Psychological and relational meanings of the experience of motherhood with toxoplasmosis

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Abstract
With the purpose of understanding the psychological and relational meanings of the experience of motherhood in the face of toxoplasmosis, a clinical-qualitative study was carried out performing semi-directed interviews with five mothers of babies with toxoplasmosis. The information was submitted to Content Analysis, and the results demonstrated that the psychological meanings include both the presence of difficulties and suffering and the potentiality of the babies and the establishment of emotional mother-baby bonds. Relative to the relational meanings, the importance of support networks was identified, emphasizing the role of family members, health services, and religiosity as sources of support in facing difficulties. However, it was identified that the care is provided primordially to the babies, with the emotional assistance to mothers being insufficient. In conclusion, it stands out that each mother experienced toxoplasmosis from their possibilities and available support network, which affected the establishment of the mother-baby bond.
Keywords: prenatal development; motherhood; mental health.

Significados Psicológicos e Relacionais da Experiência da Maternidade com Toxoplasmose

Resumo
Com o objetivo de compreender os significados psicológicos e relacionais da experiência da maternidade diante da toxoplasmose, realizou-se uma pesquisa clínico-qualitativa, em que foram realizadas entrevistas semidirigidas com cinco mães de bebês com toxoplasmose. As informações foram submetidas à análise de conteúdo e os resultados demonstraram que os significados psicológicos incluem tanto a presença de dificuldades e sofrimento, quanto de potencialidade dos bebês e do estabelecimento de vínculo emocional mãe-bebê. Com relação aos significados relacionais, identificou-se a importância das redes de apoio, destacando-se o papel de familiares, serviços de saúde e da religiosidade como fonte de suporte para o enfrentamento das dificuldades. Contudo, identificou-se que a atenção é dispensada primordialmente aos bebês, sendo insuficiente a assistência emocional para as mães. Em conclusão, destaca-se que cada mãe experienciou a toxoplasmose a partir das suas possibilidades e das redes de apoio disponíveis, o que afetou no estabelecimento da vinculação mãe-bebê.
Palavras-chave: desenvolvimento pré-natal; maternidade; saúde mental.

Significados psicológicos y relacionales de la experiencia de la maternidad con toxoplasmosis

Resumen
Para comprender los significados psicológicos y relacionales de la maternidad frente a la toxoplasmosis, se realizó una investigación clínico-cualitativa, en la que se realizaron entrevistas semiestructuradas con cinco madres de bebés con toxoplasmosis. La información fue sometida a Análisis de Contenido y los resultados demostraron que los significados psicológicos incluyen tanto la presencia de dificultades y sufrimiento, como la potencialidad de los bebés para el establecimiento de un vínculo emocional con sus madres. Considerando los significados relacionales, se identificó la importancia de las redes de apoyo, destacando el papel de la familia, los servicios de salud y la religiosidad como soporte frente a las dificultades. Sin embargo, se identificó que la atención se presta principalmente a los bebés, con asistencia emocional insuficiente para las madres. Como conclusión, se enfatiza que cada madre ha experimentado toxoplasmosis en función de sus posibilidades y de las redes de apoyo disponibles, lo que ha afectado el establecimiento de la conexión madre-bebé.
Palabras clave: desarrollo prenatal; maternidad; salud mental.

Introduction

Aspects of the mother-baby relationship are vital regarding establishing the mental health bases of individuals. Throughout life and the later development stages, a long journey is made that will only present good results if the start is satisfactory (Andrade, Baccelli, & Benincasa, 2017). Hence, the mental health of babies is constructed from the beginning through the relationships they have with their mothers – or primary caretakers –, responsible for offering an environment in which the evolutionary processes and interactions

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of the babies with their surroundings may take place according to the hereditary pattern of the individual (Andrade et al., 2017; Winnicott, 1998).

The satisfactory start of development includes the prenatal period, a time when some complications may affect development, such as toxoplasmosis, which is a disease caused by infection with protozoan *Toxoplasma gongii*. It may be contracted orally through the consumption of contaminated water or food or via the congenital route through the vertical transmission from mother to baby during pregnancy. In this case, it may trigger sequelae for the child, identified from birth (Martins-Costa et al., 2017). The birth of a baby in conditions differing from those idealized by the parents, as is the case of those born with a disability, profoundly interferes with the family dynamic, affecting it in psychological and relational terms. This may represent a challenge to the child's development, given that it may seriously influence how the parents feel towards the child and relate with them (Franco & Apolónio, 2002).

