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WOMEN WITH MENTAL SUFFERING AND MOTHERHOOD: THEMATIC VERBAL HISTORY

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ABSTRACT

Objective: Display stories of women with mental suffering on the experiences of motherhood. **Method:** A descriptive, exploratory research with qualitative approach, performed in a Psychosocial Care Center in the countryside of a state of northeastern Brazil. The production of material occurred by means of interviews with six collaborators, using questions from a cohort based on theoretical assumptions of Oral History Theme. The analysis was guided by the critical tone of the narratives enabling emerge four thematic categories: "A woman with mental suffering, motherhood and family relations" and "Difficulties for maintenance of the mother-child bonding." **Results**: The study showed that the strengthening of the family and social nucleus is paramount to assist the recovery and potentiate the therapeutic success of women with mental suffering, positively in esteem and in the confrontation of the prejudices and, consequently, facilitate the maintenance of maternal bond. As impediments to the maintenance of the mother-child bonding, we identified the weakening of family relations and socioeconomic vulnerabilities in which women If you were, preventing them from providing adequate conditions for raising children. **Conclusion:** The strengthening of the family nucleus proved to be the most important strategy in the maintenance of motherhood by women with mental suffering.

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INTRODUCTION

From the 1990s on, there has been an increase in discussions on women's health in Brazil. These debates were the result of the strengthening of social movements, the legitimation of rights for women and the creation of the Integrated Women's Health Care Program (PAISM), which was a major milestone in the provision of physical and mental health care for women abroad. of the pregnancy-puerperal period (Rennó Jr *et al.* 2012). Specifically, in the area of mental health of women, these changes were brought about by the movement of the Brazilian psychiatric reform. This movement has boosted the interest about the mental disorders prevalent in the female gender, as for example the common mental disorders (CMD), which has a higher prevalence and incidence on women (Carswell and Moré, 2012).

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Corroborating this, research shows that women are more prone to the development of anxious symptoms, depressive and eating disorders, in addition to being more exposed to situations of vulnerability which influence directly in mental health, such as the gender violence, hierarchical social disparities and relations of power greater propensity to rape and physical and psychological abuse (Senicato *et al*. 2018 and Rennó Jr *et al*. 2012). Women who have symptoms specifies some type of mental suffering, often suffer some kind of discrimination and, sometimes, are excluded from social and family relationships by their stereotyped behaviors. In this way, you will notice that many women prefer to silence the suffering and prevent seek help, fearing prejudiced attitudes by family, friends and health professionals, and this situation, further aggravate their mental health status (Otero and Rodrigues, 2018 and Quintero *et al*. 2017). Generally, when a woman is affected by some mental disorder, the whole family environment changes, especially when she is mother. This

event occurs especially because women are charged by a role culturally linked to the female gender of providing family care and household, you need Having a family readjustment forward to the limitations imposed by the chronic condition of mental health (Oliveira and Braga, 2016 and Silva *et al*. 2015). Knowing how the peculiarities these women's lives facilitates the understanding of their needs, allowing professionals to best use strategies of care for accommodate them, aiming at an accurate diagnosis, effective therapeutic actions to minimize any damage that may affect this woman, her family and social nucleus (Suñé *et al*. 2013). Therefore, seeking to broaden the understanding of this phenomenon, the study aimed to reveal stories of women with mental suffering on the experiences of motherhood.

MATERIALS AND METHODS

Exploratory research with a qualitative approach conducted in accordance with the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ) and guided according to the technique of Oral History (OH). The Oral History, specifically the Thematic Oral History, was elected as a methodological support to enable the understanding of personal experiences constitute a specific event, as the stories of mothers diagnosed with some kind of mental distress (Meihy and Holanda, 2013). The research was developed in a Psychosocial Atention Center (CAPS), size of the interior of a state of the brazilian northeast, being a reference for rehabilitation of users on the system of public mental health in this locality. The selection of collaborators was linked to the community of destiny, which refers to a group of individuals who share similarities in their stories Pertinent to the research question, being composed of 463 women enrolled in the health service studied (Meihy and Holanda, 2013). The composition of the colony, a fragmentation of the community of destiny, was composed by 28 women who had regular monitoring by means of consultation and participation in activities offered by the service. Subsequently the network, subdivision of the colony was formed by six mothers who agreed to participate voluntarily from research, who had at least one son alive and were directed at the time of the interview. It should be emphasized that, for the formation of the network, researchers obtained help from a professional psychology of the institution.

