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# **Negotiating the Meaning of Motherhood *Women in Addiction and Recovery***

Mothering and substance abuse have been considered categorically incompatible. The connection between maternal drug use and parenting has been highly controversial, so much so that the bulk of research concentrates on the impact of drug use on parenting and pregnancy and not on women's lives. There are, however, socially constructed ways in which society idealizes pregnancy and motherhood which marginalizes poor, single, substance abusing or homeless women as "bad," unfit, or non-mothers. This article makes motherhood and women's everyday lives the problematic rather than substance abuse or the effects of parental drug use on children.

The literature indicates that the relationship with their children is what motivates drug-using women to seek treatment. It is consequently the reason that women who are separated from their children are less likely to complete treatment programs (Finkelstein, 1993, 1994; Wobie 1997). This suggests going beyond the connections between drug use, treatment, and children to ask what does mothering mean to women who have histories of drug use and how do they negotiate the meaning of motherhood for themselves?

## **Description of the study**

My research and clinical experience in interacting with women in social service settings is that motherhood means a *great deal* to them. They struggle to carry out mothering in their particular life situations which may have involved alcoholic parents, drug-using partners, low income or poverty, single parenting, domestic violence, divorce, or foster care. I am conducting in-depth interviews with 20 women at two different residential sites. One site is a six month residential drug treatment program that houses 15 women and up to five children. The other is a supportive living program where women in recovery can

live with their children in apartments for up to two years with program and staff support. Eighteen women between the ages of 20 and 44 have been interviewed thus far. Eight of the participants identify themselves as Black or African American; one identified later that she is biracial. Eight of the participants identify themselves as White, and two identify themselves as multi-ethnic, Puerto-Rican and Italian or White. Five women had been legally married and three were legally divorced. One woman was still married and returning to her marital home after her residential treatment program. A sixth woman was planning to marry her long-time partner and the father of her children. Three additional women each described having a stable, committed relationship with a man during the study. All but two women indicated that their partners had some history of drug or alcohol use. I wish to remain faithful to their descriptions of themselves and their situations rather than arbitrarily categorizing them by race or marital status. I am using pseudonyms and excerpts from interviews with these women.

All of the 18 women interviewed have between one and five children. Two gave birth to children during the study process. Some of the women had never been separated from their children; others had periods of separation and were working on reunification. Some women voluntarily placed their children with relatives; others experienced the removal of their children by child protective services. However, all of these women had chosen to be in settings where they could have contact with their children by living with them or by having visitation and planning to resume custody of them. These demographics and the women's stories themselves demonstrate some of the complexities of individuals' lives which are oversimplified by the conventional understandings of maternal substance abuse. When I examined some of the invisible work of mothering in these women's lives, I found how mothering involved multiple considerations in how individuals think and feel about their children, make decisions about their children's lives, interact with their children, and negotiate with others who have roles with their children. All these things occur in various ways for all mothers and affect and will be affected by the particular circumstance of a woman's life.

### **Feminist methodology**

Seeing women's lives as central and focusing on the meaning women attach to their experiences is a principle of feminist methodology. Using a feminist approach as described by Ritzer (1996), this article examines mothers who have been substance abusing to begin to address how women themselves describe their mothering experiences, how they describe exercising choice in what they do, and how they understand and interpret their own actions in relation to those decisions (419).

Feminist methodology also means understanding how social structure makes certain actions necessary while other actions are impossible. Dorothy Smith (1987) says this means understanding the social relations in which

individual actors' daily lives are embedded. How men are fathers, how women learn to be mothers, and how women were mothered are themes that influence how these particular women are negotiating motherhood for themselves in their particular circumstances. Including the intersection of race, class, gender, and age in this analysis of women's lives contributes to a broader understanding of mothering practices and how to value them, thus helping to challenge traditional conventions about motherhood.