In this context, the way the subjects involved are going to understand, interpret, and signify such an event, which will be singular from the experience of each individual, becomes important. Hence, an injury is never merely an injury but a significant aspect that combines with other significant aspects and acquires meaning according to the relationships and experiences of each family (Bernardino, 2007). In this sense, the child does not just face an innate difficulty but also the manner their caretakers perceive the disease. The way each mother signifies the diagnosis of their child and the feelings arising from this will have a significant effect on their connection with the baby (Mannoni, 1999).

One of the psychological situations that may negatively interfere with the bond with the baby involves the fact that the parents may take the diagnosis as an inexorable fate. Then, the child starts to be seen only from their disability due to the difficulty of the parents in assigning other meanings to them and their body pervaded by the disease, which has been identified in studies with families that had children with disabilities (Almeida & Melgaço, 2016; Silva & Herzberg, 2016). In this sense, it stands out that, besides the disease itself, the psychological meanings and significance associated with it matter especially.

It is worth noting that such an elaboration process is related to the mourning stemming from the disruption from the idealization of the imaginary child in the face of the actual child, a dynamic inherent to typical motherhood and intensified in a context of disease. In general, the "real babies" hardly entirely correspond to the babies imagined by the parents before birth, but this deidealization process often takes place progressively over the development. However, when the baby is born with some organic complication, the child becomes even more distant from the position they previously occupied in the parental imagination, so the deidealization occurs abruptly. Hence, the position the child will begin to occupy from birth on will depend on how the parents signify their child's disease (Franco, 2015; Mannoni, 1999).

Following this line, Dolto (1992) pointed out that, although organic complications may cause disturbances to the bodily scheme of the child, i.e., their body itself, it is the lack or interruption of the affective investment of the parents that may lead to modifications to the unconscious image of the body. Such a concept designates the body image in a psychic sense, constituted by the living synthesis of the emotional experiences of an individual. Also, the healthy evolution of the body image depends on the emotional relationship of the parents relative to their child, the truthful information, in the form of words, that is directed to them early relative to their ill physical state. This is how the psychic place the organic complication of the child occupies for the parents is determined, in the sense of whether they accepted it or not. All the guilt, anguish, and distress experienced by the parents will be felt by the child, whether directed verbally or nonverbally.

That said, it is understood that the parents need to do intense psychic work to elaborate the impact of the birth of their child with an organic complication, requiring assistance and support to do so. Studies such as those by Dezoti et al. (2016) and Sá et al. (2020) point to maternal overload in situations in which the children present disabilities, stressing the importance of the care and support to such women aiming at protecting their psychological health and that of their babies.

From this perspective, social support networks stand out as fundamental factors for supporting parents. Be they of individual, family, institutional, or community order, the networks are considered central in crisis situations. This is because they are characterized as one of the primary devices and resources an individual has to face contexts of difficulty, which may, in the case of parent-baby relationships, potentialize the development conditions of the child (Juliano & Yunes, 2014).

Considered the first social support network of an individual, family is a space of protection in the

face of the tensions and unbalanced of everyday life, including matters related to health and disease. In the study by Franco and Apolónio (2002) with mothers of disabled children, the participants pointed out the importance of having a cohesive family, an aspect that, in the face of changes and difficulties, is fundamental to maintain one's balance. Moreover, family places itself as a means of socialization, formation, and development of subjects, also being responsible for the transmission of cultural, ethical, moral, and spiritual values (Bernal, 2003).

From a health care perspective, the Basic Care Protocol referring to Women's Health (Brazilian Ministry of Health, 2016a) points to the importance of their comprehensive follow-up during the puerperium. The maternal sensitivity state is highlighted, especially relative to the emotional aspects, with the possibility of the woman entering a mild depressive state (baby blues) due to the sentimental ambivalence and hormonal changes of this phase. In this scenario, the role of embracement and qualified listening by the team of professionals in considering the demands and defining care strategies with the necessary referrals is underscored.

