

## EATING PSYCHOFUNCTIONAL SYMPTOMS IN CHILDREN AND INDICATORS OF MATERNAL DEPRESSIVE SYMPTOMS

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**Abstract:** Psychofunctional disorders are characterized as manifestations of a mainly somatic nature and of the child's behavior, without an apparent organic cause. In a period in which the capacity for verbal communication is still limited, the child uses non-verbal means of communication, through their body. Therefore, the present study aims to understand the manifestation of psychofunctional symptoms, specifically behavioral disorders, in babies aged 6 to 12 months being monitored in Primary Health Care (PHC). This is an observational, cross-sectional study with a quantitative-qualitative approach. 20 dyads participated in the study, made up of babies aged 6 to 12 months, undergoing routine pediatric follow-up at PHC, and their mothers, over 18 years of age. The instruments were applied: Sociodemographic Questionnaire, developed for the study, Baby Somatic Symptoms Questionnaire and Edinburgh Postpartum Depression Scale (EPDS) in a single meeting, taking advantage of the mother and child going to the health unit for follow-up routine pediatric care. Subsequently, consultations were carried out on the medical records of babies whose mothers scored for depression on the EPDS scale. In general, mothers evaluated their children's eating and digestion positively, although more than half of them show behaviors of refusing food (60%), at least sometimes, and behaviors of putting inedible things in their mouths (80%). Four mothers (20%) presented scores indicative of depression, according to the criteria adopted. These mothers presented positive evaluations of their child's diet and digestion, but, at the same time, they presented eating and digestive complaints during the application of the questionnaire and throughout the follow-up at the health unit.

**Keywords:** unexplained symptoms; child; baby blues; primary health care.

## INTRODUCTION

The baby's body is psychosomatic in itself, as it occupies a privileged place in the field of interactions and has its physiological functions as the basis for communication with the environment (AJURIAGUERRA; MARCELLI, 1984). However, when this form of non-verbal communication cannot, for some reason, manifest itself healthily, somatization (disease) becomes an important means of communication (MORENO et al., 2021).

Among the most common psychofunctional symptoms in childhood are eating and digestion disorders, characterized by regurgitation, colic, hiccups, constipation, diarrhea, poor quantity or quality of food (PINTO, 2004).

Recently, Zacara, Miranda and Barros (2023) published a case study, seeking to understand the emergence and establishment of psychosomatic symptoms of gastroesophageal reflux in babies. The results showed a relational interplay, that is, "the reflux symptom would be the transformation of distressing affects into a bodily symptom, that is, the child returned what belonged to the mother, what was being massively projected onto her" (ZACARA; MIRANDA; BARROS, 2023, p. 7). Therefore, the psychofunctional symptom is understood as a symptom of the relationship.

Among the aspects that can harm the mother-baby relationship, maternal depression stands out (FRIZZO; PICCININI, 2005), since this harms women in the exercise of motherhood and in the tasks that this period demands, especially interpreting to the baby what their body expresses.

Therefore, the baby's psychofunctional symptom can be seen as a defensive response to the mother's difficulties in understanding her bodily manifestations and interpreting them (SILVA et al., 2018). In other words,

given the maternal function of interpreting, communicating and naming affective states for her baby (PERES, 2006), when the mother presents depressive symptoms this function may be impaired and, consequently, the emergence of psychofunctional symptoms in early childhood ( AZEVEDO et al., 2020; SILVA et al., 2018; ZINI; FRIZZO; LEWANDOWSKI, 2018).

Thus, the present study aimed to identify manifestations of psychofunctional symptoms of feeding and digestion in children aged 6 to 12 months being monitored in Primary Health Care (PHC) and to understand the characteristics of dyads whose mothers scored for depression.

## METHOD

This is an observational, cross-sectional and quantitative-qualitative approach.

