



## Family Nutrition: Methodological Bases For The Practice Of Nutritionists

  <https://doi.org/10.56238/colleinternhealthscienv1-117>

**Helena Rower**

**Gisele Massola**

### ABSTRACT

Taking the lyrics of the song *Família* by the Titãs band as inspiration, the importance of expanding the techniques used by professional nutritionists and the therapeutic relationship for a successful nutritional follow-up beyond its traditional approach are discussed. In this thematic essay, music sets the tone in the presentation of the theoretical framework, encompassing research on the practice of nutritionists with families and their dynamics. The objective is to incite the theme by problematizing the nutritionist's

work and training, since this practice requires constant reflection and ability to think in a systemic way when working in a new specialty, both in public and private care. To this end, the question of the scope of work and the proposition of a process-based nutrition, centered on the individual and his family, are exposed, aiming at the promotion of health by transcending the already known dietary aspects towards a more comprehensive path. The results have brought out approaches in which individuals pay attention to themselves, their needs, desires and will to learn, elaborate, use and re-signify eating and life habits, thus helping and supporting the best appropriate choices for their own well-being as well as their family's.

**Keywords:** Family, Eating behavior, Nutritionist, Professional practice, Health Promotion.

### 1 INTRODUCTION

Family, family Dad, mom, auntie Family, family Lunch together every day Never loses this mania (...). (Antunes; Bellotto, 1986).

The above highlighted epigraph, whose authorship reminds us of the lyrics of one of the musical works of the composers Arnaldo Antunes and Toni Bellotto, respectively members of the Titãs band and authors of the song *Família*, a track from the album *Cabeça Dinossauro*, instigates and calls us in a fun and relaxed way to reflect on coexistence and eating habits in the family. The refrain portrays the diversity of the members while evidencing that communion may not always be smooth and easy, but they will be together in the context of this family for whatever comes and goes. It is based on the implicit inspirations of the theme addressed in these lyrics - the family and its nuances about its linguistic meaning as well as its conceptual relationships in different historical contexts - that have mobilized us to think about the reflections raised here.

Family... a set of letters that, organized and repeated (letters, phonemes, or both) at different times, form the word understood in several languages. Combined with other words it confers intonation, strength and musicality as in the verse above. And it invites to rhyme with life and food. From this "poor" rhyme, the literati would say, but rich in intent, the diversity of meanings and senses that the word and its combinations bring to the surface, including when it comes to conceptualizing it by going back to the dawn

of humanity a plurality of both conceptual definitions and structural understandings of what corresponds to the understanding of family. From blood ties to affective ones, going through historical and social contexts (Andolfi, 2018; Minuchin et al., 2013). Like family, food transcends the biological concept of survival to economic, social, cultural, and emotional. Eating, nourishing. Action of feeding: nurturing. It goes through internal constructs of beliefs, motivations, and functions influenced by our environment (Berge et al., 2015; Norholt, 2020; Palascha et al., 2020; Satter, 2007b; Scrinis, 2021).

The need for protection, survival, and belonging already in the early days tended to make it so that not only the human species belong to a group, but also to something bigger that protects us. And the first group to which we are linked is called family. From before conception, since we are the result of selection from various other groups, until after the end of our existence in this world (regardless of creeds), because we deliver a legacy through our descendants (biological or not) and the teachings (whatever they may be) left behind.

Reflecting on the construction of this understanding, a question that recalls memories is inferred: what is the first environment in which we are inserted? And it is from this place that we belong, with its organization and structure, based on external and internal exchanges, where the family actively participates in the formation of the eating habits of each one (Davison et al., 2020; Jongenelis et al., 2020; Satter, 2007a; Tugault-Lafleur et al., 2021). Whether or not there is still the *mania to lunch(r) together every day* and at the table or at family gatherings (usually with food) or around the campfire, like our ancestors (Veile, 2018), it confers a place where family dynamics occur. From the affections involved in feeding and being fed to the formation of eating habits that endure throughout one's life. Accepting or denying them are part of how, why, and what we deal with our family and their stories that constitute us (Erriu et al., 2020; Huffhines et al., 2020; Leung et al., 2019; Wagner, 2005).

Histories that, in turn, change and intertwine with professional modifications and the regulation of the nutritionist, especially in Brazil. Legally, when dealing with food and nutrition, he is the professional qualified for this purpose, since the diet prescription belongs to his exclusive attribution (*Brazil, 1991*). To this end, there is an evaluation process for its effectiveness and nutritional monitoring in all life cycles, from individuals to large groups. Everyone, in some way: family.

Understanding family dynamics in the process of (re)getting to know, maintaining, or changing eating habits is also part of the performance of the professional nutritionist as a dietary prescription. Family Therapy (FT) can be a tool to assist in the search and joint construction of solutions for family issues involving food, whether of the individual, couple, or family (Andolfi, 2018; Erriu et al., 2020; Heafala et al., 2021; Lian B et al., 2019; Minuchin, 1974; Nichols et al., 2007).

