

**MOTHERING THROUGH SUBSTANCE USE:**

**A Narrative Case Study Contextualizing One Woman's Experience of Mothering While Engaging in Substance Use**

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TITLE: MOTHERING THROUGH SUBSTANCE USE: A Narrative Case Study

Contextualizing One Woman's Experience of Mothering While Engaging in Substance Use

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## **Introduction**

For most of my adult life I have been in academia. My academic pursuits have been a central cornerstone of my personal identity and my ontological orientation in the world. Over the past seven years I have had the privilege of being educated at a variety of institutions, which have each contributed to and shaped my social work practice, particularly as it pertains to this, my Masters of Social Work (MSW) thesis. While my educational experience in social work has informed my practice and influenced who I am as a woman today, the work I have done with clients has left a more significant passion. My MSW thesis has provided me the opportunity to merge the academic knowledge I have accumulated with the grounded practical work experience I have acquired through my frontline social work practice.

Over the past four years I have worked as a social work practitioner in a treatment centre for women with substance and gambling addiction. This position and the interactions I have had with these women has taught me more than any classroom. I believe that the continued professionalization of social work as a legitimized profession has pushed the education standards for all jobs in the field. Though I have admittedly been a part of the push for higher academic requirements through the pursuit of a MSW degree, for example, I have always attempted to stay rooted and grounded within my practice. In an effort to stay grounded in practical knowledge I orient my social work practice through the view that living experience of clients and the work I do with them is a legitimate knowledge source. Living experience is a deep, rich and contextual knowledge source, which I can learn from and hold in high regard as the theoretical perspective I have been encouraged to prioritize in the academic institutions I attended. With this philosophical approach to practice I have had the opportunity to be taught by and learned so

much from my clients, particularly as it pertains to the intersection of mothering and substance use.

As all of my clients are either women or non-binary folks, many of whom are mothers or caretakers, they are often eager to share stories about their children and these stories frequently coincide with their experience of mothering through their chronic substance use. Working with mothers who use substance is a big responsibility, it takes a nonjudgmental and harm reduction based approach to truly begin to understand the intricacies of mothering through substance use. Through my social work practice, I have had the great privilege and honour of being trusted with many client's most intimate experiences of mothering through substance use. These stories have left a profound impact on me, giving me a minor glimpse of the burden society places on mothers. As a woman, who is not a mother, the knowledge I have acquired about the pressures of motherhood is a result of working closely with moms and learning from their lived experiences. Through observation and conversation, I have become acutely aware of the oppressive institution of motherhood. Motherhood as an institution forces confirmative maternal norms which may feel unnatural for many mothers, which as this thesis argues causing a fractured identity. Women who hold the identity of both mother and substance user face a unique set of compounding oppressions, which contribute further to the fracturing of their conceptual selves. Through my social work practice, I have come to believe that mothers who use substances fight for their families by working hard to prove themselves as worthy mothers. They push through their trauma, pain, anxiety, depression and substance use to come out the other side not only with the hope of becoming a better version of themselves but to fight for another day with their children. I commend these women for their strengths, bravery and grit as they have shown and taught me the flawed contradictions of motherhood discourses, particularly the dichotomous

conceptualizing of what it means to be a “good mother”. My master’s thesis is for these women, for those mothers who have allowed me into their mothering hearts. It is now my turn to hold up my end of the bargain and use my thesis as a way to amplify their mothering experience in an effort to dismantle the toxic contradiction of the “good mother”.

Within the scope of my research, and based on what I have observed in my practice, there are two dominant discourses that influence the construction of mothers who use substances. First, there is a strong prevailing negative discourse on substance users, which produces harmful stereotypes about chronic, occasional or recovering substance users. The political responses and stereotypes that exist within these discourses and as part of normative societal expectations serve to demonize and exclude substance users from mainstream society. Authors Atkinson and Sumnall (2020) explain that dominant discourses of addiction frames substance users as immoral, dangerous, and a threat to public safety. Atkinson and Sumnall (2020) explain that the prevailing 'danger discourse' of drug use serves to "other" substance users. I have come to believe that othering substance users is a method employed to paint this population as undeserving citizens. These discourses portray substance users as deviant and out of control, leading to an over surveillance of their behaviours. Additionally, these discourses create stigma in all aspects of a substance user’s life, including seeking treatment, child welfare involvement, and one's understanding of their identity.

The second dominant discourse relates to motherhood and mothering. This thesis makes the argument that dominant discourses of motherhood influence mothering practices and matricentric identity. I have come to believe that dominant motherhood discourses have constructed and idealized the good mother. The institution of motherhood has become a cornerstone archetype of sociality used to influence moral standards and enforce how “good”

mothers should behave. Authors such as Boyd (1999), Breton (2014), Couvrette et al. (2016), and O'Reilly (2019) are a few prominent scholars who have produced work that conceptualizes dominant “good motherhood” discourse and the construction of the “good mother” through feminist lenses. My research aims to show how discourses on motherhood and substance use influence a woman’s maternal identity and in turn shape her actions and living experiences of motherhood.

Women’s bodies have long been an object of social control within health care, social policy and child welfare to name a few and, mothering is not exempt from these social control mechanisms. When women become mothers, there is a level of societal expectation thrust upon them to shape and control their mothering actions and morph their conception of self. Mothering is not an individual phenomenon, but rather one that is heavily cloaked in a moralistic societal construction, enforcing notions of good mothering. Mothering is a complicated phenomenon that is experienced differently around the world. How motherhood is experienced and what constitutes “good” mothering practices is heavily influenced by dominant discourses upheld by societal expectations. According to Couvrette, Brochu, and Plourde (2016), prevailing discourses on “good” mothers emphasize that all mothers should strive to be patient, self-sacrificing, thoughtful, altruistic, and highly devoted to the healthy development of her children. However, I have come to believe that there lies a massive tension between the lived experience of mothers compared to dominant good mother discourses. Moralistic discourses on mothering create a monolithic identity of mothers and work to produce shame for those who fall outside societal expectations. As a result, mothers who fall outside how motherhood has been framed through dominant discourses are often labeled as deviant and problematic (Garwood, 2014).



My goal in this thesis is to draw on the case study of Ruth; a woman whose experience of mothering while using substance can be used to highlight the complexities associated with these intersecting identities. Ruth's story is explored to showcase how she makes meaning of her experience of mothering and substance use, and to explore how this meaning shapes her maternal identity in relationship to the dominant "good" mother discourses. I hope to bring together the intersecting identities Ruth experiences as a mother and substance user to show the operationalizing of the dominant "good mother" discourses in her life. Because I believe that women who perform mothering acts outside of societal expectations are seen as non-compliant to "good" mothering and, in turn, are constructed as a risk to their children, I want to utilize this research opportunity to create a space for a different and more holistic experiences of mothering to be seen as legitimate and valid.

## **Literature review**

### **Dominant Mothering Discourses**

Motherhood is a complicated phenomenon experienced all around the world. How motherhood is experienced and what constitutes good mothering practices is heavily influenced by dominant discourses upheld by societal expectations (Virokannas, 2011). Discourses of motherhood and mothering have idealized, scrutinized, and denigrated mothers for their role in society and their parenting behaviours (Reid et al., 2008). Reid et al. (2008) point out that motherhood is romanticized in Western society while societal discourses simultaneously enforce patterns of control and stigma over mothers (Reid et al., 2008). As a society, we have become critical of mothers and often highly judgmental of their mothering practices (Thurer, 2007).

### **The Good Mother**

Banwell and Bammer (2015) explain that the rise and promotion of the "good mother" discourse have become increasingly dominant over the last fifty years as experts in the Western world have promoted "good motherhood" ideals. Reid et al. (2008) argue that the reification of self-sacrifice and altruism in "good mother" discourses pits a mother's needs against her child's and fails to understand the mother-child relationship adequately. I agree with scholars who assert that the "good mother" is merely a myth constructed in Western societies whereby children are central, and mothers are held 100% accountable for their well-being (Thurer, 2007). As a result, when an issue arises with a child, society blames the mother, and likewise, mothers learn to blame themselves (Reid et al., 2008). Thurer (2007) argues that "good mother" discourses go as far as to imply that the ideal mother should not have any interests outside of her children. Dominant ideologies about "good mothers" often ignore the realities that women face in their mothering roles, for example, a women's desire, social context, and systemic limitations (Reid et al., 2008). In the contradiction of the "good mother," external social factors such as sexual orientation, class, race, mental health, and immigration status are ignored. The cultural understanding of the "good mother" is rooted in a historical context of heteronormative white marriage whereby the "perfect" mother is to be white, married, straight, and cisgender (Garwood, 2014). Black mothers, teen mothers, queer mothers, and single mothers are automatically disqualified from the "good mother" category before they have even birthed their child (Garwood, 2014). The good mother is an elusive social construct that places formidable expectations on mothers, which are detrimental to their mental health (Thurer, 2007). The effects of the good mother discourse are felt differently based on a mother's intersecting identities.

When a woman becomes pregnant, she will soon realize that there is a shift in the social expectations they are required to fulfill, and this continues as she enters her new social role as a mother (Couvrette, Brochu, and Plourde, 2016). Women quickly realize that being a mother is not a private experience, but instead, her actions will become highly publicized and up for social scrutiny. I have witnessed the publicization of a mother's actions through policing and surveillance through the school system, healthcare, and the general public; a mother's actions are permanently on trial in the public sphere (Couvrette, Brochu, and Plourde, 2016). Garwood (2014) explains that notions of the "good mother" and the stigmatization of those who do not fit into "good mother" discourses are reinforced through state rhetoric and policy development. These social expectations of motherhood are strong guidelines set to mold women into ideal/good mothers (Couvrette, Brochu, and Plourde, 2016). In the past, "good mothering" discourses focus on a mother's ability to provide for her child(ren) physically (for example, through their diet, warmth, and physical development). Over the past years, "good motherhood" discourses have shifted to center a mother's ability to provide psychological care for her children (Silva, 1996). The shift in the conceptual understanding of the "good mother" has produced the counter role of the "bad mother" role for those who are viewed as deviant.

