"I gave birth to him and he gave me my life": study of occupational transition linked to motherhood of two women with mental disorders

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Abstract: Introduction: The number of mothers with mental disorders is increasing. Motherhood entails major changes in women´s lives, potentially creating different occupational needs and an emerging field for Occupational Therapy. Objective: To identify and describe the occupational needs during occupational transition linked to motherhood, from the perspective of two women with mental disorders in Galicia, Spain. Method: Qualitative with phenomenological approach, using conversational techniques for data collection, and thematic analysis. Results: "Daily life before the change" and *"I gave birth to him and he gave me my life"*, the emerged themes, transversely describe occupational needs experienced by participants in the occupational transition process linked to motherhood. Conclusion: We discuss the mediators of occupational transition, its complexity and a critical perspective of participants' experiences as one more experience within the diversity of motherhood; and conclude with the implications for occupational therapy.

Keywords: *Motherhood, Mental Health, Occupation, Occupational Therapy.*

"Yo lo parí y él me dio la vida": estudio de la transición ocupacional vinculada a la maternidad de dos mujeres con trastorno mental

Resumen: Introducción: Las cifras de mujeres con trastorno mental que son madres están aumentando. La maternidad produce un gran cambio en la vida de las mujeres, pudiendo generar nuevas necesidades ocupacionales y constituyendo un ámbito incipiente para la terapia ocupacional. Objetivo: Identificar y describir las necesidades ocupacionales vivenciadas durante la transición ocupacional vinculada a la maternidad, desde la perspectiva de dos mujeres con trastorno mental en Galicia, España. Metodología: Cualitativa con enfoque fenomenológico, empleando técnicas conversacionales para la recogida de datos y análisis temático. Resultados: "El día a día antes del cambio" y *"Yo lo parí y él me dio la vida"* describen de forma transversal las necesidades ocupacionales vividas por las participantes en su proceso de transición ocupacional vinculado a la maternidad. Conclusión: La discusión se articula en torno a los mediadores de la transición ocupacional, la complejidad de la misma, y se aporta una mirada crítica entendiendo las experiencias de las participantes como una más dentro de la diversidad que representa la maternidad. Se finaliza discutiendo las implicaciones para la terapia ocupacional.

Palabras clave: *Maternidad, Salud Mental, Ocupación, Terapia Ocupacional.*

"Eu o pari e ele me deu a vida": estudo da transição ocupacional vinculada à maternidade de duas mulheres com transtorno mental

Resumo: Introdução: A quantidade de mulheres com transtorno mental que são mães está aumentando. A maternidade produz uma grande mudança na vida das mulheres, podendo gerar novas necessidades ocupacionais e constituindo um campo emergente para a terapia ocupacional. Objetivo: Identificar e descrever as necessidades ocupacionais

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vivenciadas durante a transição ocupacional vinculada à maternidade, segundo a perspectiva de duas mulheres com transtorno mental na Galícia, Espanha. Método: Pesquisa qualitativa com enfoque fenomenológico, empregando técnicas conversacionais para a coleta de dados e análise temática. Resultados: "No dia a dia antes da mudança" e *"Eu o pari e ele me deu a vida"* são os temas que descrevem de forma transversal as necessidades ocupacionais vividas pelas participantes no seu processo de transição ocupacional vinculado à maternidade. Conclusão: A discussão é realizada em torno dos mediadores da transição ocupacional e da complexidade desta e contribui com uma visão crítica, compreendendo as experiências das participantes como uma a mais entre a diversidade que representa a maternidade. Conclui-se discutindo as implicações para a terapia ocupacional.

Palavras-chave: *Maternidade, Saúde Mental, Ocupação, Terapia Ocupacional.*

1 Introduction

According to the World Health Organization (ORGANIZACIÓN…, 2017), the prevalence of mental disorders is increasing worldwide, causing negative effects on people's health and serious consequences both at socioeconomic and human rights levels. It is known that one out of four people will suffer a mental disorder throughout their life; with depression being the most frequent disorder, one of the main causes of disability worldwide and it is more frequent in women than in men. Within this, it is worth noting that the gestational period and puerperium are considered as the stages of greatest vulnerability for the presentation of this type of disorder (ORGANIZACIÓN…, 2017). In this article, we will focus on women and, therefore, on motherhood, since gender is a widely recognized variable that fundamentally differentiates both the prevalence and experiences of disability in general (COMIM; NUSSBAUM, 2014) and mental disorders in particular (MONTERO et al., 2004; RAMOS-LIRA, 2014); moreover gender is a structural determinant of health inequities that increases the possibilities of living situations of social and health vulnerability (SOLAR; IRWIN, 2010) as well as limitations in occupational opportunities (ANGELL, 2014; RIVAS-QUARNETI; MOVILLA-FERNÁNDEZ; MAGALHÃES, 2018).

Several studies show that, in parallel with the increase in mental disorders in the population, the number of people with mental disorders that have children and, at the same time, the number of children living in an environment where these disorders exist is raising. Some publications state that in Europe, among the people with a serious mental disorder, 30 to 60% of them are parents (GÚTIEZ; SÁNCHEZ; SIERRA, 2011).

