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# **Social Work, Motherhood, and Mothering: Critical Feminist Perspectives**

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## Rethinking Vulnerability at the Intersection of Mothering and Social Work

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*Within an age of financial cutbacks and heightened austerity measures across social service sectors, attention to individualized factors can be prioritized over social factors in the lives of people reaching out for social support. This article focuses on the intersection of mothers and mothering with social work practice. Through an exploration of critical feminist vulnerability theory, I aim to illuminate ways that social workers and mothers experience caregiver vulnerability within social service contexts, which is shaped by patriarchal, white-supremacist, and neoliberal-capitalist values that decontextualize the gendered oppression that mothers experience both as women and as caregivers. I encourage the reader to consider how vulnerability in the lives of mothers may be reconceptualized as a strength and necessary part of autonomy and community connection. This article offers an introduction to the central ideas of feminist critical vulnerability theory and explores how traditional ways of understanding vulnerability contribute to stigma surrounding the themes of caregiver vulnerability and dependency in the lives of mothers seeking social support. A reflective case example is woven through the presentation of theory as a means of grounding the concepts and supporting the reader to consider how these ideas may shape their own work both as mothers and with mothers. By critically attending to the overarching concepts of vulnerability and autonomy, social workers may gain a deeper awareness of how these concepts impact their perspectives and interventions with the mothers. Such awareness supports the goals of safe and effective use of self within practice and contributes to an ethical practice of critical reflexivity.*

### Introduction

Within an age of financial cutbacks and heightened austerity measures connected to evidence-based social work practice culture, attention to

individualized factors and outcomes are often prioritized over contextual social factors in a service user's life as well as the experiential knowledge of practitioners (Bates 158-59). As a caregiving profession, social work tends to be dominated by women (Jones et al. 62). Many social workers are also mothers who have lived experience related to caregiver vulnerability and the need to utilize supportive communities and services. Yet tension often exists with respect to how social workers practice with mothers as service users in professional theoretical frameworks that privilege structured assessments and interventions, which decontextualize the gendered oppression mothers experience as women in a patriarchal society that places the burden of caregiving responsibilities onto women (Bates 158; O'Reilly 2). In this article, I aim to present a feminist reconceptualization of vulnerability as a strength and necessary component of autonomy and community connection in the lives of mothers. It is my hope that by attending to this overarching concept in a critical manner, social workers may gain a deeper awareness of how social stigma associated with vulnerability may be creeping into our work with mothers and how strengths surrounding themes of vulnerability and dependency in the lives of mothers may be illuminated.

I have structured this article into two sections, with a case example interwoven across discussion of theory and ways in which theoretical concepts relate to social work and mothering. In the first section, I provide an overview of the central ideas within the emerging field of feminist critical vulnerability studies and describe three sources of vulnerability. I then introduce a case example in which the reader may understand the theoretical concepts that were explored in the context of a mother's decision to reach out for support. In the second section, I examine how social stigma surrounding the concept of vulnerability affects mothers within a patriarchal neoliberal-capitalist society that shapes dominant perceptions of how a good mother is supposed to present herself and behave. I then present a second case example with various scenarios relating to how a social worker can think through the context of the situation.

### **Positionality**

I write this article as a white settler, second-generation immigrant, middle-class, heterosexual, cisgender, and able-bodied woman (pronouns she/her). I am a mother and a PhD candidate in the fields of social work and gender justice. I identify as an intersectional and matricentric feminist, and I write and practice through a trauma-informed and antioppressive lens. I hold fifteen years of urban community practice experience in the areas of child welfare, gender-based violence, infant/maternal mental health with young families, and clinical supervision. I identify as a survivor of interpersonal trauma and intergenerational trauma. I recognize that in the context of mothering, I hold

a great deal of privilege in comparison to many of the mothers that I have worked with who identified as poor, racialized, queer or gender nonconforming, disabled, in their teenage years, and/or disconnected from supportive networks. I acknowledge the position of privilege I have now as an academic with the time to critically reflect back on my years of practice and the power that I held in the role of service provider. I also recognize that I am in a unique position to critically reflect on my lived experience as a mother, the experiences of my mother and grandmothers, and the experiences of mothers that I am honoured to have worked with in the context of social service provision and research. Robbie Duschinsky and colleagues encourage social workers to engage more deeply with theory as a means of sustaining the profession: “Both social theory and interdisciplinary research offer a chance to take a step back from the world and see things in a renewed or sharper way, sensing common patterns and how different elements fit together in our lives. Such a step back is most meaningful and useful when it retains an anchor in the everyday life of practice and its concerns” (5). I invite the reader to accompany me on this ongoing reflective journey as well as to explore patterns and challenge ways of thinking about a concept that influences the lives of so many social workers, mothers, and service users: vulnerability.

### **Rethinking Vulnerability as Entwined with Autonomy**

In this first section, I introduce the reader to some of the central ideas emerging from critical feminist scholars who theorize on the topic of vulnerability, providing an overview of three sources of vulnerability. Although social workers tend to primarily support populations that are labelled “vulnerable,” it is my observation that this area of critical theory is not yet familiar to many practicing social workers.