Religiosity and spirituality have also been identified as important resources of the social support network for overcoming difficult times (Vasconcelos & Petean, 2009). Studies such as those by Oliveira and Pinto (2019) and Vieira et al. (2015) carried out with mothers of premature babies admitted to Neonatal Intensive Care Units pointed to the exercise of spirituality and religiosity as fundamental in facing the fear and stress, as well as maintaining hope and elaborating the experienced situation.

As mentioned, the presence of toxoplasmosis during pregnancy becomes one of the situations in which there is a threat that the baby might be born in conditions differing from those idealized by the parents, especially the possibility of it being transmitted to the baby. It is estimated that 40% of pregnant women with toxoplasmosis will transmit the protozoan to the fetus, with the confirmed cases considered high risk (Martins-Costa et al., 2017; Brazilian Ministry of Health, 2014, 2018).

According to the Brazilian Ministry of Health (2014), approximately 85% of newborns with congenital toxoplasmosis do not present symptomatology at birth; however, it is estimated that 85% of them will present visual impairments at varying degrees, and 50% will develop neurological abnormalities. For babies that already present signs at birth, the sequelae will be more often and severe, such as blindness, intellectual disability, motor abnormalities, and deafness (Brazilian Ministry of Health, 2014, 2018).

The study by Santana (2007) pointed out that receiving the diagnosis of gestational toxoplasmosis has a significant impact on the mother and the family dynamics established so far due to the knowledge that the disease may directly affect the baby. This was the only study found regarding the experience of motherhood with toxoplasmosis referring to emotional and psychological aspects of such an experience, yet with the focus restricted to the moment of pregnancy. The singularity and specificity of the experiences related to the toxoplasmosis diagnosis are considered, as well as that knowing this process may help instrumentalize health professionals to better care for this specific public. Given the above, this study aimed to understand the meanings of the psychological and relational experiences of motherhood with toxoplasmosis during pregnancy and the first months of the babies' lives.

Method

This study has an exploratory and descriptive nature and is based on the clinical-qualitative method, which seeks to understand the meanings assigned to the elements related to the health of the subjects and their ramifications (Gil, 2002; Turato, 2013).

Participants

Five mothers of babies diagnosed with congenital or postnatal toxoplasmosis participated in the study. They were accessed from a Toxoplasmosis Outpatient Facility created with the purpose of offering care to babies that presented toxoplasmosis diagnoses in a city in the state of Rio Grande do Sul, Brazil, where the said hospital was located.

The following were used as inclusion criteria: having had the experience of motherhood crossed by congenital or postnatal toxoplasmosis; being the mother of a child being monitored in the said outpatient facility; accepting to participate in the study voluntarily. In turn, the exclusion criteria were related to presenting understanding difficulties that prevented participation in the study. Table 1 presents the description of the profile of the studied mothers and babies.

Instruments

For the data collection, individual semi-directed interviews were conducted with the participants with

Table 1.
Description of the study participants

Mother	Age	Education level	Marital status	Number of children	Time of diagnosis	Treatment during pregnancy	Baby sequelae	Baby age	Baby gender
Mother 1	31 years	Complete high school	Married	1	4 months of the baby	Absent	Present	17 months	Female
Mother 2	33 years	Complete high school	Single	3	Pregnancy	Present	Present	11 months	Male
Mother 3	34 years	Complete higher education	Married	3	Childbirth	Absent	Present	15 months	Female
Mother 4	29 years	Complete higher education	Married	1	Pregnancy	Present	Absent	3 months	Female
Mother 5	28 years	Complete higher education	Married	2	Pregnancy	Present	Absent	4 months	Female

questions related to the pregnancy, toxoplasmosis diagnosis, treatments, care given to the babies, and the motherhood experience. Some of the guiding questions that composed the interview script were the following: "How was your pregnancy experience?", "How was the discovery of the gestational toxoplasmosis diagnosis for you?", and "How did you feel upon receiving the congenital toxoplasmosis diagnosis?".

Procedures

This study received the approval of the Research Ethics Committee in charge (CAAE [*Information omitted for the peer review*]). Later, the researcher in charge began frequenting the Toxoplasmosis Outpatient Facility with the purpose of getting to know and inviting possible participants of the study. From this, a time was scheduled for the conduction of the interview with the mothers who accepted to participate in the study, and the possibility of having it at the university or their homes was offered. All participants preferred the latter option, having justified the choice as the most viable due to the attention given to the babies, which hampered the displacement to other locations. A meeting was held with each mother, with a duration of approximately one hour.

