Social Work, Motherhood, and Mothering: Critical Feminist Perspectives

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Social Work and Mothering: Mapping the Intersections of Social Work and Matricentric Feminism

The social construction of motherhood informs and permeates the field of social work through practice, research, and education, yet mothering experiences are often silenced in course curriculums, practice settings, and research agendas. We bring together both our voices and unique experiences as mothers, social work PhD candidates, as well as social worker and art therapist that have worked alongside mothers for many years in our professional landscapes situated in community-based and healthcare settings. Throughout this article, we argue that although the gendered nature of social work has been acknowledged by many scholars over the years—across liberal, Marxist, radical, and socialist feminist perspectives—a critical feminist analysis of mothering that incorporates maternal theory and matricentric feminism is largely absent from social work theory, research, education, and practice. We offer a historical chronological review of literature in which to contextualize current tensions and possibilities at the intersection between the profession of social work, concept-ualizations of mothering within social work, and maternal feminist theory within a North American context. We aim to demonstrate how awareness of this history is a vital component of critical practice with mothers and as mothers.

Introduction

Across continents, cultures, and spaces, mothers have always played a central role in our social world. The societal definitions and expectations of "mother" change, however, based on the social, historical, geographic, political, and cultural contexts of particular moments in time (Collins 311; Ruddick 97). This special issue of the *Journal of the Motherhood Initiative for Research and Community Involvement* was created at a time and place when conceptualiz-ations of "mother" continue to be defined in multiple, complex, and competing

ways. Stories of mothering in the context of social work reveal connection, advocacy, resiliency, discrimination, and troubling dilemmas that highlight both stre-ngths and challenges yet to be recognized in the field. Although the gendered nature of social work has been acknowledged by many scholars over the years —across liberal, Marxist, radical, and socialist feminist perspectives (Carniol 7; Davies et al. 158; Wearing 37-53)—we argue that a critical feminist analysis of mothering that incorporates maternal theory and matricentric feminism is largely absent from social work theory, research, education, and practice.

Throughout this article, we aim to engage a broad audience including policymakers, educators, social workers, service users, and mothers while recognizing that these groups can and do overlap. As authors, our ways of knowing bring together social work practice, theory, education, and research with critical feminist scholarship and lived experiences as mothers. Our writing process has involved continuous reflexive praxis that acknowledges and recognizes our positionalities, unique experiences, and how our identities and subjectivities influence our own mothering and social work stories. We encourage self-reflection and wonderings as you read and engage with this overview of literature. We ask the following questions. How are mothering stories in the context of social work shared, interrogated, judged, celebrated, assessed, silenced, and retold. What are the consequences or benefits of sharing mothering stories within social work spaces? What hidden stories still need to be uncovered and passed on? How do these stories connect to you and your own personal stories of mothers and mothering?

Critical Feminist Analysis of Mothering and Motherhood

We use the term "critical feminism" to describe the contemporary (post-1970s) body of intersectional[1] and interdisciplinary[2] theory that critically examines themes of social power and oppression while attending to gender equity as it intersects with other aspects of identity, such as class, race, ethnicity, ability, sexual orientation, body size, age, immigration status, geographic location, and more. The body of scholarship known as feminist maternal theory is conceptualized as a subset of critical feminist theory. Feminist maternal theory gives special consideration to the gendered social identity of mother, as it intersects with other aspects of identity. Maternal theory aims to critique the patriarchal institution of motherhood while creating space to explore the lived experiences of mothers. This body of scholarship has been coined by Andrea O'Reilly as "matricentric feminism"—a model of feminism that centres the experiences and distinct forms of oppression experienced by mothers in societal contexts that value patriarchal, white supremacist, and neoliberal-capitalist policies and practices (O'Reilly, *Matricentric Feminism* 1).

It is salient to note that we distinguish contemporary feminist maternal theory from an earlier model of feminism called "maternal feminism." Maternal feminism emerged between 1900 and the 1930s in North America in response to a combination of social influences, including British imperialism, the eugenics movement, and the rise of scientific motherhood (Green 48). At the turn of the twentieth century both radical and maternal feminists fought for the right to vote and to be involved in political decision making (Green 49). These two groups, primarily white and middle class, were in conflict, as radical feminism viewed childbearing and mothering as a form of patriarchal oppression. Maternal feminists strategically used their social identity as mothers to advocate for political power at a time when white, middle-class women were being called on to populate British colonized states (Green 52, 56).

In 1976, Adrienne Rich established a clear delineation between "the potential relationship of any woman to her powers of reproduction and her children; and the institution, which aims at ensuring that potential-and all women- shall remain under male control" (13). This watershed moment in second-wave feminist literature helped to destigmatize the choice to mother and centred mothering experiences as worthy of attention within the context of feminist theory (Johnson 66). Yet O'Reilly points out that to this day, due to historical tensions in how the relationship between patriarchy and mothering has been understood, attention to motherhood continues to be excluded from mainstream feminism. While at the same time, attention is being given to other aspects of identity and sources of oppression in the lives of women as well as in trans and nonbinary communities (O'Reilly, "Keynote Address"). We argue that an inclusive critical matricentric feminist perspective is vital to the analysis of how the social identity of mother and mothering experiences are understood at the intersection of social work and mothering.

Who Is Mother?