The way that contemporary industrialized societies understand the concept of vulnerability is shaped by various historical and political influences. The term “vulnerability” is rooted in the Latin language, describing the capacity of the human body to be wounded (Mackenzie et al. 4). The concept of “autonomy,” constructed to be in opposition to vulnerability, was shaped through the rise of humanism during the Renaissance period and further solidified through neoliberalism and notions of resilience in the late twentieth century (Braidotti 11; Gilson 84). The dominant notion of the ideal autonomous citizen is understood to be male, strong, white, rational, productive, and self-sufficient (Fineman 10; Gilson 83). If vulnerability is understood in opposition to this conceptualization of autonomy, then vulnerability becomes associated with the female gender—emotional, weak, incompetent, susceptible to harm, and powerless (Gilson 83; Mackenzie 33). For this reason, feminist theorists have historically distanced themselves from the term to further avoid

patriarchal assertions that women are inherently weak and in need of paternalistic forms of protection (Petherbridge 59). This binary is dangerous however because it denies all the ways that humans collectively share the capacity to experience harm through embodiment, through our interpersonal attachments, through our political and social spheres, through acts of nature, as well as through the ways we are affected by the harm we cause to our environment and other species (Mackenzie et al. 1). Within the lives of mothers, harm may be experienced through interpersonal violence, through social exclusion, experiences of increased social judgement based on income level, age, size, ability, gender, race or immigration status, the lack of government or agency policies that advocate for mothers, as well as the effects of a global pandemic and climate crisis. Instead of viewing care as a shared obligation that promotes collective sustainability, we are positioned to compete with one another while trying to appear invulnerable (Fineman 12; Gilson 76).

Critical feminist theorists have begun tackling this binary through the emerging field of critical vulnerability studies (Fineman et al.). Vulnerability and autonomy must be viewed as entwined; we cannot have one without the other. Tension exists within both the feminist community and broader communities that explore the topic of vulnerability, regarding whether vulnerability should be viewed as an unavoidable aspect of the human condition or whether vulnerability should only be considered in the context of particular groups (Leach Scully 205; Mackenzie et al. 6). The division in thinking that some are more vulnerable than others has led to a hierarchy that places invulnerability on a pedestal (Gilson 75). A major task has been to more clearly define different kinds of vulnerability while still appreciating the ambiguity of the term and that it can be contextualized to various situations. From a post structural feminist perspective, it is pertinent that we be critical in this undertaking as language and labels have historically been used as tools to oppress those most marginalized in our society. Yet it is also important to have the means to identify sources of harm from embodied experience of vulnerability in order for social workers to be able to expand our understanding of appropriate ways to respond and to ensure that the individual or group has as much agency in the situation as possible.

An important commonly shared idea between theorists is that vulnerability exists before harm occurs; vulnerability is not the cause of harm. It is important then to understand how preexisting vulnerability (such as being a racialized woman in a white-supremacist and patriarchal society) can be mobilized to collectively resist the powerful forces (such as white supremacy and patriarchy) that exploit vulnerability and cause harm (Butler et al. 4; Hesford and Lewis v; Spade 1042). When we acknowledge our shared vulnerability and our capacity to act in a collective manner, we are also drawn to acknowledge our

dependency or reliance on one another. The topic of dependency elicits tension with respect to ethics and accountability within welfare states, communities, and social services (Anderson 155; Leach Scully 213; Sabsay 285). I examine this tension between vulnerability and dependency in the second section of this article. But first I would like to offer an overview of some different ways of understanding sources of vulnerability.

Catriona Mackenzie and colleagues integrate two views concerning vulnerability—that is, it is a shared aspect of the human condition, and some groups are more vulnerable than others based on situational factors (7). They describe three different sources of vulnerability: inherent, situational, and pathogenic (Mackenzie et al. 7). Inherent vulnerabilities relate to embodiment and affect; our need for food, water, and sleep as well as protection from physical and emotional harm. Some inherent sources of vulnerability are also contextual and depend on such factors as age and health—for example, being an infant temporarily dependent on a caregiver to survive or being born with a heart condition that can be remedied with medication (if one can access healthcare). Situational sources of vulnerability relate to harm caused by or exacerbated by situational factors, such as oppression, poverty, as well as political or interpersonal violence. Inherent and situational sources of vulnerability are described as entwined but entail different ways of responding to harm. Also of importance is that inherent and situational sources of vulnerability can be dispositional or occurrent (Mackenzie et al. 8). Dispositional means that the source of harm is not immediate or not likely to occur (e.g., I could be struck by lightning, but it is not likely). Occurrent means that the vulnerability requires action immediately to limit the harm that the individual or group is exposed to and to support their sense of power and autonomy. These are important distinctions within the context of social work because sometimes services are imposed on particular individuals or groups based on the perception that they are vulnerable to harm; however, their risk of actually being harmed may be very low, in which case they could experience the imposed services as invasive or overpowering. For example, a mother with a mild learning disability may be perceived by a well-intentioned social worker as vulnerable to exploitation in intimate partner relationships. Although there is no evidence that the mother has a history of exploitive relationships, the social worker may insist that the mother engage in child welfare services due to the belief that her child may be at risk. Although the mother may only have challenges in connection with literacy, the social worker may make the assumption that she is unable to make decisions that keep her child safe from harm. Jackie Leach Scully refers to this phenomenon as “ascribed global vulnerabilities” (209). She describes this term as “the tendency on the part of the nondisabled to extrapolate a genuine vulnerability in one area of a disabled person’s life (e.g. physical weakness, economic precariousness) to a globally

increased vulnerability stretching over the entirety of that person's life" (209). More context is needed in connection with the example provided; however, for the purpose of illustrating the theory, such an example can offer an understanding of how one's perception of vulnerability may lead them to believe that harm is inevitable and therefore impose services that may be experienced as invasive or overpowering.

