








# Maternal memories of food scenes

## Memórias maternas de cenas alimentares

## Memorias maternas de escenas de comida

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### Abstract

**Introduction:** Food, along with language, is the effect of interaction between subjects, starting with the bond built between the child and his mother. However, in many studies, the maternal role in childcare, fundamental moments of interaction, is described as instinctive and natural. Among these moments, the food scene stands out. Many studies have investigated the child's performance in this scene, but the maternal side remains little explored. **Objective:** To describe maternal perceptions and feelings in food scenes, from breastfeeding to family meals. **Method:** Quantitative, cross-sectional, descriptive, explanatory research was conducted through the application of a questionnaire with closed questions in four content domains: preparation for breastfeeding, breastfeeding, weaning, and food transition. The questionnaire was administered online to 25 mothers of children. **Result:** All mothers intended to breastfeed their children, and the majority did so from birth to 18 months. The majority reported pleasure in breastfeeding, building a happy and affectionate interaction with the baby, with the look being the main point of contact. However, responses also emerged warning of the lack of guidance for breastfeeding and, above all, for weaning, with indications of difficulties in operating at the beginning of the dietary transition. However, most mothers express pleasure in occupying the position of feeder, with a lot of concern, especially nutritional concerns in later stages of feeding. **Conclusion:** The study can highlight the effectiveness of the instrument used to search for data on maternal memories of their participation in eating scenes with their children, framed, for the most part, by feelings of pleasure and affection.

**Keywords:** Family; Memory; Feeding; Development.

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#### Authors' contributions:

RRRP: study conception and outline; critical review and guidance.

ACPF, AC, GCA: data collection.

LBG: critical review and study outline.

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## Resumo

**Introdução:** A alimentação, ao lado da linguagem, é efeito da interação entre sujeitos, começando pelo laço construído entre a criança e sua mãe. Contudo, em muitos estudos, a função materna nos cuidados infantis, momentos fundamentais de interação, é descrita como função instintiva, natural. Entre esses momentos, destaca-se a cena de alimentação. Muitos estudos investigam o desempenho da criança nessa cena, mas o lado materno resta pouco explorado. **Objetivo:** Descrever percepções e sentimentos maternos em cenas alimentares, da amamentação às refeições familiares. **Método:** Pesquisa quanti-qualitativa, transversal, descritiva, explanatória, realizada por meio da aplicação de questionário com perguntas fechadas, em quatro domínios de conteúdo: preparação para amamentação; amamentação; desmame e transição alimentar. O questionário foi aplicado online com 25 mães de crianças. **Resultados:** Todas as mães pretendiam amamentar seus filhos e a maioria o fez desde o nascimento até os 18 meses. A maioria apontou prazer em amamentar, construindo interação alegre e afetiva com o bebê, sendo o olhar o grande ponto de contato. Todavia, também surgiram respostas alertando para a falta de orientação para a amamentação e, sobretudo, para o desmame, com indicações de dificuldades na operação do início da transição alimentar. Contudo, as mães, em maioria, expressam prazer em ocupar a posição de alimentadora, com muita preocupação principalmente nutricional em fases mais adiantadas da alimentação. **Conclusão:** O estudo pode realçar a efetividade do instrumento utilizado na busca de dados sobre memórias maternas de sua participação em cenas alimentares com seus filhos, emolduradas, em sua maioria, por sentimentos de prazer e afeto.

**Palavras-chave:** Família; Memória; Alimentação; Desenvolvimento.

## Resumen

**Introducción:** La comida, junto con el lenguaje, es el efecto de la interacción entre sujetos, comenzando por el vínculo construido entre el niño y su madre. Sin embargo, en muchos estudios el papel materno en el cuidado del niño, momentos fundamentales de interacción, se describe como instintivo y natural. Entre estos momentos destaca el panorama gastronómico. Muchos estudios investigan la actuación del niño en esta escena, pero el lado materno sigue siendo poco explorado. **Objetivo:** Describir las percepciones y sentimientos maternos en escenas alimentarias, desde la lactancia materna hasta las comidas familiares. **Método:** Investigación cuantitativa, transversal, descriptiva, explicativa, realizada mediante la aplicación de un cuestionario con preguntas cerradas, en cuatro dominios de contenido: preparación para la lactancia materna; amamantamiento; destete y transición alimentaria. El cuestionario se administró en línea a 25 madres de niños. **Resultado:** Todas las madres tuvieron intención de amamantar a sus hijos y la mayoría lo hizo desde el nacimiento hasta los 18 meses. La mayoría refirió placer al amamantar, construyendo una interacción feliz y afectuosa con el bebé, siendo la mirada el principal punto de contacto. Sin embargo, también surgieron respuestas alertando de la falta de orientaciones para la lactancia materna y, sobre todo, para el destete, con indicios de dificultades para operar el inicio de la transición dietética. Sin embargo, la mayoría de las madres expresan placer en ocupar el puesto de amamantador, con mucha preocupación, especialmente preocupaciones nutricionales en etapas posteriores de la alimentación. **Conclusión:** El estudio puede resaltar la efectividad del instrumento utilizado para buscar datos sobre recuerdos maternos de su participación en escenas de comida con sus hijos, enmarcados, en su mayor parte, por sentimientos de placer y afecto.