In order to resume some facets of this history, this thematic essay consists of verifying the theoretical basis of FT through its use in different situations in which the family and the nutritionist find themselves. The basis of this thematic essay was the song "Family" by the group Titãs (Antunes; Bellotto, 1986, Track 2), which recalls through its verses a little bit of the daily life of a family in its relationships, longings, and

achievements also at the table. The reflection on the performance, the possibilities of expanding the scope of TF use, and the proposal for practical application as a tool for the nutritionist in assessing and conducting the therapeutic process by expanding the perception of performance beyond the traditional dietary prescription are the basic premises of this article.

## 2 THERAPY AND FAMILY HISTORY

But when a daughter wants to run away from home She needs to earn a living  
A family's daughter if she doesn't marry  
Dad, Mom don't give a dime

In the plot explained in the song, the daughter's need transcends the barrier put up by her predecessors and the family stays true to its transgenerational principles. Reflecting the meanings of family, Minuchin (Minuchin, 1974) understands it [the family] as a complex organizational system, endowed with beliefs, values, and practices developed and connected to social changes, in search of the best possible adaptation for the survival of its members and the institution as a whole. Even if the parents don't want it to, family adaptations occur along with social changes, and its members are influenced both by society itself and by the other members of the system (notice what the daughter does), perpetuating that it changes in order to ensure its continuity and growth. In the daughter's case, it was necessary to run away in order to constitute herself as an individual, to walk her own path and, perhaps, to break beliefs, initiate changes, placate traumas.

The origin of FT is the stimulus of US government research and economic growth in the post-World War II era through the need for rapid re-adaptation to the labor market of combat troops with post-traumatic stress. In that context, psychologists focused on the application of tests and psychoanalysts believed in the exclusivity of knowledge for the treatment of emotional issues that demanded a long time (Nichols et al., 2007; Osorio et al., 2009).

The literature points out studies from the late 1900's present considerations of the foundations of TF where the North American Social Service monitored and carried out interventions in families. At the end of 1920, it was verified that, in order to qualify the work done with children assisted by the child services, they started to include the mothers in the process. The tone of this type of care was individualized (mother separated from her child). Lunch, together; treatment, separately. Commonly there was a certain blaming of the mother for the child's condition. And the father? But the family needs to adapt and so do the professionals (Andolfi, 2018; Minuchin, 1974). Then, in the first half of the 20th century, the prevention work carried out for marital and sexual counseling transposed the individual and entered the sphere of family mental health. Thus, the new professionals began to distinguish their perception of not only looking at the internal of their patients to pay attention to their contexts (Nichols et al., 2007; Osorio et al., 2009). Therefore, for the family as well.

Operating as a historical marker of TF was the treatment of schizophrenia. Therapists could not find effective causes or interventions for cure, believing it to be environmental. They saw improvement in

inpatients always after family members visited. When the family member improved, another member became ill (Nichols et al., 2007; Osorio et al., 2009). In search of balance, family heals and gets sick... What is missing? What is the function of illness in the family? At whose service is the illness most?

To configure itself as a valid therapeutic process, knowledge from the medical field was added (in addition to what was already done in social service practices), and concepts from General Systems Theory and Cybernetics, breaking pre-established barriers by focusing on the dynamics informed by the family system (Nichols et al., 2007; Osorio et al., 2009). Important to escape, to break paradigms. To find something beyond to appease hunger. Physical, emotional... So many hungers...

In Cybernetics they found the communication patterns of people in the interaction between individual and society, in circularity. With a heterogeneous group of professionals, they researched the relationship between communication and behavior change, bringing together experiences with families and research on schizophrenia. With this, the discovery of the family basis of the disease and the concept of double-binding occurs when there is a strong involvement between two people, firstly mother and child. Where, in a cycle, if vicious, becomes the suffering and the illness. From the plurality of thoughts to the creation of several strands the agreement between its founding principles: dissatisfaction with practices that focus only on the individual, the perception of the importance of family, the current context of life, the emergence of strategies and techniques with the intention of changing the system and consequent change of the situation (Nichols et al., 2007; Osorio et al., 2009).

Always the parents... Their guilt and responsibility towards the person with the symptom was still the initial point of the process. As the process progressed, it was observed that our understanding of the family dynamics of schizophrenics changed as we noticed the same emotional and psychological entanglements that are characteristic of different families. From the beginning with schizophrenia, passing through neurosis, anorexia, and reaching those with less severe pathological pictures, the TF expands in the search for solutions. The difference between the family patterns lies in their intensity. In other words, the illness does not reflect a quality of the family or any member, but occurs in the imbalance, of one or several patterns (Nichols et al., 2007; Osorio et al., 2009).

The arrival of the son-in-law, who comes from another family, and descendant(s) collaborated to the inclusion of tools and methods that culminated in the creation of the TF schools. With this it is possible to observe the realignments and the main guidelines of each. Just like family dynamics, the schools are based on their workings, how symptoms are approached, the goals of the therapeutic accompaniment, and the therapist's own stance. Both the founders and the people accompanying the families have their own issues (Andolfi, 2018). The first generation perceives the family by its structure and organization. Perhaps this is why our daughter-inspiration wanted to run away, because she could not find her space. The Structural School puts everyone in their place, reorganizing the family bases (Minuchin, 1974).