## PARTICIPANTS

A convenience sample was composed of 20 mother-baby dyads. Considering the inclusion criteria, the babies were 6 to 12 months old and were undergoing routine follow-up at PHC. The mothers, in turn, were over 18 years old and participation took place through voluntary acceptance and signing of the Free and Informed Consent Form (TCLE).

It was expected that mothers with intellectual disabilities, severe mental disorders and those under the age of 18 would be excluded from the sample, with only one teenage mother being excluded. In relation to children, the exclusion of those diagnosed with disabilities (malformations, syndromes, neurological problems and already diagnosed clinical conditions) was expected, but there was no exclusion for this reason.

## LOCATION AND CONTEXT

The study was carried out in a Basic Health Unit in the city of Botucatu - SP.

## INSTRUMENTS

To carry out the study, the following instruments were used:

A) Sociodemographic Questionnaire, prepared exclusively for the present study, seeking to obtain data on the sociodemographic characterization of mothers (age, education, occupation, and number of children), babies (sex, age and birth order) and families (composition and family income).

B) Baby Somatic Symptoms Questionnaire prepared by Donelli (2014), which can be used with authorization from the author<sup>1</sup>. This is a structured questionnaire that assesses the frequency and intensity of psychofunctional symptoms in babies aged up to 36 months. It consists of 75 questions that vary between closed, multiple choice and Likert scale questions, and allow you to explore the following aspects: sleep, food, breathing, skin, behavior, digestion, the use of medical care and changes in the child's life. For the present study, responses regarding food and digestion were exclusively used.

C) Edinburgh Postpartum Depression Scale (EPDS), developed by Cox, Holden and Sagovsky (1987), with the purpose of identifying symptoms of depression after childbirth. It was validated in several countries, including Brazil, and its usefulness extended to the gestational period (FIGUEIRA et al., 2009). It consists of 10 self-administered questions that assess the presence and intensity of symptoms in the last seven days. The sum of the points constitutes the total score, which can vary between 0 and 30 points. The cutoff point

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1. Use of the instrument authorized by the author.

adopted for this study was a score  $\geq 13$  (BAPTISTA; BAPTISTA; TORRES, 2006). The literature points to good psychometric qualities for screening the instrument, using 10 as a cutoff point (FIGUEIRA et al., 2009). However, for the diagnosis of Depression Postpartum (PPD), EDPS had a positive predictive value of 60% for the cutoff point  $> 13$  (SANTOS et al., 2007).

D) Medical record

## PROCEDURE

Data collection took place in a single meeting, taking advantage of the mother and child going to the health unit for routine pediatric follow-up.

After accepting to participate in the study and signing the informed consent form, mothers responded to the Sociodemographic Questionnaire, Baby Somatic Symptoms Questionnaire and the Edinburgh Postpartum Depression Scale (EPDS), in that order.

The data was then organized and prepared in an Excel spreadsheet. Next, a descriptive analysis of the data regarding the characterization of the sample (Sociodemographic Questionnaire) and psychofunctional manifestations of eating and digestion of children (Baby Somatic Symptoms Questionnaire) was carried out. The data were analyzed in terms of relative frequency (percentage) and measures of central tendency (median and range of variation), depending on the nature of the variable.

To carry out the multiple case study, initially, mothers who obtained EPD score  $\geq 13$  (BAPTISTA; BAPTISTA; TORRES, 2006). For this stage, in addition to the data from the applied instruments, the babies' medical records were studied.

The multiple case study is an approach that aims to describe and understand complex social and psychological phenomena, in

which multiple variables intervene, enabling comparison and discussion about points of convergence and divergence, that is, starting from the singular for the general (CARNEIRO, 2018).

## ETHICAL ASPECTS

The research project was submitted and approved by the Research Ethics Committee (CEP) of the Faculty of Medicine of Botucatu (FMB) (CAAE no. 47932821.1.0000.5411). To present the cases, fictitious names were used, seeking to preserve the identity of mothers and babies.

## RESULTS

### SAMPLE CHARACTERIZATION

Participating mothers were between 19 and 41 years old, with a median of 28.5 years old. The majority (75%) lived with a partner and child(ren), with 60% of them having only one child.