We offer critical matricentric feminist analysis and synthesis surrounding experiences of fulfillment, connection, disconnection, crisis, and oppression entwined at the intersection of social work and mothering. We integrate an inclusive definition of mothering not solely based on gender and understand that motherhood is gendered by the patriarchal forces that oppress women, particularly women who are caregivers. Furthermore, we understand the concept of "mother" as a socially constructed identity that is fluid and continuously changing across time and space. We want to recognize the many individuals and groups who engage in the labour of "motherwork" (O'Reilly, *Matricentric Feminism* 1) and who identify as mothers, regardless of gender identity or sex assigned at birth. Within this understanding, the practice of mothering is not exclusive to biological mothers or legal guardians. We also acknowledge that

although mothering is often carried out by and within communities, sociocultural expectations that exist in twenty-first-century contemporary industrialized societies tend to hold mothers individually responsible for the wellbeing of their children (O'Reilly, *Matricentric Feminism* 57). It is pertinent to understand the identity category of mother as distinct from women in general if we are to appreciate the various ways that mothers experience oppression in patriarchal societies that devalue both women and the work of caregiving (O'Reilly, *Matricentric Feminism* 2; O'Reilly et al., *Motherhood* 1-8).

We also seek to present mothering through a critical feminist intersectional lens that recognizes the nuanced complexity and various combinations of intersecting forms of oppression experienced by mothers due to white supremacy, patriarchy, classism, heterosexism, ableism, ageism, transphobia, xenophobia, healthism, and fatphobia. Our views expressed in this article may be viewed as subversive or controversial and may evoke feelings of tension and conflict among some social work educators and those practicing in the field. We invite readers to lean in and explore these feelings of discomfort and tension through critical reflection, respectful dialogue, and a willingness to engage with a spirit of appreciation, curiosity, and care. We invite you to consider the diverse voices of mothers, social workers, service users and knowledge holders, in particular those that have been marginalized, absent, or underrepresented in the literature on social work and mothering. We acknowledge that oppression experienced in connection with these aspects of identity are often rendered invisible in a heteropatriarchal society that rewards a particular concept of motherhood, which is aligned with socially constructed ideals of the heteronormative nuclear family. The various aspects of identity, family composition, and global caregiving settings present in this volume require us to recognize and appreciate the uniqueness of every mother and their caregiving story. We hope that this article will contribute to new ways of thinking about motherhood and social work and that future scholarship will continue to centre diverse, equitable, and inclusive stories.

Social Work, Mothering, and Feminist Maternal Theory: A Review of the Literature

Similar to definitions of mothering, knowledge and understanding of social work theory and practice are complex and diverse, have developed across time and space, and are based on social, cultural, political, and historical contexts (Johnson et al. 20). In describing this history, Ben Carniol explains that traditionally social work professionals have primarily been women and their clients have been the poor and dispossessed: "Aboriginal people, the unemployed or underemployed, or the unemployable, people suffering from depression and other debilitating conditions, the young and displaced, the

elderly, the disabled " (7). Most of these people are women as well. Jean Clandinin and Michael Connelly's conceptualization of narrative inquiry show us that institutions and professions hold their own stories (24-28). Multiple stories exist across professional landscapes of social work and within personal landscapes of mothering. Although we appreciate that social workers are well positioned to provide support and advocacy to mothers in many spaces, we also recognize that the profession, influenced by colonialism, has a long and complex history of social control and violence against many mothers, which has created systemic discrimination through inequitable policies and practices that define who a mother should be (Blackstock 289; Canada 2, 13). We also recognize that social workers may have and continue to experience silencing themselves when advocating for mothers, an act that can threaten their employment and safety in some cases (Reisch 9). Although these factors do not excuse the lack of critical feminist analysis of mothering in social work, they may provide context to the profession's past and encourage new ways of thinking and practicing in the future.

Within this review of literature, we offer a historical overview focusing on the intersection between the profession of social work, conceptualizations of mothering within social work, and maternal feminist theory within a North American context. This overview is structured chronologically, allowing the reader to gain an appreciation for the multiple influences that have shaped the boundaries and areas of overlap between these topics of interest. Acknowledging the complex histories and experiences at the intersection of mothering and social work, we offer several questions to the reader as you engage in the literature in this area. How has a critical feminist analysis of mothering and motherhood influenced social work theory, education, practice, and research? How might the act of bridging social work and feminist maternal theory foster a more complex understanding of tensions and possibilities for growth between social workers and the communities they support?

We conducted a search of the literature from a critical feminist perspective attending to themes of power, oppression, intersectionality, cultural and political contexts, and social justice. We sought out scholarly journal articles within databases across the social sciences, health sciences, and humanities to include diverse forms of research. We reviewed seminal and historical texts across interdisciplinary fields, such as social work, motherhood studies, gender studies, critical race studies, sociology, history, and critical disabilities studies. In alignment with critical feminist values, we specifically sought to include literature that centred narrative accounts of lived experience to illuminate the stories of mothers and social workers that might otherwise be rendered invisible within dominant forms of research design.

The Emergence of Critical Feminist Theory

Although a complete history is beyond the scope of this introductory article, we hope to provide an overview of how the social construction of mothering and analysis of motherhood have informed and intersected with social work theory, policy, research, and practice since the 1970s. We chose this time period to focus on the emergence of critical feminist theory, which began to examine, critique, and question historical conceptualizations of mothers and mothering. The civil and disability rights movements, antiwar protests, the women's liberation movement, and labour rights activism leading up to this era created awareness and changes in law and policy across North America relating to equality and human rights, which in turn impacted mothers and social workers (Gyant 631; Reisch 9). Many mothers who were sole parents and living in poverty fought for welfare to support their children and to assert that caregiving was dignified labour (Ladd-Taylor 26). Many Black women leaders in the American civil rights movement were also mothers and participated in activism efforts while continuing to care for their families (Gyant 633). The literature clearly demonstrates that mothers from diverse backgrounds engaged in social justice movements both professionally in roles as social workers and as active citizens (Jennissen and Lundy 118).