For mentioning bread... Who knows, maybe some entity wants to grow or someone to grow or what reasons and offer/ask for more food than it could digest. Otherwise, maybe some part or both wants it to

always stay small, not grow, and to do so, not eat or eat the least. Faint boundaries. More or less rigid that shake or strengthen the structure (Minuchin et al., 2013). In this way, like bread, whose recipe is passed from generation to generation, there is the possibility of changing it, happening by the experiences coming from the learnings from outside. The Multigenerational school, also understands the role of the presence of an external figure in helping the learning of the (re)new bread recipe: the therapist. Whether in the relationship with himself or with his own family (Andolfi, 2018).

The daughter runs away and the father is told to earn his bread. The Brief Strategy school seeks to find patterns of communication that may generate suffering. What are the sayings, or not, or understandings to escape from? With paradoxes and circular exercises as some strategies used by the professional, there is a broadening of the perception of each one by the other (Nichols et al., 2007; Osorio et al., 2009).

From rebellion to marriage, the TF, together with the work done by social workers to the interdisciplinary studies and practices on the subject, constitutes a tool for the nutritionist's performance in understanding and conducting nutritional therapy in the various contexts in which food is included. From the formation of eating habits in childhood to the treatment of eating disorders and other pathologies through the knowledge and recognition of the plots and traumas involved in the individual and family constitution and its dynamics (Heafala et al., 2021; Heruc et al, 2020; Lian B et al., 2019; Satter, 2007a).

#### **4 THERE ARE MORE PEOPLE IN THIS FAMILY...**

Family, family Grandpa, Grandma, niece Family, family Dine together every day  
But when a baby gets sick, look for a pharmacy on duty The baby's cry is shrill So you can't watch  
TV, oh

Between the ends and in between, the roots of families get lost in the depths of history when looking at grandparents, great-grandparents... At the same time it resembles the rhizomes spreading with the niece, coming from the union with the genitor or genitress of another family.

The permanence or attempt to maintain beliefs, patterns, and rituals transcends generations. Even parents, who were once, and still are, sons and today see their daughter running away, somehow also attempted the same move. On the other hand, they continue with the mania of dining together every day perpetuating and reinforcing cycles (Criss et al., 2019; Davison et al., 2020; Jongenelis et al., 2020; Marr et al., 2020; Peltz et al., 2018; Tugault-Lafleur et al., 2021; Utter, 2018). For it is not enough to eat lunch, you need to eat dinner as well.

How good it is to have lunch and dinner together! In those moments of exchange, of communion where the best and worst memories can happen. Meals are usually the culmination of a whole process, usually carried out by caregivers, of meal preparation, an act of love and survival (Criss et al., 2019; Dallacker et al., 2018; Marr et al., 2020; Tasca, 2019; Utter et al., 2018).

A starting point, care for the pregnant woman, not forgetting the father figure (Davison et al., 2020), to the oldest member, (Criss et al., 2019; Marr et al., 2020), family meals function as the epicenter of great

moments. Sharing food predisposes sharing of each member's life and daily life (Dallacker et al., 2018; Utter et al., 2018). Just as done since before the mastery of fire (Veile, 2018).

From the chatter and reports of this daily life, stories are told and added to those already existing. In an old story, a held belief, the trauma generated or passed down between generations: lack or excess of food/dialogue/affection (Brustenghi et al., 2019; Caslini et al., 2016; Criscuolo et al., 2020; Peltz et al., 2018).

And the baby gets sick with these absences and excesses. He is not yet used to (should be!?) the family dynamic. Maybe he needs more time, to understand the context. What is the meaning of the baby's illness? Why is he crying so much? Do these questions and many others want to be answered?

Since food is the basis for survival of the living being, the suffering experienced by the one who unbalances the rule can be the tip of the thread of these dynamics. Minuchin believed that the family should participate in the treatment of anorexic people. Without blaming, but with accountability and mutual participation, together with the *baby (...) sick* proposing to turn off the television and look at plastered patterns, faults and excesses as well as to stimulate dialogue in the prevention of conflicts. And thus promote a healthier environment for all (Minuchin, 1974; Minuchin et al., 2013).

Minuchin (1974;) found his way, by contrasting his masters, who recognized the importance of the family, but preferred to separate it in the treatment. Others didn't even consider it. However, intrusive mothers, absent fathers, lack of dialogue, insecure attachment, and abuse are some causes and perpetuations, perhaps spanning generations, of eating disorders (Berge et al., 2015; Brustenghi et al., 2019; Caslini et al., 2016; Criscuolo et al., 2020; Erriu et al., 2020; Huffhines et al., 2020; Leung et al., 2019; Norholt, 2020; Tasca, 2019). He believed that the cure lies in the disease itself, in the cause itself. Therefore, if it involves the family, it should be involved. Even though there is the discussion whether it acts as a primary or secondary cause, it is found that the effectiveness of joint follow-up is possible (Minuchin et al., 2013).