**Palabras clave:** Familia; Memoria; Alimentación; Desarrollo.

## Introduction

In the same way as language, food is an outcome of interaction between subjects, starting with the bond constructed between the child and their mother. Therefore, speaking and eating are symbolically connected functions, with feeding, in the choreography of breastfeeding, considered the initial step of language<sup>1,2</sup>, a result of the overdetermination of the organism by the symbolic instance.

This means that endogenous stimuli, which are a result of neurobiological functioning, lead to organic urgencies in the baby, including nutrition. These urgencies, which are permanent points of excitement, only cease through the performance of an action in the external world that covers this urge, that is, the symbolic instance ends up overdetermining the organic one. This is because meanings are attributed to this neurobiological urgency of the child, turning it into a symbolic gesture: *Therefore, breastfeeding [maternal gesture in response to the baby's nutritional urgency], is much more than offering the breast. The mother's gaze and body embody the subjective support that the mother provides to the baby, stemming from a subjective condition formed since her own childhood. Simultaneously, the gaze and body will be linked to the maternal word that will give meaning to the entire event around breastfeeding and enable the baby's engagement in a symbolic language, but at the same time supported by the body. Access to language will subsequently allow the association of language elements with experiences surrounding breastfeeding, enabling the elaboration of separation*<sup>3</sup>.

When the mother's breast ceases to be an object of nutrition and becomes a source of love, it is no longer about satisfying an urgency but fulfilling the demand for love. *Being fed then becomes the symbolic equivalent of being loved, receiving love from this potent mother*<sup>4</sup>. In this dialectic between the mother in the position of the one who feeds and the baby in the position of the one being fed, breastfeeding takes on signs of the potency of the intersubjectivity and of the symbolic relationship between mother and child. The caregiving situation evolves into a scene of love.

However, many studies describe the maternal function in childcare not as symbolically elaborated but rather as instinctive, natural, and exclusive, with breastfeeding emerging as its best representa-

tion. Care considered privileged is the portrayal of love, but of a love that is natural between a woman and her child, after all, educating and feeding are related to the feminine nature itself<sup>5</sup> and it is for no other reason that the refusal or abandonment of breastfeeding has gained, over time, value of guilt. Beyond contradicting feminine nature, the refusal or abandonment of breastfeeding results in health problems for the child, generating guilt because breastfeeding ensures the necessary nutritional value for infant development, a responsibility of women, as breastfeeding is considered a natural function<sup>5</sup>.

In reality, it is important to differentiate the biological function of maternity from the culturally constituted functions of mothering, which are thus symbolically elaborated functions. In other words, feeding the child is not instinctive; it is a scene of mothering that inaugurates the mother's relationship with her baby, absolutely conditional, and constitutes a foundational contingency for the subjective constitution of the baby and the subjective reworking of the mother.

Freudian terminology, addressing the gap between mother and baby that occurs with birth<sup>7</sup>, points to breastfeeding as the instance in which the bond between them is (re)made, given the original insufficiency of the human infant and the consequent guardianship that the other must exercise to ensure its physical and psychic survival: *helplessness already appears for the baby in the early experiences of life, stemming from the incompleteness of the organism, the need to exchange with the world, and the imperative dependence and assistance of the other in meeting its physical and psychic needs*<sup>8</sup>.

Recognizing the symbolic nature of this scene, researchers in infant development point to the mutual constitution of language and feeding and the fundamental role of the mother<sup>2,6</sup>. Some clinicians and scholars in the past decade noticed that children with language problems (ranging from minor and transient articulatory issues to the absence of orality) also had feeding issues (ranging from food idiosyncrasies to severe dysphagia). The novelty of the observation was not due to the identification of a symptomatic coincidence in the presence of an accumulation of problems, but, on the contrary, a substantial co-occurrence, indicative of a basic symbolic issue<sup>2,9,10,11</sup>. In conclusion, speaking and eating are mutually implicated functions that arise



in the interaction between the mother and her child. Thus, the different eating scenes, throughout their history, from breastfeeding to family meals, can express the power of this bond, which is an absolute condition for child development, with or without obstacles<sup>12</sup>.

