

Belief in Doing and Knowledge in Being Mothers With Arthritis

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ABSTRACT

The aim of this qualitative study was to provide insight on how mothers with inflammatory arthritis experience mothering occupations in the presence of arthritis and how this experience affects participation and occupational identity. Narrative inquiry explored the experiences of eight mothers with inflammatory arthritis who had children younger than 14 years. Data collection included two interviews, participant observation, and document review. Analysis focused on each full account as told by participants before comparing stories to develop an overarching storyline. Storylines are presented as narratives that describe the mother's experiences of identifying with the role of mother, participation, fatigue, and the social context in which mothering occurs. "Just because I can't do, doesn't mean I'm not a mom" emerged as the main storyline. Belief in doing and knowledge in being mothers offset many of the negative effects of arthritis.

Motherhood has been described as an identity, a role, and a way of participating in life (Arendell, 2000; Farber, 2004), and as "work," meaning the caring, nurturing, and teaching of children in the context of unpaid work in families (Francis-Connolly, 2000; Primeau, 1998). From an occupational perspective, the occupations of mothering include what a mother does (doing), how a mother sees herself (being), and how the experiences of motherhood affect future participation in a motherhood role (becoming). Doing, being, and becoming contribute to a sense of occupational identity, described as the mosaic of one's occupations over time that encompasses an understanding of both who one is and who one wishes to grow to be (Unruh, 2004). Research has not adequately explored how women with inflammatory arthritis experience their occupational identity as mothers.

Most literature agrees that the impact of arthritis

in the context of parenting is not fully understood (Barlow, Cullen, Foster, Harrison, & Wade, 1999; Grant, 2001; Grant, Cullen, & Barlow, 2000; Katz, Pasch, & Wong, 2003). Women with arthritis report physical impairment, fatigue, and lack of support in their roles, which contribute to difficulty balancing daily motherhood tasks and activities (Backman, Del Fabro Smith, Smith, Montie, & Suto, 2007; Brown & Williams, 1995; Grant, Foster, Wright, Barlow, & Cullen, 2004). Although self-reported fatigue in individuals with arthritis has been documented (Belza, 1995), the impact of fatigue on the motherhood role has only recently been explored (Backman et al., 2007; Katz et al., 2003). Overwhelming fatigue is a key factor associated with parenting task difficulty among people with arthritis (Backman et al., 2007; Grant, 2001; Grant et al., 2000; Katz et al., 2003). Community barriers and lack of support also affect parenting and the self-perception of mothers with disabilities

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(Farber, 2004). When effective, support from family, friends, and health professionals enables women to participate in mothering tasks (Backman et al., 2007). However, the relationship between support and inclusion within their community and the maintenance of occupational identity is unclear.

Larson (2000) described how mothers orchestrate their occupations to care for their children. This involves balancing, anticipating, and planning family needs and desires to be accomplished on a given day. Although mothers with arthritis describe patterns of adaptation in everyday participation in mothering tasks (Backman et al., 2007), it is not known how being a mother with arthritis influences creativity and resourcefulness in the orchestration of motherhood occupations and, in turn, how this affects participation and identity.

Finally, past literature has documented challenges and differing coping styles used by women with inflammatory arthritis (Allaire, Meenan, & Anderson, 1991; Barlow et al., 1999; Grant, 2001; Katz et al., 2003; Kelley & Sikka, 1997; Reisine & Fifield, 1998). Little is known about the presence of positive feelings or positive adaptation. One ambition of this study is to identify and represent a balanced view of participants' lives through motherhood stories and experiences. This narrative study is concerned with how mothers with arthritis experience participation, social interaction, and identity within their parenting role. The objectives are to describe (1) mothers' experiences of nurturing, teaching, and caring for their children; (2) how mothers understand and explain the effect of arthritis on their role as mother; and (3) whether this understanding changes how they participate and interact in the community.