### **The Bad Mother**

Achieving a socially constructed "good mother" label is particularly hard for women who hold particular identities and social positionings (Banwell & Bammer, 2015). Thurer (2007) argues that the "good mother" discourse is rooted in the religious construct of the Virgin Mary, which has influenced our understanding of idyllic motherhood in modern society. As a result, the "good mother" is constructed to be a white, married, straight, cis-gender, and middle-class woman who, along with her children, is mentally and physically healthy (Banwell & Bammer,

2015). Silva (1996) echoes this point by explaining that popular images of a "good mother" are portrayed as white and middle class, domesticated, and operating only in the private sphere, such as staying in the home. Further, the "good mother" discourse implies Western heteronormative gendered standards for mothers from an ideological assumption of a nuclear family (Boyd, 1999). Silva (1996) explains that women who are Black, working-class, poor, living with mental health challenges, and/or unmarried are more likely to be labeled deviant or immoral mothers. The "good mother" discourse not only places standards on a mother's actions but reinforces systemic structures of racism, classism, sexism, and heteronormativity onto women. When we map out what discourses operate within motherhood, the construction of "good mother" becomes better illuminated. We can then magnify how policies and laws are set out to vilify mothers who fall outside of good mothering norms (Silva, 1996). The next section of the literature review will explore in more detail the ruling systems that uphold and normalize dominant "good mother" discourses and that weave them into our policies, laws, and socialization.

### **Motherhood, the Patriarchy, and Neoliberalism**

Neoliberalism has perpetuated the oppression of women through insidious tactics woven into the normalized structures of our society. The analysis of neoliberal motherhood can help make visible the stealth control techniques that are inherent within patriarchal knowledge systems. Feminist scholars have noted that neoliberal gender roles enforce a discourse of self-governance and maternal selflessness onto mothers (De Banedicts, 2012). Feminist literature points to the fact that parenting has always been gendered; De Banedicts (2012) explains that neoliberal attitudes illicit restrictive policies that determinably impact women and their rights. Klee, Jackson, and Lewis (2002) state, "it has been necessary to examine the practices of mothering in this way because the work involved in caring is often viewed as a contradiction in

terms since care is assumed to be something done for love and therefore the antithesis of work" (p.36). Similarly, Rossiter (2017) points to the idea of "doing motherhood" through what she describes as responsabilization. As responsabilization applies to 'doing motherhood,' Rossiter (2017) explains that mothering used to be performed alongside extensive social supports; however, as we have transitioned away from the idea of mothering and into the construct of motherhood, we have channeled mothers into silos. Many mothers are forced to take full responsibility for all childcare with no social support. Therefore, those mothers who seek support are labeled as noncompliant or deviant; and these oppressive conceptualizations of women can cause feelings of shame, guilt and marginalization. In many cases, non-compliance promotes child welfare involvement, thus adding another element of complication to the notion of "doing motherhood" (Rossiter, 2017).

In recent years, scholars have pointed to the intertwined relationship between motherhood and neoliberalism (Giles & Vandembeld, 2014). Under a patriarchal neoliberal system, mothers are seen as both the cause and the antidote to a socio-economic crisis, particularly during economic downturns (Orgad & De Benedicts, 2015). Well (2103) explains that as society has progressed to be more individualistic, so too has motherhood. The message is that a child's wellbeing is within and only within a mother's individual control. Thus, when there are both micro-challenges at an interpersonal level and at a structural macro-level, mothers are made to adjust their actions to meet the needs of those around them, including the economy (Well, 2013). When mothers do not adapt, they are held accountable for issues that in earlier years would have been dismissed as bad luck (Well, 2013). The fact that women are viewed as the cause and as the antidote demonstrates that society still places the sole responsibility of raising children on women and mothers.

As a result of the neoliberal construct of mothers, mothers are seen as the guarantors of social order, implying that mothers should be held accountable during economic or social unrest (Orgad & De Benedicts, 2015). Neoliberalism demands that mothers simultaneously be labourers, consumers, and caretakers, resulting in shifting child care responsibility for child development from the state onto individual mothers (Orgad & De Benedicts, 2015). Rothman (2007) clarifies the connection between the "good mother" discourse and its purpose within the patriarchy. Rothman (2007) states that the patriarchy gives society the illusion of a good mother but simultaneously blocks women's views and language from the topic of motherhood. Rothman (2007) centers their argument around the feminist critique of knowledge production: our social reality as women is constructed by only half of the human race, i.e., men. Thus women's realities cannot be found in dominant mothering ideology as women's thoughts and perspectives have always been overruled by the male point of view (Rothman, 2007). Thurer (2007) explains that our current ideological understanding of the good mother is a man-made construct. Under neoliberalism, motherhood provides the perfect catalyst for the enforcement and surveillance of mothers, their bodies, and their mothering practices.

Rossiter (2017) explains that the neoliberal discourses of motherhood force mothers to adhere to two primary principles. First, mothers must work to monitor and reflect on their parenting in efforts to meet good mother maternal standards (Rossiter, 2017). Neoliberalism is not simply an economic model but is a set of ideological values that have been taken up in our societal norms and thus into motherhood. Neoliberalism promises a happy, more joyful life for both mom and her children if women continually reflect on how they can improve their mothering (Rossiter, 2017). However, the neoliberal promise of happiness for mother and child is wrapped up in a discourse of personal choice (Rossiter, 2017). This personal choice then

places pressure on mothers to act appropriately, shaming those who do not make the correct choice that aligns with neoliberal constructions of childminding (Rossiter, 2017). If mothers merely make the right choice to enrich our capitalist society, they will have happiness for themselves and their children.

Secondly, and most importantly, Rossiter (2017) describes the neoliberal discourses, specifically discourses pertaining to managerialism, which force mothers to self-regulate their behaviours. Under neoliberal ideals, mothers are solely responsible for their children's welfare, which demands a high level of self-regulation in order for optimal child management and parenting (Rossiter, 2017). Mothers are required to self-regulate, as neoliberalism places capitalist values onto mothering through notions of raising human capital and the future workforce (Rossiter, 2017). Orgad and De Benedicts (2015) echo Rossiter (2017) by explaining that self-governance in parenting, particularly in motherhood, is viewed as central to notions of good parenting in the pursuit of economic development and prosperity, particularly for the state. Further, Rossiter (2017) calls this neoliberal construct of motherhood the "momma economicus". The "momma economicus" model defined by Rossiter (2017) is based on Foucault's construction of the homo-economicus. Momma economicus explains the tremendous burden of responsibility placed on mothers to manage their children as human capital in an effective and standardized way while also placing expectations on mothers to enter the workforce and operate in gender roles (Rossiter, 2017). Rossiter's (2017) explanation of momma economicus is about integrating neoliberal values, including marketization, into the birthing process and mothering practices. Rossiter (2017) states that the concept of momma economicus indoctrinates mothers into a gendered relationship of responsibility and risk management under the false pretense of enjoyment, maternal love, and gratification. Rossiter (2017) touches explicitly on the gendered

relationship to risk management and the responsibility for caretaking. Rossiter (2017) states that motherhood is presented as an entrepreneurial choice for women with the promised payment of total love and gratification, though their work goes unrecognized in a capitalist society.

Specifically, Rossiter (2017) states that mothers must fully take care of their children and themselves to adhere to motherhood's neoliberal ideals. The next section of this literature review will explore the impact substance use has on traditional notions of caring for self and children under neoliberal motherhood.

### **Risk and Motherhood**

Risk discourses in motherhood have become increasingly pervasive and ubiquitous in society (Burton-Jeangros, 2011). Risk management discourses have slowly eroded women's claims to equality under the justification that claiming equality is not a worthy claim if women are not compliant in risk management (Wall, 2013). While risk discourse is not a new focus of social science scholarship, what has increasingly emerged is how risk discourses infiltrate individuals' daily lives (Giles, 2012). Risk discourses are insidiously wrapped in notions of individual choice and personal responsibility (Rossiter, 2017). Burton-Jeangros (2011) emphasize the individualistic nature of risk discourses in describing the personal responsibility thrust onto mothers to care for themselves and their children. Frequently, the risk discourse application does not examine or consider the mother's social and mental health circumstances (Reid et al., 2008). The mothers in Reid et al.'s (2008) study noted that they organized their lives around these fears.

Further, mothers who "ignore" risk warnings are perceived to be breaking social rules, which is used to justify state intervention such as police, medical or social services (Burton-



Jeangros, 2011). Low-income, single, and substance-using mothers who have regular interactions with the state are unfairly labeled as high-risk parents (Breton, 2014). Additionally, there is heightened attention paid to a mother's lifestyle choices and how they increase or decrease risk to their child, mainly through smoking, drinking, and drug intake (Burton-Jeangros, 2011). As a result, substance-using, low-income mothers are subject to intense surveillance as they are deemed unable to adhere to hegemonic good mother ideologies (Banwell & Bammer, 2015).

We can see risk discourses perpetuated by the state through the use of risk assessments in child welfare. Risk assessments in child welfare are used to create and uphold a powerful and stigmatizing risk discourse over substance using mothers (Breton, 2016). "The bad mother discourse is predicated on the assumption that mothers who use substances are addicted and need to have the fate of their children decided for them" (Reid et al., 2008, p.229). Risk assessments perpetuate the neoliberal values that underpin motherhood discourses and expectations by blaming mothers for their parenting behaviours; the values asserted through neoliberal regimes ignore the structural inequalities and systemic oppressions that contribute to a mother's actions to do things like use substances (Breton, 2016). As a result, risk discourses affect mothers as they prioritize the state's needs, often ignoring the efforts and realities of mothers (Wall, 2013).