While human rights movements grew across North America, colonial assimilation strategies accelerated across Canada, intersecting with social work institutions and practices, Indigenous mothers, and their communities (Alston-O'Connor 53). Indigenous residential schools were gradually closing but children were being increasingly apprehended by social workers in child welfare agencies. Indigenous infants and children were systematically removed from reserves and most often placed with white, middle-class, and non-Indigenous families (Sinclair 67). White social workers judged Indigenous mothering against nuclear family and middle-class ideals and deemed these mothers as unfit parents that challenged normalized ideologies of parenting. At the same time, the child welfare system decontextualized the impacts of the residential school system (Alston-O'Connor 55). Canadian social worker Raven Sinclair reports that "By the 1970s, one in three Aboriginal children were separated from their families by adoption or fostering" (66). The removal of Indigenous children and placement for adoption with non-Indigenous families continued into the mid-1980s and was later coined by Patrick Johnston as "the Sixties Scoop" (23). The term was based on the words of a long-time ministry employee in British Columbia, whom Johnston interviewed in his scathing report published in 1983 titled *Native Children and the Child Welfare System*. The interviewee shared that "provincial social workers would, quite literally, scoop children from reserves on the slightest pretext" (Johnston 23). This era of child welfare practice caused irreparable (and ongoing) cultural

and psychological devastation to Indigenous communities in North America, which has perpetuated the cycle of child welfare apprehensions of Indigenous children (Blackstock 289). This aspect of Indigenous history in North America is important to highlight because we believe the profession of social work can learn from past tragedy and work towards healing with Indigenous communities through both collaborative learning about mothering differently and an intersectional matricentric feminist lens that honours diverse caregiving practices.

The 1970s

The second wave of the women's movement that started in the 1960s began to influence the profession of social work practice, as well as social work theory and education, in North America into the early 1970s (Levy Simon 60). Although many women who identified as working class and racialized had already been working outside the home, during this decade, women and mothers who identified as white, middle-class, and married were increasingly accessing permanent positions of employment in the public sphere (often lower paid, part time, and in female-dominated sectors). Labour laws were passed that supported flexibility for mothers to continue to carry out the bulk of domestic responsibilities at home (Jones et al. 66; Stoller 97; Walsh 568). Feminism began to influence social work practice, research, and theory, challenging and reshaping the way the profession was teaching about, and practicing with, women, mothers, and families (Carniol 43; Kilpatrick and Holland 43). Feminist social workers recognized how seemingly personal circumstances provided insights to unveil broader political mechanisms and that personal and political could no longer be thought of as separate (Johnson et al. 31; Jones et al. 66). The second wave of the women's movement brought awareness to the wide scale problem of violence against women and children, which was upheld by patriarchal societies. Grassroots feminist activists created women's shelters and rape crisis centres where women and their children could receive information, support, and housing (Jones et al. 66). Social workers were influenced by and involved within these movements, advocating for increased governmental funding and service development (Levy Simon 64-65). Despite these changes, like the patriarchal family home, men tended to hold positions of power within the female-dominated profession of social work, as they were actively recruited in order to increase prestige and professional status (Carniol 39; Jones et al. 65). "Male theory," the male supremacy and power within theoretical and ideological perspectives and scholarship, also continued to dominate social work education, practice, and research producing and reproducing gender assumptions within the field (Marchant and Wearing 13).

During this time, feminist scholars were advocating for women and gender studies programs within university settings, and for this knowledge to be integrated within schools of social work (Jones et al. 66; Schilling Meisel and Perkins Friedman 67). With the aim of achieving social equality for all women, feminist perspectives at the time were challenging, questioning, and destabilizing social systems and institutions of control that were reproducing patriarchy and male supremacy. Early work critiqued and challenged gender role assumptions that associated a women's central purpose in life with the roles of "wife" and "mother," arguing that all women should have control over their own bodies. Bodily autonomy encompassed control over reproduction, motherhood, marriage, family, and employment. Feminist maternal research and theory emerged within these spaces and aimed to explore and challenge the ways in which patriarchy shaped the identity and practice of mothering (O'Reilly, *Introduction* 1). Ann Snitow's timeline of feminism and motherhood, originally published in a 1992 paper titled "Feminism and Motherhood: An American Reading," reviews important contributions of influential feminist authors (293-310). It is unclear, however, in our review of the literature where, if, or how maternal theory was being integrated into social work education, policy, or practice. Two decades later, in 1998, Emma Gross, editor of the peer-reviewed journal *Affilia: Journal of Women and Social Work*, attributed the silence of mothering experiences by feminist social workers to earlier feminist critiques of the choices of women to become mothers and the notion that motherhood was to blame for women's oppression (269). Under the umbrella term of feminism, there were multiple and complex ways of understanding motherhood, which continues to create tensions within and across scholarly disciplines.