The empirical material was produced by means of an interview only, previously scheduled according to the availability of each collaborator and guided by questions of cohort. The interviews lasted on average 25 minutes and were Audio recorded, with prior authorization, in the space reserved with the presence only of interviewer and collaborator, as a way to ensure privacy and confidentiality. The entire process for the collection of empirical material was guided by three stages: pre-interview, the interview itself and the post-interview, to build coherent discourse. After the seizure of the empirical material, the interviews were subjected to the following stages: Transcription: interviews were listened to and transcribed in full. Subsequently occurred to Textualization, which is the phase where they were removed the questions of cohort and the excesses or repeated words, without losing the characteristics of each narrative, leaving the text in the form of a documental corpus. At this stage were also identified the key tones what are the passages of greater strength within the narratives. Finally, there was the transcreation, a phase in which the text was recreated through the ordination of paragraphs, being withdrawn and added some words and phrases according to observations and notes, but without altering the meaning of the text, thus creating a memorial about the stories (Meihy and Holanda, 2013). Immediately after the end of the transcreation, the text was brought to collaborators for the conference content, being adopted in full by all participants. This time there was also the identification by pseudonyms as a way to be shielded identities of women studied, being adopted the letter "M" followed by the cardinal numeral sequence interview. The analysis of the empirical material was guided by the critical tone of the narratives, which refers to the theme that has greater expressive power within the report of each collaborator. Emerged from the analysis of the similarities and discrepancies between the vital tones the thematic categories: "A woman with mental suffering, motherhood and family relations" and "Difficulties for maintenance of the mother-child bonding". The study was developed based on the ethical aspects of research involving humans recommended by Resolution 466/2012 of the National Health Council and submitted to and approved by the Committee for Ethics in Research with human beings under the protocol number 569,540.

RESULTS AND DISCUSSION

From the production of empirical material, it was realized that the CAPS represents a space of expression of Female Subjectivity and its invisibilities. From the reports of the collaborators it was possible to highlight themes such as: difficulties in developing the maternity, gender violence, oppression, discrimination, difficulty of insertion in the labor market, family conflicts, among others.

The woman with mental suffering, motherhood and family relations: It has been observed that social/family nucleus is a primary factor in offering support, care and strength, enjoying the esteem, aiding in the recovery and maximizing the therapeutic success of a person with mental distress (Costa *et al*. 2015 and Soares and Carvalho, 2009):

> *[...] after that I was sick, my children do not have distanced themselves from me. My daughter, despite not having been raised with me, she goes there at home, gives me attention [...] also I have a brother who is wonderful, he turns to me in the morning, Afternoon and evening to know how I am. My brother, my husband, my son who lives with me worry me [...] (M1).*
>
> *My sister, who lives with me gave me all the support, stayed with my daughter, took it in school, went to pick up, took care of her until I arrive after hospitalization. My daughter and I had a very strong relationship, until we slept together. When she learned of my problem, she was sad and wept much, but despite me being sick, she has not departed from me in no time, the ratio of people continued strong(M2).*

The speeches of the collaborators, it became evident that the family support is an essential factor in the psychological and social recovery of these women, in the face of the prejudices and maintenance of maternal bond.

After the psychiatric reform the family began to be recognized as one of the main contributing factors in the treatment of individuals with mental suffering. With the deployment of the Psychosocial Atention Centers (CAPS), there was a expansion and strengthening of the maintenance of the individual in distress in the family context throughout the therapeutic process, as a way to stimulate the bond, care and social inclusion (Costa *et al*. 2014 and Rossi *et al*. 2017).

In this way, when they are feasible strategies for health care and support of social and family devices, it becomes possible to establish a healthy bond for the exercise of motherhood, as shown in the following report:

[...] I see my son until today, I see, I go there whenever I can and when I go visit he speaks to me, gives me affection and also I always visit also [...] Now I am well, I monitor my health right and I got a job and a house, only lack him to decide if it wants to live with me or not [...] (M3).

