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Empowered Transformation: How Social Workers Can Help Mothers with Addictions

Mothers are subject to intense cultural and social expectations about their role. For some, attempting to meet those expectations leads to, or worsens, mental health problems, including addiction. Mothers living with addictive behaviours are one of the most stigmatized groups in our society. With their anti-oppressive practice lens, clinical social workers are in an ideal position to offer effective treatment to mothers living with addictions. However, social workers must be mindful that some often used treatment approaches can enhance stigma, complicate relapse recovery, and promote reductionistic understandings of addiction. To mitigate these risks, this article espouses an anti-oppressive, matricentric, and feminist approach to discussing the mother identity, highlighting where social workers can avoid traps that disempower women. We then critique two addiction treatment approaches that are used to increase motivation for change: the nostalgia approach and motherhood as an anchor. Finally, we share our empowered transformation model, which social workers can weave into addiction treatment with mothers to effect multilevel change. A case study illustrates the use of the empowered transformation model.

Introduction

The mother role is a challenging one. Although motherhood has its rewards, mothers are also subject to intense social expectations, such as being selfless, hyperskilled, and instinctually loving (Kilty and Dej; DiQuinzio; Mullin). But these expectations can be overwhelming to many mothers, leading to stress, anxiety, depression, stigma, and addictive behaviour. The "hellscape of pandemic parenting" (Grose) has served only to increase and illuminate the plight of many mothers' suffering. Research shows that among women during the pandemic, there have been significant increases in severe anxiety (Centre for Addiction and Mental Health), postpartum depression (Vigod et al.), use

of substances (Swift Yasgur, Pollard et al.), and gambling (Håkansson et al.; Oppenheim). In addition, COVID-19 has cost women important community supports and connections (Dastmalchi).

Mothers living with addictions require supportive and compassionate care from professionals who understand the complexity of their problems. Social workers are in an ideal position to offer such care, as their professional training in anti-oppressive practice can help them recognize multiple oppressions and respond in effective ways (Baines). Anti-oppressive practice (AOP) is a particular way of relating to clients that recognizes social barriers and structural inequalities. AOP helps social workers to deliver more responsive and perceptive services because it reacts to the needs of individuals and their intersecting identities (Dominelli; Dumbrill and Ying Yee). Using an AOP lens, social workers recognize that mothers living with addictions are not simply making poor choices about their addictive behaviour. Instead, addiction may be rooted in the challenging lives these mothers lead, including past trauma, poverty, limited opportunities in patriarchal institutions, mental and physical health problems, interpersonal relationship issues, discrimination, and restrictive cultural expectations. In addition, social workers recognize that the social, clinical, and personal problems faced by mothers who experience addictions are specific to their roles as mothers.

In this article, we begin by offering a matricentric, feminist, and anti-oppressive analysis of maternal addiction. The matricentric analysis reveals the social and patriarchal origin of maternal stigma and shame in the prevalence of gender roles, naturalizing assumptions about motherhood, and secrecy about the struggles of mothers, who may engage in addictive behaviours to escape demanding lives (Boughton; Holdsworth). Matricentric feminism is the view that women's role and identity as mothers gives rise to particular problems—social, economic, political, cultural, psychological, and so forth—that are best understood and addressed by foregrounding "mother" as a primary category of analysis. Under patriarchy, mothers face oppression in two ways: as mothers and as women. Foregrounding mothers' concerns is a necessary starting point for an adequate theory and politics of empowerment (O'Reilly). We then name maternal identity as a key site for critical clinical intervention in addiction treatment and show that care must be taken not to employ harmful maternal scripts or to elicit a longing for a (prior) perfect maternal self.

Finally, we suggest instead that clinical social workers employ a model of empowered transformation that utilizes skills and attitudes women may have developed in becoming mothers while highlighting the social and political sources of maternal addiction.

The Patriarchal Origins of Maternal Stigma

Feminist philosophers have argued that under patriarchy, motherhood is a social construction incorporated into the ideology of femininity (DiQuinzio). Motherhood is taken to be essential and sufficient for a woman's fulfillment—the high point of a natural, biological trajectory for women. Mothering is posited as instinctive rather than a learned skill. Mothers meet the needs of their children and have their own needs fully met by the exercise of their natural capacities for empathy and self-sacrifice (DiQuinzio; Mullin). Under the ideology of essential motherhood (DiQuinzio 10), it is assumed that mothering is selfless and private, that it takes place within the home and within the family (with a male partner providing the necessary material resources), that it is motivated by love, not economic gain, and that the mothering capacities are emotional rather than cognitive (Mullin). The ideology of motherhood does not include women or children with mental or physical impairments, nor does it imagine single mothers working outside the home (Mullin), mothers in communities where caring for children is shared by othermothers or fictive kin (Collins), or mothers ambivalent about their task (Mullin, Takseva). The traditional ideology of essential motherhood is both descriptive and prescriptive: It posits a natural reality and simultaneously provides a binary normative standard of deviancy, failure, and the unnatural. There is no conceptual room for seeing mothering as a practice taking place in diverse material, social, cultural, and personal circumstances. Under the ideology of essential motherhood, mothers living with addictions are viewed, and may view themselves, as unnatural deviants, with the attendant shame and despair that accompany stigmatized difference in a key area of personal life.