In the 1970s, Ann Oakley, a feminist sociologist, began writing about the myths and oppressive assumptions associated with motherhood (Glenn 9). As a feminist social scientist, Oakley's research continued to explore mothering experiences and received recognition from feminist scholars for questioning traditional qualitative interviewing methodologies that assume "a predominantly masculine model of sociology and society" (Oakley 31) while failing to acknowledge women's subjective experiences or the relationship that exists between researcher and participant (Oakley 30-58). Oakley's work challenged the absence of women's experiences within social science research, including social work and the traditional masculine research methods primarily used within these academic fields; in her own research, she focused on the experiences of mothers (Smith and Noble-Spruell 135-36).

In 1976, Adrienne Rich published *Of Woman Born*. This influential work offered two ways of conceptualizing motherhood: "the potential relationship of any woman to her powers of reproduction and to children; and the institution, which aims at ensuring that potential-and all women-shall remain

under male control" (13). With a shared understanding that these two meanings could coexist and indeed, overlap, maternal theorists began analyzing the complexity of both the lived experiences of mothers and the institutional forms of oppression that bind them. In 1975, radical social work perspectives, primarily focused on class, began to emerge within the United Kingdom and Australia, challenging conventional social work theory and practice that reinforced inequality (Merchant 25-30; Mullaly X). Although gender inequality was starting to be discussed within social work theory and practice (Merchant 25), within the social sciences at this time, racialized mothers continued to be positioned as problematic and at risk (Merchant 30; Snitow 294).

The 1980s

With the continued growth of women's and gender studies programs into the 1980s, social work scholars embarked on analyzing gender equality and social work practice through a feminist lens. The 1986 text *Gender Reclaimed: Women in Social Work*, edited by Helen Marchant and Betsy Wearing, brought together a collection of feminist social work scholars that recognized significant gaps within the field of Social Work education, theory, and practice. Examples of chapters that were included in the collection are Jan Fook's "Feminist Contributions to Casework Practice"; Brenda Smith and Carolyn Noble-Spruell's, "An Overview of Feminist Research Perspectives"; and Brenda Smith's "The Case for Women's Studies in Social Work Education." Each author speaks to the importance of bringing feminist perspectives into social work spaces. Although themes of gender and caregiving can be traced throughout the collection, Marie Wilkinson's chapter, "Good Mothers-Bad Mothers: State Substitute Care of Children in the 1960's," specifically explores the social construction of mothering by examining the child welfare practice of removing a child from the family home. Wilkinson argues that child welfare practices are influenced by and reinforce patriarchal assumptions that assess and judge the quality of mothering. A few years later, in 1989, Lena Dominelli and Eileen Mcleod published *Feminist Social Work*, which incorporated feminist theory in social work, a trend that would continue in the following decades. In 2019, Miriam Jones et al. found that "a survey of the journal *Australian Social Work* reveals an increase in writing on feminism, women's studies, and gender inequality, much with an activist motive and a radical perspective" (66). The authors did not specifically mention the ways in which, if at all, the patriarchal institution of motherhood or mothering experiences were being analyzed by social workers through a feminist lens. We too were puzzled by the ongoing lack of feminist analysis of motherhood in social work literature at this time.

Social Work, Mothering, and Neoliberalism

Feminist scholarship continued to expand, calling attention to how the social construction of "women" was increasingly entwined with dominant values of capitalism and emerging neoliberal economic philosophy that insidiously infiltrated all forms of political and social life (Vandenbeld Giles 113; O'Reilly, *Matricentric Feminism* 46). Neoliberalism can be understood as a hegemonic ideology that expands free-market economic philosophy, values, and practices to the governance of welfare states. The needs of global capitalism are prioritized over state accountability towards support systems of health, education, housing, and human welfare (Finkel 334; Pollack and Rossiter 156). Janine Brodie observes that "While the neoliberal project has stimulated economic growth and flows of trade, finance, and peoples across borders, it also has rapidly deepened the gulf between the rich and the poor both within countries and across the North-South divide" (93). Scholars across multiple disciplines, including social work and gender studies, have documented how neoliberal values and practices expanded from the 1980s, eventually infiltrating all aspects of global society. Neoliberalism has been identified as a significant influence shaping how individuals conceptualize their identity; it promotes the regulation of self and others in alignment with market logic values of self-sufficiency, individualism, and growth of capital (Bayraktar 223; Brodie 101; Pollack and Rossiter 156). The significant influence of neoliberalism has been strongly identified in the literature across both social work and maternal theory as impacting social service practice, policy, and expectations of both social workers and service users.

In our search across the literature, we found examples of attention to neoliberalism from both social work and motherhood studies disciplines. Gita Mehrotra and colleagues identify how neoliberalism "braids" together with criminalization and professionalism movements, which compromise the efforts of social workers to provide effective services to survivors of gender-based violence (154). Melinda Vandenbeld Giles edited a collection of maternal theory in her book titled *Mothering in the Age of Neoliberalism*. Although Mehrotra et al. discuss the contexts in which mothers access services, the authors do not specifically address the social construction of mothering in connection with the forces that they perceive bind them as social workers who work with mothers. And although the authors in the Vandenbeld Giles collection attend to the ways that neoliberalism shapes the social construction of motherhood and the social contexts that caregivers engage with, no chapters specifically focus on the social work profession or social work practice. These two bodies of literature seem to be addressing the same spaces however from different perspectives. We argue that by placing these two bodies of literature into conversation with one another, both social workers and service users may

gain appreciation for the common constraints they face and perhaps may be able to work towards collaborative solutions that address the needs of mothers within a neoliberal context.