### **Idealizations of motherhood**

Idealized mothering insists that mothers be self-sacrificing, nurturing, responsible, good, and moral. Good mothering is seen as exclusively provided by one person, the biological mother, who has a strong bond with her children. Thus, motherhood has become a "sacred calling," but the construction of motherhood has been channeled to serve patriarchal interests.

Adrienne Rich (1976) writes that to guarantee that women will buy into these roles, motherhood is idealized so that women will strive to reach an unrealistic idea that keeps them under male dominance; women are not liberated by achieving a high standard only more imprisoned (57). Such oppression may give rise to any number of detrimental results including physical illness, depression, or substance abuse. Furthermore, when women are targets for drug sellers and drug pushers, they are further oppressed and controlled by male interests.

The veneration and idealization of motherhood not only creates compelling but unrealistic standards for most women but immediately labels certain women as bad, neglectful, and non-mothers (Rich 1976; Chodorow 1978; Finkelstein 1993, 1994). Rich (1976) indicates that rather than question the institution of motherhood, women and men have been socialized to question the deviance of individual mothers. Women who are poor, single, welfare-dependent, or substance-abusing are judged against idealized standards of goodness and responsibility. Glenn (1994) indicates that such judgments are made easier by the unequal power relations between men and women and between dominant and subordinate racial groups which serve as the contexts in which mothering takes place. Therefore, various theorists such as Collins (1990), Glenn (1994), and Smith (1987) insist that women do not all have the same opportunities in carrying out mothering and experience patriarchal control differently.

Devault (1995) indicates that women are "embedded in the social relations of [their] contexts" (627) and will develop standards that are compelling within those contexts. Those standards may incorporate some of the idealizations of motherhood but individual actors will also explain their circumstances as they have made sense of them. Selectively, individual mothers may incorporate or discard certain idealizations depending how well any standard fits their contexts; negotiating individual meanings of motherhood for themselves as necessary.

### **How mothers make decisions about their childrens' lives**

Angel, an African-American woman, became pregnant at age 25 with her first child. She originally planned to have an abortion saying she was not ready to have a child. She and her 30-year-old, boyfriend had just begun living together. He was employed; she was seeking employment. Although he wanted to have the baby, she did not know how committed he was. Previously married, he left his wife and child for Angel. She saw the potential for the same outcome for her and her child. He was also selling drugs and she had just resumed using cocaine.

Angel initially hoped to have her first child in the context of a stable relationship, if not a legal marriage, with two employed parents. She considered abortion because the circumstances were not optimal for motherhood. This decision seemed to incorporate idealizations about appropriate motherhood. However, she lacked support from the father of her child for this decision. She could not go through with an abortion alone. A month later, she made the decision to seek treatment to try be a "good" mother. Her infant was born without signs of drug exposure. She tried to raise her child in the context of a two-parent family with the father of her child for six months. However, he continued selling drugs and she eventually began using again. Her ideal of a two-parent family for her child was not possible at that time; she and the father separated and she eventually sought drug treatment again.

### **How mothers think and feel about their children**

Angel describes her son as the most important person in her life. She raised her son alone for a year and then lost custody for a brief period. She described visits with him this way:

*I would see him, but he would cry and say "Mommy, I want to go with you," and it was so hard. I felt so bad, so I stopped seeing him... I would use some more to medicate myself so I wouldn't feel the pain. Then I wouldn't be able to see him, and I would feel so bad. I would be trying to get high and I would be crying thinking about him... I would be sitting in these awful drug houses using with people I didn't know and saying to myself "This is not my life; this is not me. I wasn't raised like this. I have a son."*

The very thing that gave meaning to her life, being a mother, was also a reason for her to feel pain when she could not be a responsible mother and have her son with her. She described increased drug use when she was first separated from her son where she was "using more so I wouldn't feel the pain."