Essential motherhood, as theorized by feminists in the late twentieth and early twenty-first centuries, has subtly changed in the neoliberal context, as ideas of individual responsibility and agency have infiltrated the naturalized picture of the ideal mother (Kilty and Dej). Yet this change has not corrected the social and patriarchal tropes that generate negativity towards mothers living with addictions. Whereas essential motherhood fails to acknowledge that mothering is a practice requiring a range of skills and knowledge, the new mom of the current era is expected to be hyperskilled and cognitively aware rather than operating by instinctual love alone. Although the mother is still viewed as immersed in her child's welfare, she is increasingly expected to be a specialist in that care and is held responsible for learning and employing current techniques of maternal care, monitoring for milestones, and intervening expertly to ensure they are met. Under "new momism" (Douglas and Michaels 4), sometimes called "intensive mothering" (O'Reilly 12), mothering is still individualized and privatized. But rather than judging

mothers against a naturalized picture of instinctive absorption into a child's wellbeing, recent norms of success measure a mother's degree of expertise in learning and applying techniques of care circulating in the common cultural discourse. Particularities of mothers' lives that may impact their capacity to live up to cultural expectations are still not factored into the binary of good and bad mothering. Despite the emphasis on learning and agency, the "new mom" inevitably falls short of such demanding and changeable societal expectations and is still vilified as unnatural. Although the new mom norms are framed primarily around white, Western middle-class mothers, and conceptions of mothering in Black and Indigenous cultures may offer a degree of resilience against these norms (Takseva), new momism is the dominant framework and affects how all mothers are viewed in their broader social interactions. Most significantly for a matricentric, anti-oppressive analysis of the vilification of mothers living with addictions, both the traditional naturalized construction of essential motherhood and the new momism dangerously constrain women's self-understanding. Under the totalizing conceptual framework of the ideology of motherhood, the only or primary self-representation available to mothers is the normatively charged identity of mother (Kilty and Dej). When women fail to live up to the rigid normative expectations of their mothering, they are vulnerable to severe harms of self-worth and compromised moral self-understanding. The disciplinary force of hegemonic patriarchal discourses of mothering, such as fitness and fertility (Park), that demand specialized knowledge, constant intervention, and the expectation of mythic oneness between mother and child (Takseva) leaves little scope for a maternal self-understanding that recognizes the ebb and flow of maternal effectiveness as circumstances change. Nor does the all-consuming and socially constructed maternal identity of intensive mothering leave room for intersecting identities, such as employee, daughter, friend, partner, or community leader. These social locations and subjectivities, if integrated, may appropriately constrain the otherwise global maternal commitment and, in doing so, exculpate mothers from the condemnation that accompanies any perceived maternal failure. As we will see, the rigidity and comprehensiveness of the maternal identity (under patriarchy) makes women vulnerable to identity management, which may exacerbate their loss of self-esteem and drive them further into shame.

Maternal Identity, Stigma, and Addiction Treatment

As noted in the introduction, mothers living with addictions face intense societal expectations that may lead to stress, anxiety, depression, stigma, and addiction. Addiction is defined as "a repeated powerful motivation to engage in a purposeful behaviour that has no survival value acquired as a result of

engaging in that behaviour, with significant potential for unintended harm" (West 27). When a behaviour is considered an addiction, it is because it meets the criteria of the 4Cs: craving, loss of control of amount or frequency, feelings of compulsion, and continued engagement despite the consequences. In this article, addictive behaviour refers to both substance use disorder and gambling disorder (the latter being the only DSM-5-acknowledged behavioural addiction) (Grant et al.).

Mothers may be living with one or several of these addictive behaviours and their associated stigma. Stigma refers to the negative attitudes we carry towards people who differ from the norm. There are three types of stigmas: public, structural, and self (Corrigan and O'Shaughnessy). People living with addictions are exposed to harmful and discriminatory societal messages, including that they are undesirable (Rozani et al.) and that they are to blame for their own behaviours as well as any resulting consequences (Adlaf et al.). This is an example of public stigma. When the policies of institutions restrict opportunities based on public stigma, stigma becomes structural. Finally, self-stigma can be the internalization of these other forms of stigma, resulting in individuals believing those harmful messages (Corneau and Stergiopoulos).

People living with addictions are among the most stigmatized groups in our society (Corrigan et al.). As AOP has shown, stigma can profoundly affect wellness, self-esteem, the development of addictive behaviours, treatment seeking, and success in recovery (Centre for Addiction and Mental Health; Mawhinney; Kulesza et al.). And as social work research shows, mothers living with addictions are uniquely subject to stigmatization (Howard, Murnan, Urek). Not only do they suffer with the stigma of addictions in general, but they are also seen as bad or junkie mothers (Kilty and Dej; Poole and Isaac; Duff et al.; Kauffman et al.; City of Toronto; Howard). A participant in Mary Paterno et al.'s research on digital storytelling as a peer mentoring strategy sums up the impact of stigma: "To be an addicted mother, the guilt and shame that goes on top of that, pretty much we want to die anyway. We are so ashamed and embarrassed, and people look at us with disgust and disdain" (4-5). Stigma also powerfully affects visibly pregnant women (Howard). Pregnancy is increasingly surveilled, both by society at large and by public health policies; indeed, in some places, public health initiatives have extended to pre-pregnancy, a state encompassing all women of childbearing years (Poole). Pregnant women's behaviour is taken to signal their fitness as mothers (Kukla), and in some jurisdictions, it may even attract legal censure under expanding legal instruments aimed at so-called fetal protection (Cosgrove and Baswani).

The impact of stigma on mothers living with addictions is profound. It is one of the largest barriers to mothers accessing addiction treatment (Eggertson; Suurvali et al.; Katarzyna et al.; Kauffman et al.). Mothers who seek treatment often feel mistreated by healthcare professionals (Paterno et al.;

Eggertson,;Tarasoff et al.; Kauffman et al.). As one mother put it: "People look at you like you're the worst mother in the world" (City of Toronto 16). Stigma also can lead to poor self-esteem along with feelings of worthlessness and powerlessness, which can lead to increased use of substances or gambling to cope with the emotional pain that accompanies the stigma (City of Toronto; Holdsworth et al.). The damage is compounded when one considers that two thirds of women living with addictions are also coping with the emotional and psychological effects of trauma relating to socially rooted adverse experiences, such as childhood physical or sexual abuse (Eggertson).