Maybe that's why crying is so bothersome! To look at the patient is to look at the disease. And often, the cause of the illness is well rooted in family roots as it transcends generations without resolution (Andolfi, 2018; Minuchin et al., 2013).

I wonder what hurts more? Moving something so deep or the baby's cry? Remembering that the baby grows... Maybe it's not even the crying itself, but the fact that he can't watch TV. And television can take the focus away from what needs to be seen (Marinaci et al, 2021; Shimshoni et al, 2019; Vik et al, 2021).

You can't leave your child crying! So the nearest pharmacy is the solution. But is it effective? And solve the problem of the child itself? Or *is* she the problem? What dynamics are involved in the emergence or maintenance of crying? Wouldn't the search for the *on-call pharmacy* be to watch television? (Marinaci et al, 2021; Shimshoni et al, 2019; Vik et al, 2021)



Following in the search for solutions, Minuchin created the Maudsley model, called Family-Based Therapy (TBF). (Anastasiadou et al., 2014; Treasure et al., 2015). One-day parent orientation interventions are also evaluated (Jenkins et al., 2017). Joint monitoring of families with all members present, to the extent possible, is constituted as the best treatment for eating disorders (Lock, 2018) with the presence of the nutritionist (Lian B et al., 2019; Heafala et al, 2021; Heruc, 2020) as he acts as a health educator not only on the disorders (Falacato and Graça, 2015).

Even with the limited amount of evidence, research with better methodological design is encouraged, when observing the potential impacts of FT on the treatment of anorexia. Another finding lies in the choice of which approaches used in conducting the therapeutic process as well as the effectiveness in different age groups, as studies are usually conducted with adolescents (Fisher et al., 2019).

On the other hand, what about those who "eat well" or "everything is fine" or "have the right weight" or "the tests are good"? Wouldn't "perfection" be as harmful as a diagnosis? How much guilt, shame or prejudice in situations like: going off the diet; eating a silly, gluttonous, fatty, junk food; trying, but slipping, ... Maybe a little rebellion is good for you. Maybe this baby is already grown.

But what about prevention? At least when it comes to food? Prevention consists in looking at the problem or its possibility of existing and acting to decrease the chance (Berge et al., 2015; Shaharabany et al., 2020). It is knowing that every infant cries, as do their fathers (Davison et al., 2020), mothers (Anastasiadou et al., 2014; Marinaci et al., 2021), and grandparents (Huffhines et al., 2020; Jongenelis et al., 2020; Marr et al., 2020). And you still have uncles and aunts coming from other families who have done it too. Maybe they still cry, but the priority is the baby....

Health promotion, including nutrition, occurs not only when detecting and treating a problem, focusing on the infant, but looking at the other members of the family. Family nutrition transcends the parent-child relationship and includes all those who live in the same nucleus or not. In order to have the best choices, and diet consists in the practice of choice (Falacato & Graça, 2015), developing the eating skills of the members and the whole (Satter, 2007a), (re)fixing the most sensitive hunger and satiety signals (Palascha et al., 2020) savoring the good moments when eating (Bryant, 2021) belongs to the nutritionist's scope of work.

Usually the caregivers retain their attention to the needs of the infant. But what about them? Their needs and demands? The caregiver leads the infant in its first steps. And that caregiver/parent has their frailties and feeds back (Jongenelis et al., 2020; Marr et al., 2020). And it backfeeds those frailties with food. Either by eating too much or too little, right/wrong or less/wrong, forbidding/permitting both for themselves and their offspring. Suffering and distress in search of food for survival are inherent to human beings (Falacato & Graça, 2015).

Then other possibilities of belonging to another system appear, of escaping from home, from the baby crying. Maybe from your own crying... And science, the media, the economic interests... the

pharmacies on duty show how good it is to run away from yourself by avoiding what is already happening or by pointing to the other. And that's on television (FitzPatrick et al., 2007).

It may sound pretentious, but... what about promoting? When we think about food, we think about the facts and meanings attributed in the act of eating. *Coping*, memories, learning. Beliefs, secrets, traditions... So it is not the food itself, but the feeding. The action of feeding. It comes from within. Be it the most vital signs (Palascha et al., 2020), of the action of nutrients, of the choices made (Falcato & Graça, 2015) by internally regulating food influenced in different proportions by the environment: family, society, industry... that can modulate the internal (Palascha et al., 2020). Food is a fundamental tip.

So, would promoting it be the solution? Here we just want to start the debate about the proposition of a work, a process, done by the nutritionist, in all life cycles. Living alone or many. Family, as in music, transcends who lives under the same roof, but the work can start under one. It is in the family, at the table, at mealtime where choices are made and eating habits are formed. The safe harbor, or at least it should be. For there are families that no longer *dine together all day*. They have lost *that habit*.