The third source of vulnerability as described by Mackenzie and colleagues is pathogenic vulnerability (9), which is a type of situational vulnerability and relates to different forms of oppression that can destabilize one's sense of autonomy and empowerment. Examples include abusive interpersonal relationships, sociopolitical oppression, and instances when people try to help alleviate one's vulnerability but instead make their situation worse or create new vulnerabilities. An historical example within the context of social work would be the profession's involvement in the harsh treatment of unwed mothers during the era of the Canadian federal government's postwar adoption mandate (Canada 1).

Between the decades of 1940 and 1970, the majority of white unmarried mothers in Canada were systematically separated from their newborn infants, who were placed with adoptive parents due to the socially constructed belief that to be unwed was equivalent to being unfit (Andrews 22, 90). A great deal of documentation exists that demonstrates how social workers employed within the child welfare system at that time—in collaboration with maternity homes and hospitals—carried out coercive measures to force unwed women to surrender their newborn infants (Andrews 92). Leaders in the field of social work defined unwed mothers as a social problem and aligned their practices with emerging scientific theory to justify abuse of power in the form of pathologizing unwed mothers and carrying out harsh treatment as punishment for their perceived immoral actions (Andrews 89, 93, 98). These young women experienced inherent vulnerability due to their embodied need for shelter and sensitive pre- and postnatal care, whereas their infants experienced inherent vulnerability due to their need for sustenance and nurturing. The mothers and infants may have experienced situational vulnerability due to poverty or geographic location. Their inherent vulnerability was exacerbated within a post-WWII heteropatriarchal society that idealized the nuclear family and oppressed women through the institution of marriage and economic control. Additional pathogenic vulnerability took the form of social work professionals who further disempowered unwed women, colluding with the social beliefs at the time that held women solely responsible for their pregnancies and viewed their desire to parent as sick and immoral (Andrews 89). In an effort to help unwed women to avoid the perceived threat (i.e., dispositional vulnerability) of poverty, unemployment, and social rejection due to carrying the identity of being an unwed mother, social workers created further harm through abusive

treatment, traumatic separation, and failure to challenge the social oppression that harmed so many families. In the decades following WWII in Canada, this practice was believed to be in the mother and infant's best interest. Only in recent years have these mothers and their grown children been able to share with the government the trauma that this mandate caused (Canada 3).

In this first section, I provided an overview of how the concepts of vulnerability and autonomy were historically constructed in opposition to one another, as separate, individualized qualities, offering a view of how vulnerability could be considered differently, a collective state, entwined with forms of response that promote autonomy. I will now introduce a case example through which I invite the reader to consider ways in which these theoretical concepts may apply.

### **Responding to Vulnerability as a Social Worker: Flipping the Script**

The following case example is presented to demonstrate how awareness of critical vulnerability theory may be applied within the context of the social worker–service user relationship. This example is not meant to define moral right or wrong ways of practicing but to acknowledge the moral dilemmas and human reactions that all service providers experience because we are all caught in overlapping webs of complex systemic barriers (Duschinsky et al. 10). Although clinical social workers are trained to practice from a social justice perspective—which means considering positionality, power dynamics in relationships, empathy, and the importance of taking a nonjudgmental stance—differing understandings of social justice, systemic constraints, and human bias will inevitably conflict with best intentions at times (Asakura et al. 444, 448; Gallop 50; Gourdine 83). We are all exposed to competing messages and expectations about what it means to be doing a good job as a social worker and have material ties to performance evaluation and program funding. The accompanying response scenarios are shared with the intention of giving the reader an opportunity to consider how theory presented on vulnerability and dependency might influence one's perspective on a mother with an infant that depends on her. And that due to her stage in life, and because she is a caregiver, she will require support from external sources to be able to meet her own needs (and the needs of her infant).

It is my hope that this vignette may demonstrate how thinking with a critical vulnerability lens, in the context of working with mothers, may provide increased insight and understanding in our work with service users. It is also my hope that the reader may be able to access a deeper level of self-awareness with respect to one's own position of vulnerability as a care provider, whether that be in the role of social worker, mother, community care provider or all of the above.



### *Case Vignette*

Allison is a social worker on a community support team for young families. One of Allison's newer clients shares some challenges she is having in one of their sessions.

*Program participant: This is really hard. Like, I'm going to school, going from appointment to appointment for my childcare subsidy worker, my lawyer, my counsellor ... I don't have time to take work shifts after school. ... Money is so tight. Could I bother you for more tokens and more formula vouchers?<sup>21</sup>*

Two questions are prevalent in this example that relate to vulnerability and how Allison might make meaning of this mom's situation, thereby shaping how she might respond. I will present each question separately with different perspectives that could influence Allison's actions.

***Question 1) If a mom needs support, are they viewed to be exceptionally at risk or are they viewed similarly to caregivers not in need of these supports?***

**Response A:** "I'm really worried about this mom. If she needs to ask for this much help, maybe she can't manage on her own. Should I call child welfare? When I had my babies, no one helped me. I guess some people brought me food, but mainly I had to figure everything out on my own. It's just part of being a good mom, isn't it?"

In this response, one may see how dominant ideals of autonomy connected with class and self-sufficiency may be shaping Allison's perspective on what it means to be a good mother or a risky mother. She compares her own experience and level of self-sufficiency, minimizing (consciously or unconsciously) her privilege with respect to the financial, educational, and community resources she had as a mother.

**Response B:** "Wow, this mom is doing amazing to be juggling so much, and moms need a lot of support! I remember how hard it was with a new baby and how much I needed my own mom at that time ... and how Casey from next door would bring me food.... Maybe we can set up another session this week to brainstorm together about her goals and needs. Let's see what we can do to support her through this rough patch."