Method

Study Design

Storytelling is an important way that individuals reflect on and make sense of past experiences. Women, in particular, use story to construct and play out their roles as mothers (Tardy, 2000). Therefore, narrative inquiry, a specific form of qualitative inquiry based on the propensity of humans to narrate or "story" their life experiences (Mischler, 1996; Ricoeur, 1981; Sandelowski, 1991), guided the study design. The focus was on collecting stories about motherhood from women who have arthritis.

Participant Eligibility and Recruitment

We chose women with inflammatory arthritis because three of the four authors work in arthritis care and research, and therefore are interested in experiences of people with inflammatory arthritis and were

able to recruit study participants with arthritis. Women were eligible if they had a diagnosis of inflammatory arthritis (rheumatoid arthritis, psoriatic arthritis, juvenile idiopathic arthritis, ankylosing spondylitis, or mixed connective tissue disease), were older than 19 years, had at least one child (younger than 19 years) living at home, and were able to converse easily in English. Purposive sampling ensured participants from different geographical locations. Women were invited to participate by letter from their rheumatologist or the researcher (sent to women who indicated interest in research during prior studies). Institutional ethical review board approval was obtained and participants signed a consent form before the first interview.

Data Gathering

Data were gathered from each participant in their homes and communities: an in-depth and follow-up interview, participant-observation of a family activity, and document review (e.g., family photo albums). The research question "How is being a mother and doing motherhood activities affected by inflammatory arthritis?" was explored conversationally during the first (45 to 90 minutes) and second (20 to 30 minutes) interviews with these opening questions: "Can you tell me what it is like to be a mother living with arthritis?" and "You've had some time to consider being a mother living with arthritis. Is there anything else you'd like to tell me?" The participant-observation activity occurred between the two interviews, during a participant-selected routine activity such as meal time, children's sporting event, playtime, a walk, or driving to school. Document review included looking at family pictures and children's art projects.

Data were gathered by the first author. As an occupational therapist and mother, she reflected on how her ideas, theoretical interpretations, and views affected the research process and product (Banister, 1999; Sword, 1999). The process of reflexivity was aided by keeping a detailed journal and consulting with co-authors and a peer reviewer during data gathering and analysis.

Data Analysis

The work of Reissman (1993), Gee (1991), Labov (1972, 1982), Labov and Waletzky (1972) and Coffey and Atkinson (1996) informed a unique data analysis plan. The seven-step plan, from transcription to final interpretation (meta-narrative) is outlined in the figure. The interaction of central stories from all participants into a main storyline with subplots and contextual story comprised the meta-narrative. Rigor was enhanced by detailed documentation, confirming results with participants, and peer debriefing with co-authors and

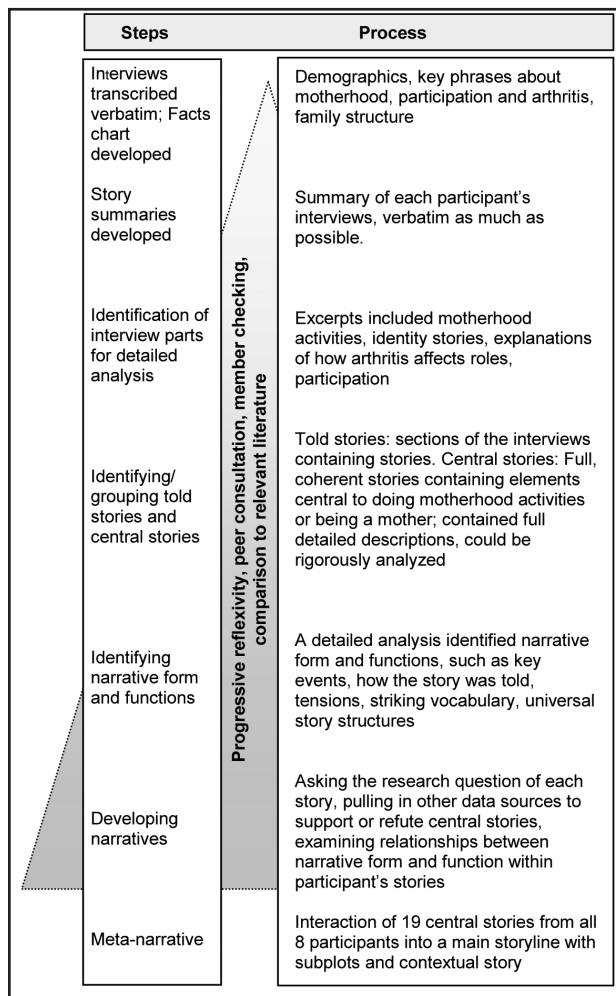


Figure. Data analysis plan.