Moreover, Gútiez, Sánchez and Sierra (2011) and Hackett and Cook (2016) state that, between a quarter and half of the people who use mental health services have children. It is estimated that around 60 to 70% of women with mental disorders are mothers, a figure that is expected to increase, compared to 20 or 30% of men who are fathers (JEFFERY et al., 2013). This is another reason to address motherhood from the perspective of women with mental disorders.

1.1 Motherhood as a right

According to several studies, the current term of motherhood not only refers to the care of children, but it is influenced by socialexpectations and responsibilities attributed to mothers, including household chores and also women's remunerated work (VILAS BÔAS; PIMIENTA CARVALHO, 2009; FARBER, 2000; FRANCIS-CONNOLLY, 2000; LARSON, 2000).

In this research, we will understand motherhood as a right, recognized both in the Universal Declaration of Human Rights (NACIONES…, 1948) and in the Universal Declaration of Sexual Rights (ASOCIACIÓN…, 1997); as well as in the Convention on the Rights of People with Disabilities (NACIONES…, 2006). Specifically, article 23, recognizes the right to motherhood of all people with disabilities, including women, with mental disorder. In this regard, the Uniform Rules on the Equalization of Opportunities for People with Disabilities (UNITED…, 1993) and the Convention on the Rights of People with Disabilities (NACIONES…, 2006) recognize the protection of motherhood, encouraging access to adequate guidance and attention services. Along these lines, the new resolutions of the Human Rights Council of the General Assembly of the United Nations Organization (A/HRC/32/L.26), (NACIONES…, 2016) and (A/HRC/35/21), (NACIONES…, 2017) in relation to people with mental disorders' human rights, recognize the same rights and freedoms for people with mental disorder as for the rest of the population, and, therefore, motherhood is one more time recognized as a right for women with mental

disorder. However, being a mother and having a mental disorder is an experience, although frequent, little researched in depth (AWRAN; HANCOCK; HONEY, 2017). Despite this, situations that compromise these recognized rights have been reported, such as fear of losing children's custody (PERERA; SHORT; FERNBACHER, 2014a) or lack of specific support focused on supporting unique needs to cope with motherhood living with mental disorder (ABEL et al., 1996; AWRAN; HANCOCK; HONEY, 2017; BROCKINGTON; BUTTERWORTH; GLANGEAUD-FREUDENTHAL, 2017).

Therefore, it is considered relevant to deepen this issue from a critical perspective, exploring these experiences from a rights' based perspective for women with mental disorders.

1.2 Motherhood from an occupational perspective

Motherhood includes maternal care or care of children as main element, which is considered by different studies as "[...] a central human occupation that has a deep personal meaning [...]" (FARBER, 2000, p. 260) and as "[...] a complex daily activity that requires competence in many areas such as care or discipline [...]" (VENKATARAMAN; ACKERSON, 2008, p. 390). In the same way, maternal care can be understood as an instrumental activity of daily living in terms of caring for others (AMERICAN…, 2008) and as a co-occupation, that is, as "[...] an occupation of an interactive nature that shapes the occupations of two or more people who participate in it [...]" (PIERCE, 2009, p. 203). Also, co-occupation is identified with the link that exists between mother and child (PIERCE, 2009), especially in the early stages of life, and which directly influences maternal health and child development (SLOOTJES; MCKINSTRY; KENNY, 2016).

Motherhood entails the acquisition of a new role, understanding role as a set of occupations related to one's function within society and culture in which is immersed (TOWNSEND; POLATAJKO, 2013). Likewise, the role of mother is frequently identified as valuable by women who are mothers as well as characterized by a great responsibility (FRANCIS-CONNOLLY, 2000) and "[...] the need to be confirmed in this new role [...]" (BERLANGA FERNÁNDEZ et al., 2012, p. 160). Also, motherhood is described by women with mental disorders as "[...] a rewarding role that enhances personal value but can also be a challenge [...]" (HACKETT; COOK, 2016, p. 32; PERERA; SHORT; FERNBACHER, 2014b). Roles also influence the way in which

people perceive themselves in relation to their own occupations (POLONIO LÓPEZ; CASTELLANOS ORTEGA; VIANA MOLDES, 2008; TOWNSEND; POLATAJKO, 2013) that is, in their occupational identity (POLONIO LÓPEZ; CASTELLANOS ORTEGA; VIANA MOLDES, 2008).

Therefore, with the arrival of motherhood, it is reasonable to think that a series of changes take place in women's lives, which can be named as occupational transition. Shaw and Rudman (2009), identify occupational transition as changes in what people can do, have to do or are expected to do; understanding that these changes can be accompanied by losses, modifications or acquisition of new roles and, in turn, transformations in occupational meaning and occupational participation (CARLY CRIDER et al., 2014). Thus, the arrival of motherhood can be related to the acquisition of a new role and, therefore, to the transformation of a person's occupational identity, including the appearance of new occupations such as those derived from maternal care and new occupational needs that is, new needs emerge for the person to participate in those wanted or needed occupations (ECHEVERRÍA RUIZ-TAGLE; ORTEGA LERDO DE TEJADA; RIQUELME ECHEVERRÍA, 2009). In this way, motherhood can be identified as an occupational transition. What's more, in these times of change, there are factors that facilitate such transitions, such as preparation, social support, and continuity of occupations and participation in them; while others, such as lack of skills, education and social support, cultural differences, linguistic barriers and multiple transitions, would make them difficult (CARLY CRIDER et al., 2014).