At the time of data collection, the Free and Informed Consent Form was presented to the participants to explain the research proposal, expose the risks and benefits, and clarify possible doubts. The guidelines established by Resolution No. 510/2016 were followed, and the principles of autonomy, beneficence, non-maleficence, fairness, and equity were respected, ensuring the rights and duties of the study participants to the scientific community and the state (Brazilian Ministry of Health, 2016b).

Data analysis

The data collected in the interviews were submitted to Content Analysis, seeking to understand the explicit and latent meanings present in the participant discourses (Minayo, 2011). In the pre-analysis step, fluid reading of the transcribed interviews was carried out. Later, through more careful reading, the most significant contents were identified in terms of repetition and relevance, which served as a basis for defining the categories, grouping similar elements (Turato, 2013). With the purpose of reducing the interference of the subjectivity of the evaluators, an analysis was performed among judges in the categorization process. From this process, the results were grouped into two categories that will be developed in the results: 1) Psychological meanings of the experience of motherhood with toxoplasmosis; 2) Relational meanings of the experience of motherhood with toxoplasmosis.

Results and Discussion

Psychological meanings of the experience of motherhood with toxoplasmosis

The participants presented different ways of assigning meaning to the crossing of toxoplasmosis in their experiences, both during pregnancy and the first months of the life of the babies. It is possible to notice the opening of space in the imagination of the maternal figures for attempts to understand what led them to live experiences of motherhood so different from those they idealized (Marques, 2019; Souza & Maranhão, 2018). Some psychological meanings are associated with the blaming for the experience, which falls upon themselves or others. Mother 1 stressed in her discourse the assignment of blame to herself, understanding that her actions may have enabled the contraction of the disease:

> *What if I had done something, you know, I feel guilty because I boiled water in the electric kettle, and the right thing to do would be to boil the water, but I never imagined that there would be something in the water or that the way I was boiling water was wrong. (Mother 1).*

The self-blaming comes from an attempt to assign meaning to this experience so as to seek a reason for the abrupt event that the toxoplasmosis diagnosis imposes, highlighting the possibility of the material figure considering herself responsible for any malaise her baby may go through after birth. Hence, in the case of Mother 1, her daughter was born "healthy", which made her think that, due to carelessness or "incompetence" on her part as a mother and caretaker, her baby was exposed to the protozoan.

The other mothers considered that the blame for the outbreak of the disease lies with authorities. In their perceptions, the authorities must answer for the event of toxoplasmosis, as Mother 5 stated, for example:

> *No one wants to take it on, but look how many children are going to need additional support due to this overall neglect of the authorities. That's why it can't go unchallenged, someone needs to be held accountable, even if it takes years, and I also hope it doesn't happen again. (Mother 5).*

It is understood that thinking about blame and accountability is an important and necessary way to assign meaning to the experience of motherhood crossed by the disease (Souza & Maranhão, 2018). In this scenario, the blame falling on others, as presented by Mother 5 and the other mothers in the study, underscores the search for a culprit and for detaining a sense of control over this experience that exposes the sudden nature and, therefore, of the order of the unbearable and anguish. Thus, one may observe the specificity that falling ill from toxoplasmosis highlights, and, especially, how important the way that the involved subjects will interpret, signify, and appropriate this event is. It is analyzed that this process will be singular but demonstrate some emotional resources highlighted to create individual support and elaborate such an experience.

Another aspect associated with the assignment of meaning to the contraction of toxoplasmosis and resulting sequelae involves the signification of the experience through faith. When associated with health phenomena, beliefs may direct the meaning given to the presence of diseases, allowing different possibilities of interpretation, understanding, and coping with the situation (Oliveira & Pinto, 2019; Vieira et al., 2015), which was made evident in the testimony of Mother 3:

> *God allows it so we may never forget the greatness that He is, and perhaps the permission for Baby 3 to have had this infirmity was that, so I do not forget that He is greater than everything, He is greater than this infirmity, greater than the problem, greater than what I think, far greater, so that I may go on, when I think myself too small I may know that there is someone who is great [...] And the fact that the toxoplasmosis was so aggressive in Baby 3 and God allowing it to be, the contact alone is a blessing, a victory, a miracle (Mother 3).*