a peer independent from this research team (Lincoln, 1995), creating a visible audit trail available for systematic scrutiny, increasing trustworthiness.

Results

Eight women from British Columbia, Canada, participated (Table 1). Pseudonyms are used to protect anonymity. All participants were married. Seven had rheumatoid arthritis and one had mixed connective tissue disease. All were under the care of a rheumatologist. Based on residential neighborhood and participant statements about financial resources, the sample included women from lower to upper middle-class households.

The narrative analysis resulted in two to three central stories for each participant (Table 2). Consistent with the study design, findings are presented in the form of a meta-narrative (i.e., the integration of 19 central stories identified through the analysis

process). The meta-narrative comprised a main storyline, titled "Just Because I Can't Do, Doesn't Mean I'm Not a Mom," and reflects the overall findings about doing and being a mother in the presence of arthritis. This main storyline is presented first, followed by its two subplots (participation and fatigue). The last section provides a smaller contextual story referring to the mothers' social milieu.

Just Because I Can't Do, Doesn't Mean I'm Not a Mom

Participants told stories of "always wanting to be a mom." Being a mother was described first and foremost as an identity: being a mother in the presence of arthritis, as opposed to stories of pain and disability. They portrayed themselves as knowledgeable in being mothers, with conviction in statements such as "I *am* a mom." The strength of this identity seemed to allow mothers to negotiate their lives in the presence of arthritis without losing the ability to see who they were, to themselves and to their children.

Mothers balancing parenthood and arthritis offered profound examples of the connection between doing motherhood activities and being mothers. When doing motherhood activities was challenged, it disrupted being mothers. This became most apparent when their roles as mothers included physical activities that demanded energy and agility. Alex, not able to play soccer with her two young sons, stated, "the hardest part is the emotional part" arising from her physical limitations. She worried about her ability to participate and encouraged her sons in activities they enjoy, such as soccer and bike riding. Barb's story of making dinner for her family and friends also speaks to the interconnectedness between being and doing. Cooking represented being present with her family and extending hospitality to guests, but was also difficult due to fatigue. She was "overwhelmed" being a mother when doing this occupation.

Thus, the fluidity of being and doing, and how they influence and inform one another, is a dynamic process interrupted by chronic inflammatory arthritis. Yet despite disruptions in doing motherhood tasks, participants described strong identities as being mothers. Two subplots in this main narrative further describe participation in mothering and the impact of arthritis fatigue on this role.

Participation: Engaged in a Life Role

Many of the stories held a description of how mothers' physical involvement had been limited but then resolved with a strategy that worked around arthritis symptoms and harmoniously with their aspirations to be involved with and encourage their

Table 1
Participant Characteristics

Pseudonym	Age (Y)	Children's Age (Y) and Sex	Geography ^a	Work Status/Profession
Carly	42	2 (F), 4 (M), 5 (M)	Urban	Home full time; formerly classroom assistant
Barb	45	10 (F), 13 (M)	Urban	Home full time; formerly teacher
Uta	27	3 (M)	Rural	Home full time; formerly disability aide in group home
Sara	40	7 (F), 9 (M)	Urban	Teacher part time, home part time
Kim	35	10 (F), 8 mo (F)	Urban	Home full time, on maternity leave/nurse
Taralyn	38	12 (F), 4 (F)	Rural	Home full time, formerly travel agent
Hannah	40	14 (F)	Urban	Bank employee part time, home part time
Alex	30	10 (M), 6 (M)	Rural	Retail employee part time, home part time

^aClassification of home town according to Statistics Canada (2002).

children: to be engaged as mothers. Concepts within this participation subplot include belief in doing, planning participation, and ways of engaging, each outlined below.