Exacerbating the dilemmas faced by mothers living with addictions is a culture of approval around many potentially dangerous behaviours. Mothers struggling with the pressures of their (sometimes multiple) care responsibilities are encouraged to raise a glass or two. Mommy drinking is lightheartedly applauded as a panacea for sleep deprivation and anxiety, and grownup grape juice is the contemporary version of mother's little helper (Laidlaw). As Ann Dowsett Johnston notes, alcohol marketing has targeted mothers: "[You see] mommy wine festivals … you see moms and yoga and wine [events], you see painting and wine, you see mani-pedis and wine" ("Pinking"). With cannabis legalized in many jurisdictions, "cannamoms" (mothers who use cannabis to cope with parenting stress) is an emerging trend (Staniforth). As a final example, the gambling industry has developed a variety of clever promotional strategies highlighting themes of luxury and elegance that target women. This kind of marketing makes gambling seem an acceptable, harmless leisure activity that provides a refuge for busy mothers who need time for themselves (McCarthy et al.). This feminization of gambling (McCarthy et al.) is of deep concern, given the vulnerability of mothers to the dangerous public censure and the consequences of stigma for their health and wellbeing. Thus, at the same time as mothers living with addictions are stigmatized and their plight individualized as weakness and moral failure, powerful cultural and capitalist pressures enable and reward their damaging behaviours.

There are many evidence-based clinical interventions that could be used to support mothers living with addictions. Common therapies or approaches include motivational interviewing (MI), cognitive behaviour therapy (CBT), brief interventions, family/couple therapy, coping skills training, medications, and mutual aid groups. It is beyond the scope of this article to provide a review of all the types of therapy and interventions that have proven effectiveness (for such a review, see Ogborne et al. and Toneatto and Ladouceur). Rather given that we have identified the maternal self as a key area for theoretical scrutiny in relation to mothers and addictions, our focus will be on interventions that are linked to the self. We will critique two interventions sometimes used to help a mother reclaim or develop a self that is free of addictions. We then suggest our alternative intervention of empowered transformation.

Self-Discontinuity via Nostalgia as a Motivator for Change

MI has been successfully used for many years in the treatment of addictive behaviours (Rubak et al.). This interviewing style can be defined as follows: "A collaborative, goal-oriented style of communication with particular attention to the language of change. This approach is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion" (Miller and Rollnick 29). MI tackles the ubiquitous problem of ambivalence about change (Miller, Forcehimes, and Zweben).

It is worth noting here that although MI is frequently used in addiction treatment, it does not necessarily espouse an AOP approach (Stanton). MI does not encourage an examination of the external factors that contribute to addiction, such as the historical, cultural, social, and political realities with which mothers who have addictions must contend. For example, social workers would not be cued in MI to ask an Indigenous mother about her experience of residential schools, poverty, racism, or classism when discussing her ambivalence to change her addictive behaviour.

Returning to our focus on the self, addictive behaviours can cause a radical and negative change in the self (Shaffer and Albanese). Social workers in the field will be familiar with client testimonies about how addiction can erode one's values, self-esteem, identity, and moral virtue. This can result in identity loss or spoilage (Wohl et al.). Within the MI tradition, a social worker encourages a client in treatment to focus on the discrepancy between her current self and her desired future self—a self that is living without the addiction. The discrepancy between the current, disliked self (i.e., active in addiction and engaging in behaviours that contradict personal standards and goals) and the future, desired self (i.e., the self living without the addiction who could maintain those standards and work towards those goals) arguably causes enough psychological discomfort to motivate behavioural change. This discrepancy is called self-discontinuity (Wohl et al.).

Recent psychological research (Kim and Wohl, Wohl et al.) now suggests a temporal flip in the frame of reference. Instead of focusing on a future (unknown) self, the client is encouraged to focus on the past self, before the addiction took hold. When clients feel nostalgic towards that past self (meaning they have a longing or reverie for that past, non-addicted self), they feel motivated to change and even make change attempts. They want to reclaim the past self and, as is commonly heard in counselling sessions, go back to the way things were before. The result that nostalgia for the past self can motivate the desire for, and actual, change attempts is not insignificant, as Michael Wohl et al. conclude that clinicians should nurture nostalgia, via experienced self-discontinuity, in order to "embolden individuals to attempt change" and "reclaim the positive past on which they reflect" (92).

The nostalgia approach to clinical intervention has its appeal. Since clients often want to go back to the way things were, social workers might encourage this line of thought to help promote change. However, we suggest using caution with the nostalgia approach when working with mothers living with addictions. One must consider what vulnerabilities the old self had that might have led to the addiction in the first place: "If you are struggling with addiction, you will discover that, becoming drug-free does not get your old self back, which, even if you could do it, would not be enough to keep you off drugs (Ling 3). For mothers, these vulnerabilities could be poor self-esteem, unprocessed trauma experiences, and lack of skills, including mindfulness of emotions, assertiveness, and healthy leisure activities (Boughton).

The other consideration with self-discovery approaches is, as an AOP lens shows, that addiction happens in a societal context. The old self was perhaps overwhelmed by her attempts to live up to the social expectations of mothers (e.g., selflessness, total absorption in the children, ongoing expertise, and effective intervention). Furthermore, additional factors—such as poverty, class and race bias—that compounded the pressures the old self faced would still be operating to undermine such efforts. If social workers encouraged clients to return to the old self who felt burdened by these pressures without exposing the role cultural norms and social-historical factors played in creating them, would the addictive behaviour return? Indeed, it would seem that self-discontinuity via nostalgia is useful in a limited way—to start the engine of change—but it should be handled with full awareness of its dangers and should not be the only tool in the clinical toolbox.

Motherhood as an Anchor

Another clinical strategy that has been used specifically with mothers is anchoring recovery to motherhood. Most women who seek addiction treatment are mothers (Sugarman et al.). Motherhood has been used in treatment centres to develop redemption scripts or believable stories about why clients are making changes to the addictive behaviour (Kilty and Dej). Such scripts might include "Good mothers don't have addictions and I want to be a good mother," "I'm getting clean for my children," or "My children are my strength." Given that women are often invested in their relationships, their motherhood can be a strong motivator for change (Duff et al.; Sugarman et al.; Tarasoff et al.). It is not unusual to hear mothers talk about the negative consequences of their addictive behaviour in reference to their children. As Paterno et al. explain, a mother's guilt can have negative consequences but can also be "uniquely motivating for her to become sober" (8). Hope can be nurtured when mothers think about what they have to gain with respect to their roles as mothers. Social workers can help by exploring how clients want to be as mothers and what they wish for in terms of their relationships with their children.