1990s

As the third wave of the women's movement emerged in the 1990s, scholarly literature in the areas of social work, feminism, and maternal theory continued to expand with increased representation of diverse cultural and ethnic backgrounds. Critical social work scholars, including those who identified as white males, sought to interrogate social work education, theory, and practice that reinforced and centred the voice of white, male, middle-class values and to make visible how these areas lacked equity, diversity, and inclusivity (Carniol 38-52; Mullaly X). For example, Bob Mullaly's *Structural Social Work* aims to challenge "all forms of oppressive dominant-subordinate relations"(X). At the same time, diverse feminist perspectives continued to make meaning of the different ways women experienced mothering and oppression, examining how the institution of motherhood shaped mothering practices through socially constructed rules and regulations that would define the ever-shifting identity and behaviour of a so-called good mother (Diquinzio 549; Glenn 1-26; Green 198; Lewin 371). In the early 1990s, Linda Davies, a feminist social work academic at McGill University in Montreal, began teaching the course Social Work Practice with Women as Mothers (Davies et al. 163). The aim of the course was to examine the social construction of mothering, and to explore how Social Work theory and practice contributes to the reproduction of normative mothering ideologies (163-64). It would seem that space for critical feminist theory and analysis of the experiences of mothers was emerging in the profession of social work.

Acknowledging identity differences across mothering also emerged within maternal theory as an important area of focus for scholars during this time. In 1994, Evelyn Nakano Glenn et al. edited a book titled *Mothering: Ideology, Experience, and Agency.* This collection brought together an interdisciplinary group of scholars sharing diverse stories of mothering knowledge and experiences. In addition, feminist scholars, such as bell hooks and Patricia Hill Collins, were bringing attention to ways in which Black and working-class mothers experienced motherhood and oppression differently—shaped by racism, class, as well as limited opportunities for education and well-paid employment (Collins 311, hooks, *Homeplace* 267-272). In her works *Revolutionary Parenting* (145-56) and *Homeplace: A Site of Resistance* (266-73), hooks remarks that racist and colonialist practices, such as slavery, forced Black mothers to work outside of their "homeplace" (266). hooks further explains that many mothers who identified as Black yearned for more time

with their families where they could experience feelings of affirmation, appreciation, and resiliency (hooks, *Revolutionary* 145-46; hooks *Homeplace* 267). We wonder here how or where Black feminist theory focused on mothering was integrated into social work education and practice at this time. Julia Krane and Linda Davies for example cite authors, such as Patricia Hill Collins and Adrienne Rich, in their journal article published in *Affilia* in 2002, titled "Sisterhood Is Not Enough: The Invisibility of Mothering in Battered Women's Shelters." Krane and Davies later published on similar subjects bridging social work practice and mothering in other journals within the realm of social work, such as *Family in Society, Critical Social Policy,* and *Social Work Practice.*

A controversial facet of maternal theory that emerged at this time related to intragroup difference with respect to positive conceptualizations of mother-hood. Cameron Macdonald described the concept of "the motherhood mystique" (a play on Betty Freidan's ground-breaking book titled *The Feminine Mystique*) as a romantic and idealized portrayal of motherhood that emerged as a backlash to the cold shoulder that motherhood received at a time when women were seeking liberation from their imposed stay-at-home status (15). Early feminist attacks on motherhood as the root of women's experiences of oppression were critiqued for neglecting the enjoyment and fulfillment within mothering experiences (hooks, *Revolutionary* 146). Some viewed this portrayal of motherhood to be unrealistic and unattainable, whereas others saw it as more inclusive of mothers who chose to parent outside of heteronormative relationships as well as mothers who chose to stay home raising their children over full-time careers. Various theorists pointed to the dangers of sexist language and assumptions that essentialize women as inherently nurturing and therefore best suited for the task of child rearing (hooks, *Revolutionary* 146-47). They argued that such assumptions give the impression that men are not as well suited for the task of childrearing and women would then risk widening the gender gap further from the goal of equal, gender-neutral caregiving. We are curious as to how this division in thinking impacted the field of social work (still predominantly gendered) with respect to mothering roles of professional social workers as well as social worker's perceptions of the mothers they supported in practice. Maternal scholars go on explore the notion of community childrearing, "othermothering" (Collins 277), or "kinship systems" (Anderson 764), in which children are treated lovingly and respectfully by a variety of trusted adults of various gender identities. hooks (*Revolutionary* 151) added that it is only through such exposure to equal gender parenting that children of all gender identities will be raised to assume that caregiving is not gender specific, and therefore they too will learn how to carry out the responsibility of childcare in their adult years.[3]

United Nations Convention of the Rights of the Child

Social policies can have significant impact on social work practice and mothering. One important example is the United Nations Convention of the Rights of the Child (Convention, 1990). Article 18, section 1 states the following:

> States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

Article 18, section 2, meanwhile, declares that "States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services of care of children." Critique of this global policy by feminist motherhood scholars centre on the document's gender neutrality and the assumption of a nuclear family that is declared responsible for the wellbeing of an autonomous child (Breton 319). Child-centred policies, such as this convention, fail to acknowledge socially defined gender expectations or structural barriers relating to parenting roles. Pat Breton identifies that in the growing neoliberal context of the 1990s in Canada, that low-income single mothers and their families were most disadvantaged by the combination of cuts to social welfare services and policies that prioritized only the child's best interest (323). Breton illuminates that when social policies separate the rights of the child from the family that as a society, we lose sight of the support that a family or community may need as a whole as well as the social challenges (such as gender, class, and racial discrimination) that may be driving those needs (323). Examining policies like these through a matricentric feminist lens may offer new insights to social workers. We encourage readers to consider how such policies that emerged within the 1990s continue to shape social work practice and understanding regarding notions of accountability, responsibility, and what it means to be a good mother and in turn how this understanding impacts the everyday experiences of mothers from diverse social locations.