Hence, a process of resignifying motherhood with toxoplasmosis is allowed through religiosity, covering the disease with symbolic and sacred meaning and allowing more considerable elaboration and acceptance. It is possible to think that resorting to religiosity may represent to the mothers a possibility of getting familiarized with the impact of the diagnosis and the possibility of sequelae, relating such phenomena to their preexisting religious and psychosocial belief systems, which renders the destabilizing effects of the disease milder and possible to tackle (Silva, 2012). Moreover, the support and strength manifested when speaking of a higher being may help the subjects get out of a feeling of powerlessness in the face of the disease, moving to a position in which some control is perceived. It is in this sense that Galvão-Coelho, Silva, and Sousa (2015) highlighted that those who understand their own experience permeated by the search for meaning based on connections with something greater experience positive emotions relative to facing the difficulties of life.

The psychological significations of the experience of motherhood with toxoplasmosis also refer to the space the disease occupies for the mother relative to the place of their babies. In the account by Mother 5, it is evident that toxoplasmosis is secondary to the meanings assigned to her daughters: "The girls are everything to me, regardless of having toxoplasmosis or not" (Mother 5). In the account of Mother 2, it is also possible to notice that the meanings related to the son are not limited to and even surpass the injuries stemming from the toxoplasmosis:

> *[...] Thank God I cannot complain, aside from the difficulty and the physical and psychological tiredness, my son is perfect. Apart from this little injury, these little things in the brain, the little calcifications that the doctor said may even disappear over time, it affected nothing, neurological issues, nothing in him. (Mother 2).*

Contrary to what Almeida and Melgaço (2016) and Silva and Herzberg (2016) pointed out about the possibility of the diagnosis being taken by parents as an inexorable fate, equating the child to their disability due to the difficulty in assigning other meanings to them and their disease-pervaded body, it is possible to notice that the participating mothers managed to see their babies beyond the toxoplasmosis and the sequelae stemming from it. To Mother 2, despite retinal injury and the calcifications in the brain, her son is seen by her as perfect. The use of the vocabulary in the diminutive demonstrates the place that such organic complications have for this mother, who feels them as "little" compared to what she feels for her baby. In the same sense, for Mother 5, the crossing of toxoplasmosis did not change the symbolic place occupied by her daughters. Hence, it is understood that, in these cases, the *unconscious body image* is structured via relational references and affective complicity through the love that is dedicated to the babies and that introduces them into symbolic relationships, rendering possible the construction of an unconscious image of a healthy body. This may also be exemplified by the account of Mother 4, who, referring to the abortion previously experienced due to the toxoplasmosis, became emotional when speaking of Baby 4:

> *After the storm comes the rainbow, I thought about this every day because she came after the abortion, and she only came to add to our lives; she personifies joy, a little person who is always laughing, always. Now came the reward, our little flower, as daddy says. (Mother 4).*

According to the testimonies, one may identify the presence of affective resources that may allow the babies the construction of body images that encompass their potential for expression and development (Dolto, 1984, 1992; Silva & Herzberg, 2016). In this context, Barros et al. (2017) pointed out that the experience of having a child with the diagnosis of a disease that brings with it the possibility of sequelae may work as a reorganize of psychological and personal processes that involve "being a mother", even enabling and potentializing the construction of affective bonds with the babies despite the suffering.

Regarding this, it is highlighted that the experience of the mothers with the disease marked them significantly, indeed (de)structuring their views of motherhood itself and of what "having a child" is. It is possible to notice the influence of this process in the presence or absence of the desire to be a mother again. Referring to the experience of motherhood itself, initially, Mother 3 stated the following: "I always tell the girls that have their first children, I tell them 'It's like turning the lights of the house on, it's like you had lived in full darkness, and then you go to the switch, and the light turns on, illuminating everything'". It is made evident in this testimony the transformation that motherhood provided to the life of the mother, "illuminating" her, bringing another meaning. However, after living the experience of being a mother with toxoplasmosis, Mother 3 changed her perspective, just as Mother 1 and Mother 2:

> *No, I have no physical conditions, I have no psychic, emotional conditions, I don't. After this one of Baby 3, I thought about at least adopting when she was about five years old, but, no, I don't want to anymore, it was very impactful, that's the word, it had a very strong impact on our family. (Mother 3).*