Eating goes through socioeconomic, cultural, religious, environmental issues, and the performance of different professionals. But the current legislation assures the nutritionist the formation and diet prescription (Brazil, 1991). And what is diet but choices? And nutrition, from the Latin: *nutrire* means education and development (Falcato & Graça, 2015).

Educating people to make the best choices. This is the role of the family nutritionist! Because people live in families. Developing the professional-family team with respect for individuality, sharing knowledge and affection, and empowering them. A process.

And what is education but promotion? Educating requires knowledge of each individual's life stories (Dallos & Vetere, 2014), family dynamics (Jenkins et al., 2017), intervention techniques in addition to the nutrients that participate in the search for balance in physical and mental health. Both of the individual and the family and, consequently, of the environment. Acting in promotion means acting before.

Even with the discussion about the professional performance in different levels of approaches preventing eating disorders or early identification for treatment, the action in promotion transcends the idea of eating disorders, selectivity or any other pathological picture. The disease of the infant. Even in a family with the presence of a disorder it is possible to promote. With the support of the family (*grandpa, grandma, niece*), health professionals such as nutritionist, the results appear in genetic terms which could, from generation to generation, decrease the intensity and frequency of disorders, chronic non-communicable diseases and food-related suffering (Haggarty, 2015). Thus one can indeed promote food and nutrition security (Bassaganya-Riera et al., 2021).

In addition, food-related suffering, food security: access, quality, affection also belong to the scope of work of the family nutritionist, the family. Therefore, act on the causes. For the *pharmacy on duty* acts on the symptom.



## 5 AND THE STORY DOESN'T END HERE (FINAL CONSIDERATIONS)

Family, family Dog, cat, chicken  
Family, family, family Lives together every day Never loses that mania  
Mom is scared to death of cockroaches Dad is scared to death of burglars They sprayed the house  
with insecticide They put a padlock on the gate

To evaluate and monitor the person and his/her family from the perspective of FT, going beyond food intake, clinical-laboratorial, anthropometric, neuropsychological (Rower & Ren da Fontoura, 2020), and sociocultural exams, raises the level of performance of the professional nutritionist in understanding the role of the family when eating. Not only behavior, but why, what for, and who else we eat for.

By transcending the pathological issue to use therapy, the process, to understand eating habits and behaviors, it can help promote, prevent, and cure eating and nutritional aspects, and consequently reach or maintain goals agreed upon with the individual and his/her family. For the foundations of FT can be used in all nutritional counseling, both individual and family.

Evaluate, identify, monitor, rehabilitate, and cure is a constant in professional practice, since its application enables to assess and qualify the actions of dietary planning and monitoring. This process can move at different speeds in view of the families' histories, since the nutritionist educates for the best choices (Brasil, 1991; Falcato & Graça, 2015).

Looking at Mom's fear of cockroaches or Dad's fear of thieves can tell a lot about each person and the whole. Fears are justified in the idea of protecting oneself and the family. This is why the insecticide and the padlock on the gate. At the same time they can perpetuate an internal imbalance that will bring more suffering if they open the lock. Maybe they are already intoxicated with poison and don't realize it. Cockroaches and thieves seem like they will always exist, but it is possible to be more effective in controlling them inside the house.

Furthermore, the use of the method by the nutritionist is justified since, in its origin, the multidisciplinary of its creators (Nichols et al., 2007; Osorio et al., 2009), including its use for eating disorders (Lian B et al., 2019), already indicated that they can apply it in their therapeutic process. And, being so, contribute and open avenues for future research in the area in a process-based nutrition.

Family is not just about the relationship and bonds between parents and children, the music shows us. As seen in the survey, everyone belongs. The promotion of eating habits and a better relationship with food can be achieved, given the transgenerational dynamics, the roles played by each in the regulation of homeostasis and genetic factors, among others, that have more or less influence on family relationships. Especially those at the table when eating and living.

Family is constituted on a daily basis, not only by blood relationships, but also affective ones: *dog, cat, chicken*. Of those who *live together all day long*. Even knowing that this is not always possible. But it is about affection that this text, as well as the composition, speaks.

The findings demonstrate that combining nutrition with TF can broaden the understanding of the nutritionist for a systemic and more effective action about the human being. The review points to the respect

for their uniqueness and interaction with context, in the production of meaning to eating and its dynamics, assisting and supporting the best appropriate choices for personal and family well-being.

It is suggested to think about the expansion of the scope of TF use beyond those already mentioned in the literature, starting with the nutritionist's own performance in a new model of dietary prescription: Family Nutrition. In this path, it is expanded its understanding in the behavior, motivation, and functioning in the establishment, change, and maintenance of eating habits and health care, whether in the public or private, individual or family environment.