In this scenario, Allison acknowledges the position of vulnerability she experienced as the caregiver of a young infant. She demonstrates value of relational autonomy and views reaching out for relational and material supports as a necessity and a strength. In the following section, I will expand on the concept of dependency, which is often entwined with notions of vulnerability, autonomy, children, and mothers seeking support through social services.

## Mothers and Vulnerability: The Invulnerable Supermom

In a society influenced by neoliberal values that view autonomy in opposition to vulnerability and reward particular qualities (e.g., male, strong, white, rational, productive, and self-sufficient), mothers who present in alignment with the traditional perceptions of autonomy are praised and may experience lower levels of surveillance with respect to their mothering (Vandenbeld Giles 123,125). The popular expression of the “supermom” can be viewed as a way that mothers both idolize and mock the societal expectation of being able to “do it all” or “have it all.” Yet due to the binary that exists within the concept of vulnerability, mothers who are perceived to lack the constructed qualities of autonomy are perceived as “bad moms”—again another popular expression that both mocks societal expectations and perhaps provides some solidarity and comfort to mothers who cannot manage to “do it all” or “have it all.” For especially vulnerable mothers who may be exposed to various sources of harm such as precarious work conditions or community or intimate partner violence, their individualized capacity to mother becomes a target of critique and surveillance, regardless of how well they are managing to limit exposure to harm for their families given the circumstances (McDonald-Harker 10).

The vulnerability-autonomy binary, in combination with patriarchal societal expectations that mothers take on the majority of responsibility for the care of their children, is extremely oppressive towards mothers, and I would argue that this form of oppression becomes a source of pathogenic vulnerability, making tough situations even tougher. When mothers who are perceived as vulnerable (in the dominant sense) reach out for support, their identity and mothering practices may be critiqued or scrutinized in overt or covert ways that can be experienced as disempowering, punishing, and can contribute to the erosion of trust in relationships with social service providers (Budden 57; Schrag and Schmidt-Tieszen 323). This experience in turn makes it difficult to reach out for support if mothers fear they will be viewed and treated this way. Yet as many mothers know, we all need support. It is an illusion that mothers should be able to “do it all.” This illusion only benefits capitalism and patriarchy, which are powerful influences that work against mothers and make it hard to shift the narrative (O’Reilly 58). In this section, I further describe ways that being a caregiver of a dependent can create a particular type of vulnerability, which Eva Feder Kittay calls “secondary vulnerability” (Dodds 193). I then discuss the influence of the current dominant practice of intensive mothering, coined by Sharon Hays (97), on how the assignment of responsibility has been directed at mothers, how this sets mothers up for failure (especially marginalized mothers), and why it is so challenging to shift this ideology.

### *Vulnerability and Dependency*

Dependency can be understood as a particular type of vulnerability (Dodds 182). Support that a social worker might provide to a mother to meet the needs of her child (e.g., employment assistance, counselling, and safety from violence) can be understood as dependency care and this form of care would be considered a response to dependency vulnerability (Dodds 182). Over time, helpful dependency care (personalized, reliable, and provided with respect and recognition) will mitigate the vulnerability, while unjust policies or practices can do harm by creating additional pathogenic forms of vulnerability that impact both mother and child (Dodds 184).

The work of Eva Feder Kittay (cited by Dodds 193) critiques the dominant notion of autonomy that privileges independence. Kittay explores how being a caregiver can make one more vulnerable, which causes the caregiver to then become dependent on others to meet their own needs. Kittay calls this pattern “secondary dependency,” which is a form of pathogenic vulnerability that requires relational autonomy to support the caregiver (193). Relational support for mothers that may promote autonomy could take the form of a counselling relationship, a community of family or friends, as well as government policies, such as paid parental leave or subsidized childcare. In the context of social workers who provide care to clients who depend on them, relational autonomy could come in the form of fair compensation, paid vacation and sick leave, job security if one has to take an emergency leave to care for a child or elder, peer supervision, or a work environment that offers respect and recognition of the work of caregiving. A great deal of attention has been paid to caregiver vulnerability during the global COVID-19 pandemic. In 2020, the pandemic caused governments to close schools and childcare facilities across the globe, increasing demand for unpaid care work (United Nations 1). In the United States, the Bureau of Labor Statistics reported that millions of women were driven out of the labour force due to lack of childcare. Mothers were three times more likely than fathers to have left work or to have lost jobs (Dockerman 1). In January 2021, Statistics Canada found that visible minorities were most likely to report having difficulty meeting basic household financial commitments over the previous four-week period (20): “Women overall still make 82 cents for every dollar men make, with Black, Latina and Native American women earning far less, according to the U.S. Census Bureau” (Dockerman 1). This wage gap, in combination with already disproportionate caregiving duties, is understood to contribute to the decision made by many heterosexual couples that women should take a leave of absence from paid employment to stay home and care for the children (Johnston, Mohammed, and van der Linden 1132). Also of importance to note is that healthcare and social work are highly gendered employment sectors, placing women employed in paid care work at greater vulnerability for contracting the virus (Etowa and Hyman

9). In 2020, a third of people employed as nurse aides, orderlies, and client service associates were immigrants in Canada, and 86 per cent of this group were women. In the nonimmigrant group, 87 per cent were women (Turcotte and Savage 3). As seen in both the cases of mothers and social workers, women tend to be assigned responsibility as caregivers in a patriarchal society (Friedman 227; Jones et. al. 62). Because assigned responsibility to care is constructed to empower some individuals at the expense of others, ensuring that caregivers get the support they deserve is a matter of social justice (Dodds 196).