> *The little boy is not coming, another little girl is not coming, I don't want another pregnancy, I don't want another child, I even have like a trauma [...], it is torture, I've already been through a lot with Baby 1 and keep thinking about what is still to come, imagine another! (Mother 1).*

The narratives make clear the weight that the shadow of toxoplasmosis takes on for these participants, who do not want to have more children after going through this experience. Mother 1 uses the term "trauma", which, according to Iaconelli (2007), may be understood as stemming from an experience that demands intense psychic work and may be related to

mourning not authorized or recognized socially, which in the said study was related to mothers whose children died during pregnancy or at birth. Regarding the experience of toxoplasmosis in motherhood, one may consider that the participants in this research also demonstrated intense mourning work of real and idealized losses, understood as traumatic elements in the face of the complexity that the experience of motherhood exposes in this context.

One may think that the healthy bonding between mothers and their babies only became possible from the elaboration of the said mourning. It should be highlighted, in this sense, that it is precisely the differentiation made between an imaginary baby and a real baby that allows new possibilities of investment and bonding between parents and their children. From this process, the baby dreamed about is deconstructed, giving place to an actual being that will demand other relational representations for developing affection (Machado, Elias, & Corrêia, 2019).

However, not all participants gave up on the idea of having more children in the face of the experience of toxoplasmosis. Mother 4 and Mother 5, the only mothers in the study that were still awaiting a diagnosis relative to the sequelae of toxoplasmosis in their babies, experienced the complications and the ghost of the disease more intensely during their pregnancies. Such experiences brought suffering to the mothers but also motivated them to wish for different experiences, seeking to signify the conception of themselves as mothers without the presence of toxoplasmosis. The testimony of Mother 5 follows as an illustration of the desire to have more children from the toxoplasmosis:

> *I tell everyone: I want to have another child to know how being a mother without toxoplasmosis is, you know? To be able to go to the beach, be able to eat something that doesn't give me heartburn and make me too ill, not to need that policing, medication every eight hours, that pressure, "everything has to work out, everything has to work out", you get pressured. (Mother 5)*

Hence, relative to the desire to have another experience of motherhood after the mark of toxoplasmosis, the fear of becoming a mother again due to the impact and overload identified in the experience in cases when the babies had sequelae stemming from the disease stands out. The need for having a different experience in an attempt to recover and correspond to the pregnancy ideal preceding the diagnosis should also be noted.

Hence, it is emphasized that, despite the difficulty and suffering resulting from the experience of falling ill with toxoplasmosis during pregnancy or the birth of the baby, the participants in this study managed to signify their babies beyond the disease and its sequelae. Thus, the importance of the different forms of assigning psychological meaning to the experience of motherhood with toxoplasmosis stands out, so they may appropriate and elaborate the negative aspects, guaranteeing their own mental health and that of their babies. In this context, it is understood that the psychological meanings of motherhood are intimately associated with the possibilities and meanings assigned to the relationships from the experience of toxoplasmosis.

Relational meanings of the experience of motherhood with toxoplasmosis

The exercise of motherhood and the perception and investment in the baby in toxoplasmosis is an arduous process and demands intense psychic elaboration by the mothers, who needed the most diverse forms of support, be it from family, spiritual, or from health professionals, given that overcoming a challenging experience is related to individual resources and to social and relational ones. Hence, social support networks are understood as an important source of resilience and protection (Barros et al., 2017; Juliano & Yunes, 2014). In this sense, the family appears in the accounts as one of the primary sources of affective support for the structural reorganization the disease demands, which is illustrated from the account of Mother 3:

> *I have a structure backing me [...], it is strong because, if I hadn't held on to this family structure, this understanding husband, these daughters that surround me [...] There were days that my eldest daughter saw me crying while hugging her and she would come and hug me too saying "mom, it'll pass, it'll pass". And I think that this is what makes us strong as a whole in this case, so I think that this is why I felt strong when I was weak... I fought with all the strength I could for the treatment of Baby 3. (Mother 3).*

The narrative demonstrates the importance for the mothers of the family support and care received, and also makes evident the reconstruction of the meanings of the relationships themselves: while the mother takes care of one daughter, she is taken care of by another, so the meanings of being mother and daughter meet again in the experience of caring. Families are fundamental to the constitution of individuals and the maintenance of their health, being an institution of high personal

and social value and meaning (Bernal, 2003; Juliano & Yunes, 2014); family cohesion is fundamental for facing adversities (Franco & Apolónio, 2002).