Traditionally, studies have investigated the child's perspective and performance in the eating scene. In the case of children, for example, there are numerous studies in pediatrics<sup>13</sup>, endocrinology<sup>14</sup>, psychology (both behavioral<sup>15</sup> and psychoanalytic<sup>16</sup> perspectives).

However, maternal perceptions and feelings in the eating scene remain largely unexplored. Given the symbolic nature of eating, a scene that unfolds between the child and the mother daily, it is important to describe what happens on the maternal side, which can also generate problems that affect the constitution of the child's subjectivity<sup>2</sup> and the mother's subjectivity, influencing the entire history of the subject's eating and language<sup>1,2</sup>.

Nevertheless, a significant number of studies investigates maternal perceptions related to the biological aspects of breastfeeding, such as whether the quantity of milk produced is sufficient, if breasts are full before feedings, milk leakage, maternal and child positioning, appropriate child grip, suction, and swallowing<sup>17</sup>. Additionally, these studies examine if mothers are sensitive to the stimulus for breastfeeding under free demand and if they consider the early use of a bottle inappropriate<sup>18</sup>.

Studies of this type are fundamental and contribute significantly to clinicians in their daily practice with patients. However, there is still little research regarding maternal perceptions and feelings in the food scene linked to their position as provider, a place made up of different factors in nature and which determine their gestures when feeding their child<sup>2</sup>.

Recent research addresses this issue, presenting results that provide important insights for clinicians in therapeutic management. One study<sup>19</sup>, including three groups of participants, consisting of mothers with children in different age groups, aimed to assess whether there would be modifications in maternal memories over time. The study found that memories about breastfeeding and weaning remained firm and clear in different age groups, that is, mothers of children, teenagers or young adults were able to promptly answer questions about these topics. This highlights the relevance

of these scenes that are fully imprinted in memory, reinforcing the idea that they are not *natural* but symbolically framed<sup>2</sup>.

In this context, it seemed pertinent to expand the investigation. This study aimed to describe maternal perceptions and feelings in feeding scenes, from breastfeeding to family meals, representing an important interactional history<sup>12</sup>. To this end, the memories of mothers of children up to 12 years old were investigated, which can provide data on emotional, social and cultural aspects relevant to understanding maternal choices when it comes to child feeding, which can help identify points that can promote or hinder good eating scenes, taking care of the development of an adequate mother-child interaction, since feeding problems directly affect this relationship, with all potential consequences that may arise from this<sup>2,6</sup>.

Furthermore, identifying the conditions under which feeding scenes occur in each case can help clinicians in their therapeutic resolutions, in cases where there are issues in the development of the feeding function.

## Method

This is a quantitative-qualitative, cross-sectional, explanatory, and descriptive research, with data analysis by convergence, approved by the Research Ethics Committee under the Decision No. 59453822.9.0000.5454, and informed consent forms signed by all participants.

The selection of 25 participating mothers was based on convenience, following these criteria: children within the age range of up to 12 years (childhood period defined by the WHO [*World Health Organization*]), firstborns, with typical development, of both sexes, voluntary signing of the informed consent form, and full participation in the research procedure.

Data collection, conducted in March and April 2023, followed these procedures: 1) Sending invitations for the questionnaire through WhatsApp to family and friends, with a description of the research's nature and scientific objectives, ensuring the confidentiality of the procedure, and explaining participation criteria. It also informed about the required and conditional signing of the informed consent form for access to the instrument; 2) Individual application of the questionnaire online,



using Google Forms, with immediate return of the material.

The instrument used was a simple and easy-to-handle questionnaire, taking approximately 10 minutes to complete. It consisted of 20 closed-ended questions, with options including “don’t know” / “don’t remember” / “prefer not to answer,” with 06 questions having sub-items. The questionnaire was structured into four content domains: preparation for breastfeeding (maternal expectations), breastfeeding (processes, maternal sensations/feelings, and interaction with the baby), weaning (process and professional support/guidance), and dietary transition (maternal perceptions, sensations, and feelings in dietary transition procedures, child reactions, maternal participation in stimulating consumption and shaping tastes and preferences, and child participation in family meals) (attached).