This pattern was reported by many women in the study before they each sought treatment. Diane said:

*The most stressful time for me in addiction was my children. The children always tore at me so bad... 'cause I always made so many promises to the kids*

*and then that would always be all gone.... I worried and worried what this was doing to the kids ... but ... the flip side of that was the more I worried the more I drugged to keep that out of my mind.... I knew I could be a better mother... So I took them out there [to the Department of Social Services] and I told the people they had to take the children ... I said, "I want to get help and I need to know the children are going to be all right...."*

The whole time she was using, she was worried about the children and the effect of her drug use on the children. This first created a response of increased drug use to "keep that out of her mind." Before going into treatment, when she had reached her lowest point of addiction which included eviction, no food or diapers, and four children tagging along with her on the street, she had to know the children were "going to be all right" when she placed them in foster care.

Insuring that their children were well taken care, that their children were with them in treatment and recovery, or that their children would be reunited with them were of primary importance to the mothers in this study. For example, when asked what it meant to have her three month old son with her in supportive living, Julie said, "It means everything to me. Some days, when I cannot do it for myself, I do it for him. He keeps me focused on why I am here."

When her children were in foster care, Diane was acutely aware of the affect of separation on her children, especially her oldest son, a 9 year old who is autistic. He had been in foster care for 15 months, five months longer than he or she anticipated. When his teachers and foster mother began to observe certain behaviors, they suggested he be tested for hyperactivity. Diane objected and indicated, "I know my son. He is not hyperactive. It has just been too long, and he wants to come home. It's time for him to come home and be with me." When his return home was accomplished a month later, the teachers no longer observed the "symptoms" they had labeled hyperactive.

Diane knew her son for nine years as his primary caregiver. Except for this voluntary foster care placement precipitated by her need for drug treatment, he had always lived with her. She saw him through a maternal lens and not through the eyes of white teachers and educational staff. Her knowledge of her son challenged "expert" knowledge. It was clear to her that her son needed to come home with her.

June is resuming the role of mother in her 13-year-old son's life and was considering living arrangements that were best for him based on his current situation. He has been raised by his grandmother for the last six years. June does not want to take him away from his stability. She says, "It is not what I want but what is best for him that is important." She said the choice of living arrangement will be his; she does not want to separate him from his friends, school, or sports by insisting he live with her. It seems that she was doing what a "good" mother should in placing her child's needs first. It might, however, result in her living separately from her son, a situation seemingly at odds with "good" mothering.

### **How men are fathers influences how women are mothers**

Several women discussed whether the fathers of their children are known to them, acknowledge paternity, maintain stable relationships, visitation, or contact with the children, pay child support, or safely care for a child. The level of involvement of the child's father was a determining factor in how each woman was a mother.

Marie became pregnant in high school but the father of her child never sees his son or helps with child support. She does not know the father of her second son because she was prostituting at the time. She now sees these circumstances as advantageous because she can raise her sons as she feels appropriate. Marie acknowledged that the men she met while prostituting and using drugs would not be appropriate fathers.

She also says, "I think God gave me sons for a reason. I have always had a problem with men. This way, I have to learn about boys and men in a whole new way and be a good mother."

The father of Jessica's 15 month old daughter Andrea is also the putative father of her current pregnancy. He currently pays \$11 a week in child support. He has only seen Andrea twice in eight months although visitation rights are monthly. Jessica is nervous when he does take their daughter for weekends because he is still drinking. For Jessica, visitation is only tolerable if her daughter stays with the paternal grandmother. The putative father is also denying paternity of the current pregnancy. Jessica finds this to be his way of avoiding further responsibility, and she concludes, "I have been doing everything as a single mother for 15 months and I guess I will continue to be a single mother with two children."

Both Jessica and Marie describe the circumstances of single parenting differently. For Marie, it is advantageous and a learning situation. For Jessica, single parenting is something she has already done and can continue to do capably.

Diane describes that over the ten years she has been a parent, she and the father of her four children have been together but,

*... with a lot of breaking up. I ended up putting him out and the kids stayed with me.... If we don't make it, the kids will still come with me. In my mind, I am always going to believe the kids are best with me.... He could go but the children stay with me ... the kids would naturally come with me, you see.*

Diane's understanding and her practice of the conventions of motherhood included that the children's place is with the mother. If there are parental separations, the children maintain stability and continuity by being with the mother. For Diane, this was the "norm."