### *Dependency and Intensive Mothering*

Andrea O'Reilly coined the term “matricentric feminism” to describe the body of literature known as maternal theory (*Matricentric Feminism* 1). This model of feminism identifies that women who are mothers experience harsher forms of oppression in the workplace than women who are not mothers and are expected to carry out more childcare responsibilities than any previous generation (2, 53). Liana Fox and colleagues examined survey data in the United States between 1967 and 2009 (25). Their data showed the following: [In 1967], “two thirds of children had one parent home full-time, and about one-third had all parents [including two parents or single parents] working; by 2009, the situation had reversed” (26). They found that family work hours reported through the survey increased dramatically with the rise of many women entering the workforce (25). Pauline Coogan and Charles Chen identified three external employment barriers that women would come to experience as they entered the workforce: discrimination, lack of mentorship, and sexual harassment (194). Discrimination against mothers specifically was identified in a phenomenological investigation by Margaret Lamar and Lisa Forbes (155). They found the following: “Participants’ level of availability, passion, interest, work ethic, focus, ability to perform certain roles, and commitment was questioned simply due to the fact that they are also a mother.” (155). Fox and colleagues compared time use data between 1975 and 2008. Their data displayed that working parents “spend more time engaged in primary childcare than employed peers in previous cohorts” (25). Although women have continued to strive for well-paid careers and stable full-time employment, mothers (in positions of paid labour or not) continue to bear the responsibility for childrearing and domestic labour (Coogan and Chen 195). Although women have progressed over the last three decades with respect to education level, entering the workforce, and achieving economic independence, a cultural backlash has been observed that has resulted in continued regulation and control of women under patriarchy. Harsh social judgment and reminders of gendered expectations surrounding childrearing are constantly present for mothers who are affected by conflicts between their paid work and domestic

roles (Borelli et al. 1743). Such conflict has contributed to deep feelings of anxiety, anger, and hopelessness in connection with an overall sense of guilt for many mothers (Borelli et al. 1743). This backlash has been referred to by feminist theorists as “intensive mothering” (Hays 97; O’Reilly 58).

The ideology of intensive mothering emerged in the late 1980s and early 1990s and consists of a combination of beliefs that shape a mother’s identity and caregiving practices (Hays 8). Its three core beliefs are as follows: The mother must be the main caregiver; one must spend a great deal of “time, energy and material resources on the child”; and children are thought of as more important than paid work (Hays 8). This belief system dominates the notion of what a good mother is expected to be in contemporary industrialized societies, and this is the belief system that mothers who seek social services hold themselves against (Cappellini et al. 482; Elliott et al. 367) as well as the social workers who provide those services (Gerten 49). When a mother spends what appears to be an exorbitant amount of money (in comparison to what she receives through her financial assistance payment) on a lavish first-year birthday party, we can see that she is trying to be a good mom by societal standards and that the needs of her child are prioritized over her own needs. No mother is able to live up to the ideals of intensive mothering; however, some fair better than others. Mothers that are able to carry out intensive mothering tend to be middle-class, educated, employed full time or stay at home with a male “bread winner” (O’Reilly 58). Thus, intensive mothering becomes associated with privilege, social capital, and social oppression (Vandenbeld Giles 125).

The current cultural and political context of neoliberal capitalism demands the practice of intensive mothering through generating a sense of anxiety for mothers that upholds their desire to promote the development of social capital in their children. Neoliberalism is influenced by an economic philosophy that values practices and policies focusing on risk management, efficiency, productivity, accountability, and financial cutbacks. Neoliberal ideology has been gradually eroding the values of the welfare state, cutting back on social service and placing increased responsibility for self-care onto the individual (Gray et al, 369; O’Reilly 57; Vandenbeld Giles 114, 119). It is within this same context that social workers are also expected to do more with less—hence, the use of time-saving assessment tools and one-size-fits-all interventions that leave no time to understand or appreciate complex contextual factors (Bates 22).

Intensive mothering is yet another source of pathogenic vulnerability for mothers who are inherently vulnerable because they are caregivers and because they are human. Mothers are socially regulated to demonstrate self-reliance, thereby minimizing or denying their vulnerability as a means of gaining social acceptance (Elliott et al. 355). Intensive mothering makes mothers feel that

they need to do and consume more to be better mothers, and for their children to have a better future in the form of cultural and social capital (Cappellini et al. 482). However, without support, mothers risk burning out with shame and guilt because despite their best efforts, social constraints in connection with government austerity measures—as well as systemic issues, such as community violence, poverty, and racism—continue to shape their lives and the lives of their children (Cappellini et al. 484; Elliott et al. 367; Gunderson and Barrett 1005). It is crucial for social workers to take these factors into consideration when trying to make meaning of a mother's complex situation, how motherhood is conceptualized (by both the mother and the social worker), and how to determine an appropriate response that promotes relational autonomy within the client-service provider relationship (Dalen Herland 936).

Through understanding ways that secondary dependency can cause women to be more dependent on others to meet their needs, social workers may gain awareness that could support them in avoiding the reproduction of further harm and stigma towards mothers. Thinking with these concepts may also support social workers to advocate for more support within their own workplaces as they too are caregivers who often experience secondary vulnerability as a result of the societal devaluation and gendered construction of caregiving (Duschinsky et al. 116; Jones et al. 67).

I would now ask the reader to return to the case example and again consider different ways in which a social worker could make sense of a mother's situation and choices, highlighting how one might respond to a situation differently with a feminist critical vulnerability lens.