Occupational transition linked to motherhood can bring situations that challenge the ability to satisfactorily participate in new occupations. Specifically, when this occupational transition happens living with a mental disorder, it has been reported that there are additional barriers, such as stigma, lack of preparation of professionals on this intersection or the stress of managing care responsibilities with the symptoms (ABEL et al., 1996; AWRAN; HANCOCK; HONEY, 2017; BROCKINGTON; BUTTERWORTH; GLANGEAUD-FREUDENTHAL, 2017; PERERA; SHORT; FERNBACHER, 2014a), which limit opportunities to participate in meaningful occupations. Thus, we understand that there are limitations to occupational rights and occupational justice, not only due to difficulties to participate in wanted or needed occupations, but also in terms of receiving the necessary support to participate (WORLD…, 2006). It is fundamental to explore

occupational transition linked to motherhood of women with mental disorder from an approach that addresses people's occupational rights.

Thus, we propose that understanding occupational transition linked to motherhood and occupational needs emerged from it, using a critical perspective, can contribute to enrich the field. On the one hand, it will collaborate in the interdisciplinary dialogue that demands specific knowledge of this phenomenon for the population profile of women with mental disorders, as we previously elaborated, generating knowledge from an occupational perspective; and on the other hand, we believe that the proposed theoretical approach will provide elements that, ultimately, can inform occupational therapy actions that contribute to grant people's human and occupational rights.

1.3 The role of occupational therapy and occupational needs linked to motherhood

Several authors report on the need to address motherhood from the health services (SLOOTJES; MCKINSTRY; KENNY, 2016; RODRÍGUEZ HERNÁNDEZ; FLORES MARTOS; MORUNO MIRALLES, 2012), since it is considered that both this role and the activities involved regarding maternal care have been neglected by health professionals, which may be due to the widespread stereotype that motherhood is an innate women's capacity (BASSET; LAMPE; LLOYD, 1999; LARSON, 2000). Overall, literature describes services addressing motherhood focus on approaches that allow answering to what seems to be a common problem: the acquisition of the role and the skills related to the care of children. These approaches seem to be carried out frequently, in parallel with work for positive child development, in contexts such as mental health units or the complementation of mental health and early care services (GÚTIEZ; SÁNCHEZ; SIERRA, 2011; VERROCCHIO; AMBROSINI; FULCHERI, 2013; BERLANGA FERNÁNDEZ et al., 2012; BASSETT; LAMPE; LLOYD, 1999; BASSETT; LAMPE; LLOYD, 2001; BASSETT; LLOYD; KING, 2003; CABELLO IBARRA et al., 2008).

Similarly, when motherhood/fatherhood are approached from occupational therapy, the reviwed literature suggests that the services offered by this profession are usually provided, or suggested to be provided, in maternity care services in general, and in mental health services, particularly when there is a mental disorder (SLOOTJES; MCKINSTRY;

KENNY, 2016; BASSETT; LAMPE; LLOYD, 2001; BASSETT; LAMPE; LLOYD, 1999; RODRÍGUEZ HERNÁNDEZ; FLORES MARTOS; MORUNO MIRALLES, 2012; BASSETT; LLOYD; KING, 2003).

A qualitative study exploring occupational therapists' perspectives working in mental health care services of the British national health system recognizes the need to address the roles related to motherhood/fatherhood, since this service's users have occupational needs linked to these roles. These professionals point out that occupational therapy practice is fundamental. However, they have doubts about how to do it. Counseling, joint problem solving, facilitating co-occupations or recommending other services are among the interventions used (HACKETT; COOK, 2016). Similarly, in a comprehensive mental health care service in Australia, a program was designed for people with severe mental disorders with school age children under their care (BASSETT; LAMPE; LLOYD, 2001). In the design of the program, which is implemented by the entire rehabilitation team, the contribution of occupational therapy was essential. According to the authors, understanding that with motherhood/fatherhood a new role was added in these people's lives and, therefore, new occupational needs should be evaluated and addressed, was essential. This program, in which groups with parents, children and joint activities were held , obtained positive results such as the reduction in readmissions in mental health services by adults, improvement in child related responsibilities management , as well as in activities that promote children's healthy development (BASSETT; LAMPE; LLOYD, 2001). Moreover, also in Australia, occupational therapists focused on addressing the problems related to children's nutrition (and families') of women with mental disorders that had few socioeconomic resources (BASSETT; LLOYD; KING, 2003). They developed a program that sought to optimize their resources while improving their diet, proposing healthier alternatives in their menus. Participants of this study, who also participated in the aforementioned program (BASSETT; LAMPE; LLOYD, 2001), incorporated healthier living habits, in terms of nutrition for example, increasing fruit and vegetables intake, improving family health "[...] we did not get sick like last year [...]" (BASSETT; LLOYD; KING, 2003, p. 372).

Despite the positive results of these interventions, we identified some limitations. First, the socio-historical context in which these programs and research are

developed, United Kingdom and Australia, differs from other countries, limiting the transferability of the proposals. What's more, the perspectives used in these interventions focus on improving people's abilities (taking on new responsibilities, incorporating a healthier lifestyle, among others). These responses from the discipline, focused mainly on changing in the person what is necessary to function in society, limiting the complex and situated understanding necessary to understand occupational and human rights challenges that occupational transition related to having children entails when living with a mental disorder. That is, they do not include a critical stance that contributes to the discussions indicated in section 1.2. Finally, most studies address fatherhood and motherhood identically, without addressing the differences experienced by men and women. Also, when the participants are women, a gender approach is not incorporated, developed as a key at the beginning of this discussion.