Intensive Mothering

In the mid-1990s, an ideological shift was observed by feminist scholar Sharon Hays, who coined the term "intensive mothering" to describe a pattern of normative discourses within motherhood. Hays explained that this ideology demanded not only that a mother be the sole caregiver but also that she be

expected to devote "copious amounts of time, energy and material resources on the child," placing the value of her child and her mothering role above all else (8). In 1998, Gross contributed a piece to *Affilia: Journal of Women and Social Work*, titled "Motherhood and Feminist Theory". In this work, Gross brings awareness to feminist maternal theory and discusses the implications of intensive mothering ideology for the field of social work (270). Gross calls upon social workers to examine the experiences of mothers "given the importance of motherhood to assessment and intervention in family practice" (269). Intensive mothering is understood to be driven by the capitalist values of individualism and competitiveness. Through performing intensive mothering, parents hope to increase social and economic capital for their child, securing future middle-class status in a political era marked by government funding cuts to social welfare programs and increasing expectations to care for oneself and one's family (O'Reilly, *Matricentric Feminism* 56). Intensive mothering ideology is understood within maternal theory to impact all mothers regardless of how they self-identify their social location or caregiving situation (Green 199). Gross acknowledges the material and psychological costs to mothers that result from this oppressive ideology (271). Maternal theory offers feminist analysis of ways that neoliberal values perpetuate the ideals of intensive mothering. Mothers who do not have the financial or social resources to perform intensive mothering or who do not fit this socially constructed ideology tend to be labelled as "bad mothers." In a neoliberal era that prioritizes the speculation of risk over attending to material needs that contribute to risks, mothers who are unable to perform intensive mothering are also understood to be "risky mothers" (Boyer 281; Vandenbeld Giles 113). These mothers are then more likely to experience surveillance, judgmental attitudes, and harsh punishments through experiencing social exclusion, being declined access to social services, and even having their children removed from the home (Green 198; Vandenbeld Giles 113). Gross identifies the strength of maternal theory in how this body of thought focuses on the complex structural layers that mothers must navigate (271). She implores social workers to engage with maternal theory as a means of reflexive practice and to expand insights on ways social work could support mothers, such as through creating and improving childcare policies (271). Through the 1990s, feminist scholars sought to reimagine what more empowered forms of mothering could look like through theories of matricentric feminism, transfeminism, societal restructuring of universal childcare services and long-established traditions of community-based, as well as gender-neutral childrearing found in Black, immigrant, and Indigenous communities (Brant; 36; Green 202, 205; O'Reilly *Matricentric Feminism* 2).

2000s

At the turn of the century, feminist theorists and critical social workers continued to question traditional social work theory and practice. Throughout their 2000 book *Practice and Research in Social Work: Postmodern Feminist Perspectives*, editors Barbara Fawcett, Brid Featherstone, Jan Fook, and Amy Rossiter challenge and question the position of power and patriarchy within social work knowledge production. Meanwhile, antidiscriminatory and anti-oppressive social work approaches continued to develop with a focus on social justice, reducing marginalization, and overall social inequality (Carniol 38-52; Mullaly 105; Payne 246). One can extrapolate that critical social work education offered a foundation in which social workers were better prepared to recognize and address power imbalances in their work with families in the communities they served.

As the body of literature in maternal theory was growing in the 1990s and 2000s, interest in feminism appeared to be losing momentum, which was apparent through government cuts to feminist social service organizations and academic spaces (Barnoff et al. 19; Pollack and Rossiter 158). Neoliberalism remained on the rise, gradually corroding social services and contributing to a new ideology of motherhood that would place extreme expectations on the shoulders of mothers from that point forwards (Boyer 281). Both social service users and service providers would continue to experience heightened pressure to do more with less from this point on (Bay 201). Cuts to welfare services and long-standing service inequities would continue to impact Indigenous families in Canada. Tensions heightened between social workers who held roles as child welfare workers and social workers who advocated for the rights of Indigenous families. In 2007, Cindy Blackstock, Indigenous professor of social work, filed a human rights complaint against the government of Canada as the executive director of Caring for First Nations Children Society, along with the Assembly of First Nations, accusing the government of discrimination against Indigenous children and families (Blackstock 285). Blackstock highlighted that between 1995 and 2001, Indian and Northern Affairs Canada data found that "the number of First Nations children placed in child welfare care on reserve increased by a staggering 71.5 per cent" (293). Critical and Indigenous social workers attended to how influences of colonialism, intergenerational trauma, and state violence against families shaped the high prevalence rates of child apprehension into state care. Advocates revealed how the government withheld funding and resources that would support the health and wellness of Indigenous children and families (Blackstock 291). In 2016, the Canadian Human Rights Tribunal agreed with these findings and ordered the federal government of Canada to make amends to the discriminatory actions resulting in health and social service inequities to Indigenous children and families (Blackstock 285). Although the literature surrounding this

advocacy work did not specifically name feminist or maternal theory, we observe that the underlying motivation to reveal power imbalances and promote social justice in connection with the oppression of marginalized mothers was central in this work.