Angel describes that the father of her child did not have as much of a "using" problem as a "selling" problem:

*You don't know what might be going down. You don't know who's gonna come to the house or what is going to go on. I didn't want anything to happen to my son. I was trying to get clean so that I could take care of him right. Why would I want to put him where something could happen because of selling drugs. It made him mad, but I told him the drugs would have to go if he wanted to have his son visit him. I can't tell him how to live his life, but I can decide what is safe for my son.*

In this exchange, Angel indicated that it was difficult to be firm because her son's father is older, white, and in better economic circumstances than Angel who is younger, Black, and receiving public assistance during her treatment and recovery. However, she asserted herself in relation to her son's safety fulfilling the ideal of a "good" mother who is protective of her child. Both Angel and Diane were assertive in relation to the behavior of the fathers, establishing what they as mothers believed was best for their children. Without the support of a second parent, mothering is hard. All of these subjects indicated they will parent without the help of fathers if necessary. Most of them have at some point been single mothers. Some have shared parenting with foster mothers or grandparents and accept the importance of those figures in their children's lives.

### **How women negotiate parenting with others**

Many of the women interviewed had shared parenting temporarily with other people by voluntary or involuntary arrangements. June had her son live with her mother when he was entering school. At the time, June was a single working mother living in a rural area, trying to make a living, and faced with issues of school, transportation, and child care as well as finances. She did not have the benefits of a college education and a career ladder. Her decision can be understood in the context of her social, financial, educational, and employment context. However her decision she made to help stabilize her son while she worked is what allowed her to drink more. The job itself, catering, was conducive to drinking, and the absence of full-time parenting responsibilities was a contributing factor. Her son is now 13 and she is trying to resume a parenting role in his life saying,

*So I am going to think about what I do as far as going back into his life as a parent, take it slow. I do want to get involved in things that I can like parent teacher conferences, anything I can help him with as a support being a parent. But I can see where my mom might feel threatened because she's had him for six years. It is like her second chance at being a parent and doing it differently.*

June described that her parents had been heavy drinkers, if not alcoholics, during her childhood and there was no real guidance or parenting in her child-

hood. Her mother had stopped drinking before June's son was born. Raising June's son for six years was a second chance at mothering for June's mother. June is aware of this as she negotiates how she will share the parenting with her mother and resume her mothering role without replacing her mother in her son's life.

### **How women learn to be mothers**

A significant context for mothering was what several women said about learning to be a mother and how they were mothered. Substance abusing mothers are seen as marginalized and deviant and not as possessing knowledge worth listening to regarding their lives or mothering. However, a feminist concept of empowerment would encourage them to speak of their mothering experiences and not be passive, silent recipients of social interventions of treatment, rehabilitation, and parenting education.

My research finds several women who are learning from examples of "good" mothering or from the experience of having to provide care to younger siblings. Other women are learning from what was missing in their own lives and from what not to do as a mother. Comparisons to one's own mother were made, a process many mothers experience.

Diane described how she and her younger sister were responsible for their youngest siblings. She had to pick them up from school, take them to her sports practices, make sure they did homework while she prepared dinner, and put them to bed. Her mother worked afternoon/evening shifts and her father was a long distance truck driver.

They were one of a small number of African- American families in a community outside a metropolitan area. Most families had stay-at-home mothers. She viewed her experience as preparation for her own children. She knows how to help her two oldest with homework while entertaining the two toddlers before preparing dinner and starting the bedtime routine.

Jessica indicates, "I do not really know how I am learning to be a mother," but she clearly articulates that she is trying to do things differently from how she was raised. She describes how her mother would "call me stupid, get mad, and criticize me." She does not want to do that with her child so she uses time out for unacceptable behavior and much praise for good behavior. She watches other mothers who yell or occasionally slap their children and wants to avoid doing the same things.