For all these reasons, we considered necessary to carry out a study to explore the experiences of women with mental disorders who are mothers, in our context, Galicia, Spain, and, specifically, to deepen the understanding about the occupational needs that arise in the process of occupational transition linked to motherhood. Consequently, we propose to identify and describe what their occupational needs are, with the ultimate goal of improving occupational therapy professional practice in this area, focusing on occupational justice. This study aimed to identify and describe occupational needs experienced during the occupational transition linked to motherhood, from the perspective of two women with mental disorders in Galicia.

2 Methodology

2.1 Type of investigation

This study aims to describe the occupational needs experienced during the occupational transition linked to motherhood of women with mental disorders. For this purpose, a qualitative methodology was used to approach maternity experiences of women with mental disorder. Unlike quantitative methodology, qualitative research addresses each person's subjective experiences and does not intend to generalize these findings to the totality of human beings; but rather to get a greater understanding of these individual experiences that allow searching for new strategies to guide professional practice e(BURNS; GROVE, 2004), in this particular case, occupational therapists' practices.

2.2 Type of research design

A phenomenological approach was used, since it was intended to identify occupational needs existing during the occupational transition linked to motherhood of women with mental disorder, by "[...] capturing the meaning of the lived experience [...]" (BURNS; GROVE, 2004, p. 390), in its own context and assuming that this knowledge is intertwined with the experiences (BURNS; GROVE, 2004; LAW et al., 1998; ROBERTSON-MALT, 1999), in this case about their occupations and motherhood. This situated and contextual knowledge is fundamental to be able to elaborate a critical discussion that addresses rights issues, as we proposed in the previous section.

2.3 Context and scope of study

Galicia, one out of the seventeen Spanish Autonomous Regions, was the study's context and, therefore, it refers to the services currently available to the Galician health system for maternity care. These services include a hospital admission period that varies between 48 and 96 hours; a postpartum check-up that takes place between the second and sixth week after hospital discharge; and the voluntary attendance to postnatal maternal education courses, directed by midwives in primary health centers starting with pregnancy (prenatal) and with an overall duration of 8 weeks (PERRY; CASHION; LOWDERMILK, 2008; XUNTA…, 2008). Also, in some cases, women with mental disorders are referred to social services, directly from the hospital, at discharge (PERRY; CASHION; LOWDERMILK, 2008; XUNTA…, 2008). However, there is no evidence of motherhood related mental health intervention programs, both in Galicia and Spain. There are not such intervention programs neither in the Strategic Mental Health Plan of Galicia (2006-2011) nor in the Mental Health Strategy of the National Health System (MADRID, 2007), when both documents constitute the political landscape in mental health in these areas.

2.4 Selection of participants

Participants were selected through purposeful sampling, according to the criteria presented in Table 1 (BURNS; GROVE, 2004).

2.5 Access to the field

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Access to the field was carried out through a "gatekeeper". This gatekeeper volunteers at an association of people with mental disorders in Galicia. She acted as an intermediary by putting in contact the researcher in charge of the field work, with the women interested in participating. These women fulfilled the inclusion criteria, and were invited to participate by being offered a study information sheet and being the researcher available for them to clarify any question.

The fieldwork was carried out between November 2015 and June 2016 by the first author who, although not a mother, lives with a 6-year-old girl from the moment of her birth and with whom she keeps daily direct contact, providing some closeness to the study phenomenon. A reflexive journal was used to question her position on this topic. These reflections were discussed, throughout the research process, together with the rest of authors, to ensure that the research process generated the necessary space for participants' voices and experiences to be heard.

2.6 Participants' profile

Eventually, two women participated in the study, whose pseudonym was chosen by them (Table 2).

2.7 Method of data collection

Interview was chosen as data collection method, specifically, a semi-structured and open interview, that was individually directed to each of the participating women (BURNS; GROVE, 2012). Interview was chosen since it allows knowing the experiences of women with mental disorders who are mothers, through a dialogue between the researcher and the participant in which the interview is only used as a script that helps to focus on the topic to be treated, without a fixed sequence of questions, and always contemplating the variety in the breadth and meaning of each participant's responses (BURNS; GROVE, 2012).

Two meetings were held with each participating woman, lasting approximately one hour and with a minimum of 10 days of separation between the

Table 1. Inclusion and exclusion criteria.

Inclusion criteria	- Being a woman, over 18 years old.
	- Have at least one child between 3 and 10 years old (*).
	- Haber tenido la custodia del menor desde su nacimiento.
	- Have a diagnosis of mental disorder, before pregnancy and maintained throughout the first 3 years of her child's life.
	- Live in the Autonomous Community of Galicia.
Exclusion criteria	- Being in a condition of non-stability, related to mental health, in which participation in the study can increase the situation of vulnerability of the person.

(*)This criterion was considered, since the first 3 years of a child's life are identified as the stage in which he has the greatest dependence on his parents, and, therefore, with greater "occupational burden" for them (FRANCIS-CONNOLLY, 2000). It was considered cautious for the study, to approach the experiences of mothers who have already lived through this stage, and for their participation, to both enrich the study and not cause harm to them.