The collected data were organized by domains and subjected to simple descriptive statistics, accompanied by a qualitative discussion. The application of both quantitative treatment to the collected data and a careful discussion of qualitative aspects stems from the notion that *a quantitative study can generate questions to be explored qualitatively, and vice versa*<sup>20</sup>.

There are four quantitative-qualitative methodological designs: triangulation, embedded, exploratory, and explanatory, with the latter being utilized in this study, where qualitative considerations are employed to explain quantitative results<sup>21</sup>. The integration between a quantitative and a qualitative perspective can be achieved through coupling, connection, or convergence, as employed in this context.

## Results

Of the 25 mothers who participated in the study, 75% had children between 8 and 10 years old, imparting a certain homogeneity to the collection process, excluding a potential bias in the analysis that could have been caused by the issue of maternal memory, given that childhood spans an extensive period, from zero to twelve years. It is noteworthy that a previous study<sup>19</sup> found that maternal memories did not significantly differ for mothers of children, adolescents, and young adults.

### *Breastfeeding preparation*

All mothers (100%) declared an intention to breastfeed since the birth of the child, based on concerns for the baby’s health (92%), and only a small fraction mentioned an intention related to establishing a bond with the baby (8%).

The majority received guidance for breastfeeding (88%), mainly from nurses (44%), but also from pediatricians (12%), obstetricians (16%), and speech-language pathologists (16%), with 12% stating “I don’t remember.” For most, the guidance focused on ensuring the child’s nutritional quality (52%), for some (24%), the guidance aimed at the proper positioning of the child for successful breastfeeding and consequent good nutrition, and only a small part of the guidance aimed at the bond between mother and child (12%). Of the 12% who did not receive guidance, they claimed “I don’t remember” for this question.

### *Breastfeeding*

All mothers breastfed from birth, with the majority continuing until the baby reached 18 months, divided as follows: 28% up to 6 months, 20% up to 12 months, 24% up to 18 months, and, for shorter durations, 10% up to 24 months, 10% more than 24 months, and 8% for less than 1 month, claiming that the babies breastfed well (83%).

Most mothers reported positive feelings during breastfeeding: pleasure (60%), satisfaction (16%), and joy (8%). However, there were reports of pain (12%) and anxiety (4%). All mothers (100%) reported interacting with the baby during breastfeeding, mainly through caressing (48%), but also through eye contact (20%) and speech (32%). Almost all (90%) reported that their babies responded to their initiatives through eye contact (70%) or other signs (30% overall), such as babbling/modification in the feeding rhythm and even crying reactions.

### *Weaning*

The majority stated that the weaning process was smooth (76%), but 20% of them claimed that the process was turbulent, and 4% said they did not know. Most (60%) received guidance, mainly from pediatricians (44%), obstetricians (4%), and nurses (4%), and 4% from relatives or speech-language pathologists (4%). However, a significant portion claimed not to have received any guidance (36%), and a small part claimed not to know (4%).

Weaning was mainly achieved through the alternation of breast/bottle feeding (56%), random interruption (16%), or abrupt introduction of a bottle (8%). Note that 20% preferred not to answer the question, 12% did not remember, and 8% did not know.

### *Nutrition transition*

All mothers (100%) enjoyed initiating the dietary transition, also enjoying feeding the child in the new way (96%), with 96% of the children accepting the change well and only 4% not doing so. Mothers reported having properly positioned the children for feeding: in the high chair (88%) and in the stroller (12%), always interacting with them during meals by talking and encouraging consumption (60%), talking (24%), or playing (16%).

They claimed that their children gained autonomy in eating by 2 years (80%), with the majority (48%) by 1 year, 32% by 2 years, and only 8% over 2 years. It is worth noting that 8% claimed not to remember, and 4% preferred not to answer this question. The majority (88%) declared that their children started participating in family meals at 1 year, 8% at only 2 years, and 4% preferred not to answer.

Regarding their participation in shaping the child's taste for food, only 56% claimed to have an active role, 20% reported not engaging in this activity, 20% claimed not to remember, and 4% did not know. However, 100% claimed to respect the tastes and preferences of the children in offering food.

### **Discussion**

The obtained results do not significantly differ from those presented in another study<sup>19</sup> and from those in review studies that conduct comprehensive surveys<sup>22,23</sup>. All mothers intended to breastfeed their children, primarily aiming for good nutrition for the baby, and the majority did so from birth to 18 months, mostly with good performance by the babies. Most pointed out pleasure in breastfeeding, with a joyful and affectionate interaction with the baby, with eye contact being a significant point of connection on both sides<sup>24,25</sup>. This study also found responses alerting to the lack of specialized guidance for breastfeeding from some mothers<sup>17</sup>.