Regarding the level of education, the majority had, at least, completed high school (85%), with some having higher education and one of them having a doctorate. Although the level of education was high, the majority (90%) did not have a job; 55% were unemployed and 35% in informal work. There was great variability in relation to family income, with a median of R\$3,120.00 (Min: no income; Max: R\$10,000.00).

The median age of the babies was 8.5 months, with the majority being male (60%) and only children (60%).

### EATING DISORDERS IN CHILDREN

Initially, when asked about their general assessment of their child's nutrition, mothers reported positive assessments: 45% of mothers reported excellent baby nutrition, 20% very good and 25% good. Only one mother (5%) rated her child's diet as reasonable and another

(5%) as poor.

Table 1 presents detailed results regarding maternal perception of babies' feeding.

	Weight Problem n (%)	Rituals n (%)	Refusal n (%)	Allergy n (%)
Yes	2 (10%)	6 (30%)	9 (45%)	3 (15%)
Sometimes	-	-	3 (15%)	-
No	18 (90%)	14 (70%)	8 (40%)	17 (85%)
<b>TOTAL</b>	20 (100%)	20 (100%)	20 (100%)	20 (100%)

**TABLE 1:** Frequency of specific feeding problems in the child, according to the mother

According to the results of the Table 1, in general, the babies had no weight problems (90%), no food allergies (85%) and eating rituals (70%). Among those who presented rituals (30%), the use of bibs and high chairs and/or placing the child sitting on the sofa were mentioned.

On the other hand, the majority (60%) refused to eat, 45% frequently and 15% sometimes. Among the reasons for refusal mentioned by mothers throughout the questionnaire were the texture of new foods, teething, the child already being full and becoming ill. It is noteworthy that, among the mothers who reported food refusal, four had classified their child's nutrition as "excellent".

Mothers (75%) considered that their children ate an adequate amount. Most children (90%) already eat foods other than milk and 60% reported that their children react well to the presentation of new foods, accepting them "always, without complaining" or "after some complaints".

According to maternal responses, feeding time is considered very pleasant (65%). The offering of food is generally made during the family meal, regardless of the child showing hunger, in an attempt by the family to incorporate the daycare and family routine. Children demonstrate that they are hungry by

calling and grumbling or crying a little, and participate in the main meal by holding their bottle or eating with their hands.

Finally, regarding the way they use the Health Service, a very small number of interviewees reported having already reported difficulties with eating (10%) during the medical consultation.

## DIGESTION DISORDERS IN CHILDREN

In general, mothers gave a positive assessment of their babies' digestion, considering it excellent (25%), very good (15%) and, above all, good (45%). Only three mothers (15%) considered that their child's digestion was reasonable. No mother rated their baby's digestion as bad.

Table 2 presents detailed results regarding maternal perception of children's digestion.

According to Table 2, the digestive problem most mentioned by mothers was putting inedible foods in their mouths (80%), always (70%) or almost always (10%).

Although it is not observed in most babies, two other problems cited by 35% of mothers were diarrhea and tummy pain. However, the frequency with which these difficulties occur differed, with diarrhea occurring occasionally (35%), while some babies (10%) always had tummy pain (10%) and others occasionally (25%). Still, 30% spit out their food, occasionally (20%) or almost always (10%).

On the other hand, in general, babies never or rarely vomit (95%), keep food in their mouth for a while and then spit it out (90%), have constipation (85%) or feel pain during feeding (80%).

Finally, regarding the way they use the Health Service, a very small number of interviewees reported having already reported digestion problems (15%) during medical consultations.