***Question 2) If the client refuses support, how does the social worker make sense of this?***

**Response A:** “I don't know what I'm going to do with this client. She only knocks on my door when she needs bus tickets. When I try to set up an appointment with her to figure out her finances, she doesn't show! She hasn't followed through on any of my referrals. She doesn't seem to be making much effort to focus on the needs of her kid. I need to let her child welfare worker know that I've done all I can. I have no time for this with the size of my caseload, the waiting list and agency accreditation coming up. I'm going to be so swamped if I don't get some of these files closed soon!”

Duschinsky and colleagues observe the following: “In the context of the rise of a target-driven culture against explicit or implicit threat of losing jobs or funding, social work has become increasingly cramped and its activities fragmented for many practitioners. Practitioners talk to us about how recording what is done seems to be more important than doing the right thing” (114). In this scenario, we explore how the social worker's environmental constraints and dominant perceptions of vulnerability come together, potentially

thwarting capacity for an empathic response. Allison may not be taking into account how risky it can be for a new young mother to ask for support if she has received societal messages that such actions may be viewed as weakness, exposing one's vulnerability in a society that overvalues autonomy in connection with the ideals of what it means to be a good mother. Allison's frustration with the client seems to be exacerbated by the constraints of working in a social service agency that is entwined with social structures that reward self-sufficiency with precarious resources, placing pressure on Allison to disavow her own vulnerabilities as a care provider.

**Response B:** "I wonder how I could get this mom some more support. She seems to be avoiding my efforts to connect with her or to try to build a relationship. I wonder if she might be afraid that I'll call child welfare and that her baby could be taken away. I wonder what messages she has received in the past about accepting financial support or about social workers. I remember having to do that screening at the hospital when Joshua was born. I really didn't want that social worker to think I was weak or incompetent, so I put on a happy face and told her everything was good, even though I was a bit scared to go home so soon with my newborn. I think she attends the community group. Maybe I'll check in with that facilitator to get a better sense of how we might connect her to other services if she needs more support but is afraid to ask. Or maybe what she is accessing is just the right amount of support that she can manage for now."

In this second scenario, Allison brings awareness to the risks that marginalized mothers take (or do not) in reaching out for support in a society that views vulnerability as a source of harm instead of the oppressive forces that exploit one's vulnerability. With this awareness, Allison responds empathically while also drawing on the knowledge of her own experience of vulnerability as a caregiver. She considers ways that relational forms of support may be offered to the mother through the community group and trusts that the mother can make her own decisions about what feels necessary for her at that time.

Through the responses shared in the case example, one can see how entrenched dominant perspectives of autonomy and vulnerability might shape a service provider's view of what it means to be a good mom, even if they are a caregiver themselves. It is imperative that social workers interrogate their own assumptions about mothering in the context of how one perceives risk based on oppressive societal beliefs connected with intersecting aspects of identity, such as gender, race, ability, class, age and sexual orientation (Dalen Herland 936; Gourdine 83). If we enter service provision relationships considering the dominant societal messages that mothers receive about notions of strength and self-sufficiency in connection with ideals about motherhood identity and behaviour, we may respond more empathically towards our clients. We could

advocate for space and funding within social service agencies impacted by neoliberal demands relating to efficiency and productivity for ways that mothering can happen within networks of relational support over time. I encourage the reader to consider how thinking through a feminist critical vulnerability lens when trying to make sense of a client's situation, within the context of the broader work and social environment, could influence the impact of one's response. In alignment with social work ethical guidelines that promote the right to self-determination (International Federation of Social Workers 1), we must strive to critically reflect on how our responses could either promote autonomy through the relationship, or how we could create further sources of harm and disempowerment for those we seek to support.

## **Conclusion**

One of the central governing principles of matricentric feminism is that it “contests, challenges, and counters the patriarchal oppressive institution of motherhood and seeks to imagine and implement a maternal identity and practice that is empowering to mothers” (O’Reilly 7). When we centre the needs and experiences of mothers through a lens of critical vulnerability theory, we are able to destigmatize the vulnerability that women-identified caregivers experience. We deepen our understanding of the oppressive forces that limit mothers within a neoliberal-capitalist patriarchal society that is designed to regulate and disempower them. When we understand vulnerability as a precondition to harm, not the cause of harm, our attention can be focused on collaborating with mothers to better identify and advocate to remove or limit the source of harm (which may even be embedded in government and agency policies that are intended to help them).

In this article, I presented a feminist reconceptualization of vulnerability as a shared and necessary component of building autonomy and connection in the lives of mothers. My aim centred on creating a deeper level of awareness of how social workers think about vulnerability in the lives of service users as mothers, in their own lives as mothers and in their roles as social workers. In the first section of the article, I provided an overview of feminist critical vulnerability theory and how vulnerability and autonomy must be understood and entwined as a means of promoting equity and removing oppressive stereotypes that work against mothers in need of support. I then introduced a case example to support the reader in applying the theory within a social work context. In the second section of the article, I demonstrated how oppression relating to dependency vulnerability intersects with dominant mothering practices, creating layers of harm and stigma for mothers and shaping society's view of who can be a good mother. I then concluded with practice-based questions and perspectives that aimed to support the reader to critically reflect



on ways that our understanding of vulnerability in the context of mothering may impact the way we make meaning of our clients and their choices as well as our responses to their needs. By understanding vulnerability as a necessary part of autonomy—and that autonomy must be achieved over time and through relationships—we can see the strength that mothers have when they reach out for support and how they are able to get their needs met (and the needs of their children) by doing this often and consistently. Support must take place within a reliable and respectful relationship that offers recognition and opportunities to develop skills towards autonomy. Assignment of the caregiving role is socially constructed in our patriarchal society. Social workers must view dependency and vulnerability as a social justice issue. We therefore must advocate with mothers to shift violent and dominant perceptions of vulnerability that affect the lives of mothers and our communities as a whole.