Weaning represented a complicated issue, with many mothers pointing to the absence of professional guidance and a random and abrupt decision

to interrupt breastfeeding<sup>17</sup>. The majority provided positive responses to the nutrition transition, enjoying offering new foods to the child and placing them in a proper position for feeding.

They indicated early dietary autonomy, around 12 months, slightly earlier than the data obtained from a previous study<sup>19</sup> that indicated this achievement later, around 24 months, which is the same for family meals, but this difference is not relevant. The data differed in questions about co-creating taste with the child and respecting their preferences, since some mothers in this study indicated absence in the taste development process and a certain disregard for child dietary preferences<sup>18</sup>.

However, there are responses in this study, such as "I don't remember," "I don't know," and "prefer not to answer" for many questions, to a greater or lesser extent, and the fact therefore requires some reflection.

These responses already emerge early on, not in a significant incidence but important nonetheless. For instance, 12% claim not to remember if they were oriented for breastfeeding, and 4% did not remember if they were oriented for weaning, showing a lack of recollection for these crucial operations<sup>1,2,3,4,9,10,11</sup>, especially weaning, which initiates dietary transitions and begins to stage the separation of the merged bodies of mother and baby<sup>3,9,10,26</sup>.

It is worth noting that 36% claimed not to have received any guidance for weaning, and 20% did not respond to the question about how the dietary transition was carried out after weaning, with 16% stating they "preferred not to answer" and 4% because they "I don't remember," highlighting the problematic nature of guidance to women regarding dietary transition, often considered as something natural, easy, and spontaneous<sup>5,6,26</sup>.

Although the percentage of "I don't remember," "I don't know," and "prefer not to answer" responses was low, this fact should not be disregarded. Breastfeeding and weaning constitute important scenes from both an organic and, above all, a psychic perspective<sup>4,8,9,27</sup>. In this regard, the metaphor of forgetting/not knowing/not wanting to answer may represent a difficulty in dealing with these events<sup>25</sup>.

These points related to the preparation for breastfeeding and, especially, weaning, remain crucial today. These topics are not extensively addressed with mothers, reflecting the ongoing adher-

ence to culturally crystallized concepts about the naturalness of these gestures, considered inherent to feminine nature.

Weaning is a fundamental operation in the child's feeding process and also stages another fundamental operation – the separation between mother and baby. This is because the introduction of solid food, which follows, requires the child to be seated and alert, moving away from the embrace of the maternal lap for breastfeeding – a moment of absolute unity between mother and baby<sup>2,25</sup>, in a fusion-type relationship that often includes a pleasant, dream-filled sleep<sup>27</sup>. It is important to note that in this study, mothers indicate the onset of dietary autonomy quite early, around 12 months for the majority, underscoring the relevance of cultural considerations in caregiving practices, which more recently lead mothers to seek the autonomy of children at an earlier age<sup>27</sup>.

The responses “I don't remember”/“prefer not to answer”/“I don't know” are found again in the responses to questions about dietary transition, specifically regarding the dietary autonomy of children and their participation in family meals. It is worth noting that the child's dietary autonomy explicitly begins to stage their separation from the maternal figure, with the emergence of behaviors such as food selection, preference, and refusal, accompanied by the dispensing of maternal assistance, as they begin to handle utensils, albeit with some difficulty initially<sup>12,29</sup>. The dietary issue will align with other caregiving tasks, such as bathing and dressing, where the child also begins to gain autonomy. This set of autonomy scenes triggers ambivalent feelings in the mother, oscillating between joy for the child's growth and anxiety due to the difficulty of controlling situations<sup>29</sup>.

Family meals depict the child's integration into the social environment, strengthening the conditions for the child's interaction with the family<sup>12,17</sup>. These situations provide an opportunity of pleasure and the transmission of values, expectations, discussions of important issues, and agreements. It is interesting that here, in a very limited scale, responses of the type “I don't remember” emerge, within a set of responses indicating the child's early involvement in family meal situations, around 12 months. It seems that, indeed, “commensality” is a constitutive scene of family group dynamics, and the dietary transition will continue within it<sup>30</sup>.