Belief in Doing. Women saw their participation with their children on a continuum from not affected to greatly impacted by arthritis. Sara said “. . . arthritis hasn't gotten in the way; I still try and do things.” She ignored discouragement, stayed in the present moment, and viewed her level of participation as normal, even “good,” through success stories. Other mothers perceived that arthritis profoundly affected their participation but found ways to engage in doing regardless. Mothers also described “bonuses” to having arthritis. Barb said, “. . . there are positive things, it's not all bad. . . . I'm at home with my kids, and that's a definite plus.”

Planning Participation. Although participating was framed as “being there,” the way participants described engaging in activities was complex, taking into consideration other people, weighing possibilities, planning, deciding, and forecasting. Barb related, “It's not like I can say, 'let's go!', because there are so many things to consider.” Mothers weighed how meaningful an activity was for them personally and to their children, then decided how to participate. Arthritis universally brought uncertainty into their daily routine. Larson's (2000) concept of orchestrating occupations (planning, organizing, balancing, anticipating, interpreting, forecasting, perspective-shifting, and meaning-making) was apparent among these mothers. Orchestration was heavily weighted toward planning and balancing, as evidenced in strategies such as resting the day before, asking for help from family, or arranging for someone else to drop off a child at school.

Ways of Engaging. Mothers engaged in “being” mothers through actively observing, learning and

adapting, side-by-side activity, and inclusive/structured play. Many of these activities were interwoven with listening, teaching, and comforting. Being an “observing” mother was a cognitively active role. If physical involvement was not possible, mothers often supported their child's activities and encouraged learning through verbal guidance and non-physical involvement. Carly described alternative ways of engaging in mothering as a normal learning process: “. . . it's a learning game as you go along. And you just have to learn the things that work for you and be open to trying a whole bunch of different things.” To accommodate arthritis symptoms, rather than parenting reasons alone, mothers taught their children to climb up on their laps, choose their clothes for school, or ask older siblings for help.

Learning focused on the needs of both child and mother, and meant adopting a more relaxed schedule, planning outings when energy was highest, or adapting the way an activity was undertaken. Mothers adapted to fluctuations in energy, fatigue, and physical limitations through three related processes: re-calibrating parenting activities throughout the day, adjusting their expectations, and seeing help from others as a choice. Taralyn said, “I just can't do all the things I would normally do. Things that are not as important, I let those things slide, or others kick in.” She evaluates the importance of activities in her mothering role on a daily basis, adjusts expectations, and then “calls in the cavalry to help out” if needed: a friend, extended family, or her husband. Eliminating, re-scheduling, shortening, or actively observing were ways she learned to adjust.

Several mothers described side-by-side activities with their children that matched their physical ability and energy levels on a certain day, simultaneously including play and teaching components. Uta described