However, this strategy must also be used with caution for two reasons. First, social workers must be careful not to collude with societal and internalized expectations of mothers (Boughton). For instance, as already noted, there is an idealized conception of mothers as selfless, pure, educated, responsible, and devoted. If the client sees her motherhood in this way, and her social worker does not warn her about the presence of idealized notions, she may be triggered to relapse after failing to achieve good mother status according to these standards. In addition, the encouraged maternal identity reinforces normative, middle-class, white femininity (Kelty and Dej). For example, mothers may be faulted if their cultural or neighbourhood mothering and housekeeping styles do not fit the established (superficial, culturally biased) norms. Given the overrepresentation of Indigenous women in Canadian prisons, for instance, new momism discourse in the carceral context contributes to the creation of a hierarchy of motherhood that is likely to flow along racialized lines (Kelty and Dej). Addiction treatment centres may even collude with these biased norms by rewarding mothers who wear the right clothes, who willingly self-sacrifice, who comply with the rules, and who competently work hard (Young). Mothers who do not fit the bill may be chastised, negatively characterized, or even asked to leave the treatment facility. Mothers may never even seek treatment at all if they fear being judged by care providers (Tarasoff et al.). Jennifer Kilty and Erin Dej summarize the problem this way: "The ideal construction of motherhood created by new momism discourses sets unrealistic expectations regarding women's desire and ability to devote their lives to their children while simultaneously excluding already marginalized women from positively identifying as 'good' mothers" (13).

The second reason for caution about the use of motherhood as an anchor arises in relation to the danger of relapse. If the client is reaching her goal because she wants to be a good mother, or maybe even doing it for the children, what happens to her psychologically when she relapses? As Kilty and Dej argue, "Should a woman relapse, not only is her identity as a recovering drug user threatened, so too is her identity as a 'good' (read drug free) mother" (19). So if a client has anchored her recovery in her motherhood, she risks a great deal if a relapse occurs. She may blame herself for not meeting the standard and question her worth as a person, especially if her primary self-representation is that of a mother. In addition, there might now exist a feedback loop. Clients may try to abstain from substances or gambling in order to be good mothers but then relapse to cope with their feelings of inadequacy (Kilty and Dej). Furthermore, clients might also have a normative standard for recovery that is set in stone (Paterno et al.), in which even a slip might feel like total failure in recovery. Success is fragile when the line between good and bad mother or success and failure in recovery is one brief return to addictive behaviour.

Empowered Transformation: The Preferred Approach

Given that various selves (e.g., the current addicted self, the preaddicted self, and the idealized mother) are not necessarily adequate to sustain long-term recovery goals, those who undertake the recovery process often seek to transform themselves. This transformation is a move towards a healthier self who can cope without relying on substances or gambling. Transformation brings about new skills and qualities, as the client transitions away from the addicted self to a resilient, more robust self (Mikal-Flynn; Tarasoff et al.). Transformation needs not be limited to the internal, as the client might also look to change things on a social, political, or community level (Young; Duff et al.). She should be made aware of the intransigence of the external factors that exacerbate her personal vulnerabilities and stresses as well as the risk of disciplinary self-blame.

In the literature, change of this depth and magnitude has been given many names, including enhanced recovery, multidimensional transformation, metabilitation (Mikal-Flynn), empowerment (Young) and self-transformation (Paterno et al.). Here, we will call it "empowered transformation" because we wish to recognize both the value of self-transformation in recovery as well as the need for mothers to be empowered to recognize and address power asymmetries, social determinants of health and addiction, and problems outside themselves as individuals. Social workers must be knowledgeable about the structural barriers to mental health and guide their clients towards empowering resources.

Addiction can be a profound and troubling life event that may lead a mother into a crisis state. As difficult as the crisis is, however, it can also provide her with opportunities, including facing her fears and presumed limitations, getting to know herself better, seeing strengths and skills previously unidentified, developing self-compassion, adopting positive behaviours, restoring physical health, as well as healing emotionally, socially and spiritually (Mikal-Flynn; Gedge and Querney; Tarasoff et al.). But profound transformation is difficult. There is often a dynamic and sometimes painful waiting that occurs. Mothers must cope with a range of strong emotions, including anxiety, fear of relapse, grief, loss, shame, guilt, uncertainty, anger, and vulnerability (Kilty and Dej). Besides helping clients resist internalizing the social causes of addiction, the clinical social worker's role is to help clients remain hopeful and active with their treatment plans during this time. The mothering experience can be used as a source of strength or wisdom that can aid the empowering transformation process. In particular, mothers who engage in the role of maternal care have developed a variety of skills and qualities that are applicable to recovery from addiction. In her ground-breaking work on mothering and peace, Sara Ruddick offers a heuristic of maternal thinking and practice that

highlights some of the skills and attitudes characteristic of mothers. Resisting abstract and decontextualizing reasoning, mothers exhibit attentive love, concrete cognition, tolerance for ambivalence and ambiguity, receptiveness to change, and recognition of the limits of control" (Ruddick; Takseva). In resisting abstraction, maternal thinkers also learn to bridge "practical goals for surviving the present with more idealistic goals for best practices in the future" (Confortini and Ruane 70).

Social workers could point to the value of each of these qualities or skills for the success of a mother's treatment plan. For example, being attentive to the concrete, from a treatment planning point of view, could facilitate regular self-monitoring of the pressures of her environment and the way they trigger her urges. It could also assist in making safety plans for high-risk situations where temptation to relapse is an issue. Tolerance for ambivalence is very useful considering that ambivalence about change is often a hallmark of addiction (Miller et al.). Recognizing the limits of one's control is a key concept in recovery and is repeated by millions of twelve-step group members when they recite the Serenity Prayer. A further vital step is recognizing the disempowering social structures that both contribute to addiction and reduce accessibility to treatment. This, in turn, helps clients to resist moralistic or reductionistic views about addiction that locate responsibility on individuals alone and generate the myth that the only necessary change is one to their willpower. Attentive love can be helpful if increasing self-care is part of the treatment plan. And, finally, learning how to survive the present and be practical about repairing the damage caused by addiction in different life domains while visioning and working towards a better future is essentially the overarching goal of a treatment plan.