### **Mothering Through Substance Use as Research**

Mothering Through Substance Use as a research topic aims to explore the complex intersection of mothers who use substances and how these mothers make sense of their mothering identity. Specifically, this research has been produced to explore how one mother made sense of her mothering and substance use journey within dominant "good mother" discourses. Feminist scholarship has a history of integrating the role, experience, and journey of

mothering. This research aims to contribute to this growing body of feminist literature that critiques "good mother" discourses and explores the effects these discourses have in a mother's life. The hope for this research is to provoke further conversation about the conceptual understanding of motherhood and mothering that begins and ends from the mother's lived experience, specifically the experience of mothering through her substance use. Mothering Through Substance use aims to engage in a feminist methodology to explore beyond the binary of the good/ bad mother discourse. The goal is to produce knowledge that demonstrates the material consequences the good/bad mother binary has on a mother's maternal identity.

### **Theoretical Framework: Feminist Theory**

Feminist scholars assert that knowledge production in society has been dominated by White, western, colonial, male perspectives. As a result, these limited perspectives have shaped what constitutes truth and valid forms of knowledge (Bell, et. al., 2020). Patriarchal knowledge and research production have been taken up in academic institutions and used to socialize individuals and communities (Bell, et, al, 2020). Policymakers, academics, and governmental leaders position feminist knowledge and scholarship as dangerous for society, as it is perceived to exist outside of and against traditional, positivist, and Eurocentric epistemologies (Bell et. al, 2020). Feminist scholarship highlights all knowledge forms that fall outside of dominant white, western, colonial male perspectives (Bell, et, al, 2020). Feminist knowledge production offers a toolkit to confront the perpetuation of the "science as usual" discourse, maintained through patriarchal research methodologies (Bell et al., 2020). As such, feminist research aims to problematize the objectivity of knowledge production by encouraging critical reflexivity and the positioning of all research as inherently political (Bell, et. al, 2020). This research aims to take

up the feminist call to build women-centered knowledge and contribute to scholarship that re-conceptualizes the social world through a female perspective.

Based on the fact that my research centralizes the female experience, a feminist theoretical orientation and methodological approach are a natural fit. The ontological underpinning of feminist theory and methodologies is the uprising of feminist consciousness (Hall, 1994). While feminist scholarship is diverse in its application, there is a common critique by feminist scholars of the masculine, objective, and positivist research that produces and reproduces much of the social discourses that exist around us (Chafetz, 1997). Ontologically my research is aligned with a feminist framework as it aims to center women's lived realities of mothering through substance use. Feminist consciousness as a concept is used to produce women-centered knowledge about the social world around us (Hall, 1994). Harding (1991) explains that our social lives are organized through an androcentric lens, which results in the feminist perspective not being taken seriously by academia, scholars, and our sociological understandings of the world. As a result, we cannot understand women's biology and lives through a masculine understanding as it systematically distorts women as subjects (Harding, 1991). Thus, this research aims to take up feminist theory to dismantle positivist, patriarchal constructions of motherhood and develop a new understanding of mothering for mothers and mothers as a tool for consciousness-raising.

My research is grounded in my epistemological belief that the good/bad binary of motherhood is not related to womanhood but instead operates as a tool to reinforce the subjecting of women to maintain the patriarchy. This case study aims to amplify mothers' voices and highlight alternative realities of mothering that differ from the androcentric conceptualizing of

the "good" mother. Bell et al. (2020) state that feminist knowledge production can be an opportunity for women to heal from the wounds that male-dominated knowledge has produced in their lives. My MSW thesis aims to engage in feminist research to explore beyond the binary of the good/ bad mother discourse. I offer Ruth's interview as a case study to produce knowledge that demonstrates the material consequences of the good/bad mother binary on a mother's maternal identity and life.

### **Methodology: Narrative Inquiry and Feminist Research**

A Narrative Inquiry case study was selected as the methodology as I believe it is in line with feminist theory and the goals of this thesis. Narrative inquiry and feminist theory are complementary in their approach to research and the data analysis process. When operationalizing both Narrative Inquiry and feminist scholarship, the aim is to uncover and expose power relations causing oppression in one's life (Pitre et al., 2013). Pitre et al. (2013) explain that Narrative Inquiry explores the historical context, structural ideology, social discourse, and systemic oppression at play in a person's life. Feminist theory is an epistemological lens that aligns with this goal of uncovering oppressive structures in society. However, feminist theory takes a gendered approach and focuses explicitly on the ways women are oppressed in a patriarchal society (Chafetz, 1997). Similar to feminist standpoint theory, Narrative Inquiry is a methodology that can be employed to analyze people's narratives to challenge meta-narratives and discourses influencing our behaviours (Pitre et al., 2013).

Pitre et al. (2013) propose a merger of Narrative Inquiry as a methodology and feminist theory into what they call Critical Feminist Narrative Inquiry. Pitre et al. (2013) explain "critical feminist narrative researchers examine the stories that are told to locate experiences within personal, symbolic, structural, and ideological worlds. The objective is to explore the ways that

storytellers view themselves and interpret their agency within their world, as well as identifying and name[ing] sources of power and alienation" (p.122). Critical Feminist Narrative Inquiry allows researchers to examine participant narratives to make visible the invisible and taken-for-granted discourses, histories, and ideologies controlling a person's life (Pitre et al., 2013). Critical Feminist Narrative Inquiry combines the analytical tools of Narrative Inquiry with the notions of situated knowledge in feminist theory providing for analytic rigor. Authors like Riessman (2008) point to the idea of situated knowledge in narrative inquiry. Specifically, all people's narratives are located in a particular time and space, contributing to their identity and understanding of their story (Riessman, 2008). Pitre et al. (2013) explain that narratives are situated within historical, cultural, and ideological contexts. Thus narrative research allows storytellers the space to make sense of their narrative by situating themselves within the past, present, and future events (Pitre et al., 2013). People make meaning, construct knowledge, and explore their identities when sharing and constructing their narratives (Pitre et al., 2013). We can then see if dominant discourses and meta-narratives are upheld or challenged through one's lived experience. Thus, this Narrative Inquiry will explore the complex intersections of mothering, substance use, and maternal identity and how these intersections operate within the dominant "good mother" discourse.

## **Methods**

### **Recruitment**

This narrative inquiry case study involved one interview with one participant to explore her experience of mothering through substance use. Moving forward, the participant in this research will be referred to by the pseudonym Ruth. Ruth was recruited through my place of work. At the time of recruitment, I worked at a treatment center for women who identified as

having an addiction to substances and gambling. The clinical director at my agency sent an agency-wide email on my behalf asking staff from various departments to refer clients to this study. The McMaster Research Ethics Board approved this recruitment strategy and interview process. Eligibility criteria to participate in this research were as follows:

1. *Participation in community social service programs:* This research explored a sensitive topic. Duty to report concerns related to actions that may result in the harm of oneself or others, and whereby intervention was perceived to be in the best interest of the participant, needed to be taken into account in all stages of the research. All participants were required to be receiving support from a social service agency for one or more of the following reasons: parenting, substance use, individual, family or couples counseling. This eligibility criterion was implemented to ensure participants had sufficient support if duty to report concerns arose.
2. *Women:* The term woman refers to people who self-identify as a woman. Women who were eighteen years or older were eligible to participate.
3. *Mother:* For this project, the term "mother" refers to any person who has had children. This definition may include women who have children that have died, women who no longer have custody of their children or women who have primary custody of their children. The number of children a mother has was not relevant, however, all participants must have birthed and taken care of their children at some point in their lives.
4. *Substance use:* For this research, the term substance use was conceptualized as people who self-identify as having misused, abused, or been addicted to a substance at any point. This project did not focus on behavioral addictions (sex, gambling) but chemical addiction outside of tobacco or nicotine use (alcohol, cocaine, crystal meth, crack

cocaine, opioids, marijuana). It is important to note that participants were not asked what specific substance they used. There were no inclusion criteria as to how long a woman identified as having substance use issues or what chemical substance they use/used.

Ruth was referred to this study by a staff member and contacted me via email. During a prescreening phone call, I asked Ruth a series of questions to determine if she met participation requirements. The decision was made that Ruth met all the research inclusion criteria and was notified of her acceptance into the study. Ruth identified as a 49-year-old, newly divorced Caucasian woman, a mother, and substance user. Ruth shared that she is a mother of two children (aged 16 and 13). Ruth previously had full custody of both her children until her increased substance use and mental health concerns prompted child welfare involvement. Subsequently, Ruth's children were removed from her care, and she was given supervised access to her children. During the time of the interview, Ruth's children were in the care of her mother.

It should be noted that the initial intent of this research was to recruit two or three participants to take part in this narrative inquiry. Unfortunately, this thesis was completed during the COVID-19 pandemic. Due to COVID-19, there were several limitations placed on this research including the public health safety measures and research restrictions that were outlined by the Ontario government and McMaster University, respectively. As part of these new health and safety protocols the McMaster Research Ethics Board no longer approved in-person interviews and required all interviews or focus groups to be completed via phone or secure video conferencing. Municipal and Provincial governments mandated closures of all non-essential services which included limiting my access to potential participants. These mandates were necessary in the face of a significant threat to public health. However, these limitations meant I

had a challenging time accessing participants, which resulted in one participant for this narrative inquiry case study.

### **Data collection**

Ruth participated in one 90 minute interview by phone which consisted of four major components: 1: informed consent; 2: a demographic survey (see demographic survey in Appendix A), 3. a loosely structured interview that explored Ruth's experiences of mothering and substance use (see interview guide in Appendix B), and 4. a process of closure to finish the interview process.