## REFERENCES

- Antunes, A., Bellotto, A. Família. IN: Cabeça Dinossauro. Álbum de estúdio de Titãs. Gravado no Estúdio Nas Nuvens, Rio de Janeiro-RJ, 1986. 1CD, Faixa 10.
- Anastasiadou, D., Medina-Pradas, C., Sepulveda, A. R., & Treasure, J. (2014). *A systematic review of family caregiving in eating disorders*. <https://doi.org/10.1016/j.eatbeh.2014.06.001>
- Andolfi, M. (2018). *A TERAPIA FAMILIAR MULTIGERACIONAL. INSTRUMENTOS E RECURSOS DO TERAPEUTA*. Artesã Editora.
- Arlinghaus, R., & Laska, M. N. (2021). Parent feeding practices in the context of food insecurity. *International Journal of Environmental Research and Public Health*, 18(2), 1–12. <https://doi.org/10.3390/ijerph18020366>
- Armelagos, G. J. (2014). Brain Evolution, the Determinates of Food Choice, and the Omnivore's Dilemma. *Critical Reviews in Food Science and Nutrition*, 54(10), 1330–1341. <https://doi.org/10.1080/10408398.2011.635817>
- Berge, J. M., Meyer, C., Maclehose, R. F., Crichlow, R., & Neumark-Sztainer, D. (2015). All in the Family: Correlations Between Parents' and Adolescent Siblings' Weight and Weight-Related Behaviors. *Obesity*, 23, 833–839. <https://doi.org/10.1002/oby.21036>
- Blow, A. J., Davis, S. D., & Sprenkle, D. H. (2012). THERAPIST-WORLDVIEW MATCHING: NOT AS IMPORTANT AS MATCHING TO CLIENTS. *Journal of Marital and Family Therapy*. <https://doi.org/10.1111/j.1752-0606.2012.00311.x>
- Brustenghi, F., Mezzetti, F. A. F., Sarno, C. Di, Giulietti, C., Moretti, P., & Tortorella, A. (2019). Eating disorders: The role of childhood trauma and the emotion dysregulation. *Psiquiatria Danubina*, 31(Suppl 3), 509–511. <https://pubmed.ncbi.nlm.nih.gov/31488781/>
- Bryant, F. B. (2021). Current Progress and Future Directions for Theory and Research on Savoring. *Frontiers in Psychology*, 12, 771698. <https://doi.org/10.3389/FPSYG.2021.771698>
- Caslini, M., Bartoli, F., Crocamo, C., Dakanalis, A., Clerici, M., & Carrà, G. (2016).
- Disentangling the association between child abuse and eating disorders: A systematic review and meta-analysis. In *Psychosomatic Medicine* (Vol. 78, Issue 1, pp. 79–90). Lippincott Williams and Wilkins. <https://doi.org/10.1097/PSY.0000000000000233>
- Conselho Federal de Nutrição (CFN). (n.d.). Brasil. Presidência Da República. Casa Civil.
- Subchefia Para Assuntos Jurídicos. Lei Nº 8.234, de 17 de Setembro de 1991.
- Regulamenta a Profissão de Nutricionista e Determina Outras Providências. Brasília: DOU; 1991. [https://www.planalto.gov.br/ccivil\\_03/Leis/1989\\_1994/L8234.htm](https://www.planalto.gov.br/ccivil_03/Leis/1989_1994/L8234.htm)
- Criscuolo, M., Marchetto, C., Chianello, I., Cereser, L., Castiglioni, M. C., Salvo, P., Vicari, S., & Zanna, V. (2020). Family functioning, coparenting, and parents' ability to manage conflict in adolescent anorexia nervosa subtypes. *Families, Systems and Health*, 38(2), 151–161. <https://doi.org/10.1037/fsh0000483>

Criss, S., Horhota, M., Wiles, K., Norton, J., St Hilaire, K. J., Anne Short, M., & Blomquist, K. K. (2019). *Food cultures and aging: a qualitative study of grandparents' foodperceptions and influence of food choice on younger generations*. <https://doi.org/10.1017/S1368980019002489>

Dallacker, M., Hertwig, R., & Mata, J. (2018). *Pediatric Obesity/Nutrition The frequency offamily meals and nutritional health in children: a meta-analysis*. <https://doi.org/10.1111/obr.12659>

Dallos, R., & Vetere, A. (2014). Systemic therapy and attachment narratives: AttachmentNarrative Therapy. *Clinical Child Psychology and Psychiatry, 19*(4), 494–502. <https://doi.org/10.1177/1359104514550556>

Darmon, N., & Drewnowski, A. (2008). Does social class predict diet quality? *American*

*Journal of Clinical Nutrition, 87*(5), 1107–1117. <https://doi.org/10.1093/ajcn/87.5.1107> Davison, K. K., Jess, H., Garcia, E. A., Douglas, S., & McBride, B. (2020). Fathers' food

parenting: A scoping review of the literature from 1990–2019. *Pediatr Obes, 15* (10). <https://doi.org/10.1111/ijpo.12654>.Fathers

Erriu, M., Cimino, S., & Cerniglia, L. (2020). The role of family relationships in eating disorders in adolescents: A narrative review. *Behavioral Sciences, 10*(4). <https://doi.org/10.3390/bs10040071>

Falcato, J., & Graça, P. (2015). A Evolução Etimológica e Cultural do termo “dieta.” *RevistaNutricias, 24*, 12–15.