Table 2. Participants´ profile.

	María	Azucena
Age	39 years old	37 years old
Nationality	Spanish	Spanish
Marital status	Single/divorced	Stable union
Nº of children	4	1
People living together	2	3
Context	Urban	Urban
Diagnosis	Mixed personality disorder and anguish disorder with agoraphobia	Simple schizophrenia
Studies	Basic formation	University students
Productive occupation	Housewife	Professor

first and the second meeting. These meetings were carried out in a place and at a time agreed between each participant and the researcher; always trying to guarantee an environment in which the participant could feel comfortable and relaxed. Each of the interviews was audio recorded and transcribed by the first author, with participants' consent. Parallel to the interview, each participant was observed during the course of the interview. This observation was not standardized, not participant and direct (VALERO MERLOS; SAN JUAN JIMÉNEZ, 2010). The observations were collected as field notes to contribute to a better understanding of the verbal content of the transcriptions and the study phenomenon (BURNS; GROVE, 2004).

2.8 Data analysis method

Thematic analysis was used as data analysis method, allowing "[...] to identify and capture the essence of the phenomenon [...]" (GONZÁLEZ GIL; CANO ARANA, 2010, p. 2), and therefore to identify and describe the occupational needs experienced during the occupational transition linked to motherhood.

2.9 Ethical procedures

This investigation protects the privacy and confidentiality of the data of the participants, in accordance with the Organic Law 15/1999, of December 13, on the Protection of Personal Data (ESPAÑA, 1999) and Code of Ethics of Occupational Therapy (CREPEAU; COHN; SCHELL, 2005). The information that would allow identifying the participants was eliminated and informed consent for each participant was obtained.

2.10 Criteria of rigor

The rigor of this research study has been guaranteed according to the criteria of logical consistency, credibility, confirmability and transferability (SALGADO LÉVANO, 2007). In this sense, confirmability was ensured by: making explicit the positioning of the person in charge of the fieldwork; discussion among authors as well as field notes aiming to contribute to a greater understanding and depth of the situation; and, finally, the detailed descriptionof the research process. Transferability was ensured by describing the contexts and situations in detail, and by discussion as to how testimonies allow to signpost actions to improve both, an general approach to motherhood, and a specific approach

to motherhood for those women living with mental disorder, from occupational therapy.

3 Results

"Daily life before the change" and "I gave birth to him and he gave me my life" were the two themes emerged from the experiences of these two women, regarding to their occupational transition linked to motherhood.

Daily life before the change refers to what the occupational experiences of the women participating in the study were like, before becoming mothers. Regarding these occupations, both participants claim to have been studying and interrupted their studies with motherhood.

> [...] *I was studying first* [a Vocational Training course] *and when I got pregnant and got married I started a new life* [...] (María).

> [...] *Just before I was studying* [a university degree] [...]. *My day to day was to go to college* [...] (Azucena).

The time spent resting is also identified in a common way by both women, either as a side effect of medication or directly due to the mental health situation they were living.

> [...] *I always took a nap because the medication left me quite tired* [...] (Azucena).

> *I was in the room... I was lowering the blinds* [...]. *I slept yes. It was sleeping, sleeping and sleeping* [...]. *I went out to take care of my grandmother and when I did not go, I locked myself in the house* [...] (María).

On the other hand, the participation of these women in occupations carried out with other people, before the arrival of their motherhood is influenced by their perception about the existing supports in their closest environment. Thus, the perception related to the existence of such supports is accompanied by a greater participation in activities, together with other people.

> *With my family, we then ate every day together* [...]. *In the afternoons I used to be with my mother, I spent a lot of time with my mother, it was like ... a very, very big support* [...] (Azucena).

However, according to the participants, having little or no support in their closest environment corresponds to a lower participation in occupations in the company of other people.

Now, at this moment, the relationship with my father is critical [...]. *And with my mother it is ... it happens a little* [...]. *My parents do not recognize my illness, they say that I have nothing, they are telling me to stop the medication* [...]. *I have brothers, but they are also in their life* [...]. *I have no support from them at all. We'll see each other two or three times a year at the specific parties that my mother holds* (Maria).

Therefore, both participants identify studies as present in their lives but also in both cases these studies are unfinished. However, despite the fact that rest is recognized as an occupation whose presence is a determining factor in the configuration of their daily activities, its importance is different. The existence or not of supports directly impacts the occupations they share with other people, which take a priority role in their lives.

"I gave birth to him and he gave me my life" refers to a change in their life expectation, produced by their own motherhood, and that could correspond to a change in their occupational identity. This change is identified as positive, becoming the impulse to transform the course of their lives or the situation they were living. Having a child, they say, allowed them to move from a conditioned life, among other situations, due to their mental disorder, to another in which they are their own protagonists. In the experiences of both women, there are stories in which their ability to be mothers had been somehow questioned for different reasons, for example, the medical recommendations, the existing stigma towards people with mental disorder or the withdrawal of custody of their other children:

[...] *What happens, when you get diagnosed with a mental illness, stigma, you cannot have a child* [...] (María).

[...] *I had been recommended not to have children because of my depression medication* [...] (Azucena).