	<b>Stomach ache</b>	<b>Pain during eating</b>	<b>Cold</b>	<b>Diarrhea</b>	<b>Spat</b>	<b>threw up</b>	<b>He kept it in his mouth for a while and spat it out</b>	<b>Put inedibles in your mouth</b>
	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>
<b>Frequency</b>								
Ever	2 (10%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (10%)	14 (70%)
Often	0 (0%)	1 (5%)	0 (0%)	0 (0%)	2 (10%)	0 (0%)	0 (0%)	2 (10%)
Possibly	5 (25%)	3 (15%)	3 (15%)	7 (35%)	4 (20%)	1 (5%)	0 (0%)	0 (0%)
Rarely	2 (10%)	0 (0%)	2 (10%)	2 (10%)	4 (20%)	4 (20%)	1 (5%)	1 (5%)
Never	11 (55%)	16 (80%)	15 (75%)	11 (55%)	10 (50%)	15 (75%)	17 (85%)	3 (15%)
<b>TOTAL</b>	<b>20 (100%)</b>	<b>20 (100%)</b>	<b>20 (100%)</b>	<b>20 (100%)</b>	<b>20 (100%)</b>	<b>20 (100%)</b>	<b>20 (100%)</b>	<b>20 (100%)</b>

**TABLE 2** -Frequency of specific digestion problems in the child, according to the mother

## MULTIPLE CASE STUDIES

Four mothers (20%) presented scores indicative of depression, considering the cutoff point adopted for this study: Jennifer, Priscila, Marcela and Alice (fictitious names).

### CASE 1: JENNIFER AND ANA

The first dyad is made up of Jennifer, 21 years old, and her daughter Ana, nine months old. Jennifer, her partner (father) and Ana, the couple's only daughter, live in the same house. The mother completed high school, but is unemployed and the current family income is 1.6 minimum wages.

The maternal score on the EPDS scale was 13 points, considered indicative of depression, according to the adopted criteria. Jennifer responded affirmatively that she could no longer find fun and enjoy activities, she had feelings of guilt, felt panicked and overwhelmed by daily tasks. She also reported that she feels sad most of the time and that she often has crying episodes. During the interview, her mother reports that she often does not know what is happening "inside her" or why she is angry. She has difficulty identifying feelings and is confused by her body's reactions. The mother is not monitored at the health unit.

When asked about the child's diet, the mother classified it as "good". She reports that Ana fusses when she is hungry, which

is understood by her mother as a way of communicating her needs and desires. She eats properly and does not refuse food, but when a new food is presented she only accepts it after some insistence. She denied other symptoms.

As for digestion, the mother also considers it "good", having only reported the symptom of diarrhea, possibly lasting longer than four days. The child also puts inedible objects in his mouth. She refused to seek health services due to eating or digestion difficulties.

The child undergoes routine pediatric follow-up at the health unit and during the six months prior to collection, he attended the service twice. The mother, on the day of collection, reported complaints about digestion, referring to episodes of diarrhea. Furthermore, she also complained about her breathing, as the child had been coughing and had a runny nose for more than 1 week.

### CASE 2: PRISCILA AND BERNARDO

Dyad 2 is made up of Priscila, 28 years old, and her son Bernardo, 11 months old. The family is made up of Priscila, her husband (father) and Bernardo, their only son. Priscila completed high school and works as a receptionist, with her current family income being 2.8 minimum wages.

The maternal score on the EPDS scale was 17 points, indicative of depression. The

mother stated that her ability to laugh and feel pleasure during the day has decreased, in addition to sometimes blaming herself when things go wrong and feeling anxious for no reason. Furthermore, she reports that, most of the time, she feels overwhelmed by daily tasks, feeling sad and unhappy, in a way that interferes with her sleep. The mother is monitored by Women's Health at the unit.

The mother considers that her son's diet is "reasonable". She says he eats little and shows food refusal behaviors. She usually offers food to her son at meal times and when he is hungry, demonstrated by agitation. Bernardo is already putting food in his mouth, with his hands and a spoon.

Regarding digestion, although he reports episodes of vomiting, diarrhea lasting more than four days, and stomach pain, he considers his son's digestion to be "good". He denied seeking health services for food or digestion.