As noted already, personal transformation (as described above) is part of what social workers should encourage and support mothers to achieve, where this is desired. But encouraging self-transformation in the clinical setting can be hazardous, insofar as such language can appear to collude with the new momism discourse and its disciplinary force. Guiding clients who choose a path of self-transformation involves steering them away from the dual dangers of naïve personal expectations and despair and self-blame for failure. Self-transformation cannot be acontextual, but it is more empowering when it incorporates a focus on the political. Iris Marion Young reminds us that therapy (either individual or group) risks reinforcing individual self-blame if social workers do not also focus on consciousness raising about how addiction and individual pain have sources in power and privilege structures. Instead, discussions about the impossible norms of essential motherhood can generate feelings of solidarity among mothers and can lead to cooperative action and increased personal confidence in recovery. Social workers can illustrate empowerment by initiating structural changes that reduce power asymmetries

in therapy, for instance by inviting mothers to participate in formal program evaluations and rule making (as might be required in inpatient treatment programs). Links between mothers in therapy and community networks working for relevant change could be facilitated so that clients may bring their knowledge and experience to bear on the structures and policies that are contributing to their distress.

Integrated programs for mothers with addictions (Tarasoff et al.; Meixner et al.) are fertile ground to incorporate the full breadth of empowered transformation in the way that we have described. Integrated programs are holistic and are based on such values as client empowerment, strengths-based treatment, nonstigmatization, and foregrounding of lived experience. They recognize the unique needs of mothers with addictions and work to offer coordinated, low-barrier care to them and their children at a single point of access (Tarasoff et al.). There are several integrated programs across Canada (for a review and program descriptions, see Buckley et al.; Nathoo et al.; Duff et al.).

Empowered transformation, as we envisage it, then, can exploit the attitudes and skills that shape mothering practice and apply them to the challenge of recovery without importing essentialist views or norms of identity. In particular, the tolerance for ambiguity and ambivalence, and the resistance to decontextualized thinking characteristic of maternal thinking (according to Ruddick), figure in the transformative process by foregrounding the individual reality of each woman's life, with its attendant social, cultural, interpersonal, and political challenges. A one-size-fits-all essentialist model of mothering fails to capture this important framing. At the same time, encouraging engagement in consciousness raising and political change provides mothers in therapy with enhanced avenues of self-understanding and efficacy.

Appendix

Empowered Transformation: A Case Study

Lucinda sought counselling because of her concerns regarding her use of alcohol and her gambling behaviour. She is the mother of two daughters and has been married to her husband for ten years. During the assessment, Lucinda and her social worker discussed the various underlying issues that seemed connected to her addictive behaviours: a traumatic past in which she was neglected by her substance-abusing parents, childhood sexual abuse, an emotionally unsupportive partner, a parenting role that she found stressful, and a disconnection from her faith community.

Lucinda's drinking began shortly after the birth of her first daughter five years ago. She described feeling unprepared for the challenges of motherhood. She had postpartum depression and was shocked and ashamed when she did

not feel immediate love for her daughter. Breastfeeding was painful, and she stopped after a few weeks, despite the guilt she felt. Lucinda could not return to her fulfilling career because without affordable daycare, she could only secure enough childcare to work part time. Feelings of stress, inadequacy, and sadness increased as she tried to juggle multiple roles.

Fearing judgment, Lucinda was too ashamed to reach out for help from her doctor. Instead, she began making jokes at work about how difficult her life had become, hoping to get some validation without sharing the true extent of her sorrow. In response, her coworkers encouraged her to "try some grown-up grape juice or "use wine to cope with the whine take the edge off." She started drinking in the evenings and found that alcohol helped to calm and numb her feelings. However, her drinking escalated over several months, and her husband began commenting on her consumption.

Two years into this pattern, Lucinda discovered that she was pregnant again. She felt overwhelmed by the thought of another child and worried how she would cope, as she did not want to drink through her pregnancy. She often saw ads on television for the local casino that depicted women having carefree fun gambling. The thought was tempting to her, so she left her daughter at home with her husband and started going to the casino to have some "me time." Lucinda enjoyed gambling on the slot machines. She was catered to by the casino staff, and she could forget her problems for a while. Soon, Lucinda was going to the casino whenever she could, for hours at a time. Debts mounted, and it was when her husband found her secret credit card and gave her an ultimatum that she finally came for treatment.

Lucinda and her social worker discussed the pressures and expectations of motherhood that she had experienced, which seemed to be her tipping point. The social worker explained how mothers are often under a great deal of stress that goes unrecognized and unsupported. Lucinda spoke about wanting to "be different" and "a better mother" to her children, as she felt overwhelmed by guilt. The social worker encouraged the idea that transformation is possible, but that Lucinda needed to anchor that transformation in her own values and beliefs and not in an impossible notion of perfect motherhood.

Treatment involved many individual and group sessions in which Lucinda identified her values and strengths. The social worker helped her see how her motherhood experience could support her treatment goals. Lucinda had become grounded and goal oriented raising her daughters and used that skill to monitor her urges and to write her daily and weekly goals on a chart. She also took pleasure in writing stories for her daughters and used this talent to write about her recovery journey and, later, shared those stories in her treatment group. Self-care became an important objective, and Lucinda was able to say to herself when she was harsh and critical of her efforts "What would you say if this was your daughter?" This stance helped to soften her

inner dialogue and elicit self-compassion.

During treatment, Lucina addressed her past trauma. At the encouragement of her social worker, she learned to be like a mother to herself, offering the kindness, care, strength, and boundaries that she wished she had had growing up. She also worked on her spiritual self and restored her faith practice.