In contrast, motherhood became an opportunity to return to other occupations, acquire or resume old routines and reconfigure their identity, from the moment of pregnancy, and that is accompanied by a profound change in the course of their lives:

[...] *I remember going to the first ultrasound and being told, well, it's a girl, and I started to cry because it was like ... a change came,* [...] *a human being came to my life that totally changed me* [...] (Azucena).

It gave me a lot of strength, it was when I felt his kicks in the belly [...] *I do, I feel* [even] *stronger; I am sometimes impulsive, but more determined* [...] (María).

Also, the arrival of a new child produces a change in these women's occupational identity, in which age and experience in the management of maternal occupations influence:

[...] *It is not the same to be a mother at 18 as at 30 or so* [...]. *It was different. I know how to handle it better* [...] (Maria).

With their motherhood, daily occupations change, which implies a deep reorganization of occupations. In particular, leisure changes, increasing the time devoted to maternal occupations.

Yes, uh... some activities changed [...]. *Your daily life is often swinging between picking him up from school, taking him there* [...] (Azucena).

Similarly to the perception of support in their closest environment, motherhood also influences the continuity of women's occupational experiences. In this way, the woman who perceived greater support in her immediate environment and who participated in occupations with others, usually leisure, maintains these pre-maternity occupations, even though she has less time to do so.

Also, both women claim to have contacted associations or other informal groupings, specialized in maternity. However, the perceived support is also experienced differently by each one of them; in one case, this support is recognized as essential in the preparation for motherhood in the months before birth and in supporting the changes that arise after starting this new stage; and in the other case, it is conceived as insufficient and exclusively as material support.

[...] *just before giving birth, I also went to some classes with a midwife to learn how to breastfeed, I attended an association, once a week, an hour and a half or so* [...]. *All related to motherhood.* [...] *I had above all a nurse who* [...] *she was even when I wake up* [...] *and the following months* [...] (Azucena).

[...] *another friend, she told me about* [association X] *when I did not know very well what the association was about and it was about helping single mothers* [...]. *They got me the crib, but they did not get me the clothes he needed* [...]. *Neither diapers nor milk* [...] (María).

In this way, this lack of perceived support even leads to the statement that there should be greater support for motherhood, including economic ones, or,

at least, that the option of access to these associations or specialized supports should reach all women; this last option was supported by both mothers. On the other hand, the impact on occupations, with the arrival of motherhood, is also identified with changes in the activities of daily life related to the care and cleaning of the home, and with the acquisition of maternal occupations, in which the occupation that both women enjoyed most in the first moments is to walk with their children. The perception or not of support in their closest environment, is also related to the distribution of maternal occupations. The more support is perceived the more the occupations with other people in the close environment are shared. This distributions is also largely influenced by the mental health situation in which the person was at that time. Both women identify that motherhood allowed them to acquire new strengths or exalt existing ones, identified as a struggling mother or as a responsible mother:

> [...] *I am myself by fighting with her* [...] (María).

> [...] *well I am a very responsible person, so I think that I can instill that a bit in her* [...] *then she, now, well she is a girl who brings good grades, who behaves well* [...] (Azucena)

Regarding the main challenges mentioned in the first moments of their children's lives, both women highlight a difficult delivery. Their mental health situation and the side effects of the medication could have influenced caring for their children, raising different fears during pregnancy or occupational challenges in care. For example, medication's impact on the fetus or the fear not to hear the baby because of its side effects. However, most of the occupational challenges experienced in the care of their children are not related to these factors, but rather they are associated with certain stages of child development and with aspects that arise in the day-to-day care, or with factors that condition their maternal occupations, such as economic instability or the fact that their child has a disability.

> [...] *at the beginning, I was very passive, then for me, thing got complicated because at home it was quite difficult to handle* [...]. *There were days that I was a bit overwhelmed* [...]. *Some things were too much, they were too big* [...] (Azucena).

> [...] *difficulties were economic* [...]. *I asked for support because he is a child, besides my child has a disability* [...]. *Before, I did not go to* [extracurricular] *activities* [...] *and there was a huge change in my son. There were neither support for the activities nor anything* [...] (María).

In this way, both participants identify that there was a change that directly modified their occupations and the distribution of time spent in each one of them. Also, they identify this change with the acquisition of new occupations related to maternal care, many of them highlighted as meaningful by themselves; by the perception of different types of support, including those of their close environment; by the existence of new strengths or by the exaltation of those already present; also raising new challenges that are directly related to these maternal occupations.

4 Discussion

The aim of the study was to identify and describe occupational needs experienced during the occupational transition linked to motherhood, from the perspective of two women with mental disorders in Galicia. The themes emerged were *"Daily life before the change"* and *"I gave birth to him and he gave me my life"*, which respond in a transversal way to this objective. Likewise, we sought to address these experiences from a critical perspective, which helps to envision how to work towards occupational justice. This will be done in the next sections.

4.1 Mediators of occupational transition linked to motherhood and new occupations

The results of this study empirically exemplify how motherhood changes participants' roles, occupations and occupational identities, consistently with what is described in the literature as an occupational transition (SHAW; RUDMAN, 2009; CARLY CRIDER et al., 2014).