The child undergoes routine pediatric follow-up at the health unit and during the six months prior to the application of the questionnaires, he attended the unit six times, with various feeding and digestion complaints. The eating and digestion complaints at each consultation were: daily vomiting and decreased hunger at the 1st consultation; inappetence and flatulence at the 2nd consultation; vomiting, liquid diarrhea and nausea on the 4th visit; reduced appetite, vomiting after breastfeeding and diarrhea at the 5th visit. In addition to eating and digestion complaints, the mother brought several complaints in the last six months, with demands related to general health, behavior, breathing and sleep.

### *CASE 3: MARCELA AND MARIA*

Dyad 3 is made up of Marcela, 37 years old, and Maria, seven months old. Marcela and Maria live alone, since the child is an only child and Marcela is single. Marcela has

completed higher education, but is currently unemployed and has no income.

The mother undergoes psychological counseling at the health unit, which may be a factor in her having the highest score among the mothers evaluated, with 19 points. The mother says she no longer feels pleasure or finds everyday situations funny. She feels guilty, worried and overwhelmed by daily tasks, feeling so unhappy that she has trouble sleeping. She denies having any ideas of harming herself.

Regarding Maria's diet, her mother classified it as "excellent". She reports that she eats adequately, although she exhibits food refusal behaviors. Food is offered to the child when he cries. She denies other symptoms.

The mother also assessed that her daughter's digestion is "excellent", but when asked about the specific problems, she pointed out that her daughter always has a stomach ache and puts inedible objects in her mouth. She denied seeking health services for food or digestion.

The child, like the others, receives routine pediatric follow-up. According to the medical record, during the six months prior to the interview, the child attended the service five times. Among the consultations, the feeding and digestion complaints listed were: tiredness after breastfeeding, flatulence and irritation of the baby when breastfeeding. In addition, maternal complaints regarding the child's general health, respiratory, behavioral and skin health complaints were also identified.

### *CASE 4: ALICE AND MIGUEL*

Dyad 4 is made up of Alice, 41 years old, and her son Miguel, 10 months old. Alice and Miguel live alone. The mother completed high school, but is unemployed and the current family income is 0.5 minimum wage.

The maternal score on the EPDS scale was 16 points, indicative of depression. The mother stated that her ability to laugh and

feel pleasure decreased compared to before pregnancy, in addition to sometimes blaming herself when things go wrong, feeling anxious for no reason and scared for no good reason. Furthermore, she reports that, most of the time, she feels overwhelmed by daily tasks, feeling sad and unhappy, in a way that interferes with her sleep. She reports feelings of sadness and unhappiness to the point of crying from time to time and that the idea of harming herself has crossed her mind lately, even if only a few times.

The mother considers her son's nutrition to be "good". She reports that her son eats adequately, although he sometimes refuses to eat and, in rare situations, has spit out and/or vomited food. He cries a little when he is hungry and cuddles the breast when breastfeeding. For the mother, the meal is a moment like any other.

Regarding digestion, according to the mother, she always puts inedible foods in her mouth, but even so, the mother considers her son's digestion to be "good". She denies all other symptoms questioned, such as constipation and stomach pain, as well as the use of health services due to food or digestion.

The child undergoes routine pediatric follow-up at the health unit and attended the unit three times in the 6 months prior to collection. Only one complaint presented by the mother at the consultation was related to feeding and digestion, tiredness when breastfeeding. During this same consultation, during the physical examination, weight gain was observed below that recommended for infants in the third trimester of life. The same was observed in the following consultation. Other complaints listed by the mother are related to general health and respiratory complaints.

In general, in relation to food, mothers mainly reported food refusal or resistance to the offer of new foods, although, in general,

they evaluated their children's diet positively. Regarding digestion, the mothers maintained positive evaluations, although they all reported digestive complaints throughout the child's follow-up.

## DISCUSSION

In relation to the manifestations of psychofunctional symptoms, in general, mothers positively evaluated their children's nutrition. Only two mothers (10%) considered their child's nutrition to be reasonable or poor, a percentage below that found in the study by Maebara et al. (2013).