### Endnotes

1. The case example provided above is a compilation of the author's experiences and observations through clinical practice as well as service user experiences shared through research interviews. No identifying information of previous clients, service providers, or research participants is used in this case example.

### Works Cited

- Anderson, Joel. "Autonomy and Vulnerability Entwined." *Vulnerability: New Essays in Ethics and Feminist Philosophy*, edited by Catriona Mackenzie, Wendy Rogers, and Susan Dodds, Oxford, 2014, pp. 134-61.
- Andrews, Valerie J. *White Unwed Mother: The Adoption Mandate in Postwar Canada*. Demeter Press, 2018.
- Asakura, Kenta et al. "What Does Social Justice Look Like When Sitting with Clients? A Qualitative Study of Teaching Clinical Social Work From a Social Justice Perspective." *Journal of Social Work Education*, vol. 56, no. 3, 2020, pp. 442-55.
- Bates, Michelle. "Evidence-Based Practice and Anti-Oppressive Practice." *Doing Anti-Oppressive Practice Social Justice Work*, edited by Donna Baines, Fernwood Publishing, 2011, pp. 146-61.
- Borelli, Jessica L. et al. "Bringing Work Home: Gender and Parenting Correlates of Work-Family Guilt among Parents of Toddlers." *Journal of Child and Family Studies*, vol. 6, 2017, pp. 1734-45.
- Braidotti, Rosi. *The Posthuman*. Polity, 2013.
- Budden, Amy et al. *My Life My Voice: The Experience of Young Parents in Durham Region*. The Young Parent Community Coalition of Durham

- Region, 2016.
- Butler, Judith et al. "Introduction." *Vulnerability in Resistance*, edited by Judith Butler, Zeynep Gambetti, and Leticia Sabsay, Duke, 2016, pp. 1-11.
- Canada. Parliament. Senate. Standing Senate Committee on Social Affairs, Science and Technology. *The Shame is Ours: Forced Adoptions of the Babies of Unmarried Mothers in Post-war Canada*. 42nd Parl., 1st session. Parliament, July 2018, Parliament of Canada, [sencanada.ca/content/sen/committee/421/SOCI/reports/SOCI\\_27th\\_epdf](https://sencanada.ca/content/sen/committee/421/SOCI/reports/SOCI_27th_epdf). Accessed 5 Mar. 2022.
- Cappellini, Benedetta et al. "Intensive Mothering in Hard Times: Foucauldian Ethical Self-Formation and Cruel Optimism." *Journal of Consumer Culture*, vol. 19, no. 4, 2019, pp. 469-92.
- Coogan, Pauline A., and Charles P. Chen. "Career Development and Counselling for Women: Connecting Theories to Practice." *Counselling Psychology Quarterly*, vol. 20, no. 2, 2007, pp. 191-204.
- Dallen Herland, Mari. "Conceptualizing Motherhood in a Context of Inequality and Vulnerability: Experiences of Being a Mother After a Troubled Upbringing." *Qualitative Social Work*, vol. 19, no. 5-6, 2020, pp. 934-950.
- Dockterman, Eliana. "Women and the Pandemic." *Time*, 3 Mar. 2021, [time.com/collection/women-covid19-pandemic/5942117/mothers-fired-lawsuit-covid-19/](https://time.com/collection/women-covid19-pandemic/5942117/mothers-fired-lawsuit-covid-19/). Accessed 5 Mar. 2022.
- Dodds, Susan. "Dependence, Care, and Vulnerability." *Vulnerability: New Essays in Ethics and Feminist Philosophy*, edited by Catriona Mackenzie, Wendy Rogers, and Susan Dodds, Oxford, 2014, pp. 181-203.
- Duschinsky, Robbie, et al. *Sustaining Social Work: Between Power and Powerlessness*. Palgrave, 2016.
- Elliott, Sinikka et al. "Being a Good Mom: Low Income, Black Single Mothers Negotiate Intensive Mothering." *Journal of Family Issues*, vol. 36, no. 3, 2015, pp. 351-70.
- Etowa, Josephine, and Ilene Hyman. "Unpacking the Health and Social Consequences of COVID-19 through a Race, Migration and Gender Lens." *Canadian Journal of Public Health*, vol. 112, 2021, pp. 8-11.
- Fineman, Martha A. "The Vulnerable Subject: Anchoring Equality in the Human Condition." *Yale Journal of Law & Feminism*, vol. 20, no. 1, 2008, pp. 1-23.
- Fineman, Martha A. et al. "Theorizing Vulnerability Studies. A Panel Discussion Conducted at the Scholar and Feminist Conference of the Barnard Centre for Research on Women," 2012, *YouTube*, uploaded by Tharnard Centre for Research on Women, 19 March 2012, [www.youtube.com/watch?v=4NkT0QgJOpM](https://www.youtube.com/watch?v=4NkT0QgJOpM). Accessed 5 Mar. 2022.
- Friedman, Marilyn. "Moral Responsibility for Coerced Wrongdoing: The Case of Abused Women Who "Fail to Protect" Their Children." *Vulnerability:*