There were three main components of the narrative interview: rapport building, mothering, and substance use. This narrative interview process modeled a Critical Feminist Narrative Inquiry methodology (Pitre et al. 2013), which aligned with my ontological standpoint that lived/living experience is a legitimate form of knowledge. The interview process was loosely structured to allow Ruth to guide the conversation in a direction that helped her make sense of her journey within dominant discourses about mothering and substance use. In allowing this space for Ruth to direct the conversation, this interview served as a site to produce knowledge from Ruth's lived experience resulting in consciousness-raising and challenging dominant mothering discourses. Ruth was asked questions that explored her identities related to mothering and substance use, and how these issues intersected with relationships to those around her and within her social world.

Rapport building was an opportunity to create a comfortable space for Ruth to share. Once informed consent had been obtained, Ruth and I had a casual conversation about the weather and our pets to get familiar with each other. In keeping in line with a narrative approach, I used open-ended questions in the interview with Ruth. Ruth was encouraged to take their time



and reflect before answering any questions. I asked follow-up and probing questions to cultivate more in-depth analysis and reflection on issues that Ruth raised during the interview. The goal here was to place Ruth's voice as central during this conversation and to unpack and analyze their narrative as it unfolded in the interview.

### **Data Analysis**

To analyze the data produced by Ruth's interview, a Critical Feminist Narrative Inquiry was used to extract meaning from her narrative.

Critical Feminist Narrative Inquiry emphasizes a historical and contextual analysis to uncover invisible power relations in participants' narratives (Pitre, et al., 2011). This analysis style is social justice-oriented within a women-centered context (Pitre, et. al, 2011). From a Critical Feminist Narrative Inquiry perspective, specific attention is paid to how, when, and why women exert agency as social actors within larger systems of power (Pitre et. al, 2011). When we explore how women activate their agency, we can analyze the dominant discourse, ruling relations, norms, and power they operate within (Pitre, et al., 2011). The process of exploring a woman's agency involves asking questions that allow participants to explore their agency within their own lives. For data analysis, this requires me as the interviewer and researcher to link together the ruling relations of power that Ruth operated within when she exerted her agency or even if and when she was allowed to exert agency. I did this by connecting Ruth's story to the larger dominant discourse of motherhood, the "good mother" discourse, and surveillance.

Before any data analysis could be completed, Ruth's audio-recorded interview was transcribed by an external transcription service. The transcription service was asked to transcribe the audio-recording verbatim to keep Ruth's narrative as authentic as possible. The only exception in Ruth's interview's verbatim transcription was when she referenced family, children,

or her children's aid worker's names. I felt it was essential not to transcribe these names into a document to add anonymity to the interview.

After reviewing the transcription, I proceeded to begin coding and indexing Ruth's interview.

When completing a Critical Feminist Narrative Inquiry, Pitre et al. (2011) recommend using a two-line data inquiry technique. Pitre et al. (2011) explains that the first line of data inquiry should help researchers gain a foundational understanding of participants' experiences. The second line of inquiry is performed to make meaning of participants' experiences and contextualize their narrative within ruling relations that impact their access to agency.

Mason (2020) refers to the two-line inquiry process as literal reading followed by an interpretive or reflexive reading of qualitative, textual data. The literal reading is the process through which the researcher reads the data to understand what is being expressed. Interpretive reading is the process used to extrapolate meaning from the text. Pitre et al. (2011) and Mason (2020) both state that in the second line of inquiry or the interpretative reading phase of data analysis, norms, rules, discourses, and other social mechanisms should be explored in terms of how they influence and are visible within-participant narratives.

Following this approach meant that I read Ruth's interview transcript twice. The first read was completed to refresh my memory of the interview and pay closer attention to precisely what Ruth said. I followed Mason's (2020) suggestion during this literal reading process and explored the structure, style, flow, and literal words Ruth used. Mason's (2020) ideas on literal reading helped in my understanding of what Ruth said and grounded me in how the interview began and progressed in terms of the narrative that was being formed and shared. With the literal read completed, I moved to the second read of the transcript.

Mason (2020) and Pitre et al. (2011) recommend that the second read focuses on interpreting participant experiences. I completed this process by exploring how larger ruling structures and discourses operate within Ruth's interview and shape her actions. Using a feminist methodology meant my meaning-making was oriented towards exploring gendered inequalities in Ruth's life. While completing my second read of the transcript, I kept a notebook and wrote down significant themes that I began to notice.

These initial themes were broad, such as the gendered division of labour, motherhood, womanhood, surveillance, and the patriarchy. I then reviewed these themes to explore how they connected to social ruling relations of power and their effect on Ruth's conception of self and her identity as a mother. I began to explore how these ruling relations had socialized Ruth's way of knowing and being in the world. For example, as part of my analytic process, I paid specific attention to how Ruth organized herself and her actions concerning the "good mother" discourse. I also looked for examples of how Ruth made sense of her identity within a patriarchal system. This coding process was completed over several weeks to ensure Ruth's story be contextualized authentically.

## **Findings**

Ruth's interview revealed unique intersectional experiences of mothering through substance use. Through her narrative account and upon reflecting on her experiences with child welfare, Ruth made sense of her mothering and substance user identities. In describing her experiences, Ruth came to appreciate and realize how her experiences have been harmful to her self-esteem as a mother. I identified four major themes at work in Ruth's experiences: loss of self, the strong present mother, mothering through substance use, and mothering under a microscope. These themes are explored in this findings section to set the foundation to

contextualize them within the larger dominant discourses in Ruth's life, particularly how her experiences relate to and challenge “good mother” discourses.

### **Loss of Self**

When asked about her identity as a mother and woman, Ruth cited feeling lost. Ruth shared that her experiences of leaving her career in the public sphere and transitioning to private labour as a stay-at-home mother resulted in her experiencing a loss of identity. Ruth explained: "So, you want to be raising those happy, healthy kids, but I think some, and maybe it's all moms, but certainly, in my experience as a stay-at-home mom, you can kind of lose yourself in that. You get stuck. You're wearing the exercise pants all day, and you never really sort of take the time to look after yourself the way you used to. And then it all kind of slowly adds up and you look in the mirror one day and you're like, I don't really recognize this person anymore." Ruth further referenced her loss of self by stating: "There's already that sense of a bit of insecurity with being a stay-at-home mom in the sense that looking at yourself and just not feeling that you're the same person that you used to be". Ruth expressed vulnerability during the interview and highlighted how being a mother has changed her internal dialogue about herself.

Ruth attributed her loss of self as a mother to how she believes that society views stay-at-home moms. Ruth explained that she would receive praise and validation for achievements when she worked in the public labour market. However, when she became a stay-at-home mom, she found that there wasn't any guidance, validation, or praise for the work she was doing from those close around her. Ruth stated: "I think that, again, not to do sort of an us against them, but at least with working women you get out of the house, number one, and you're given validation outside of the home, right? Because there's not a lot of two and three-year-olds that are saying, awesome diaper change, mom, wicked smashed pea." Ruth expressed that being a stay at home

mom and working in the private workforce within the context of a home is not viewed as valid work. As such, her work ethic, mothering skills, and efforts go unrecognized by society. With Ruth consistently striving for the praise of being a "good mother" she lost sight of who she was as a woman. Ruth shared that her identity as a mother and her work in mothering are very closely connected to what she understands to be a "good mother", often continually trying to reach the "good mother" title as a considerable personal sacrifice. Ruth acknowledges that her consistent journey to claim the "good mother" title has come at great sacrifice. The sacrifices Ruth has made have not only been physical through the manual labour of mothering, but also as she continues to sacrifice her identity as a woman to achieve "good mother" status.

### **The Strong Present Mother**

This research aimed to explore how a "good mother" discourse operates in the lives of women who use substances. During the interview, Ruth often spoke about what it means to be a "good or ideal mother" vs a "bad mother" and when asked about the notion of 'good mothering' Ruth expressed feeling pressure to perform as a good mother. When sharing her perspective about 'good mothering' Ruth consistently referenced being a "strong or present mother". Ruth explained that being a "good" mother goes beyond attending to a children's physical needs but involves emotional intimacy, and she related this to being a strong and present mother. She stated: "I know they (her children) feel looked after from a physical perspective, but I really want to make sure that I get that emotional [connection] back with them because to me that is the true aspect of mothering. Feeding them and clothing them is one thing, but anyone can do that. I think kids really want to be seen, so being present for them, I think, is the most important thing for a mother." I then asked Ruth how emotional intimacy is built between a mother and child. Ruth shared that she feels self-sacrifice is required to build emotional intimacy with children and to be

a strong present mother. Ruth explained that her use of substances meant she sometimes did not have the capacity be strong and present with her children: "I guess it's in reference to [being a strong mother] what I have not been recently. I've just been so emotional. So, I think for me a strong mother means that my emotions take a back seat to mothering, or certainly [are] not present, like not in their [my children's] presence." As Ruth has highlighted, her substance use is a distraction that pulls her focus away from her children, and as such, she cannot live up to her internalized definition of the "good mother".

During the interview, Ruth spoke about the ways pop culture has influenced her idea of what it means to be a "good mother." Ruth stated: "you think about the picture of the Madonna feeding baby Jesus at her bosom, there's something that's almost glorified, romanticized. If I think back to just classic art pieces, there is that mother and child bond. You often see those classical paintings where the mother has the child at her bosom. In a lot of the reading that I've done, I've been in and out of therapy for what seems like months of my life, probably since my mid-20s". When I asked how pop culture images of motherhood have influenced her maternal identity Ruth reflected on the dichotomy she has felt. Ruth identified feeling a "push and pull" in trying to be a "good mother," consistently trying but always feelings as though she is unable to reach what she conceptualized to be the strong present mother. Ruth stated:

"So, I think that I've got a new crisis there, thinking maybe that was more the route I should have gone and that you don't have to be that Madonna figure with baby Jesus, which is kind of like being selfless and I think it's kind of portrayed as the best kind of mother is a selfless mother. [If you're stressed and] not doing appropriate[e] self-care and putting the oxygen mask on first so-to-speak, it's impossible to be a good mother. There's a dichotomy there, for sure, in that there's a bit of a romantic notion of Mary feeding baby

Jesus and it being all about the baby. And that's not realistic, because if you're not looking after yourself, you can't be anything to anyone.”