However, although the majority of mothers evaluated their babies' feeding positively, more than half reported behaviors of refusing to feed their babies, often or sometimes. According to a literature review study, food refusal is, in fact, a common behavior in preschool children. However, in some cases, this behavior may persist and be associated with disinterest and resistance to food, characterizing food selectivity (PEREIRA; FERREIRA; FIGUEIREDO, 2022). In a study carried out with children aged two to six years from public and private daycare centers in Natal - RN, according to maternal perception, 37.5% had feeding difficulties, especially "highly selective intake" (25.4%) (MARANHÃO et al., 2018).

Among the reasons for refusal mentioned by mothers throughout the questionnaire are texture of new foods, teething, satiety and illness. In other words, they did not bring emotional and/or psychic justifications for this behavior. However, in a previous study, children of mothers with a profile categorized as responsive were less likely to experience eating difficulties, when compared to children of mothers with a controlling, indulgent and passive profile (MARANHÃO et al., 2018), thus reinforcing the role fundamental role of the mother in the feeding process and in



possible appearances of feeding difficulties in the child (MIRANDA; FLACH, 2019; MÜLLER; SALAZAR; DONELLI, 2017). According to Müller, Marin and Donelli (2015, p. 188), “food concerns the relationship between a mother and her child, in which the feeling of love is put into practice”.

Faced with the child’s food refusal, the mother may appear anxious, frustrated, and often incapable of caring, leading to low self-esteem and even behaviors that can worsen the child’s difficulties. (MÜLLER; MARIN; DONELLI, 2015).

On the other hand, in general, the babies did not present weight problems, nor food allergies and eating rituals, although some did present rituals, such as using a bib and high chair and/or placing the child sitting on the sofa.

Feeding is considered very pleasant, children eat an adequate amount and most of them already eat foods other than milk, reacting well to the presentation of new foods, accepting “always, without complaining” or “after some complaint”. It is important to remember that the babies were between 6 and 12 months old, according to the inclusion criteria, a phase in which food introduction (AI) begins, as recommended by the World Health Organization (WHO) (FISBERG; TOSATTI; ABREU, 2014).

Furthermore, considering that this is an important stage in the formation of eating habits, the family has a decisive role (DIAS MCAP; FREIRE, LMS; FRANCESCHINI, S. do CC, 2010), including as a model for the child (PEREIRA; FERREIRA; FIGUEIREDO, 2022). According to the reports of the participating mothers, food is generally offered during the family meal, regardless of hunger, in an attempt by the family to incorporate the daycare and family routine. Children demonstrate that they are hungry by calling and grumbling or crying a little, and

participate in the main meal by holding their bottle or eating with their hands.

Regarding digestion, three mothers (15%) considered the baby’s digestion to be reasonable, unlike the studies by Maebara et al. (2013) and Santos et al. (2021), in which gastrointestinal problems were among the main demands of children from zero to 12 years old and also in babies up to one year old in childcare services.

The digestive problem most mentioned by mothers was putting inedible foods in their mouths, always or almost always. This behavior is related to the fact that children in this age group are in the oral phase, in which the lips and mouth are configured as an erogenous zone.

Therefore, the child feels the need for autonomous oral satisfaction in relation to food, that is, using the mouth beyond eating, for pleasure. The lips, the mouth, the oral erogenous zone is, therefore, the primary contact route in the relationship between the baby and the environment (DAUER; MARTINS, 2015).

Although not observed in most babies, other problems mentioned by approximately one third of mothers were: diarrhea, stomach pain and spitting out food. Other digestion problems (pain during eating, constipation, vomiting, keeping food in the mouth for a while and then spitting it out) were rarely reported by mothers when they were questioned.