As authors, we observed that tensions surrounding the ongoing spread of neoliberalism continued to be a significant theme within the literature. Sadly, neoliberal values would continue to creep into all social and political spheres across the globe, changing the way we think about every aspect of life (Brodie 100; Vandenbeld Giles 113). Ongoing financial cutbacks within the state welfare system have created increased precarity within working conditions for both social service users and social workers (Bay 201). Expectations within academia continue to rise, demanding that social work students and faculty produce more and compete for less, with diminished resources (Barnoff et al.). These authors offer context in which to appreciate how such demands can disproportionately impact mothers who are tasked by society with full responsibility to care for their children and others, while being expected to balance an ever-increasing workload in their place of employment. In 2020, voices of women and mothers emerged louder than ever in the fight for social justice. In unprecedented numbers, armed with the power of social media, multigenerations of women and mothers collectively reacted to police brutality against the Black Community in the United States (Black Lives Matter, #SayHerName). They also fought against the scaling back of hard-won reproductive rights (Women's March on Washington), against environmental injustice in connection with Indigenous lands and bodies (Dakota Access Pipeline, Global Climate Strike), against ongoing colonialism and sexual violence against girls and women (MMIWG2S and the #MeToo Movement), and against the growing gender inequality within care economies in the context of a global pandemic (Green; O'Reilly and Joy Green 1; Orr 21; Spencer and Perlow 175; Women's Earth Alliance and Native Youth Sexual Health Network 20). Mothers who identify as social workers and service users are involved in these ongoing battles and inevitably continue to be complicit in these acts of violence. As we continue to move forwards into unprecedented times of global pandemics and political divisiveness, knowledge of the histories of social work, mothering, and maternal theory will be crucial to hold in our awareness. The act of bridging feminist social work and maternal theory has the potential to create a shared space for both critical meaning making and social justice advocacy. Such collaborative synergy may offer innovative ways of understanding and supporting the needs of mothers within our communities, workplaces, and academic settings, both as mothers and with mothers.

Feminist social work and maternal scholars continue to offer important dialogue about unique mothering experiences and how non-normative maternal identities are affected by racism, colonization, eugenics, ableism,

ageism, and weight bias, which often position them as "risky" mothers. They point out that women (including mothers) who become identified as risky and vulnerable are often connected with social work services and child welfare services (Carniol 7; Chaze 145; Davies et al. 161; Friedman 14-27). Examples of important contributions during the 2000s include *Motherhood: Power & Oppression* (2005), edited by Andrea O'Reilly et al., and *Maternal Theory: Essential Readings*, edited by Andrea O'Reilly (2007). Social work academics continue to publish works that highlight diverse mothering experiences such as *"We Don't Feel Like Foster Parents": Foster Parents' Experience of the Death of a Foster Child with Special Needs* (2004) by Ann Fudge Schormans; *Mother Blame, Fat Shame and Moral Panic: "Obesity" and Child Welfare* (2014) by May Friedman; *How HIV-Positive Aboriginal Women (PAW) Talk about Their Mothering Experiences With Child and Family Services in Ontario (2014)* by Saara Greene et al.; *Protesting Against Mothers' Surveillance: Salvadorian Mothers and Their Daughters Negotiating Adolescence in a Foreign Context* (2015) by Mirna E. Carranza; and *The Social Organization of South Asian Immigrant Women's Mothering Work* (2017) by Ferzana Chaze. Although the integration of matricentric feminism continues to grow within social work theory, education, and practice, there is a continued need to make mothering voices and experiences visible.

Conclusion

Within this introductory article, we offered a historical chronological review of literature in which to contextualize current tensions and possibilities at the intersection of social work and feminist maternal theory. We assert that awareness of this history, with attention to themes of power and oppression, is crucial for social workers and is a vital component of critical practice with mothers and as mothers. Painful historical legacies continue to shape the lives of mothers and the social work profession, transforming themselves in nefarious ways that are often obscured in contemporary white-supremacist and neoliberal sociopolitical contexts. With a commitment to social justice, we encourage readers to consider how feminist maternal theory and the history we have presented here may support transformation of social work education, research, policy and practice in collaboration with mothers. We acknowledge that the review of literature we have presented is not exhaustive but hopefully provides a foundation to build on towards future social change.

We hope that this article has introduced the reader to current thinking and knowledge within the field of social work and social services, across the diverse fields and spaces where mothers work, practice, and live. In the spirit of critical social work, we are committed to addressing all forms of oppression that intersect to disempower mothers, challenging our own assumptions about

what it means to be a good mother in a society that makes it so very difficult to parent effectively, particularly for poor, racialized, disabled, Indigenous, queer, trans, fat, and young mothers. Within communities of care, social workers need to keep thinking about mothering and social work. As social workers, mothers, and maternal scholars, we need to keep writing about social work and reimaging relational possibilities and mothering futures in order to create space for mothering stories, experiences, and knowledge to be considered, valued, honoured, and shared.

Endnotes

1. "Intersectionality" is a term coined by feminist legal scholar Kimberlé Williams Crenshaw to describe instances where individuals or groups face unique forms of jeopardy in relation to identity-based discrimination. Crenshaw shares an analogy in which racism and sexism are compared to traffic coming from different directions, combining unique forms of discrimination that shape particular experiences of Black women situated at the middle of the intersection (Crenshaw 149). She argues that such experiences cannot be made intelligible through a legal system that privileges a single categorical axis framework to make meaning of discrimination (Crenshaw 140). Intersectionality theory has since grown to encompass a broad understanding of ways in which many aspects of embodied identity co-constitute one another in complex ways and influence experiences of social oppression (Collins and Bilge 2).