Ruth raises an interesting point in this statement. While the dominant discourse on motherhood requires mother's self-sacrifice, Ruth identified in her conceptualization of the “strong present mother”, that mothers need to tend to self-care to be “good parents”. I believe that Ruth's insight in acknowledging that mothers need self-care to be a “present mother” is partly due to her recovery journey in her substance use. Ruth speaks to this when she discusses how treatment centers and counseling have helped her understand that while her substance use is a coping strategy, it is not a useful tool for self-care in a mothering context.

### **Mothering and Substance Use**

An important part of Ruth's narrative was related to her mothering experience while using substances, and this experience was inextricably connected to her loss of identity and loss of self and her described inability to be a strong present mother. Ruth stated: "I sort of lost a sense of identity of who I was, and I think that was a big part of the substance use." When asked about how substance use influenced her identity as a mother, Ruth touched on the concept of being a "present mother": “when I was talking before about the importance of being present as a parent and that your kids really feel that you see them, clearly when you are using substances, that is just not even possible." When I asked Ruth to expand on the connection between being a present mother and substance user she shared: "If anything, my version of what mothering is, is sort of the antithesis of what a mother on substances is. So, beyond the being present aspect of what I was talking about, it's also as my kids were getting older in the last couple of years, and the last year is really, when [my substance use] hit its peak. The kids not only were not feeling that I was present or that they weren't being seen, but they could tell that I was different."

Through her narrative, Ruth explained how her substance use influenced her interactions and relationships with her children and hampered her ability to be present in their lives. For Ruth, substance use placed her in the category of a 'bad' mother because of how it prevented her from being present, available, and meaningfully engaging with her children.

Ruth recognized that she used substances to cope with the stress of mothering and other concerns in her life, including her ex-partner, her mental health, and her financial situation. Ruth said:

"Initially, substance use was to have a drink and make me relax a little bit and not feel so tense. And then things grew into. And I can't even really consciously remember the time, but I do remember when that use changed. It was not enjoyable. It was more like angry and trying to numb myself. So, when I was talking before about the importance of being present as a parent and that your kids really feel that you see them, clearly when you are using substances, that is just not even possible."

At this point in the interview, Ruth recognized that substance use made her "numb" and changed her emotional disposition. Here, Ruth explained that her role as a mother and partner became a source of high emotional distress that was calmed by substance use. Through a desire to ease the "tension", Ruth began to utilize substance use as a coping mechanism until substances overtook her and became the source of her anxiety and challenges as a mother.

During the interview, Ruth extensively described her history with a children's aid society (CAS); how the CAS came into her life and her extensive interactions with child protection workers. Ruth explained that she believed that her substance use was viewed as deviant and a problem by her child welfare worker and that her use of substances justified her involvement with the child welfare system. Specifically, Ruth spoke about her substance use being the



primary complaint of focus while involved with CAS. Ruth explained: "Substance use is very much a part of it [her children aid case]. That's really the focus is me proving to CAS that I can find the coping mechanisms because they are very clear about not wanting to be involved forever and that I have to be able to get through this stress." Ruth elaborated by explaining that during her CAS involvement no worker every inquired as to how her history of domestic violence, poverty, trauma or other mental health concerns impacted her ability to mothering.

Ruth spoke to the effect her involvement with the CAS has had on her identity and understanding of self: "There's a bit of a mechanism of failure in this process. And I fell right into that trap. It's was like a self-fulfilled prophecy". Ruth elaborated more on her experiences with the CAS in outlining changes in her children's custody agreement. Ruth was part of the decision-making process regarding her children's custody. She agreed to limited supervised access of her children at her network support meeting, which was made up of her caseworkers and family supports. Ruth shared: "at that point [of the meeting], I was also of the agreement [to supervised access] because I just wasn't feeling myself, and I was just concerned". Ruth's agreement to supervised access with her children was motivated by a need to put her children's well-being ahead of her own. Ruth's supervised access meant that her actions as a mother would be consistently watched and monitored by her family who were required to report to children's aid. Ruth was well aware of the surveillance she was under; the process through which Ruth's mothering was monitored is discussed in the upcoming section.

### **The Surveillance of Mothers and Mothering Under a Microscope**

Importantly, Ruth began the interview by stating that she had never felt judgement in her life related to her substance use as a mother. However, as the interview progressed, Ruth began to reflect upon and become aware of the surveillance she endured. It was specifically when Ruth

reflected about her interactions with children's aid that she articulated that she felt that she was being watched and that her actions were being viewed "under a microscope".

The theme of surveillance was apparent within Ruth's narrative and this related to the surveillance of her mothering practices by those around her including child welfare and members of her family. Ruth described her experience of surveillance as being "under a microscope" and when asked about being surveilled by child welfare and her family, Ruth shared: "there's judgment, feeling under the microscope, and all the focus was on me." When Ruth stated that "all the focus was on me" she recognized that her children's father was not held to the same high standards as Ruth related to their care, behaviours and actions. Ruth stated: "When it comes to parenting, mothering, I think, until the end of time will always have more of a focus than fathering. So, that's frustrating, but it is what it is." Ruth recognized that her mothering was the center of the conversation as it pertains to her children's care, while her ex-partner, the children's father, was largely absent in her children's aid case. This was complicated by the kind of interactions that Ruth had had with her child welfare workers. Ruth recalled a story in which she felt a children's aid worker belittled her.

In an email to Ruth that also included her family members and other relevant parties, the child welfare worker made harsh allegations towards Ruth and her parenting. The worker accused Ruth of continued overuse of substances in her children's presence and drew attention to Ruth's inability to attend to her children's emotions. In paraphrasing the email, Ruth shared: "he [the children's aid worker] says this to me in this email that's being sent to seven other people, 'I say this on behalf of the network, your children and myself, when you give the children grief for expressing fear of being with you and a lack of trust given your actions, you're only hurting yourself and the relationship you have with your children'". Ruth continued and shared a second

excerpt from the email:

"Be honest about the mental and emotional space you're in. Be honest about the drugs and alcohol. Be honest about telling the kids you cannot do this anymore. Be honest about how tired and depleted you feel. By being honest, they [Ruth's children] will be able to at least tell you what your options are and how you can get to a place to get better. Time to face the facts. We have tried the route of let's build in a plan so the kids can be alone with mom. It was tried and things crumbled.' Yeah, I haven't read this since then, so this is really upsetting to me."

When I asked how this email made her feel, Ruth shared that she: "really felt that my mothering and just my sense of being an adult of conscience was being questioned as well." In explaining the scenario and email from the child welfare worker, Ruth pointed out that her whole family and all those involved in her children's welfare were included in this email. Ruth felt as though her actions were being publicly scrutinized and in sharing the intimate details of her case, informed a group of people, some with whom she did not have a good relationship. The email provided an example of what Ruth identified as "mothering under a microscope." Her every action was watched and dissected by those around her, particularly by those with significant power over herself and her children. When asked how being under a microscope affected her and her ability to follow through with her recovery plan, Ruth said she felt that "if I worked hard enough, I would get to the point where people wouldn't be watching me the way they were. And I felt like everyone had their eyes on me, and it was almost like I was being set up for failure." Ruth expressed that she wished her children's aid worker had spoken to her one-on-one rather than allow people into the intimacies of her mothering, especially to share these details via email. Ruth felt her children's aid worker included many people in the email so they could continue to

watch over her and report details that they deemed to be relevant to her mothering actions.

Ruth also talked about feeling under surveillance by her mother and felt that being watched as a mother by her mother affected her confidence to mother. Ruth said:

"if I had one miss-step, she [Ruth's mother] would call me out. And if things aren't going the way she wants them to, which sometimes they don't when you have to flex your parenting muscles [and] I get the system that kids need to have voices, but it's really put me in sort of an infantilized mode where my parenting is being questioned, but I'm also a being overly parented, which doesn't help you gain confidence. It's hard to gain confidence and strength if you're being treated like a child".

Ruth touched on an interesting and important dynamic in which mothers are conditioned to watch and surveil other mothers. This dynamic meant that Ruth's mother, somebody she may have been able to turn to for emotional and practical support, was also involved with and taking up state-sanctioned surveillance of mothering practices.

These findings have featured Ruth's experience of mothering while using substances through her own words. The following discussion situates Ruth's experiences as described above with the broader social contexts and institutions of power and control, which have significantly influenced Ruth's narrative and experiences as a mother.

## **Discussion**

Ruth's narrative serves as an important reflection of and contribution to our understandings about the complex intersections of mothering, substance use, maternal identity and how these intersections operate within and are affected by dominant "good mother" discourses. The central themes that were articulated by Ruth can be understood through the feminist concept of bifurcated consciousness (Smith, 1997), discourses that dichotomize "good"

vs. “bad” mothers, and discourses that emphasize risk and risk management. The findings section above showcases Ruth as a mother living within a discourse that labels her mothering practices as deviant. This discussion will explore the ways that Ruth has oriented her life in an attempt to fulfill good mothering discourses, the effects this has had on her identity, and the work Ruth does to make sense of her narrative within larger dominant discourses of the “good mother.” The overarching finding within this case study supports the claim that the “good motherhood” discourse impacts self- and maternal identities of mothers who engage in substance use. Additional findings from this interview support the claim that substance use implicates mothers into a realm of hyper-surveillance by governing authorities such as child welfare. These dominant discourses will be discussed as explorative tools to better conceptualize Ruth’s experience of mothering through substance use and offer analytic insights to demonstrate the intersecting oppressions in her life.