Table 2
Central Stories and Synopsis for Each Participant

	Central Stories	Synopsis
Carly	1) Falling down, I can't get up	1) A "tragic" story, referring to apprehension of falling in public, being unable to get up, and at "the mercy of others" to help
	2) The learning game: I think just like plain old motherhood, it's a learning game as you go along	2) This phrase was used to label various examples of how Carly adapted to her physical limitations, but also described the process of parenting with arthritis as similar to other mothers
Barb	1) Cooking: The same for everyone but slightly more overwhelming for me	1) Refers to planning, shopping, and making meals for Barb's family and for larger family gatherings
	2) Not everyone has to be the soccer star family	2) A sense of relief and certainty regarding her family's agreed upon involvement in soccer
Uta	1) It's so different for me	1) Following "cavalier" stories of how Uta has to approach everyday parenting activities, she describes herself as "different" because she needs to do things in other ways compared to others without limitations
	2) Sleep, energy, and learning: We'll lie down together	2) An energy conservation story, resting with her son
Sara	1) It hasn't gotten in the way	1) It doesn't keep Sara from doing activities with her family, things Sara really wants to do
	2) I always wanted to be a mom	2) A story of conceptualizing being a mother before she had children
Kim	1) We've done a lot—a lot to adapt to make it better. So that's good	1) This success story tells how Kim, her two daughters, and her husband all adapt in different ways to facilitate family life
	2) I'm not always able to do the things but I make up for it	2) "Things" include physical activities with her older daughter, caring for her infant daughter, "making up" is ways she is involved and present when active participation is not possible
Taralyn	1) I'm part of it, but just not in the same way	1) A success story that describes being part of Taralyn's daughters lives through observing and volunteering in ways she is able
	2) We're just going to have a day	2) Describes a day of putting errands and housework aside to play with her 3-year-old daughter
	3) Things that are not as important, I let those things slide, or others kick in	3) A story of adjusting expectations and seeking help from others; describes processes of evaluating what she needs to do (child-care, household work) and putting less important things aside or asking family members for help
Hannah	1) Watching her evolve has been amazing	1) Describes the process of seeing Hannah's young daughter grow up and mature
	2) She talks to us about everything	2) Describes the openness between herself, her spouse, and her daughter in general, but through a particularly difficult situation
Alex	1) I don't want sympathy, just a little understanding and patience	1) A story of Alex's frustration regarding others expectations for her, particularly in her son's sporting activities and the expectations of involvement as a parent
	2) The hardest part is the emotional part	2) The emotional aspect to dealing with arthritis and parenting is illustrated through two stories of activity and "worry" about not playing soccer with her family, and worrying about her sons getting arthritis

seated activities, such as making pies with her son. Barb and her daughter walked short, planned distances with the family dog. Often, the limitations of arthritis created opportunities for nurturing as more time was spent side-by-side with their children.

Stories of Fatigue

Stories of fatigue featured prominently in participants' daily lives. Taralyn described "going" until

she is prompted to rest: ". . .sometimes I [rest] but I usually fight [the fatigue] and I just say 'no, I can get through this, I'll just keep going'. . .if it gets really bad, to a point where you say, 'oh, that's it, I just can't do it anymore'. . . I go take a bath and lie down and try to get through it."

Mothers described the lack of energy as the "biggest thing" requiring constant balance with the needs of their children, affecting their ability to organize

play or attend to caregiving tasks. A few mothers described fatigue as something they live with daily and their need for rest as part of their normal routine, similar to what other parents might experience. Fulfilling what participants wanted and needed to do with their children was interrupted by fatigue, affecting their enjoyment and sense of accomplishment in being mothers. Thus, fatigue was a complicating factor, disrupting the cycle of doing and being.

Social Contexts

The meta-narrative was situated in a social context, related to others' views of how arthritis affected participants' abilities to engage in their communities. With regard to the larger community, stories of "they just don't get it" and "they don't even think [I may not be able to do it]" were told about others not understanding limitations. "It" meant the ability to maneuver through a store, attend or host neighborhood family barbecues, or volunteer at children's schools. Uta, who sees herself as "different" and a crusader, shared a comedic story about shopping with a friend who is visually impaired:

I'm in my wheelchair with [son] in my lap, and [my friend's] bumping into people because she can't see and people just look at you and think you're being rude, and think I'm the one with the problem. . . and it's just so funny, the stereotypes. . . it's interesting, going out and people scowl at you. I don't know, people need to be more educated. . . .

Alex related how her son's soccer coach doesn't understand her limitations because she "looks normal." Her wish was to have people know she is capable and can do "most stuff," but she asks for "a little patience and understanding" rather than sympathy from those asking her to do things she may not be able to do. Other mothers concur; because they looked "normal" people expected them to engage in activities demanding time and energy that were unrealistic given their arthritis.