You will notice that the maintenance of maternal bond is configured as an important strategy to ensure the therapeutic success of this woman, once the maintenance of the link with the children you impels the pursuit of health services to prevent crisis situations, the emotionally supports, assists in the face of Difficulties and prejudices, and stimulates the social reintegration of labor and seeking financial maintenance of children. Corroborating this statement, one study showed that the family support along with the regular monitoring in mental health assistance, configured as predisposing factors for the maintenance of activities of daily life, so favors the exercise of their autonomy, thereby allowing women with mental suffering to be protagonists of their own lives and Providers of care for their children (Greinert *et al*. 2018 and Soares and Carvalho, 2009).

Difficulties for maintenance of the mother-child-bonding

In spite of the good relationship between the woman with mental suffering and the family network is important for the maintenance of the exercise of motherhood, the potentiation of therapeutic success and social inclusion and labor, it is sometimes weakened by mental health condition of women.
One study showed that mental suffering can be a triggering factor of instability and family disruption, in particular when they arise or worsen the symptoms caused by the disorder, when the family does not understand the specificities of the disease or even due to changes in daily family (Jesus *et al*. 2014). It was observed, in the speeches of some collaborators, that the lack of family support and social devices make it difficult to maintain a maternal-infant bonding, causing a loss in mental health, already weakened, these women:

I let taking care of my son because I was sick, I was just being hospitalized [...] I was taken from him and told my son I was crazy, put it on his head when he was little today my son is twenty years old, still lives with his father, because the judge said that I can't stay with him [...] I suffer a lot from this (M3).
[...] my sister made a complaint to the judge saying that I was crazy and that the girl was being abused, so the tutelary council and the police took the girl and gave her a woman to raise my daughter and I couldn't see more [...] this is what hurts me the most in life, I cry and I suffer a lot for being separated from her (M4).

In study showed that women with mental problems that present crisis situations divide the professional opinions about the separation between mother and son as a measure of protection (Barbosa and Jucá, 2017). Despite understanding that protective measures aim to preserve the physical and mental integrity of the child, it is clear that few studies seek to investigate the consequences of this removal for the mother-child binomial, thus we see that such actions are based on a sociocultural stigma that people with mental problems are dangerous and not seeking to enhance the provision of care and support networks for women.

Psychic illness, especially if it is severe, usually results in social failures, communication and interaction difficulties among the affected people. In this context, the preservation of the right tomotherhood is perceived as a factor in health promotion and disease prevention, since the guarantee of the mother-child relationship can be a structuring factor for these women, both personally and socially (Barbosa and Jucá, 2017). Another point perceived through the stories of the collaborators concerns the socioeconomic difficulties faced by these women, often resulting from the lack of social support and legal provisions. It was observed in the speeches that although these difficulties are not directly linked to the condition of mental suffering in which these women find themselves, social vulnerability can act as a strong promoter of the worsening of their condition.

[...] I had difficulty raising my three children! I had to beg them to feed them, it was the only thing I could do because I couldn't get a job and I had no help from anyone [...] it's too big a pain for a mother not to have food for her children , it disturbed me too much (M5).
[...] I live in a place and I am very poor, I almost had nothing to eat [...] They took my son from me because I had no money to raise and couldn't even work (M3).
I had three children [...] two of them was my husband's family who raised because I had no conditions, I had no money, so they took them from me [...] (M6).

Even with the gains made in recent decades, women still experience numerous gender-related prejudices, which are even more intense when it comes to a woman diagnosed with some kind of mental distress. This inequality may decrease the likelihood of successful hiring / maintenance.of a labor activity by these women, negatively interfering in their self-esteem, in social and family relations and hindering the economic provision of their children (Levatti *et al*. 2015).

FINAL CONSIDERATIONS

The strengthening of the family nucleus and social cycle proved to be an important strategy for boosting women in the diagnostic search, adapting to their chronic health condition and therapeutic success in the proposed treatments.The combination of these factors enhances the maintenance of motherhood and a stable mental health condition. As difficulties, we identified the fragility in family relationships due to mental illness, socioeconomic vulnerability and

prejudice as impediments to maintaining the mother-child bonding, since these situations make it impossible for women to strengthen a support network and to develop their role in the labor market to provide conditions suitable for their family nucleus. Despite advances in women's health care, it is clear that mental health care in this population is still a challenge. Community-based initiatives aimed at building support networks can be an alternative to strengthen family and social nuclei and include them in women's therapeutic process, as well as being easily applicable and inexpensive for health care services.

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