### **Dominant Motherhood Discourse**

Dominant mothering discourses cast the “perfect mother image”, often perpetuating feelings of guilt, shame, and secrecy when a woman feels she does not live up to these expectations (Virokannas, 2011). By situating Ruth's narrative within dominant discourses about motherhood, we can explore how she either intentionally or unintentionally navigates this discourse. If we do not discuss the foundational understanding through which Ruth's narrative is oriented, we cannot begin to conceptualize the influence it holds over her and how it impacts her existence within society. This discussion will pay specific attention to the ways dominant motherhood discourses operate as a patriarchal mechanism of control in Ruth's life, how it has shaped her maternal identity, and the surveillance she is subjected to as a result of these intersecting oppressions.

## **Maternal Identity**

Ruth's journey through mothering highlights the complexities attached to the ideological conceptualization of the self in the context of a larger discourse that operates to construct our identity. In Ruth's case, she was conceptualizing herself as both a woman and a mother. The findings from Ruth's interview support the idea that a woman's mothering identity is heavily influenced by external forces such as socialization, dominant discourses, and the patriarchy. Ruth's interview highlights how she makes sense of these dominant discourses in her life and the ways she works to mother in an attempt to align with these standards. Throughout the interview, Ruth consistently references the concept of the "present mother." When asked, Ruth described the "present mother" as a mother who has the mental headspace to be physically and emotionally present for her children. Ruth continues by explaining that a present mother should self-sacrifice to ensure she meets her children's needs. Ruth's description of the present mother aligns closely with what scholars point to as constructing the "good mother" discourse. Dominant discourses of mothering force mothers into two categories: the good or the bad mother (Couvrette, Brochu, and Plourde, 2016). According to Couvrette, Brochu, and Plourde (2016), prevailing discourses on good mothering emphasize that all mothers should strive to be patient, self-sacrificing, thoughtful, altruistic and, highly devoted to the healthy development of their children. "Good mothering" discourses emphasize that, above all, mothers should devote unlimited time, love, patience, and physical labour toward ensuring the well-being of their children (Banwell & Bammer, 2015). In the "good mothering" discourse, mothers are supposed to put their children's needs above their own, often requiring them to sacrifice their wants and desires to prioritize the wants and desires of their children (Zivi, 2000). Under "good mothering" ideologies, the distinguishing factor between a good or bad mother is predicated on how much a

mother is willing to self-sacrifice for her children; mothers who do not meet the societal norm of self-sacrifice are labeled as “bad mothers” (Zivi, 2000).

The pervasive nature of the "good mother" discourse is visible through Ruth's conceptualization of the "present mother". As a result of Ruth's belief in the present or "good mother," she has begun to adopt and embody the discourse's ideological principles. These social expectations of motherhood are strong guidelines set to mold women into "ideal/ good mothers" (Couvrette, Brochu, and Plourde, 2016). The internalization of the good mother discourse has molded Ruth's sense of self and her maternal identity. Ruth has shaped her maternal identity and understanding of self within the "good mothering" discourse. Like Ruth, those mothers who are made to feel as though they are not "good mothers," are often then labeled as bad or deviant mothers. "Bad mothers" are held to different moral standards regarding their child's health and well-being (Radcliffe, 2011). In turn, mothers receive the blame for their child's well-being without examining their social circumstances or shifting the gaze to interrogate how societal structures, systems, and institutions may have produced oppressive conditions (Radcliffe, 2011). During the interview, Ruth spoke about the lack of an intersectional approach to her children's aid involvement and her interactions with her family. Ruth explained that her family and children's aid worker were hyper-focused on her substance use and how it impacted her children but negated to inquire about other obstacles she was facing in her life that were the source of significant stress and worry. Ruth said she often felt that those around her thought that only her substance use stood between her and being a "good mother" while negating to explore how her trauma, mental health concerns, and complicated relationship with her ex-partner impacted her mothering. Ruth felt like she could not live up to being a good mother, and these feelings made her question her mothering and thus shook her maternal identity.

In reflecting upon Ruth's narrative, there is an apparent disconnect between her lived experience as a mother and the dominant "good mother" discourse that prescribes how mothers are expected to act. Feminist scholarship has examined the process of 'doing mothering' (Tabataba, 2010). 'Doing mothering' explores how women manage their maternal identity by focusing on women's subjective mothering experiences (Tabataba, 2010). Klee, Jackson, and Lewis (2002) explain that it is crucial to conceptualize mothering through a 'work focus' lens to make visible the labour mothers do in their practice. Furthermore, Klee, Jackson, and Lewis (2002) state that the conceptualization of mothering through a work focus challenges the common sense assumptions attached to mothering. This approach places value on a mother's hard emotional work regardless of the moral discourse attached to their actions and helps to trouble the "good mother" discourse, while also exploring the knowledge that is garnered through lived experiences of mothering and motherhood. Thus, by applying a 'work focus' lens, the emotional labour Ruth does in caring for her children legitimizes her form of mothering while also viewing it as "good". For example, we can see Ruth "doing mothering" as she attempts to get herself and her children into therapy. We can see her "doing mothering" through her constant fighting for sobriety and deciding to change her custody agreement, limiting her access to her children. By reframing the motherhood discourse to include emotional labour, we can begin to understand mothering that places the love a mother has for a child as a central component while focusing less on her ability or inability to fulfill actions. Consistent accusations of Ruth engaging in substance use were presented as the justification for changing her children's custody despite Ruth's denial of substance use. Ruth ultimately agreed to supervised access with her children in the hopes of bettering her relationship with them and working on herself. Even though Ruth was making her best effort to adhere to the standards outlined by CAS to regain



custody of her children, she felt pressure to comply with their strong-handed suggestion to implement supervised access. Ruth was left feeling like compliance with the CAS standards were her only option, and she ultimately agreed to supervised access. Ruth sacrificing her full custody of her children is an act of "doing mothering" as she performs the emotional labour in her decision to put them before her own needs.

Ruth's narrative also illuminates how the binary of the good vs. bad mother creates a bifurcated consciousness for women. Smith, as cited by Mann & Kelley (1997), explain that women move between their two worlds, and exploring these experiences allows analytic insight into the bifurcated consciousness and the meta-narratives that have influenced their identity. We can begin to see how Ruth's identities as mother and substance user overlap and are in tension with each other. As a substance user, Ruth's identity often operated in opposition to her identity as a mother; I believe this is an important and meaningful example of a bifurcated consciousness (Smith, 1997). Dorothy Smith explains that male-dominated research and knowledge production perpetuates the male agenda discourse, in turn creating "lines of fault" between the subjective experience of women and the way dominant discourses talk about them; ultimately creating a bifurcated consciousness for women (Chafetz, 1997). As a result of this bifurcated consciousness, Ruth experiences a "push and pull" effect in how she understands and experiences her identities; I believe this is what contributed to what she described as a loss of self. Smith (1997) explains that there is a chasm between the work women do in the world to fulfill gendered patriarchal norms and how they exist, work, and live in their everyday, private lives – as women and as mothers. This chasm contributes to a disrupted sense of identity in a world that was not designed for them. As it pertains to Ruth, her chasm lies between her understanding and response to institutional ideals and discourses about a mother's role and

identity (e.g. child welfare) and her mothering actions as someone who uses substances and has been challenged in other aspects of her lives (e.g. finances, relationships, etc.). Smith explains that the bifurcated consciousness means women have two ways of knowing, the knowledge they hold within their bodies and the knowledge they are forced to adopt as their body moves through social spaces that were never designed for them (Smith, 1987). In her conceptualization of the bifurcated consciousness, Smith explains a distinction between the worlds that women straddle (Smith, 1987). In other words, Ruth's bodily understanding of what it means to be a mother and performing mothering actions often does not fit her conceptual understanding of motherhood found in dominant discourses. As a result, Ruth's maternal identity has been challenged and lost in this large chasm.

### **Mothering and the Patriarchy**

Ruth's story is an example of the impact the "good mother" discourse can have on a mother. Throughout the interview, Ruth consistently attempted to make sense of her maternal identity within the "good mother" dominant discourse. It became apparent in how Ruth was articulating her experience as a mother who uses substances that the "good mother" can be viewed as a social role that has deliberately been formulated through patriarchal views, values, ideologies and perspectives as a tool to suppress women in society.

Rothman (2007) states that the patriarchy gives society the illusion of a good mother but simultaneously blocks women's views and language from the topic of motherhood. This tension was evident in Ruth's narrative whereby her lived experiences and realities did not align with the dominant motherhood ideology while at the same time her perspectives and troubles as a mother did not align with the state-sanctioned surveillance and ideological framing of motherhood with which she was expected to comply. Thurer (2007) explains that our current ideological

understanding of the good mother is a patriarchal construct. As a result, Ruth has been forced to think and conceptualize herself through terms and theoretical framings defined by men. Thus, women like Ruth cannot truly understand themselves in our current social world and dominant definitions of motherhood (Smith, 1997). Those who cannot comply with the male social world include queer folks, women, and people of colour, and are thus labeled as socially deviant even in their attempt to conform, whether that be forced or elective. Furthermore, expectations of the 'good mother' discourse reinforce gender stereotypes and shame mothers who deviate from these strict standards of motherhood. Drawing upon O'Reilly's theory of matricentric feminism, we can critique how patriarchal values and norms influence maternal identities and constructions of mothering. O'Reilly's work can be applied to understand the construction of motherhood as an oppressive institution and the conceptualization of mothering as a feminist-based caretaking practice (O'Reilly, 2019). Within the dominant discourse of motherhood, maternalism is conceptualized as a "women's maternal identity or instinct" and is grounded in the ideological assumption of "mother knows best" (O'Reilly, 2019). O'Reilly (2019) points out that maternalism operates from the ontological standpoint that motherhood is the right of passage that invokes women's agency in society. In Western society, women are pressured into becoming mothers to achieve their duty as the moral navigational beacon for humanity (O'Reilly, 2019). Thus, when women opt out of becoming mothers, they negate their moral duty and role to society.