Additionally, the multiple case study allowed us to verify that mothers who presented depression, in general, evaluated their baby’s nutrition positively, but all reported refusing to feed their child, except in one case, in which the mother reported acceptance of food after some insistence. In the study by Silva et al. (2018), on three dyads formed by mothers with depression and their babies, the authors were surprised by the fact that the symptom did not appear in the

area of food, given its high prevalence in the literature, unlike of this study.

Only Priscila considered that her son Bernardo's diet is reasonable and, in addition to the complaint of food refusal, she considers that her son eats little, which is also a frequent complaint in routine consultations (reduced hunger, inappetence, loss of appetite). According to Müller, Marin and Donelli (2015), it is common for mothers to have mistaken expectations about the amount of food their child needs, believing that they need "too much". This expectation leads mothers to offer an amount greater than the child's gastric capacity, often resulting in food refusal. It is also important to note that Priscila reported several complaints to the health service over six months. In fact, Bernardo underwent five consultations during this period, more than the other children. MDepressed mothers, like Priscila, tend to report more difficulties. (FRIZZO; PICCININI, 2005).

Besides, in relation to the cases, all mothers positively evaluated their child's digestion, although they all reported difficulties in relation to this aspect, especially when it comes to putting inedible objects in their mouths. Digestion complaints were also common in medical consultations. As suggested by

Zacara, Miranda and Barros (2023), it can be hypothesized that the psychosomatic digestive symptoms evidenced a relational interplay between the mother, with depression, and the baby.

## CONCLUSION

The manifestations of psychofunctional eating and digestive symptoms were infrequent, according to maternal perception, although refusing to eat and putting inedible things in the mouth were reported by more of them. Even mothers with depression evaluated their children's nutrition and digestion positively, although they reported similar complaints.

The literature points out that, when the baby manifests these symptoms, anxiety is generated in the caregivers, who do not understand them as something psychological, as such an understanding could generate a narcissistic wound in the primary caregivers (STEIN; DONELLI, 2021). Perhaps this explains, at least partially, why mothers positively evaluated their children's nutrition and digestion, although they presented complaints and there were reports of difficulties in the medical records.

## REFERENCES

- AJURIAGUERRA, J.; MARCELLI, D. **Manual de psicopatologia infantil**. Porto Alegre: Artes Médicas. São Paulo, Masson, 1986.
- AZEVEDO, E. C. et al. Leitura materna sobre depressão pós-parto e sintomas psicofuncionais: um caso de psicoterapia mãe-bebê. **Psicologia Clínica**, v. 32, n. 1, p. 79-100, 2020.
- BAPTISTA, M. N.; BAPTISTA, A. S. D.; TORRES, E. C. R. Associação entre suporte social, depressão e ansiedade em gestantes. **Psic - Revista de Psicologia da Vetor Editora**, v. 7, n. 1, p. 39-48, 2006.
- CARNEIRO C. O estudo de casos múltiplos: estratégia de pesquisa em psicanálise e educação. **Psicologia USP**, v. 29, n. 2, p. 314-321, 2018.
- COX, J. L.; HOLDEN, J. M.; SAGOVSKY, R. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. **British Journal of Psychiatry**, v. 150, p. 782-786, 1987.
- DAUER, E. T.; MARTINS, K. P. H. Desamparo materno e recusas alimentares na primeira infância. **Caderno de psicanálise (Rio de Janeiro)**, v. 37, n. 32, p. 43-60, 2015.

DIAS, M. C. A. P.; FREIRE, L. M. S.; FRANCESCHINI, S. do C. C. Recomendações para alimentação complementar de crianças menores de dois anos. **Revista de Nutrição**, v. 23, n. 3, p. 475–486, 2010.

FIGUEIRA, P. et al. Escala de Depressão Pós-natal de Edimburgo para triagem no sistema público de saúde. **Revista de Saúde Pública**, São Paulo, v. 43, n. supl.1, p. 79-84, 2009.

FISBERG, M; TOSATTI A.M.; ABREU C. L. A criança que não come: abordagem pediátrico-comportamental, 2º Congresso Internacional Sabará de Especialidades Pediátricas, **Blucher Medical Proceedings**, v. 1, n. 4, p. 176-189, 2014.