Another important support source that was part of the process of constructing relational meanings in coping with motherhood with toxoplasmosis was the healthcare provided by different professionals of the assistance network. The mothers reported feeling supported relative to the follow-up of the babies and how they were treated. The testimony of Mother 2 follows as an illustration:

> *I came straight to the health center, and they were very thoughtful, you know, right then they already called, already started contacting the Health Department, already gave me all the papers, that from that moment on I would do the prenatal at the hospital, on the risk chart they have of pregnant women there, and then they gave me all the little papers, everything right by phone, so I could go the same day pick up the medications for the toxoplasmosis to start taking them. (Mother 2).*

In the excerpt, the participant mentioned the "health center" as a fundamental reference in the care for her baby from the referral for follow-up at the hospital after the diagnosis of gestational toxoplasmosis. Such an action is in agreement with the Basic Care Protocol regarding Women's Health that regulates that Basic Health Units work as references in terms of embracement and referrals (Brazilian Ministry of Health, 2016a).

However, despite being satisfied with the care offered to the babies, especially regarding their physical health, the mothers presented complaints about the care for their own health. Such objections were primarily related to mental health, as one may notice next:

> *I'll tell you that there is still another side, that the mothers don't just need physical, family, financial support; they need psychological support. If there's a sick baby, there's a sick mother behind them. And not sick because of toxoplasmosis, she's sick here, in her heart. These mothers, we need psychological support, but no one looks at us. The public power, responsible for all this that happened, forgot that we need care too. There is no necessary assistance, this view and this sensitivity that you are having with your research, towards us, as women, as mothers. This was lacking a lot. (Mother 3).*

> *No one came to visit us, no one came to know if we were ok, right, within a few days there's dengue, within a few days there's... what then? [...] They are babies, we have a lot of doubts regarding toxoplasmosis, you get doubts and you remain with no answers... I found the issue of answers a little lacking, you know, "oh, based on the theory, the theory says such and such", but what if it's different from the theory? May it be different? "Oh, I'm not sure", "but is there someone here that can answer me?" [...] I was feeling very poorly, even because I have no time for like a psychologist to see me, you know? I have no time, there's no way. (Mother 5)*

In this case, the importance of comprehensive follow-up of the mothers in the puerperium was reported regarding particularly the state of maternal sensitivity (Brazilian Ministry of Health, 2016a). However, both accounts highlighted the feeling by mothers of "being left aside" or "being left in the background" by the institutions and public power. With this, in the reality of this research, attention is paid only to the care for the babies, with no work directed to the mental and emotional health of the mothers. Following this line, both narratives highlighted the importance of psychological support, given that the mothers fall ill together with their babies. Mother 5 even disclosed not having time for this care even if it were offered, which further emphasizes the position of helplessness of these women, who are entirely and exclusively directed at their children. Hence, as in the study by Barros et al. (2017), the limitations of the network to meet the specific demands of families regarding care for cases of congenital disability are reinforced.

Particularly, Mother 4 reported having access to psychological counseling by her own initiative at a school clinic that offers free care to the general population of the city. Mother 5 underscored the importance of this counseling as a facilitator of the psychic elaboration necessary due to the crossing of toxoplasmosis in motherhood, in a singular manner because she experienced an abortion before her pregnancy with Baby 4 due to the disease: "Thus, since the abortion, I started the counseling with the psychologist, which was very important".

The exercise of religiosity and spirituality also proved to be sources of social and community support, favoring the processes of the relational signification of the experience of pregnancy and motherhood with toxoplasmosis. The account of Mother 3 makes the mobilization of a support network from a religious institution evident:

> *I owe a lot to a lot of people, to the people from the church who prayed. She arrived, and the anemia levels were very low, and I called my pastor's wife and said "look, the doctor looked at me and said that she has anemia, very, very, very strong", and the sister told me "let's pray, let's pray, sister, let's mobilize*

> *the largest number of women possible, that the next test that Baby 3 takes she won't have anything", and it wasn't my faith then, it was the faith of other people, and the following month we retook the tests and she had nothing. (Mother 3).*