In this process, the participants signpost that there are elements that facilitate this occupational transition. The appearance of a new occupational role as a mother seems to be a vital turning point that brings about a profound change in the participants' occupational identity and contributes to a positive transformation of their lives (*"I gave birth to him and he gave me my life"*). This change in occupational role contrasts with some occupational experiences before motherhood. For example, the need to use a significant amount of time to rest, which participants link to their mental disorder. Thus, it could be interpreted that the role of person with mental disorder and the occupations associated with it had a considerable weight in their daily

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life before their motherhood. However, being a mother, as a positive role, gives a new meaning to their day-to-day life, surpassing even limiting and stigmatizing discourses ("[...] What happens, when you get diagnosed with a mental illness, stigma, you cannot have a child [...]" (Maria)), resulting in an empowering experience for these two women. These findings are attuned with several previous investigations in which motherhood for women with mental disorder results in a positive change in their identity and provides new activities (PERERA; SHORT; FERNBACHER, 2014b) to perform in their occupational repertoire. In this sense, it has been argued that these experiences are related to the great importance and high social value of being a mother in society (PERERA; SHORT; FERNBACHER, 2014b). We understand that, in addition, the great positive impact, reported in interdisciplinary research and in the present study, is related not only to the high social esteem linked to motherhood in a patriarchal society but also to the stigma and low social esteem related to previous roles such as "being" a sick person due to a "mental disorder" (CORRIGAN, 2004; WIG, 1997). Thus, this occupational transition produces a change in self-perception and social perception, which generates spaces for participation in new socially more valued occupations (walking with their children instead of sleeping, for example) and having a positive impact on their well-being. Given this idea, we reflect on the occupational opportunities and occupational roles of women living with a mental disorder: are there other occupations and roles that generate similar transformations? What elements prevent this from happening? What actions are carried out from occupational therapy to work in favor of occupational justice in these cases? These reflections open another dialogue, which is beyond the scope of this article and that has been addressed by other authors (GALHEIGO, 2011a; MALFITANO et al., 2014; POLLARD; SAKELLARIOU; KRONENBERG, 2008).

Preparation, social support, and continuity of participation in occupations are among the factors identified as facilitators of occupational transitions in the literature (CARLY CRIDER et al., 2014). Similarly, the case of one of the participants points out family support, is not only a facilitator of her occupational transition process and participation in her current occupations but also as very important before her motherhood. In this way, Azucena participated in leisure occupations and activities with other people before her motherhood and continues to do so after becoming a mother. Previous

research (AWRAM; HANCOCK; HONEY, 2017; PERERA; SHORT; FERNBACHER, 2014b) also indicate that family support is fundamental for mothers who have mental disorders, as they provide emotional and logistical support for the care of their children. Findings, in addition, relate this support with the accomplishment of satisfactory activities before and after motherhood, which can contribute to the well-being of mothers during the occupational transition process and contribute to their participation in those occupations that they want or need to do (TOWNSEND; WILCOCK, 2004; WORLD…, 2006).

On the other hand, the findings illustrate barriers or negative elements that hinder occupational transition and participation in occupations that these mothers want or need in a situated and contextual way. Some of these barriers have already been mentioned, such as stigma. Others are exemplified and resized when the experiences of María and Azucena are confronted: the lack of social support (in María's example) produces the opposite impact in the experience of Azucena. The lack of support not only impacts on maternal care but also on the possibility of maintaining or participating in other occupations that contribute to Maria's well-being, such as activities with others or leisure. These barriers to participating in occupations related to childcare are consistent with the results of the research by Bassett, Lampe and Lloyd (2001), and Hackett and Cook (2016). In both studies, the social support network constitutes a fundamental element that limits the occupational roles and participation in child care occupations, while its presence contributes to participation in meaningful occupations.

Regarding the specificities of facing the process of becoming a mother having a mental disorder, both participants indicate that there was a lack of information, (and understanding or comprehending this information). As examples, participants convey their fears and insecurities about the consequences of medication on the fetus, or about how to manage medication to continue participating in occupations that contribute to this new occupational identity, caring for their children (for instance fear of not hear their children due to the medication). The need to pay special attention, from the health professions, to mothers with mental disorders as well as to children, has recently been endorsed by professionals from 33 nations proposing a specific area of study and practice (BROCKINGTON; BUTTERWORTH; GLANGEAUD-FREUDENTHAL, 2017). We believe that it is not only necessary to increase the specialization of professionals in these areas, but

also to raise awareness among all those who already address motherhood to identify, act and/or refer people who live this process with a concomitant mental disorder to empower and promote for those involved their rights.

Finally, the findings illustrate contextual barriers that hinder participation in these meaningful occupations related to economic instability. The socioeconomic crisis in Spain, and more specifically in Galicia, and its impact on daily occupations has recently been studied (RIVAS-QUARNETI; MOVILLA-FERNÁNDEZ; MAGALHÃES, 2018; VEIGA-SEIJO; FARIAS; RIVAS-QUARNETI, 2017). Similar to what these mothers live, the studies by Rivas-Quarneti, Movilla-Fernández and Magalhães (2018) and Veiga-Seijo, Farias and Rivas-Quarneti (2017) document the great volatility of employment in this context, generating situations of economic instability that have an impact on participants' entire occupational repertoire. For instance, for immigrant women living vulnerable situations, participating in daily occupations, in which structural violence is experienced, but in which they also resist, has been named occupational struggles. Many of the participants in that study had children under their care and maternal occupations added stress and gratification equally in this struggle. These experiences resonate with those of María and Azucena.