It also should be noted the responses to questions about the formation of food tastes, the child's construction of preferences, and adults' respect for them<sup>11,30</sup>. 44% of mothers expressed their absence in this aspect of mothering through responses such as “I don't remember,” “no” (did not engage in this activity), “I don't know,” a high percentage given the cultural value with which food is framed and defined. This occurs in a construction involving the child, their family initially and predominantly, and their social circle<sup>28,30</sup>. It is plausible that the education women receive regarding their children's diet, primarily focused on nutritional aspects<sup>5,6</sup>, making it an irrefutable responsibility, leads them to prioritize certain foods, *forgetting* to share their tastes and textures with the children and *disregarding* their preferences.

## Conclusion

The study can highlight the effectiveness of the instrument used in gathering data on maternal memories in their participation in food scenes with their children, predominantly framed by feelings of pleasure and affection.

The obtained data is in line with those raised in other studies related to the importance mothers attribute to their feeding role, as well as the difficulties with breastfeeding and weaning operations. It is interesting to note that despite social efforts, mainly through breastfeeding-related public policies widely disseminated, mothers express their difficulties and point to the absence or partiality of the support received, especially regarding specialized guidance. The difficulties with the weaning operation, crucial for the development of dietary transitions, draw attention. It seems that the assumption that breastfeeding and weaning are natural events inherent to female nature still prevails in social ideals.

It is suggested that further research on this theme be conducted to increasingly enhance the knowledge about the factors involved in shaping mothers' roles in the dietary scenes of their children, crucial information for appropriate and effective therapeutic guidance.

## References

1. Fiorin VK, Ulbrich AT. Uma análise do ser humano entre a linguagem científica e mítica. *Frontistês - Rev. Eletrôn. de Filos. e Teol.* 2021; 14(26).

