile defensiveness can result in poor development of tactile discrimination of the lips, tongue and cheeks, and it may impact adversely on the child's ability to manipulate food in the mouth. Without the opportunity to eat food that provides resistance to the mouth, muscle tone is compromised. Lowered tone in the jaw and oral muscles makes it difficult to cope with chewing.

PLAN OF ACTION

New-born babies: Massaging baby is recommended to first desensitise the outer skin before desensitising the inner skin. Movements need to be firm and loving. Persist even if baby resists – everyday a little more for a little longer. Gentle oral desensitisation is also needed by using a clean finger and later textured toothbrushes to massage around the lips; inside the lips; the gums, cheeks and the tongue.

Older babies: Encourage a variety of textured toys for the baby to touch and explore with his hands, while securely on mom's lap. Reassure him and talk to him to lower his anxiety. Encourage a curiosity to explore different textures with his hands to overcome the defensive response and to elicit the discriminatory response. In time he will want to explore the textures with his mouth too.



Teething rings can slowly be introduced moving from smooth surface and neutral temperature, to warmer and cooler temperatures and slightly to well-textured surfaces.

Toddlers and children: Gently but firmly trace the silhouette of the body from head to feet when child is lying down or if he is standing. Hold the feet to foster a sense of being grounded and of security. If the child is standing – apply pressure to the ankles as though to ‘plant’ the feet in the ground.

Encourage play with textured toys, to play with raw rice or lentils; to play with sand; to play with different textures while in water and to walk with bare feet on a variety of surfaces– start with smooth surface and gradually increase the variety and the number of textures to which the child is exposed.

Make meal times special and fun times. Refrain from getting anxious and ready to battle. Encourage the toddler or child to choose a table mat, bowl, plate and spoon or fork. Gradually introduce food which offers texture and resistance.

Offer a variety of finger foods to coincide with the toddler or child’s increasing sense of independence. Gradually introduce texture to mushy foods. By encouraging him to mix a bit of textured food into the mushy food himself, a child feels more in control and less anxious.

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