This pattern of misunderstanding was frustrating because "outsiders" sometimes ignored the ideas mothers proposed about what they could do to contribute. Mothers saw themselves as able and willing participants; when their community was inclusive of alternate ways to participate they found "my place" and a sense of accomplishment. Thus, a societal view of motherhood is also present in their lives: often there was an expectation from others based on what a normal mother would do.

To be part of a motherhood community, or included in relationships centered on motherhood, was important. Taralyn said: ". . . it's almost like you've

become part of a special club. [Y]ou have so many things to talk about in common with other mothers and it seems like all we do is talk about our kids." In contrast, Kim felt isolated from "the motherhood club": "I don't do a lot with my friends. There's a few friends that understand I'm tired. I could make plans, but. . . I'd change them if I were tired and some people think that that's selfish or snobby."

Many women's stories reflected a pattern of feeling guilty for not reciprocating visits or feeling awkward canceling a planned visit. All mothers learned to focus energy, typically devoted time to their children, and "pulled out" of other commitments, such as entertaining and socializing. This resulted in fewer invitations, but often a smaller but more highly valued maternal social network.

Discussion

This meta-narrative comprises a main storyline, two subplots, and the social context in which participants fulfilled their role as mother. The main storyline, "Just Because I Can't Do, Doesn't Mean I'm Not a Mom" highlights the inextricable connectedness between doing and being (Wilcock, 1998). Wilcock asserts being and doing are in constant interaction: the dynamic nature of what we do (our occupations) and being (who we understand ourselves to be, our nature, and individual capacities) within our occupations. The research question, "How is being a mother and doing motherhood activities affected by your arthritis?" assumes that "doing" and "being" cannot be separated into distinct parts of occupational identity. Findings supported this assertion; however, the strength of the connection observed by the primary researcher was unexpected.

Anticipating is described as "foreseeing eventualities and taking preventative actions" (Wuest, 2000, p. 393), which is compatible with Larson's (2000) use of "anticipating" and "forecasting" to successfully orchestrate occupations. When fatigue interrupted the interaction of doing and being, threatening role fulfillment, participants anticipated and rebalanced occupations, thus taking preventative action when possible. Yet, this adjustment was not easy.

Orchestrating occupations was incredibly taxing because of the lengthy decision-making process required to engage in mothering responsibilities in the presence of arthritis. The process was far from straightforward. This has practice implications for occupational therapists. Efforts to understand and acknowledge the orchestration of occupations by clients may improve the applicability of therapy recommendations, and subsequently empower clients

to maintain effective involvement in valued life roles such as parenting. By focusing simultaneously on different ways of doing mothering tasks and factors that contribute to the sense of being a mother, versus the task alone, mothers in this study offset many of the negative effects of arthritis and created opportunities for learning and adapting to the sometimes overwhelming manifestations of arthritis.

The occupational performance process model (Fearing, Law, & Clark, 1997) includes the step of identifying the client's strengths and resources. Consistent with this step, occupational therapists who focus on what clients know to be true to their occupational identity and what they know how to do, rather than their limitations, may be critical to role fulfillment. Consulting with mothers to plan occupations while acknowledging their need to propose "I may be able to do it this way" may shift the focus of assessment and intervention to take full advantage of abilities and inherent strengths. Clearly, if mothers are given a chance to enact their ideas of involvement in their children's activities, there are intrinsic and extrinsic benefits to both the organizations (i.e., school volunteering) and the mothers' sense of worth.

Mothers with arthritis likely have experiences that inform parenting in the presence of other chronic illnesses, such as multiple sclerosis. Evidence on parenting in the presence of a disability needs to be updated, client centered, and effectively shared with communities of mothers. Although this study is not intended to be applicable to other populations, occupational therapists can enable mothers to "be" and "do" by evaluating valued roles, considering the complexity of orchestrating occupations, and providing suggestions for change, adaptation, or acceptance in the client's context.