2. Palladino RRR, Souza LAP, Pallotta ML, Costa R, Cunha MC. Dormir, comer e falar: enlacedimento simbólico. *Rev. Cient. Mult. Núcl. do Conhe.* 2021; 6(8):153-70. doi: 10.32749/nucleodoconhecimento.com.br/psicologia/enlacedimento-simbolico.
3. Zavaroni DML. Amamentação, sintomas alimentares e constituição psíquica. Sintomas alimentares, cultura, corpo e obesidade: questões clínicas e de avaliação. 1ª Edição. Lisboa: Placebo; 2013.
4. Carvalho AS, Lima MCP, Peixoto MC, Martins KPH. As problemáticas alimentares e a desnutrição na infância: contribuições psicanalíticas. *Estilos Clin.* 2013; 18(2): 372-86.
5. Guedes OS, Daros MA. O cuidado como atribuição feminina: contribuições para um debate ético. *Serv. Soc. Rev.* 2009; 12(1): 122-34. doi.org/10.5433/1679-4842.2009v12n1p122.
6. Carmo RCC, Raymondi PSSV, Palladino RRR. A comunicação de um adulto diagnosticado no Transtorno do Espectro do Autismo: relato de caso. *Distúrb Comun.* 2020; 32(3): 445-53. doi.org/10.23925/2176-2724.2020v32i3p445-453.
7. Kominiski PCNV, Chatelard DS. Nascimento: cesura, catástrofe e psicanálise. *Estilos Clin.* 2018; 23(3): 523-41.
8. Campos EBV, Sertori DR, Turato junior ED. Desamparo contemporâneo e violência fundamental: uma leitura psicanalítica. *Psic. Rev.* 2021; 27(1): 58-72. doi.org/10.5752/P.1678-9563.2021v27n1p58-76.
9. Palladino RRR, Souza LAP, Cunha MC. Transtornos de linguagem e transtornos alimentares em crianças. *Psicanáli. Univ.* 2004; 21: 95-108.
10. Palladino RRR, Cunha MC, Souza LAP. Problemas de linguagem e alimentares em crianças: co-ocorrências ou coincidências? *Pró-Fono R Atual Cient.* 2007; 19(2):205-14. doi.org/10.1590/S0104-56872007000200009.
11. Thibault C. La langue, organe clé des oralités. *Rééduc Orthoph.* 2006; 44(226):115-24.
12. Miranda VSG, Flach K. Aspectos emocionais na aversão alimentar em pacientes pediátricos: interface entre a fonologia e a psicologia. *Psicol. Estud.* 2019; 24: e45247. doi.org/10.4025/psicolestud.v24i0.45247.
13. Madeira IR, Aquino LA. Problemas de abordagem difícil: “não come” e “não dorme” [Difficulties in the management of sleep and eating disorders]. *J Pediatr.* 2003; 79(suppl 1): S43-54. doi.org/10.1590/S0021-75572003000700006.
14. Alarcon M, Marin NS, Pinheiro OL, Passos AHR, Braccialli LAD. Criança e adolescente com obesidade: vivências e percepção dos pais. *RBONE.* 2023; 16(103): 670-8.
15. Magalhães MR, Serrano C, Alvarenga MS, Dahás LJS. “Socorro! Meu Filho Come Mal”: uma análise do comportamento alimentar infantil. *Perspectivas Em Análise Do Comportamento.* 2020; 11(1):079-91. doi.org/10.18761/PAC.2020.v11.n1.07.
16. Neves BSC, Lima MCP, Oliveira DP. Risco, detecção e prevenção: sobre a contribuição da psicanálise no trabalho institucional com crianças desnutridas. *Estilos Clin.* 2018; 23(3): 638-54. doi.org/10.11606/issn.1981-1624.v23i3p638-654.
17. Carreiro JA, Francisco AA, Abrão ACFV, Marcacine KO, Abuchaim ESV, Coca KP. Dificuldades relacionadas ao aleitamento materno: análise de um serviço especializado em amamentação. *Acta Paul Enferm.* 2018; 31(4): 430-8. doi.org/10.1590/1982-0194201800060.
18. Alves JS, Oliveira MIC, Rito RVVF. Orientações sobre amamentação na atenção básica de saúde e associação com o aleitamento materno exclusivo. *Ciênc. Saúde Coletiva.* 2018; 23(4): 1077-88. doi.org/10.1590/1413-81232018234.10752016.
19. Aroca GC. Alimentação infantil: Percepções e sentimentos maternos [Trabalho de Conclusão de Curso]. São Paulo (SP): Pontifícia Universidade Católica de São Paulo. Faculdade de Ciências Humanas e da Saúde; 2022.
20. Minayo MCS; Sanches O. Quantitative and Qualitative Methods: Opposition or Complementarity? *Cad. Saúde Públ.* 1993; 9(3): 239-262.
21. Creswell JW, Clark VL. Pesquisa de métodos mistos. Porto Alegre: Penso, 2007.
22. Mosquera OS, Lourenço BH, Cardoso MA. Frequência do aleitamento materno exclusivo aos 30 dias de vida: revisão de estudos longitudinais. *Saúde Soc.* 2022; 3(4). doi.org/10.1590/S0104-1290202210414pt.
23. Lima APC, Nascimento DS, Martins MMF. A prática do aleitamento materno e os fatores que levam ao desmame precoce: uma revisão integrativa. *J. Health Biol. Sci.* 2018; 6(2). doi.org/10.12662/2317-3076jhbs.v6i2.1633.p189-196.2018.
24. Macedo OF, Silva AT da, Santos PRSR dos, Pacheco JAAV. A função do desmame na constituição do ego. *Rev. Cient. UMC.* 2019; 4(1).
25. Giordani RCF, Piccoli D, Bezerra I, Almeida CCB. Maternidade e amamentação: identidade, corpo e gênero. *Ciênc. saúde coletiva.* 2018; 23(8): 2731-9. doi.org/10.1590/1413-81232018238.14612016.
26. Vasconcelos NC, Vasconcelos M, Doczy A de P, Diniz APF. Principais óbices na amamentação e repercussões do desmame precoce: revisão sistemática. *RECIMA21.* 2023; 4(4): e443021. doi.org/10.47820/recima21.v4i4.3021.
27. Ganhitopenha NC. Dormir nos braços da mãe: a primeira guardiã do sono. *Psichê.* 2002; 6(10): 65-84.
28. Jerônimo RA, Dos passos MDQ, Ribeiro IRC. Influências socioculturais e parentais nas práticas alimentares no primeiro ano de vida: estudo qualitativo com mães de crianças menores de dois anos. *DEMETERA.* 2021; 16: e51145. doi.org/10.12957/demetera.2021.51145.
29. Lopes RCS, Vivian AG, Oliveira DS de, Silva C da, Piccinini CA, Tudge J. “Quando eles crescem, eles voam”: percepções e sentimentos maternos frente ao desenvolvimento infantil aos 18 - 20 meses. *Psico. em Estudo.* 2009; 14(2): 221-32.
30. Leão JIS, Queiroz MFM, Freitas FMNO, Ferreira JCS. Formação de hábitos alimentares na primeira infância. *RSD.* 2022; 11(7): e47711730438. doi.org/10.33448/rsd-v11i7.30438.