- New Essays in Ethics and Feminist Philosophy*, edited by Catriona Mackenzie, Wendy Rogers and Susan Dodds, Oxford, 2014, pp. 222-41.
- Fox, Liana et al. "Time for Children: Trends in the Employment Patterns of Parents, 1967-2009." *Demography*, vol. 50, 2013, pp. 25-49.
- Gallop, Cynthia J. "Lost and Finding: Experiences of Newly Graduated Critical Social Workers." *Critical Social Work*, vol. 19, no. 1, 2018, pp. 43-63.
- Gerten, Annette M. "Moving Beyond Family-Friendly Policies for Faculty Mothers." *Affilia*, vol. 26, no. 1, 2011, pp. 47-58.
- Gilson, Erin C. "Vulnerability and Victimization: Rethinking Key Concepts in Feminist Discourses on Sexual Violence." *Signs: Journal of Women in Culture and Society*, vol. 42, no. 1, 2016, pp. 71-98.
- Gourdine, Ruby M. "We Treat Everybody the Same: Race Equity in Child Welfare." *Social Work in Public Health*, vol. 34, no. 1, 2019, pp. 75-85.
- Gray, Mel et al. "Perspectives on Neoliberalism for Human Service Professionals." *Social Service Review*, vol. 89, no. 2, 2015, pp. 368-92.
- Gunderson, Justine, and Anne E. Barrett. "Emotional Cost of Emotional Support? The Association Between Intensive Mothering and Psychological Well-Being in Midlife." *Journal of Family Issues*, vol. 38, no. 7, 2017, pp. 992-1009.
- Hays, Sharon. *The Cultural Contradictions of Motherhood*. Yale University Press, 1996.
- Hesford, Wendy, and Rachel Lewis. "Mobilizing Vulnerability: New Directions in Transnational Feminist Studies and Human Rights." *Feminist Formations*, vol. 28, no. 1, 2016 pp. vii-xviii. International Federation of Social Workers. *Global Social Work Statement of Ethical Principles*, 2018, [www.ifsw.org/global-social-work-statement-of-ethical-principles/](http://www.ifsw.org/global-social-work-statement-of-ethical-principles/). Accessed 5 Mar. 2022.
- Jones, Miriam et al. "Gender Dynamics in Social Work Practice and Education: A Critical Literature Review." *Australian Social Work*, vol. 72, no. 1, 2019, pp. 62-74.
- Lamar, Margaret R., and Lisa K. Forbes. "A Phenomenological Investigation into the Roles of Intensive Mothering in Working Mothers' Career Experiences." *Journal of Counselor Leadership and Advocacy*, vol. 7, no. 2, 2020 pp. 147-62.
- Leach Scully, Jackie. "Disability and Vulnerability: On Bodies, Dependence, and Power." *Vulnerability: New Essays in Ethics and Feminist Philosophy*, edited by Catriona Mackenzie, Wendy Rogers, and Susan Dodds, Oxford, 2014, pp. 204-21.
- McDonald-Harker, Caroline. *Mothering in Marginalized Contexts: Narratives of Women Who Mother in and Through Domestic Violence*, Demeter Press, 2016, pp. 1-274.
- Mackenzie, Catriona. "The Importance of Relational Autonomy and

- Capabilities for an Ethics of Vulnerability.” *Vulnerability: New Essays in Ethics and Feminist Philosophy*, edited by Catriona Mackenzie, Wendy Rogers, and Susan Dodds, Oxford, 2014, pp. 33-59.
- Mackenzie, Catriona et al. “Introduction: What is Vulnerability and Why Does it Matter for Moral Theory?” *Vulnerability: New Essays in Ethics and Feminist Philosophy*, edited by Catriona Mackenzie, Wendy Rogers and Susan Dodds, Oxford, 2014, pp. 1-32.
- O’Reilly, Andrea. *Matricentric Feminism: Theory, Activism, and Practice*. Demeter Press, 2016.
- Petherbridge, Danielle. “What’s Critical About Vulnerability? Rethinking Interdependence, Recognition, and Power.” *Hypatia*, vol. 31, no. 3, 2016, pp. 589-604.
- Regan, Johnston et al. “Evidence of Exacerbated Gender Inequality in Child Care Obligations in Canada and Australia During the COVID-19 Pandemic.” *Politics and Gender*, vol. 16, 2020, pp. 1131-41.
- Sabsay, Leticia. “Permeable Bodies: Vulnerability, Affective Powers, Hegemony.” *Vulnerability in Resistance*, edited by Judith Butler, Zeynep Gambetti, and Leticia Sabsay, Duke, 2016, pp. 278-302.
- Spade, Dean. “Intersectional Resistance and Law Reform.” *Signs*, vol. 38, no. 4, 2013, pp. 1031-55.
- Turcotte, Martin, and Katherine Savage. *The Contributions of Immigrants and Population Groups Designated as Visible Minorities to Nurse Aide, Orderly and Patient Service Associate Occupations*, Statistics Canada, 2020, [www150.statcan.gc.ca/n1/pub/45-28-001/2020001/article/00036-eng.htm](http://www150.statcan.gc.ca/n1/pub/45-28-001/2020001/article/00036-eng.htm). Accessed 5 Mar. 2022.
- United Nations. “The Impact of COVID-19 on Women.” *UN*, 2020, [www.un.org/sites/unz.un.org/files/policy\\_brief\\_on\\_covid\\_impact\\_on\\_women\\_9\\_april\\_2020.pdf](http://www.un.org/sites/unz.un.org/files/policy_brief_on_covid_impact_on_women_9_april_2020.pdf). Accessed 5 Mar. 2022.
- Vandenbeld Giles, Melinda. V. “From ‘Need’ to ‘Risk’: The Neoliberal Construction of the ‘Bad’ Mother.” *Journal of the Motherhood Initiative*, vol. 3, no. 1, 2012, pp. 112-33.