Farber (2004) found that mothers with disabilities aligned themselves as being a normal mother, not normal, or OK to be different. In contrast, "normalcy" in the current study arose when participants described others' viewing them as physically normal and having unrealistic expectations of their capacity to accomplish some activities. Participants did not necessarily see themselves as being a mother with a disability, preferring to define themselves principally as "being a mom." Perceptions shared by study participants are compatible with findings from Dubouloz, Laporte, Hall, Ashe, and Smith (2004). In their study, meaning perspectives (personal beliefs, values, feelings, and knowledge about oneself) affected choice in daily occupations by people with inflammatory arthritis. The meaning perspective in the current study is a belief in "I Do," which buoyed participation in mothering activities despite the negative effects of arthritis. Noting

how study participants described meaning perspectives and alternative ways of participation suggests clinicians should inquire beyond their clients' overt activities to explore the extension of meaning outside of doing yet integral to occupational identity.

Fatigue and physical disability led to fluctuating levels of participation, but not a total elimination of valued activities, expanding on findings in other studies of mothers with inflammatory arthritis and fibromyalgia (Backman et al., 2007; Plach, Stevens, & Moss, 2004; Soderberg, Lundman, & Norberg, 2002). Mothers in the current study described limitations caring for children, similar to other research (Backman et al., 2007; Barlow et al., 1999; Grant, 2001; Grant, Cullen, & Barlow, 2000; Katz et al., 2003), but also described ways to re-pattern activities and adapt participation ("I'm still part of it, but in a different way.") "Re-patterning care" is a process women use to re-organize activities to prevail over the "negative effects of caring demands" (Wuest, 2000, p. 393) and includes anticipating, setting ground rules, juggling time, and relinquishing/replenishing. Mothers in the current study re-patterned their activities consciously and naturally over time. They were forward thinking, positive, and tactical in working around barriers and reconstructed mothering occupations, as have mothers with other chronic illness (Opacich & Savage, 2004). As experts in adapting and re-patterning daily occupations, occupational therapists may create an atmosphere of support and collaboration during this re-patterning process, an opportunity that, according to the current study's participants, would be welcomed.

Being able to "do" in the areas of self-care, work, and leisure is not necessarily the only way of seeking and experiencing purpose and quality of life (Hammell, 2004). Building on strengths related to alternative ways of being a mother was incalculably important to study participants. Occupational therapy interventions could be improved by listening to stories, taking inherent strengths into consideration, ensuring adequate observation time within the mother's home environment, and providing as much practical information regarding mothering occupations as possible. Resources such as a Web chat room for mothers to share information and support have been empowering (van Uden-Kraan et al., 2008).

The strengths of this study include multiple data collection methods, enhancing the trustworthiness of the findings. The systematic approach to reflexivity by the principal investigator, together with peer checking by co-authors and an independent researcher, further enhanced rigor. Participants were mothers of children 8 months to 14 years old living in both rural and urban geographical areas, and findings may

be applicable to other mothers with similar characteristics. However, typical of qualitative inquiry, results represent the experiences of these particular mothers and may not be transferable to others, such as single mothers and those from other ethnic backgrounds. This study presents experiences of mothers with arthritis that may influence professional practice.

Conclusion

Doing motherhood activities is, on a practical level, affected by inflammatory arthritis. However, being a mother embodied a sense of strength and purpose that ultimately circumvented the negative effects of arthritis, illustrating the impact of positive occupational identity on the connectedness between doing and being a mother. Mothers described inventive and resourceful accounts of nurturing, caring, and teaching their children as fulfilling, despite interruptions from inflammatory arthritis on the cycle of doing and being. Participants saw themselves as the primary supporters and encouragers of their children within their communities; barriers to participation were not linked to how they saw themselves, but attributed to unrealistic expectations of others within certain settings.

More in-depth exploration of how doing and being support specific occupational roles or identities is warranted, with other valued life roles and populations. A person's belief in his or her capacity to maintain an important occupational identity, in this case as a mother, and the meaning ascribed to this occupational role appears to be more strongly portrayed when women see themselves as mothers, not as mothers with a disability. The meeting point for health professionals and clients seeking support for optimal engagement in life roles should be on how clients view themselves as occupational beings instead of the negative effects of their disability.

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