4.2 An occupational perspective: understanding the complexity of motherhood with mental disorder? Towards a praxis committed to rights

There are elements that are considered as fundamental for maternal occupations for people with mental disorders, such as symptoms or medication (VERROCCHIO; AMBROSINI; FULCHERI, 2013). However, findings of this study show that participants' mental health situation, together with the side effects of the medication, are secondary for their motherhood. Participants express fears, insecurities, and difficulties for caring that are often identified by other women who are mothers. Thus, this study is consistent with others in which the repercussion of motherhood is conceived as a challenge to the autonomy of parents (FRANCIS-CONNOLLY, 2000; DE GRANDE, 2015), as a difficulty to continue living previous occupational experiences, and by a malaise and insecurity caused by not knowing how to take care of children and motivated by changes of children's

development in some moments (DE GRANDE, 2015).

In this way, according to the study by De Grande (2015, p. 7) on "[...] the problematic aspects of motherhood and fatherhood [...]", it can be said that the occupational needs experienced during occupational transition linked to motherhood of women with mental disorders do not differ greatly, and always considering the specificities mentioned, of the occupational needs that any mother can experience. This invites us to reflect on whether it is necessary to talk about a type of motherhood because of having a mental disorder or understanding that motherhood diverse, this situation is just one more way of being a mother, who needs to be addressed within its unique character.

At the same time, the theoretical framework and the critical stanced used help to glimpse situations of occupational injustice. For example, the unequal access to identified associations, organizations or health services specialized in maternity; which shows that not only the right to motherhood but the right to receive support and protection in the course of it, is not currently being granted in our context (NACIONES…, 1948, 2006; UNITED…, 1993). Although se findings can not be generalized, it is reasonable to think that this unequal access is causing that a large number of mothers do not to receive the necessary support during their occupational transition linked to motherhood, and therefore, they are not fulfilling some of their human and occupational rights.

From this study, and taking as references professional practice in other countries (BASSETT; LAMPE; LLOYD, 1999; BASSETT; LAMPE; LLOYD, 2001; BASSETT; LLOYD; KING, 2003), we argue that occupational therapy has a place in health services for general maternity care and also resources for mental health care. Specifically, Cabello Ibarra et al. (2008) argue that in associations of people with disabilities, motherhood is not being addressed. Therefore, this is another opportunity for occupational therapy to approach and act: the third sector of social action (associations, nongovernmental organizations, groupings, etc.).

Finally, the critical perspective used enabled to understand occupational needs as situated. From this perspective, the phenomenon has been problematized, differently to previous studies in which it has been addess as a technical issue (BASSETT; LAMPE; LLOYD, 1999; BASSETT; LAMPE; LLOYD, 2001; BASSETT; LLOYD; KING, 2003). This study also contributes by incorporating social (eg: stigma), political (eg: available resources), economic (eg: instability),

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gender (eg: gender focus) and cultural (eg: different understandings of motherhood) issues in order to not over simplify it. This is of great relevance, since critical voices of the discipline have pointed out oversimplification of social problems as a fundamental barrier for occupational therapy to become a socially committed and relevant discipline that seeks to grant people, groups and communities' occupational rights, (FRANSEN et al., 2015; MALFITANO et al., 2014; GALHEIGO, 2011b). From this position, it is possible to imagine and reinterpret action scenarios for working with women with mental disorders who are living a process of occupational transition linked to motherhood, such as awareness-raising in society in general and for social and health care professionals in particular; advocacy; political actions that, for example, integrate this angle into existing resources or generate new and innovative ones, among others.

4.3 Limitations and strengths

A second meeting with one of the participants could not be held due to the impossibility of contacting her again. The number of women participating in the study, as well as the access to the field through the same person, limit access to more diverse information. Therefore, it is proposed to overcome the limitations in future studies. The strengths of this study are related to the theoretical perspective and access to a commonly stigmatized population.

5 Conclusions

There are barriers and facilitators in the process of occupational transition linked to motherhood of women with mental disorder participating in this study. Facilitators are the meaning that the new role of motherhood gives to their lives and the opportunity for transformation that entails: from person with mental disorder to mother, both roles with practically opposite social values. Thus, occupational transition linked to motherhood has a positive impact in terms of accessing meaningful occupations. However, there are also barriers, such as lack of support or information regarding the management of aspects regarding to mental disorder (such as medication) and maternal care. There are also other barriers that hinder participation in these new meaningful occupations, such as economic instability, which are similar to those experienced by other profiles of women in the same context. Thus, the occupational and critical perspective of this study allowed to situate the phenomenon of

occupational transition and to identify potential occupational therapy roles to promote human and occupational rights of these women. These include from the incorporation of occupational therapists in maternity health services or mental health service in particular; to scenarios for action in the third sector or policy design.

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Author's Contributions

Marta Maceira Domínguez: original idea, initial design methodology, field work (entry into the field and generation of data), initial data analysis, articulation of results with existing bibliography. Draft initial and final text (bibliographic search, sources, format). Natalia Rivas-Quarneti: advice and refinement original idea, study design, data analysis and intellectual work and writing introduction and discussion. Natalia Rivas-Quarneti and Nuria García Gonzalo: Conceptual and methodological supervision of the process. Review and corrections of the final version. All authors approve the final version of the text.