Once Lucinda achieved abstinence from both alcohol and gambling, she wanted to expand her transformation efforts. This involved connecting with other women who had similar experiences and also working to change things in her community. Specifically, Lucinda agreed to be a guest speaker at the addiction treatment centre and to share her transformation journey with those who were new to the program. After being voted as the spokesperson in her treatment group, she also agreed to be interviewed by the media about the dangers of opening a casino in the downtown core. Lucinda had grown up in the downtown, in poverty, and knew that a casino would be hazardous to the vulnerable populations living there. She felt empowered by these two activities because she was making a difference in other people's lives and meaning out of her own pain. Finally, Lucinda agreed to sit on the addiction treatment centre's advisory board so that she could offer her thoughts on programming and how to offer services effectively.

For Lucinda, empowering transformation meant that she could transition from paralyzing guilt, shame, and stress to successfully coping with her life. She moved away from addictive behaviour and made significant changes both internally and in the larger community.

Works Cited

Adlaf, Edward, et al., "Adolescent Stigma Towards Drug Addiction: Effects of Age and Drug Behaviour." *Addictive Behaviors*, vol. 34, no. 4, 2009, pp. 360-64.

Baines, Donna. "Anti-Oppressive Practice: Roots, Theories and Tensions." *Doing Anti-Oppressive Practice: Social Justice Social Work*, 3rd ed., edited by Donna Baines, Fernwood Publishing, 2017, pp. 1-19.

Boughton, Roberta. "A Feminist Slant on Counselling the Female Gambler: Key Issues and Tasks." *Journal of Gambling Issues International*, 1 May 2003, jgi.camh.net/index.php/jgi/article/view/3626. Accessed 20 Dec 2021.

Buckley, Leslie, et al. "Digital Health Solutions to Support Women with Addictions." *EENet*, 24 Sep 2020, vimeo.com/463437980. Accessed 20 Dec 2021.

CBC News. "'Pinking' of Alcohol Marketing Spurs Culture of 'Wine Moms.'" *CBC News,* 4 Feb 2018, www.cbc.ca/news/canada/manitoba/ann-johnston-women-wine-moms-1.4517510. Accessed 22 Dec 2021.

Centre for Addiction and Mental Health. "Addiction," 2021, *Centre for*

Addiction and Mental Health (CAMH), 2021, www.camh.ca/en/health-info/mental-illness-and-addiction-index/addiction. Accessed 20 Dec 2021.

Centre for Addiction and Mental Health. "COVID-19 Pandemic Adversely Affecting Mental Health of Women and People with Children." *Centre for Addiction and Mental Health (CAMH)*, 14 Oct 2020, www.camh.ca/en/camh-news-and-stories/covid-19-pandemic-adversely-affecting-mental-health-of-women-and-people-with-children. Accessed 20 Dec 2021.

Centre for Addiction and Mental Health. "Mental Health 101: Stigma." *Centre for Addiction and Mental Health (CAMH)*, 2021, www.camhx.ca/Education/online_courses/MentalhHealth101Series/Stigma/story.html. Accessed 21 Dec 2021.

City of Toronto. Toronto Drug Strategy. "Stigma, Discrimination & Substance Use: Experiences of People Who Use Alcohol and Other Drugs in Toronto." *Toronto Drug Strategy Implementation Panel*, Sept 2010, www.toronto.ca/wp-content/uploads/2018/01/93e2-stigmadiscrim_rep_2010_aoda.pdf. Accessed 20 Dec 2021.

Collins, Patricia Hill. *Black Feminist Thought*, 2nd ed. Routledge, 2000.

Corneau, Simon, and Vicky Stergiopoulos. "More Than Being Against It: Anti-Racism and Anti-Oppression in Mental Health Services." *Transcultural Psychiatry*, vol. 49, no. 2, 2012, pp. 261-82.

Corrigan, Patrick, W., Sachiko A. Kuwabara, and John O'Shaughnessy. "The Public Stigma of Mental Illness and Drug Addiction: Finding from a Stratified Random Sample." *Journal of Social Work*, vol. 9, no. 2, 2009, pp. 139-47.

Confortini, Catia, C., and Abigail E. Ruane. "Sara Ruddick's Maternal Thinking as Weaving Epistemology for *Justpeace*." *Journal of International Political Theory*, vol. 10, no. 1, 2014, pp. 70-93.

Cosgrove, Lisa, and Akansha Baswani. "Fetal Rights, the Policing of Pregnancy, and the Meaning of the Maternal in the Age of Neoliberalism." *Journal of Theoretical and Philosophical Psychology*, vol. 40, no. 1, 2020, pp. 43-53.

Corrigan, Patrick, W., and John R. O'Shaughnessy. "Changing Mental Illness Stigma as it Exists in the Real World." *Australian Psychologist*, vol. 42, no. 2, 2007, pp. 90-97.

Dastamalchi, Nedda, L. "Rural Moms Recovering from Addiction Struggle to Stay Connected during Pandemic." *ABC News*, 1 Oct 2020, abcnews.go.com/Health/rural-moms-recovering-addiction-struggle-stay-connected-pandemic/story?id=73167445. Accessed 20 Dec 2021.

DiQuinzio, Patrice. The Impossibility of Motherhood: Feminism, Individualism, and the Problem of Mothering. Routledge, 1999.

Dominelli Lena. "3 Anti-Oppressive Practice in Context." *Social Work: Themes, Issues and Critical Debates*, edited by Robert Adams et al., Springer Nature,