It is known that religiosity may contribute to the resilience process through which the subject is capable of overcoming and recovering from the damaging effects of the difficult experiences, transforming themselves and strengthening themselves from the adverse experience (Chequini, 2007), but, here, religion is also emphasized as a mechanism of socialization and feeling of belonging (Corazza, 2016). According to the participant, through the faith of these people, it was possible for the result of the later test of Baby 3 to be positive. Hence, one may notice the experience of religiosity in a relational manner as a provider of resilience for this mother, who signified her experience through a network of relationships that focus on faith and the divine. It was found that the discourse of the church and the community support provided meaning and guidance to the participant, helping her resolve and circumvent her afflictions (Cerqueira-Santos, Koller, & Pereira, 2004).

From the testimony of Mother 3, one may infer the feeling of overcoming the difficulties based on the description of the discharge of her baby. Such a narrative emphasizes the power of relational bonds upon reporting the inspiration of Mother 3 after the advice of a friend, as well as the possibility of transformation of the experience of motherhood with toxoplasmosis through its resignification as a very difficult yet won battle:

> *It was after her discharge that the credits of the battle began falling, a battle that was tough, arduous, difficult, bloody, but had the credits. There is a sentence that a friend of mine told me that goes like this: "don't cry when you are close to receiving your victory, don't cry, because there is no soldier who receives an honor, a medal, and a trophy with their head down. They may even be wounded, and their clothes may even be torn, they may even be bleeding and hurt, missing a piece of their body, but they need to be standing, they need to have their head held high so the medal may go around their necks and swing on their chest." I never forgot this, ever. And then when the doctor discharges Baby 3, and we leave the hospital, I recall this sentence, holding my daughter in my arms, the two of us playing, completely the opposite of one year ago not even having a north to go to, and then I recall this, I get out, and Baby 3 comes walking, holding my arms and people say "look at the size of this walking," and I say "she's my medal". There it is, deserved, there it is. And I will look at her, and I will tell her I was worthy because I fought, I fought the good fight, I struggled, I followed the race and won. [...] And that's how it is, the treatment of Baby 3 ends this way, bringing air, bringing peace, bringing the certainty that the right thing was done. (Mother 3).*

Final considerations

This study sought to understand the meanings of the psychological and relational experiences of motherhood with toxoplasmosis during pregnancy and the first months of the babies' lives. The results indicated the effects of the assignment of blame or accountability to oneself or others for the contraction of the disease, the suffering, and the difficulties associated with toxoplasmosis, of the meanings associated with religiosity, and the mother-baby bond and relationship as the main events that mobilize psychological significations. Relative to the relational meanings of the experience, the presence of support networks in the family, healthcare, and religious institutions were the primary resources found.

These results represent a significant contribution to the advancement of the mother-child knowledge and care about the psychological implications of toxoplasmosis to the constitution of motherhood. The implications of the results for professional practice involve the possibility of structuring embracement strategies with the instrumentalization and preparation of the health network and professionals to care for the mothers and babies that face the difficulties stemming from toxoplasmosis, especially considering the care to the mental health of the mothers.

This study allowed getting to know the particularities of what being a mother is in the context of toxoplasmosis, revealing that each participant built psychological and relational significations according to their possibilities and available resources. However, we stress that, in general, the toxoplasmosis did not adversely affect the bond between mothers and their babies, given that they managed to see them and invest in them beyond the disease. In this sense, it is understood that the experiences of suffering took place concomitantly to positive experiences of social support and coexistence with the babies, which enabled the formation and strengthening of the relationships of the participants with their children. In this context, health care, family, and spirituality/religiosity revealed themselves as important support tools, allowing the overcoming of suffering and difficulties, translated as "winning the battle". The portrayal of an arduous

struggle that many mothers faced upon receiving the diagnosis of toxoplasmosis, which required dealing with the frustrated expectations and the mourning regarding the idealization of motherhood and baby but enabled the overcoming of the adversities.

As research limitations, one may observe that, for being a cross-sectional study, the time when the researcher contacted each participant may have characterized a result bias because, in some cases, there was already a diagnosis of sequelae while others with younger babies were still waiting for diagnoses. Hence, longitudinal studies are suggested to provide a broad view of the development of experiences in the mother-baby dyads in the face of toxoplasmosis.

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