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## Appendix 1: Questionnaire: Mothers and Feeding

### Questionnaire: Mothers and Feeding

Participant's Full Name:

Child's Age:

Informed Consent Form:  Signed  Not signed

#### 1<sup>st</sup> Domain: Before Breastfeeding

1.1) Did you plan to breastfeed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>			
1.2) Why?	Baby's Health <input type="checkbox"/>	Personal Fulfillment <input type="checkbox"/>	Mother/Baby Bond <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>		
1.3) Did you receive guidance on breastfeeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>			
1.4) Which professional provided guidance on breastfeeding?	Obstetrician <input type="checkbox"/>	Pediatrician <input type="checkbox"/>	Nurse <input type="checkbox"/>	Speech-language pathologist <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>	
1.5) What was the guidance about?	Baby's Nutrition <input type="checkbox"/>	Hygiene <input type="checkbox"/>	Mother/Baby Bond Formation <input type="checkbox"/>	Feeding Positioning <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>	Other <input type="checkbox"/>

#### 2<sup>nd</sup> Domain: During Breastfeeding

2.1) Did you breastfeed your baby from birth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>					
2.2) How long did you breastfeed?	Less than a month <input type="checkbox"/>	1 to 6 months <input type="checkbox"/>	6 to 12 months <input type="checkbox"/>	Up to 18 months <input type="checkbox"/>	Up to 24 months <input type="checkbox"/>	More than 24 months <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>	Other <input type="checkbox"/>
2.3) What were your feelings while breastfeeding your baby?	Pleasure <input type="checkbox"/>	Joy <input type="checkbox"/>	Satisfaction <input type="checkbox"/>	Anxiety <input type="checkbox"/>	Pain <input type="checkbox"/>	Emotional Connection <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>	Other <input type="checkbox"/>
2.4) Did the baby breastfeed well?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>					
2.5) Did you interact with your baby during breastfeeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>					
2.6) How?	Talking <input type="checkbox"/>	Singing <input type="checkbox"/>	Looking at the baby <input type="checkbox"/>	Caressing <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>			
2.7) Did the baby react to these interactions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>					

2.8) What did the baby do?	Became restless <input type="checkbox"/> Cried <input type="checkbox"/>	Babbled and/or made sounds <input type="checkbox"/> I don't know <input type="checkbox"/>	Looked at me <input type="checkbox"/> I don't remember <input type="checkbox"/>	Changed the rhythm and speed of breastfeeding <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
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**3<sup>rd</sup> Domain: Weaning**

3.1) Was weaning smooth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
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3.2) Did you receive guidance on weaning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
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3.3) Which professional provided guidance on weaning?	Obstetrician <input type="checkbox"/> Relative/Family Member <input type="checkbox"/> I don't know <input type="checkbox"/>	Pediatrician <input type="checkbox"/> Magazine or TV program <input type="checkbox"/> I don't remember <input type="checkbox"/>	Nurse <input type="checkbox"/> I don't remember <input type="checkbox"/>	Speech-language pathologist <input type="checkbox"/> Social Media <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>	Amigo <input type="checkbox"/>
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3.4) How did weaning happen?	Decided the timing randomly <input type="checkbox"/> I don't know <input type="checkbox"/>	Started alternating breast and bottle <input type="checkbox"/> I don't remember <input type="checkbox"/>	Introduced the bottle all at once/abruptly <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
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**4<sup>th</sup> Domain: Nutrition transition**

4.1) Did you enjoy offering other foods to the baby?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
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4.2) Did the child accept the foods well?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
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4.3) Did you like feeding the child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
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4.4) Where did you feed the child?	In the high chair <input type="checkbox"/>	On someone's lap <input type="checkbox"/>	In the stroller <input type="checkbox"/>	On the floor <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
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4.5) How did you interact with the child during feeding?	Talking <input type="checkbox"/> Talking <input type="checkbox"/>	I don't know <input type="checkbox"/>	Playing <input type="checkbox"/> I don't remember <input type="checkbox"/>	Singing <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
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4.6) When did the child start eating on their own?	At 1 year old <input type="checkbox"/> I don't know <input type="checkbox"/>	At 2 years old <input type="checkbox"/> I don't remember <input type="checkbox"/>	At more than 2 years old <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
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4.7) When did the child start participating in family meals?	At 1 year old <input type="checkbox"/> I don't know <input type="checkbox"/>	At 2 years old <input type="checkbox"/> I don't remember <input type="checkbox"/>	At 3 years old <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>	At 4 years old or older <input type="checkbox"/>
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4.8) Did you discuss the taste of foods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
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4.9) Did you respect the child's taste in meal preparation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	I don't remember <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
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