Marie also wants to do things for her children that she never experienced. She described growing up in 27 different foster homes and missing affection and individual attention. However, she describes her last foster mother, whom she calls "mother," as a good role model. Other women described mothers, stepmothers, grandmothers, aunts, or older sisters who were examples of how to be a mother.

Ann, a 36-year-old white woman, made comparisons between herself and her mother to explain her standards in marriage, family life, and mothering:

*My mom was there for us but yet she wasn't. She was an alcoholic herself and I don't want my kids being raised like I was. Every time we turned around there was a different boyfriend.... That's why lots of times I put up with what I went through for almost seven years with their father.... It wasn't going to end. We were going to stay together.*

She went on to describe her husband:

*He cheated on me both times I was pregnant. Still took him back. The second time he came back, he came back married to another woman. And I still took him back because of the fact that my children needed a father.*

This describes how strongly a woman can cling to those standards of marriage and a two-parent family despite other events in her social situation. Ann seemed to feel that by being married and keeping her children's father in their lives that she could avoid her raising her children the same way she was raised.

*And another thing I used to beat myself for ... my mom drank, but she didn't get us kids taken away from her ... so that's like where I felt as a failure.... But I have to look at the years before. There wasn't really CPS either. They didn't care about if a parent drank too much. How come [my mother] didn't have that happen?*

Ann is in a six month residential drug treatment program; her children are currently in foster care because of a child protective report; her husband is in jail. Her mother did not face the same consequences for her drinking and relationships with men. Ann's standard had been to be a better mother than her mother and not raise her children the way she was raised. She seems to measure herself against the fact that her mother always kept her own children with her. Yet Ann also seems to be aware of the social structures that affected her life compared to her mother's, such as the intervention of child protective services in maternal substance abuse in the 1980s and 1990s.

### **Summary and conclusion**

One can examine the strengths that an individual woman brings with her as she seeks treatment rather than blaming her for her mothering and focusing on deficits. How does a woman try to achieve standards of "good" mothering as she interprets socially constructed ideals? McMurtie (1998) and Finkelstein (1993, 1994) indicate that decisions to seek treatment are motivated by the need to protect their children and be appropriate role models for them. Many of the women like Chris were competent parents before addiction and want to resume their responsibilities and skills. Some never completely abandoned those responsibilities like Diane who only agreed to foster care so that she could receive drug treatment. All the women indicated that the mothering role is very

important to them. In our society, it is the primary role in many women's lives and their basis of self-worth based upon family and culture. Consequently, all these women indicated that they care for their children and want to be "good" mothers. The idealizations of motherhood serve a purpose for them in how they negotiate the meaning of motherhood for themselves. Being the kind of mother she knew she could be was how Diane expressed her motivation.

However, Barrie Thorne indicates that motherhood can also be a woman's most oppressive situation (1982: 19). The same standards that are used to judge a woman are the ones she aspires to achieve as she is investigated by child protection, separated from her children, and reminded that she has been an inadequate mother. Being separated from one's children seemed to result first in escalated substance abuse to escape the pain of separation. Women in this study indicated that wanting to be a "good" mother, not the separation from children, was a motivation to seek treatment and to keep or regain custody of children.

McMurtie(1998) and Gilligan(1992) indicate that many women's strengths lie in arriving at well-informed conclusions by looking at a situation from many angles and understanding its complexity. This is seen in Angel's assessment of her child's safety while visiting his father, June's negotiation of shared motherhood with her mother, and Ann's analysis of the difference between her circumstances and her mother's.

These various women selected ideals of mothering, interpreted how these ideals fit with the complexities of their lives, and attempted to carry out mothering using these ideals and the knowledge of their own and their children's lives. If we listen to their stories of how they negotiate the meaning of motherhood, we may better understand how motherhood is constructed in a larger number of contexts. A critical analysis of their stories can be the vehicle to addressing the contexts of women's lives and enhancing their efforts to be the kinds of mothers they desire to be.

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