O'Reilly (2019) defines matricentric feminism in direct opposition to maternalism, challenging the ideological belief that motherhood is innately attached to womanhood and a woman's worth. Instead, O'Reilly (2019) offers matricentric feminism as a tool to conceptualize motherhood as a socially and historically constructed identity that functions as an essential role under a patriarchal regime. Matricentric feminism views mothering as a practice most often

performed by women rather than as a woman's whole identity. Matricentric feminism fits well within the framework of this thesis as it "challenges the assumptions that maternity is nature(ural) to women" (O'Reilly, 2019). O'Reilly's (2019) influence on this research has prompted applying the term mothering over the term motherhood when describing the acts of caring (both physical and emotional) that are performed by mothers.

O'Reilly (2019) clarifies four concepts in her explanation of matricentric feminism: maternalism vs. matricentrism and motherhood vs. mothering. These distinctions are relevant to the findings of this thesis as they set the analytic foundation to interrogate the "good mother" discourse while providing an alternative narrative that aligns with Ruth's experience and perspective as a mother who uses substances. In her work focused on matricentric feminism, O'Reilly (2019) clarifies the difference between motherhood and mothering. Motherhood and mothering are terms that are often used interchangeably, referring loosely to a woman who takes care of her children. The distinction between these terms lies in how our patriarchal society has weaponized motherhood against mothers and women alike. O'Reilly's work can be applied analytically to situate the findings of this thesis in a broader sociopolitical context, that is to peel the patriarchy out of motherhood and disrupt this oppressive system of power.

As patriarchal regimes would have it, mothering has not been unscathed by the male perspective. O'Reilly (2019) explains that motherhood is born out of the patriarchy whereby the expectation to become and be a mother is tied to dominant ideologies and values that have emerged from male perspectives. As such, motherhood has been weaponized as an institution of oppression, and this oppression was evident in Ruth's experiences and daily realities. As an institution, motherhood functions as a system of control over women like Ruth; this system operates to ensure women like Ruth submit to patriarchal values. Ruth has been socialized

throughout her life to understand her identity as a mother through the "good mother" discourse, which has been defined through the male perspective. The binary of the good vs. bad mother has left Ruth with no margin of error, forcing her to strive for the unachievable standards of motherhood.

Women's socialization or indoctrination into the "good mother" discourse starts when they are young girls. Harding (1991) supports the claim that the patriarchy genders women into mothers by assigning men and women different activities and roles to fill in society. I believe Harding (1991) is pointing to the early embodiment of the "good mother" discourse when women are children—for example, giving young girls baby dolls to play with, and teaching them to care for a child appropriately before they are even adults.

The dominant discourse on motherhood has socialized Ruth to believe that the only way to be a mother is to be a "good" one. In this sense, motherhood has become a system to oppress and control women that is grounded in patriarchal values; motherhood as a discourse is yet another means of creating obstacles for Ruth while continually reinforcing power dynamics through surveillance. Power over and surveillance refers to the power afforded to those around Ruth to dictate her actions. As a result of these control systems, such as within the child welfare system, Ruth shared feeling infantilized and was often left questioning her identity as a mother and her mothering practices. Ruth has been conditioned from a child to understand her maternal identity through a motherhood discourse lens. The patriarchy has groomed Ruth to believe that she needs to strive toward being a "good mother," creating spaces for society to shame, criticize, and denigrate her as a parent and as a woman. Ruth has never been allowed to create a conceptual understanding of herself as a woman and mother without discourses that have been created through patriarchal influence. This is further complicated by the divide, or bifurcated

consciousness, between Ruth's daily realities and embodied knowing and her innate understanding that a maternal-centered "good mother" discourse does not fit her life. Due to Ruth's socialized understanding about what a 'good' mother is, she struggles to conceptualize herself as a mother, and in light of the stronghold that is the 'good' and 'bad' mother binary, Ruth's claims to mothering as a mother who uses substances are invalidated.

### **Surveillance and Risk**

Dominant discourses of motherhood are inextricably linked to discourses of risk and risk management (Ion, Greene, Sinding, & Grace, 2020) as evidenced by the systems of surveillance and risk management that have become integrated into healthcare and social services aimed at pregnant women and mothers. This section will focus on the ways that substance-using mothers are conceptualized in the context of good mothering discourses, specifically through notions of risk management. This section will also explore how and why the dominant "good mother" discourse allows for the justification of hyper-surveillance over mothers by exploring Ruth's lived experience with this risk discourse. Ruth's experience of feeling "under a microscope" is an example of the high standards to which mothers are held in society. Rather than building them up and working with them to create an environment for mothers to "flex their mothering muscles", women are held to unrealistic and patriarchal standards that sets them up to fall and to be accused of 'bad' parenting.

Under the "good mother" discourse, mothers are not expected to use drugs, particularly when pregnant or when they have young children (Virokannas, 2011). Virokannas (2011) explains that society is more accepting of mothers who use alcohol, but mothers' use of illegal drugs is seen as extremely deviant. Socialized attitudes toward illegal drug use frames such use as harmful, especially when it occurs in the context of pregnancy and parenting (Boyd, 1999).

The dominant discourse on substance-using mothers labels these women as bad moms or even non-mothers, as their substance use is viewed in opposition to what constitutes a good mother (Zivi, 2000). Dominant discourses on mothering are heavily steeped in notions of self-sacrifice and encourage mothers to do anything for their children (Zivi, 2000). Therefore, mothers who are believed to harm their children through substance use are constructed as the ultimate bad mother in society (Zivi, 2000).

Our social, political, and economic environments shape the systemic understanding of substance use and motherhood (Boyd, 1999,). Substance using mothers are fighting against oppressive structures, which perpetuate a negative stereotype of substance-using mothers (Boyd, 1999). The social stigma associated with illicit drug use and motherhood can take a personal toll on the mother's life (Boyd,1999). Mothers who engage in substance use face the consistent fear of child apprehension, financial stress and the fear of criminalization (Boyd, 1999). Ruth described feeling judged by members of her family, her child welfare worker, and as part of her daily happenings; this judgment made her feel that she was failing in her role as a mother because of her substance use and thus faced punishment through social service systems and familial relationships. The process of punishment contributes to the construction of substance-using mothers as bad mothers and non-mothers and creates systems of shame, stigmatization, and surveillance (Virokannas, 2011). The mainstream public understanding of the substance-using mother is underpinned by a discourse of risk. Giles (2012) explains that risk discourse in society, particularly as it pertains to mothering, are socially constructed. Thus, risk is merely a system of arbitrary meaning which values some behaviours while criminalizing other behaviours, like substance use. In the context of motherhood scholars such as Ion et. al. (2020), Rothman (2014) and Giles (2012) have conceptualized risk discourses in the context of motherhood,

pregnancy and birth as a way to demonstrate the justification for the over-surveillance of women's bodies and actions. As it pertains to this research, Ruth's substance use was used against her by her child welfare worker when she was defined as "high risk". Ruth was labeled as high risk in order to justify surveillance of her behaviours. The "high risk" label and the surveillance and monitoring that resulted highlights what happens when women shift their identities, roles, and societally determined purpose and become mothers. In Ruth's experience, her mothering identity and actions could not be separated from her identity and actions as a woman who engages in substance use.

Through the application of risk management and 'good mother' discourses, Ruth's life as a mother has been a site of hypercritical judgements about her achievements and failures; such judgements have moved her private affairs of mothering into public display and commentary by child welfare workers and family members. This played out in Ruth's life in the scenario where an email was sent to her by her child welfare worker as well as other people affiliated with her network of support; in this textual exchange, private conversations Ruth had with her children were publicly discussed and on public display. Ion et al. (2020) explain that through the application of risk discourses, people's bodies, in this case women's bodies, become a site of data collection and monitoring, which contributes to the dehumanization and objectification of their bodies. Additionally, this process of dehumanization that occurred through the application of risk discourses normalized and justified the kinds of scrutiny and surveillance that Ruth experienced in her private life. I make the argument that the dehumanization process extends beyond prenatal and postnatal care and follows mothers throughout their entire mothering lives. It follows them from their first prenatal appointment to their grave, as their actions as mothers are continually called into question.



The hyper-surveillance of mothers, specifically substance-using mothers, can lead to internalized surveillance or self-surveillance for some mothers. According to Greene et al. (2017) and Ion et. al. (2020), self-surveillance can be seen through mothers self-selecting to go along with institutional risk management discourses. Ion et al (2020) offers Foucault's conceptualization of bio-power and governmentality as a tool to explore the self-regulation performed by mothers as part of the internalization of risk discourses. The authors state: "Foucault's interest in processes that govern individuals and enter them into systems of discipline and surveillance to facilitate compliance and docility is a salient argument" (Ion, et al. 2020, p. 147). By considering the notion of biopower, we can have some insight into why and how women regulate their behaviours, or in Foucault's words, comply to a system of oppression rather than rebelling. Methods of surveillance that operationalize risk discourses create an ultimatum for mothers to either follow risk assessments or be considered deviant and jeopardize their claim to the mother's role. As risk discourses play out in moralistic values throughout society, those mothers who deviate from risk guidelines are constructed as "bad or unfit" mothers (Ion, et al, 2020).