Fisher, C. A., Skocic, S., Rutherford, K. A., & Hetrick, S. E. (2019). Family therapy approaches for anorexia nervosa (Review). *Cochrane Database of Systematic Reviews, 169*. <https://doi.org/10.1002/14651858.CD004780.pub4>

FitzPatrick, E., Edmunds, L. S., & Dennison, B. A. (2007). Positive Effects of Family DinnerAre Undone by Television Viewing. *Journal of the American Dietetic Association, 107*(4), 666–671. <https://doi.org/10.1016/j.jada.2007.01.014>

Heafala, A., Ball, L., Rayner, J., & Mitchell, L. J. (2021). I N T R O D U C T I O N What role do dietitians have in providing nutrition care for eating disorder treatment? An integrative review. *J Hum Nutr Diet, 00*, 1. <https://doi.org/10.1111/jhn.12927>

Heruc, G., Hart, S., Stiles, G., Fleming, K., Casey, A., Sutherland, F., Jeffrey, S., Robertson, M., & Hurst, K. (2020). ANZAED practice and training standards for dietitians providing eating disorder treatment. *Journal of Eating Disorders, 8*(77). <https://doi.org/10.1186/s40337-020-00334-z>

Huffhines, L., Gusler, S., & Jackson, Y. (2020). Adversity exposure and obesogenic food consumption in young children: The transgenerational role of emotion dysregulation. *Pediatric Obesity*. <https://doi.org/10.1111/ijpo.12658>

Jenkins, P. E., Bues, S., Cottrell, J., Hawkins, J., Pinder, L., Price, S., Stewart, A., Paul

Jenkins, C. E., & House Eating, C. (2017). *A collaborative care skills workshop forcarers: Can it be delivered in 1 day?* <https://doi.org/10.1002/cpp.2119>

Jongenelis, M. I., Morley, B., Worrall, C., & Talati, Z. (2020). *Grandparents' perceptions ofthe barriers and strategies to providing their grandchildren with a healthy diet: A qualitative study*. <https://doi.org/10.1016/j.appet.2020.105061>

Leung, S. E., Wnuk, S., Jackson, T., Cassin, S. E., Hawa, R., & Sockalingam, S. (2019).

*Prospective Study of Attachment as a Predictor of Binge Eating, Emotional Eating and Weight Loss Two Years after Bariatric Surgery.* <https://doi.org/10.3390/nu11071625>

Lian B, Fosberg, S. E., & Fitz-patrick, K. K. (2019). PRACTICE APPLICATIONS Professional Practice Adolescent Anorexia: Guiding Principles and Skills for the Dietetic Support of Family-Based Treatment. *Journal of the Academy of Nutrition and Dietetics*, 119(1), 17–25. <https://doi.org/10.1016/j.jand.2017.09.003>

Lock, J. (2018). Family therapy for eating disorders in youth: Current confusions, advances, and new directions. In *Current Opinion in Psychiatry* (Vol. 31, Issue 6, pp. 431–435). Lippincott Williams and Wilkins. <https://doi.org/10.1097/YCO.0000000000000451>

Mandelbaum, J., Moore, S., Silveira, P. P., Meaney, M. J., Levitan, R. D., & Dubé, L. (2020).

Does social capital moderate the association between children's emotional overeating and parental stress? A cross-sectional study of the stress-buffering hypothesis in a sample of mother-child dyads. *Social Science and Medicine*, 257(December 2018), 112082. <https://doi.org/10.1016/j.socscimed.2018.12.023>

Mansson, D. H. (n.d.). Grandchildren's Perceptions of Grandparents' Use of Relational Maintenance Behaviors The International Journal of Aging and Human Development 0(0) 1-22. *The International Journal of Aging and Human Development*, 2020(2), 127–148. <https://doi.org/10.1177/0091415019852776>

Marinaci, T., Carpinelli, L., & Savarese, G. (2021). What does anorexia nervosa mean?

Qualitative study of the representation of the eating disorder, the role of the family and treatment by maternal caregivers. *BJPsych Open*, 7(3), e75. <https://doi.org/10.1192/bjo.2021.27>

Marr, C., Reale, S., Breeze, | Penny, & Caton, S. J. (2020). *Grandparental dietary provision, feeding practices and feeding styles when caring for preschool-aged grandchildren: A systematic mixed methods review.* <https://doi.org/10.1111/obr.13157>

Marx, W., Moseley, G., Berk, M., & Jacka, F. (2017). Nutritional psychiatry: The present state of the evidence. *Proceedings of the Nutrition Society*, 76(4), 427–436. <https://doi.org/10.1017/S0029665117002026>

Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press. [https://doi.org/10.1016/s0002-7138\(09\)61475-8](https://doi.org/10.1016/s0002-7138(09)61475-8)

Minuchin, S., Rosman, B. L., & Baker, L. (2013). *Psychosomatic Families* (Cambridge (Ed.)). Harvard University Press. <https://doi.org/https://doi.org/10.4159/harvard.9780674418233>

Nichols, M. P., Schwartz, R. C., & Michael, P. (2007). *Terapia Familiar: conceitos e métodos* (7th ed.). Artmed Editora S.A.