FRIZZO, G. B.; PICCININI, C. A. Interação mãe-bebê em contexto de depressão materna: aspectos teóricos e empíricos. **Psicologia em Estudo**, v. 10, n. 1, p. 47–55, 2005.

MAEBARA, C. M. L. et al. Consulta de enfermagem: Aspectos epidemiológicos de crianças atendidas na Atenção Primária de Saúde. **Ciência, Cuidado e Saúde**, v. 12, n. 3, p. 502-507, 2013.

MARANHÃO, H. de S. et al. Dificuldades alimentares em pré-escolares, práticas alimentares pregressas e estado nutricional. **Revista Paulista de Pediatria**, v. 36, n. 1, p. 45–51, 2018.

MIRANDA, V. S. G. de; FLACH, K. Aspectos emocionais na aversão alimentar em pacientes pediátricos: interface entre a fonoaudiologia e a psicologia. **Psicologia em Estudo**, v. 24, e45247, 2019.

MORENO, M. R. P. et al. Transtornos somatoformos y síntomas somáticos funcionales en niños y adolescentes. **Revista de Psiquiatria Infanto-Juvenil**, v. 38, n. 2, p. 41-58, 2021.

MÜLLER, P. W.; MARIN, A. H.; DONELLI, T. M. S. Olha o aviãozinho!: A relação mãe e bebê com dificuldades alimentares. **Aletheia**, n.46, p. 187-201, 2015.

MÜLLER, P. W.; SALAZAR, V.; DONELLI, T. M. S. Dificuldades alimentares na primeira infância: Uma revisão sistemática. **Estudos e Pesquisas em Psicologia**, v. 17, n. 2, p. 635-652, 2017.

PEREIRA E. D. M.; FERREIRA J. C. de S.; FIGUEIREDO R. S. Seletividade alimentar em crianças pré-escolar. **Research, Society and Development**, v. 11, n. 14, e546111436894, 2022.

PERES, R. S. O corpo na psicanálise contemporânea: sobre as concepções psicossomáticas de Pierre Marty e Joyce McDougall. **Psicologia Clínica**, v. 18, n. 1, p. 165–177, 2006.

PINTO, E. B. Os sintomas psicofuncionais e as consultas terapêuticas pais/bebê. **Estudos de Psicologia (Natal)**, v. 9, n. 3, p. 451–457, 2004.

SANTOS, C. E. R. A. P. et al. Caracterização das crianças atendidas em puericultura na atenção primária à saúde. **Nursing**, v. 24, n. 283, p. 6806-6815, 2021.

SANTOS, I. S. et al. Validation of the Edinburgh Postnatal Depression Scale (EPDS) in a sample of mothers from the 2004 Pelotas Birth Cohort Study. **Cadernos de Saúde Pública**, v. 23, n. 11, p. 2577-2588, 2007.

SILVA, H. C. D et al. Sintomas psicofuncionais e depressão materna: Um estudo qualitativo. **Psico-USF**, v. 23, n. 1, p. 59–70, 2018.

STEIN, L. L.; DONELLI, T. M. S. Percepções de mães com funcionamento alexitimico sobre a maternidade e o bebê com sintoma somático funcional. **Boletim - Academia Paulista de Psicologia**, v. 41, n. 100, p. 74-92, 2021.

ZACARA, D. J. dos S.; MIRANDA, M. C.; BARROS, I. P. M. O refluxo gastroesofágico e a relação mãe e bebê: Estudo de caso. **Psicologia USP**, v. 34, e210055, 2023.

ZINI, L. A. de S.; FRIZZO, G. B.; LEVANDOWSKI, D. C. Depressão materna e ajustamento conjugal de mães jovens e sua relação com a sintomatologia psicofuncional do bebê. **Pensando Famílias**, v. 22, n. 2, p. 03–19, 2018.