Risk discourses in relationship to biopower package self-regulation as a tool to achieve compliance. Compliance requires a level of commitment to a system of rules that dictate right and wrong. Risk discourses and the drive for compliance is challenging for all mothers but particularly hard for those who engage in drug use. In the context of substance use, compliance may look like adhering to larger institutional powers mandating abstinence from all substances to regain custody of their children. Risk discourses operate under the assumption that compliance is an easy task; however, compliance is complicated and goes beyond self-regulation when substance use is involved. Far too often compliance is viewed as merely a checklist of tasks to be

completed in order to achieve an outcome that has been determined by people in positions of power and authority including those operating within the child welfare system. I make the argument that even when mothers like Ruth who use substances comply they never reach the socially constructed “good mother” title. It’s as though substance using mothers are automatically disqualified, despite their efforts and attempts to comply. The “good mother” title is designed to deny women and push them to continually comply as a means to uphold the dominant mothering discourse. By dangling the elusive “good mother” title in front of mother’s faces, they are constantly self-correcting and striving to achieve this unattainable title. If the goal line for the “good mother” is always moving, then mothers are always working to achieve it. Substance use is viewed in direct opposition to self-regulation as it is constructed as a choice, an out-of-control habit that can be regulated through one’s hard work. As such we continually push mothers who use substances to the point where even self-regulation and compliance are not enough, and their debt of being a “bad mother” can never be paid off.

In Ruth’s story, compliance is a hurdle for her to jump over. However, between pressures placed by family and social services, her hurdle is placed higher compared to mothers who do not use substances. The mother next to Ruth may parent in the exact same matter as her, however, Ruth’s substance use frames her as risky and therefore her compliance must be monitored more closely. Due to the societal ideals and expectations placed on mothers, women like Ruth face an uphill battle where the finish line for compliance to “manage risk” is continually moved. Unfortunately, by changing compliance standards the discourse sets women like Ruth up for failure. For Ruth this meant that even after committing to sobriety and attending several treatment programs she was continually denied custody of her children and accused of substance use. Even when Ruth self-regulated her behaviours in order to meet specifications

outlined within ‘risk management’ expectations, her actions were never “compliant enough”.

Perhaps if the social services and systems of surveillance operating in Ruth’s life focused on the challenges she faced to comply with their expectations, rather than on her inability to comply, she may have had a different outcome.

### **Study Limitations**

Although I tried my best to create a space where Ruth could direct the conversation, I believe an inherent power imbalance within the researcher-participant relationship was always at play. I recognize that my social location as a white social worker and researcher meant that I represented a person in authority. While I work to dismantle larger oppressive discourses, I also know my presence in the interview with Ruth simultaneously reinforced the very discourses I am trying to dismantle. For example, my duty to report as a researcher, which was built into my ethics submission and process of approval, was a form of surveillance over Ruth. This power dynamic may have influenced Ruth's answers and prompted impression management. After we neared completing the interview, I asked Ruth some questions to close-off the interview process and to ensure she was not leaving the interview in a heightened emotional state. I asked Ruth how she was feeling and ensured she had information about community resources if additional support was needed after the interview.

It is worth noting that Ruth’s experience of surveillance, compliance and the “good mother” discourse are made easier by the body she walks through the world in. Ruth navigates through the world as a white, able body, cisgender woman. Ruth’s experience as a mother under surveillance would change significantly had she been a woman of colour, a transgender woman, and/or a woman experiencing homelessness or institutionalization. Ruth’s white privileges allows her more opportunity for forgiveness and grace even within the already oppressive

systems she interfaces. Women of colour face not only greater oppression but also face racism while operating within institutions and in relationship to motherhood discourses. For women of colour who are mothers and who use substances, their compliance is required both by standards of mothering but also standards of race which would heighten their levels of surveillance. I recognize that Ruth's story is written with an air of whiteness throughout. Due to this, both myself and the study participant are beneficiaries of white privilege and as such Ruth's story does not represent all mothers that use substances. Rather, this paper should be taken as an example of the complexities of mothering through substance use from one person's lived experience. Women with different identities face a variety of compounding barriers that have not been explored in this research, nor make claims to represent them.

### **Conclusion**

Mothering is a complicated and emotional phenomenon. In Western culture, mothers are strongly encouraged to adhere to the "good mother" discourse. "Good mother" discourses dictate that mothers must be self-sacrificing and altruistic and hold a strong, unwavering commitment to their children's well-being. In reality, good mothering discourses are a source of pain, shame, and stigma for many women as their maternal identity does not fit within the good mothering discourse as demonstrated by mothers who are substance users. Maternal identity is constructed around the "good mother" discourse, and society shames mothers who use substances for their drug use and classifies them as high risk and bad mothers. These negative labels leave women facing a disjuncture between what they know to be accurate within themselves as mothers and how the worlds seem to know them.

This thesis offers Ruth's story as a case study highlighting the work substance using mothers do as they navigate the "good mother" discourse. Ruth tells her story of navigating her

identity as a mother while recovering from being an active substance user. Ruth speaks openly about the way she has grappled with her identity as a mother and the work she has done to make sense of her identity as a substance using mother within the "good mother" discourse. Ruth shared her conceptualization of what it means to be a "good mother" in Western society and how she has been socialized to believe her substance use is deviant within this discourse. Further, Ruth disclosed her struggles and embarrassments in her interactions with the child welfare system and her family. These interactions often left her feeling infantilized and questioning her own mothering abilities. While Ruth's story is not inclusive of all mothers, nor does this thesis claim to revolutionize motherhood discourses, it sheds light on the hard realities substance-using mothers face in society.

This thesis drew on a Critical Feminist Narrative Inquiry to make meaning of Ruth's story by situating her experience within larger dominant discourses including the "good" vs. "bad" mother, the influence of the patriarchy on motherhood, and risk management discourses as a tool for surveillance. Using a feminist-based approach, I explored the disjuncture between the normalized and seemingly natural discourse of the "good mother" compared to the everyday lived realities of mothers through the analysis of Ruth's story. Ruth's story has demonstrated the complexities of mothering and the emotional, tangible everyday obstacles mothers face externally and internally as they aim to do their best in a system designed to fail them.

I had hoped to recruit a more extensive and diverse sample size. The next step for this research should be to explore the further-reaching implications of whiteness rooted within the "good mother" discourse. I believe that tending to the intersecting oppressions of racism, the patriarchy, and substance use stigma on mothers of colour with a specific focus on surveillance

could be a future area of research with important and significant policy and practice implications, especially for the field of social work.

As I conclude, I would like to thank Ruth for sharing her story. Although we as a team may not have changed the dominant discourse of motherhood, I hope we have created a piece of work that contributes to scholarship that chips away at the patriarchal influence on motherhood. My wish is that this work inspires others to continue to understand mothering rooted within the real everyday lived experience of mothers.

**Appendix A: Demographic Survey**

How old are you? \_\_\_\_\_

Are you:

- Single
- Married
- Divorced
- Common Law
- Prefer not to answer

Describe how you identify your racial/ ethnic background? Please select all answers that apply to you. Answer to the best of your ability, you are not obligated to answer if you feel uncomfortable with any of these questions.

- Indigenous (e.g., First Nations, Métis, and Inuit): please specify: \_\_\_\_\_
- Black African, Black Caribbean, Black Other: please specify: \_\_\_\_\_
- Filipino
- Taiwanese or Chinese
- Korean
- Latin American (e.g. Mexican, Colombian, Argentinian): please specify:
- South Asian, Southeast Asia, West Asian, Central Asian: please specify:
- Japanese
- Caucasian/White
- I identify as being part of a mixed race: please specify: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

- I don't know or I would prefer not to answer.

## **Appendix B: Interview Guide**

### Interview Opening Remarks

- Primary researcher will introduce themselves and provide space for the participants to introduce themselves the way they see fit.
- Participant will be provided their compensation (\$25.00 Tim Horton's gift card) via email prior to the start of the interview
- Primary researcher will review the following with participants provided to the start of the interview:
  - Participants can ask for a break during the interview at anytime.
  - Participants have the right to withdrawal their participation at any time during the research process
  - Confidentiality: who will have access to this data (primary researcher, faculty supervisor and transcriber, for what reason and why)

### Introduction Questions: Rapport Building

1. Can you tell me about your children? How many children do you have? How old are they? How many children are currently in your care? Do you currently have any children not in your care?
2. I'm interested to know about a memorable 'mom' moment you've had that brings you joy or left a positive impact on you – can you share a story with me about such a moment? It might be a memory with your kids or when you did something that you're really proud of as a mom.



Motherhood: Motherhood is a complex experience felt differently by each women. I am here to get to know your experience of motherhood better, both the happy and the hard.

1. Have you had any struggles or challenges as a mom?
2. Have you ever felt pressured to change your behavior because you are a mom?
  1. Who pressured you?
  2. How did this pressure make you feel?
  3. Did this pressure or experience change how you viewed yourself as a mother?

Substance Use: I now want to talk more about your experience as a mother in relationship to your experience of engaging in substance use. I want to remind you about our commitments to confidentiality, but also my obligation as a researcher regarding when a legal disclosure may be required if you talk about harm to yourself or harm to others including children.

1. Does your experience of substance use influence your experience as a mother? a. How?  
In what circumstances?
2. Have you had any experiences when your substance use negatively affected your role as a mother?
  1. For example, your substance use was used against you or was viewed as problematic by a family member, healthcare provider, social worker, etc.?
  2. How did these experiences make you feel and shape your identity as a mother?
3. Have you had any positive experiences that have shaped your role as a mother?
  - a. Where did these experiences occur?
  - b. How did these experiences make you feel or shape your identity as a mother?
  - c. Have you had any experiences as part of your recovery that have influenced your identity as a mother?

How has recovery contributed to your experience of motherhood and substance use?

1. Do you have any other thoughts, stories, or reflections that you'd like to share about your experience as a mother?

Interview Closure:

- Primary researcher will remind participants of the following after the interview has been conducted:
- Study confidentiality
- Participants right to withdrawal their participation from the study
- Review of community recourse (a hand out with a list of recourse will be provided)
- Outline of next steps: set up a follow up call a week after the interview to check in with participants well-being after the interview, and review the research dissemination process.
- Participants will be thanked for their time and sharing their experiences with the researchers.

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