1998, pp. 3-22.
Douglas, Susan J., and Meredith W. Michaels. *The Mommy Myth: The Idealization of Motherhood and How It Has Undermined Women*. Free Press, 2004.
Duff, Putu, et al. "Sex Work and Motherhood: Social and Structural Barriers to Health and Social Services for Pregnant and Parenting Street and Off-Street Sex Workers." *Health Care Women International*, vol. 36, no. 9, 2015, pp. 1039-55.
Dumbrill, Gary, C., and June Ying Yee. "Whiteness: What It Is and Why We Have to Understand It." *Anti-Oppressive Social Work: Ways of Knowing, Talking and Doing*, 3rd edition, Oxford University Press, 2019, pp. 87-113.
Eggertson, Laura. "Stigma a Major Barrier to Treatment for Pregnant Women with Addictions." *Canadian Medical Association Journal*, vol. 185, no. 18, 2013, p. 1562.
Gedge, Elisabeth and Deirdre Querney. "The Silent Dimension: Speaking of Spirituality in Addictions Treatment." *Journal of Social Work Values and Ethics*, vol. 11, no. 2, 2014, pp. 41–51.
Grant, Jon E., Brian Odlaug, and Samuel R. Chamberlain. "Gambling." *Why Can't I Stop? Reclaiming Your Life from a Behavioral Addiction*, Johns Hopkins University Press, 2016, pp. 28-55.
Grose, Jessica. "Mother's Little Helper Is Back, and Daddy's Partaking Too." *The New York Times*, 3 Oct 2020, www.nytimes.com/2020/10/03/style/am-i-drinking-too-much.html. Accessed 22 Dec 2021.
Håkansson, Anders, et al "Gambling During the COVID-19 Crisis—A Cause for Concern." *Journal of Addiction Medicine*, vol. 14, no. 4, 2020, pp. E10-12.
Holdsworth, Louise, Nerilee Hing, and Helen Breen. "Exploring Women's Problem Gambling: A Review of the Literature." *International Gambling Studies*, vol. 12, no. 2, 2012, pp. 199-213.
Howard, Heather. "Reducing Stigma: Lessons from Opioid Dependent Women." *Journal of Social Work Practice in Addictions*, vol. 15, no. 4, 2015, pp. 418-38.
Katarzyna, Dabrowska, Jacek Moskalewicz, and Lukasz Wieczorek "Barriers in Access to the Treatment for People with Gambling Disorders: Are They Different from Those Experienced by People with Alcohol and/or Drug Dependence?" *Journal of Gambling Studies*, vol. 33, no. 2, 2017, pp. 487-503.
Kaufman, Anna, Jessica D. Jones Nielsen, and Henrietta Bowden-Jones. "Barriers to Treatment for Female Problem Gamblers: A UK Perspective." *Journal of Gambling Studies*, vol. 33, no. 3, 2017, pp. 975-91.
Kilty, Jennifer M., and Erin Dej. "Anchoring Amongst the Waves: Discursive Constructions of Motherhood and Addiction." *Qualitative Sociology Review*, vol. 8, no. 3, 2012, pp. 6-23.

Kim, Hyoun, S., and Michael J.A. Wohl. "The Bright Side of Self-Discontinuity: Feeling Disconnected with the Past Self Increases Readiness to Change Addictive Behaviors (via Nostalgia)." *Social Psychological and Personality Science*, vol. 6, no. 2, 2015, pp. 229-36.

Kukla, Rebecca. "Measuring Mothering." *International Journal of Feminist Approaches to Bioethics*," vol. 1, no. 1, 2008, pp. 67-90.

Kulesza, Magdalena, et al. "Towards Greater Understanding of Addiction Stigma: Intersectionality with Race/Ethnicity and Gender." *Drug and Alcohol Dependence*, vol. 169, no. 1, 2016, pp. 85-91.

Laidlaw, Katherine. "Why Binge Drinking Is on the Rise in Canada—and Why It's So Dangerous." *Reader's Digest,* Jul/Aug 2018, www.readersdigest.ca/health/conditions/binge-drinking-canada-rise/#:~:text=Multiple%20factors%20contribute%20to%20the,issues%20and%20growing%20social%20isolation. Accessed 21 Dec 2021.

Ling, Walter. *Mastering the Addicted Brain: Building a Sane and Meaningful Life to Stay Clean*. New World Library, 2017.

Mawhinney, Janet. "Diversity and Equity Competencies in Clinical Practice." *Fundamentals of Addiction: A Practical Guide for Counsellors*, 4th Edition, edited by Marilyn Herie and Wayne J. Skinner, Centre for Addiction and Mental Health, 2014, pp. 43-62.

McCarthy, Simone, et al. "Women and Gambling-Related Harm: A Narrative Literature Review and Implications for Research, Policy, and Practice." *Harm Reduction Journal*, vol. 16, no. 18, 2019, pp. 1-11.

Meixner, Tamara, et al. "Conceptualizing Integrated Service Delivery for Pregnant and Parenting Women with Addicitons: Defining Key Factors and Processes." *Canadian Journal of Addiction*, vol. 7, no. 3, 2016, pp. 57-65.

Miller, William, R., Alyssa A. Forcehimes, and Allen Zweben. *Treating Addiction: A Guide for Professionals,* 2nd ed. The Guilford Press, 2019.

Miller, William, R., and Stephen Rollnick. *Interviewing—Helping People Change*, 3rd ed. The Guilford Press, 2013.

Mikal-Flynn, Joyce. "Metabilitation: Transforming Life Crises: A Story of Enhanced Recovery Involving Addiction and Dependency." *Journal of Addictions Nursing*, vol. 26, no. 3, 2015, pp. 144-51.

Mullin, Amy. *Reconceiving Pregnancy and Childcare: Ethics, Experience, and Reproductive Labour*. Cambridge University Press, 2005.

Murnan, Aaron. "Exploring Treatment Needs Among Women Who Prostitute." *Journal of Social Work Practice in Addictions*, vol. 21, no. 3, 2021, pp. 235-54.

Nathoo, Tasnim, et al. "Voices from the Community: Developing Effective Community Programs to Support Pregnant and Early Parenting Women Who Use Alcohol and Other Substances." *First Peoples Child & Family Review*, vol. 8, no. 1, 2013, pp. 93-106.

Ogborne, Alan, C., Angela Paglia-Boak, and Greg Graves. "Interventions Supported by Scientific Evidence for Substance Abuse Treatment, Harm Reduction and Prevention". *Government of Canada*. 2005, publications.gc.ca/collections/collection_2016/sc-hc/H34-304-2005-eng.pdf. Accessed on 13 Mar 2022.

Oppenheim, Maya. "'Gambling Is an Escape': Pandemic Leads to Sharpest Ever Rise in Women Seeking Help for Addiction." *The Independent*, 31 Jul. 2021, www.dailyadvent.com/news/21fc91992a5d2fbb7ff084f3b7845152-Gambling-is-an-escape-Pandemic-leads-to-sharpest-ever-rise-in-women-seeking-help-for-addiction. Accessed 21 Dec 2021.