Norholt, H. (2020). Revisiting the roots of attachment: A review of the biological and psychological effects of maternal skin-to-skin contact and carrying of full-term infants. In *Infant Behavior and Development* (Vol. 60). Elsevier Ltd. <https://doi.org/10.1016/j.infbeh.2020.101441>

Osorio, L. C., Valle, M. E. P. do, & Cols. (2009). *Manual de Terapia Familiar*. Artmed Editora S.A.

Palascha, A., Van Kleef, E., De Vet, E., & Van Trijp, H. C. M. (2020). Internally regulated eating style: a comprehensive theoretical framework. *British Journal of Nutrition*, 1–13. <https://doi.org/10.1017/S0007114520003840>

Peltz, J. S., Rogge, R. D., & Sturge-Apple, M. L. (2018). Transactions within the family: Coparenting mediates associations between parents' relationship satisfaction and the parent-child relationship. *Journal of Family Psychology*, 32(5), 553–564. <https://doi.org/10.1037/fam0000413>

Rower, H. B., & Ren da Fontoura, D. (2020). Nutrição, cognição e emoção: bases e instrumentos neuropsicológicos para nutricionistas. *Saúde Coletiva (Barueri)*, 56, 3056–3079. <https://doi.org/10.36489/saudecoletiva.2020v10i56p3056-3079>

Satter, E. (2007a). Eating Competence: Definition and Evidence for the Satter Eating Competence Model. *Journal of Nutrition Education and Behavior*, 39(58). <https://doi.org/10.1016/j.jneb.2007.01.006>

Satter, E. (2007b). Hierarchy of Food Needs. *Journal of Nutrition Education and Behavior*, 39(5 SUPPL.). <https://doi.org/10.1016/j.jneb.2007.01.003>

Scrinis, G. (2021). *Nutricionismo: a ciência e a política do aconselhamento nutricional* (1sted.). Editora Elefante.

Shaharabany, B., Tepper, S., Berman, S., & Golan, M. (2020). The risk of developing disordered eating following a family-based program among children with overweight and obesity and their siblings: Retrospective and prospective analyses. *Obesity Research & Clinical Practice*, 14, 279–285. <https://doi.org/10.1016/j.orcp.2020.04.007>

Shimshoni, Y., Shrinivasa, B., Cherian, A., & Lebowitz, E. (2019). Family accommodation in psychopathology: A synthesized review. In *Indian Journal of Psychiatry* (Vol. 61, Issue 7, pp. S93–S103). Wolters Kluwer Medknow Publications. [https://doi.org/10.4103/psychiatry.IndianJPsychiatry\\_530\\_18](https://doi.org/10.4103/psychiatry.IndianJPsychiatry_530_18)

Tasca, G. A. (2019). Attachment and eating disorders: a research update. *Current Opinion in Psychology*, 25, 59–64. <https://doi.org/10.1016/j.copsyc.2018.03.003>

Treasure, J., Rhind, C., Macdonald, P., & Todd, G. (2015). Collaborative Care: The New

Maudsley Model Collaborative Care: The New Maudsley Model. *Eating Disorders The Journal of Treatment & Prevention*, 23, 366–376. <https://doi.org/10.1080/10640266.2015.1044351>

Tugault-Lafleur, C. N., González, O. D. J., O'Connor, T. M., Hughes, S. O., & Mâsse, L. C. (2021). Identifying and predicting food parenting practice profiles among Canadian parents. *International Journal of Behavioral Nutrition and Physical Activity*, 18(1). <https://doi.org/10.1186/s12966-021-01119-6>

Utter, J., Larson, N., Berge, J. M., Eisenberg, M. E., Fulkerson, J. A., & Neumark-Sztainer, D. (2018). *Family meals among parents: Associations with nutritional, social and emotional wellbeing*. <https://doi.org/10.1016/j.ypped.2018.05.006>

Veile, A. (2018). *Hunter-gatherer diets and human behavioral evolution*. <https://doi.org/10.1016/j.physbeh.2018.05.023>

Wagner, A. (2005). *Como se perpetua a família? A transmissão dos modelos familiares*. Edipucrs.

Vik FN, Grasaas E, Polspoel MEM, Røed M, Hillesund ER, Øverby NC. Parental phone use during mealtimes with toddlers and the associations with feeding practices and shared family meals: a cross-sectional study. *BMC Public Health*. 2021 Apr 20;21(1):756. doi: 10.1186/s12889-021-10757-1.



Haggarty P. Genetic and metabolic determinants of human epigenetic variation. *Curr Opin Clin Nutr Metab Care*. 2015 Jul;18(4):334-8. doi: 10.1097/MCO.000000000000194.