O'Reilly, Andrea. "Introduction." *21st. Century Motherhood: Experiences, Identity, Policy, Agency*, edited by Andrea O'Reilly, Columbia University Press, 2010, pp. 1-20. O'Reilly, Andrea. *Matricentric Feminism: Theory, Activism, Practice*. Demeter Press, 2016.

Park, Shelley M. "Adoptive Maternal Bodies: A Queer Paradigm for Rethinking Mothering." H*ypatia*, vol. 21, no. 1, 2006, pp. 201-26.

Paterno, Mary T., et al. "Mothers and Mentors: Exploring Perinatal Addiction and Recovery through Digital Storytelling." *Qualitative Health Research*, vol. 28, no. 7, 2018, pp. 1-12.

Pollard, Michael, S., Joan S. Tucker, and Harold D. Green. "Changes in Adult Alcohol Use and Consequences During the COVID-19 Pandemic in the US." *JAMA Network Open*, vol. 3, no. 9, 29 Sept 2020, jamanetwork.com/journals/jamanetworkopen/fullarticle/2770975. Accessed 22 Dec 2021.

Poole, Megan Nichole. "Review of *The Zero Trimester: Pre-Pregnancy Care and the Politics of Reproductive Risk* by Miranda Waggoner." *International Journal of Feminist Approaches to Bioethics*, vol. 12, no. 2, 2019, pp. 181-85.

Poole, Nancy, and Barbara Isaac. "Apprehensions: Barriers to Treatment for Substance-Abusing Mothers." *British Columbia Centre for Excellence for Women's Health*. 2001, bccewh.bc.ca/wp-content/uploads/2012/05/2001_Apprehensions-Barriers-to-Treatment-for-Substance-Using-Mothers.pdf. Accessed Dec 2021.

Ronzani, Telmo Mota, John Higgins-Biddle, and Erikson F. Furtado. "Stigmatization of Alcohol and Other Drug Users by Primary Care Providers in Southeast Brazil." *Social Science & Medicine*, vol. 69, no. 7, 2009, pp. 1080-84.

Rubak, Sune, et al. "Motivational Interviewing: A Systematic Review and Meta-Analysis," *British Journal of General Practice: The Journal of the Royal College of General Practitioners*, vol. 55, no. 513, 2005, pp. 305-12.

Ruddick, Sara. "Maternal Thinking: Towards a Politics of Peace." *Ethical Issues: Perspectives for Canadians,* 2nd ed, edited by Eldon Soifer, Broadview Press, 1996. 640-52.

Suurvali, Helen, et al. "Barriers to Seeking Help for Gambling Problems: A Review of the Empirical Literature." *Journal of Gambling Studies*, vol. 25, no. 3, 2009, pp. 407-24.

Shaffer, Howard, J., and Mark J. Albanese. "Addiction's Defining Characteristics." *Addiction Counseling Review: Preparing for Comprehensive, Certification and Licensing Exams*, edited by Robert Holman Coombs, Lahaska Press, 2005, pp. 3-31.

Stanton, Mark. "Motivational Interviewing and the Social Context." *American Psychologist*, vol. 65, no. 4, 2010, pp. 297-98.

Staniforth, Jessie. "An Increasing Number of Mothers are Using Cannabis to Help Them Parent. As They Come Out of the 'Green Closet,' They're Hoping to Shift the Stigma." *Family Tree*. 18 Nov 2021, www.bbc.com/worklife/article/20211116-the-cannamoms-parenting-with-cannabis. Accessed 22 Dec 2021.

Sugarman, Dawn, E., Christina Brezing, and Shelly F. Greenfield. "Women and Substance Abuse." *Clinical Textbook of Addictive Disorders,* 4th ed., edited by Avram H. Mack, et al., Guilford Press, 2016, pp. 481-506.

Swift Yasgur, Batya. "Drinking Jumps During Pandemic, Especially in Young Women." *WebMD Health News,* 23 Nov 2021, www.webmd.com/mental-health/addiction/news/20211123/more-women-drinking-during-pandemic. Accessed 22 Dec 2021.

Takseva, Tatiana. "Mother Love, Maternal Ambivalence, and the Possibility of Empowered Mothering." *Hypatia*, vol. 32, no. 1, 2017, pp. 152-68.

Tarasoff, Lesley, A., et al. "Integrated Treatment Programs for Pregnant and Parenting Women with Problematic Substance Use: Service Descriptions and Client Perceptions of Care." *Journal of Substance Abuse Treatment*, vol. 90, no. 9, 2018, pp. 9-18.

Toneatto, Tony, and Robert Ladouceur. "Treatment of Pathological Gambling: A Critical Review of the Literature." *Psychology of Addictive Behaviors*, vol. 17, no. 4, 2003, pp. 284-92.

Urek Mojca. "Making a Case in Social Work: The Construction of an Unsuitable Mother." *Qualitative Social Work*, vol. 4, no. 4, 2005, pp. 451-67.

Vigod, Simone, N., et al. "Postpartum Mental Illness during the COVID-19 Pandemic: A Population-Based, Repeated Cross-Sectional Study." *Canadian Medical Association Journal*, vol. 193, no. 23, 2021, pp. E835-E843.

Wohl, Michael, J. A., et al. "Discontinuity-Induced Nostalgia Improves the Odds of a Self-Reported Quit Attempt Among People Living with Addictions." *Journal of Experimental Social Psychology*, vol. 75, 2018, pp. 83-94.

West, Robert. "EMCDDA Insights: Models of Addiction." *European Monitoring Centre for Drugs and Drug Addiction*, 2013, www.emcdda.europa.eu/attachements.cfm/att_213861_EN_TDXD13014ENN.pdf. Accessed 16 Jan 2019.

Young, Iris, Marion. "Punishment, Treatment, Empowerment: Three Approaches to Policy for Pregnant Addicts." *Expecting Trouble: Surrogacy, Fetal Abuse and New Reproductive Technologies*, edited by Patricia Boling, Westview Press, 1995, pp. 109-34.