2. Examples of interdisciplinary theory that shape feminism include poststructural, postmodern, critical disability, fat studies, critical race, womanism, affect, embodiment, transfeminism, new materialisms, posthumanism, ethics of care, critical vulnerability, ecofeminism, and Indigenous feminism. These areas of theory are practiced across disciplines such as education, social justice, art, sociology, anthropology, geography, health, science, technology, religion, and gender studies (Leavy and Harris 15).

3. In the following decades in Canada, legislation would be introduced and expanded in partnership with First Nations communities, valuing community care arrangements with an aim to decolonize the child welfare system (Ministry of Child and Youth Services 15, 43).

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HEE-JEONG YOO AND CHRISTINE WALSH

Mothering in the Context of Child Welfare

The predominant definition of motherhood in Canada, and Western society, reflects the notion of intensive mothering, whereby mothers are expected to manage their responsibilities as the primary caregiver of their children and household while maintaining employment outside of the home. This notion, which is based on a middle-class and Eurocentric construct, leaves little consideration for the experiences of mothers from diverse socioeconomic and ethno-racial backgrounds. Mothers involved in child welfare for allegations of abuse are challenged with identifying with this definition of motherhood, as they face stigmatization by their communities and shame for how they care of their children. Research affirms that mothers in child welfare are disproportionately younger and have a lower-economic status compared to the general population, in addition to having higher rates of homelessness, unemployment, and mental health concerns. Our research sought to answer the following question: How do the narratives of mothers with child welfare involvement challenge good mothering ideology? Our qualitative, exploratory study collaborates with three mothers in Calgary, Alberta, who over the course of a series on in-depth interviews shared stories of the mothering they experienced in childhood, the challenges in their own mothering, which resulted in having their children apprehended by the state, and finally their journey to regaining custody of their children. These women's narratives highlighted their resiliency in reclaiming their identities as good mothers while challenging socially constructed beliefs about women and mothering. Our intention is that the women's stories can inform child welfare policies and procedures to best support diverse families involved in the child welfare system.

Introduction

Feminist scholars Andrea O'Reilly, Sara Ruddick, and Patricia Hill Collins, among others, have asserted the importance of motherhood within public policy, sexuality, culture, race, globalization, and caregiving. In Western

society, motherhood is often portrayed as intensive mothering, whereby the mother assumes the role of the primary caregiver for the children and family unit while maintaining a lifestyle beyond the household (Wells 439). This construct minimizes the real experiences of women who are single mothers, low-income mothers, and working mothers. Sharon Hays has defined "intensive mothering" in contemporary Western society's mothering culture as the "centre of the familial attention but is also the person who guides the process of 'childrearing'" (57). Intensive mothering necessitates an abundance of resources and is founded on the premise that the woman has a moderate income or higher, in addition to the financial reliability of a partner (Butler et al. 249). Therefore, the demands of intensive mothering present challenges for many women who struggle to meet its physical, financial, and timely demands. A feminist Intersectional approach highlights how these interlocking systems of oppression impact a mother's social location and may position them as culturally, economically, and politically marginalized based on race, class, or sexuality (Shin et al. 212). Consequently, many mothers must overcome significant obstacles to achieve the rigid demands of intensive mothering (Collins). In this chapter, we draw upon three narratives from our qualitative, exploratory study in which we collaborated with mothers in Calgary, Alberta, who over the course of a series of in-depth interviews shared stories of the mothering they experienced in childhood, the challenges in their own mothering, which resulted in having their children apprehended by the state, and finally their journey to regaining custody of their children. These women's narratives highlighted their resiliency in reclaiming their identities as good mothers while challenging socially constructed beliefs about women and mothering. Our intention was that these women's stories would inform child welfare policies and procedures to best support diverse families involved in the child welfare system.

Good mothering ideology is the socially constructed perception of what a society deems to be acceptable mothering practices and behaviours rather than a natural or universal set of behaviours (Dewi 210). Molly Ladd-Taylor and Lauri Umansky have defined "good mothering" in Western society as being a mother who is "self-abnegating, domestic, preternaturally attuned to her children's needs" (6). Failure to meet these demands may cause some mothers to feel shame, as they question their ability as good mothers and assume positive mothering identities.

Mothers involved with the child welfare system may face conflict with the societal expectations of good mothering; many are disproportionately from diverse ethnic backgrounds and have a lower-economic status compared to the general population (Trocmé et al. 103). In addition to the shame and stigmatization experienced by mothers because of their child welfare involvement, current child welfare practices maintain and reinforce the social

construction of good mothering identities, as mothers can experience extreme pressure to comply with multiple objectives and rigid expectations (Butler et al. 249). Both factors can impact a woman's ability to develop a positive mothering identity and further solidifies their belief that they failed within this role (Wells 440; Schofield et al. 77).

Literature Review

Mothers involved with the child welfare system are a vulnerable group who are more likely to face multiple social disadvantages compared to the general population (Trocmé et al. 103). High rates of mental health issues, substance use disorders, lack of supportive network, and social isolation are some of the challenges identified by mothers that may lead to having child welfare involvement (Schofield et al. 77; Virokannas 336). It is the culmination of such social disadvantages that lead some mothers to require additional supportive services, such as child welfare services. However, at times, rather than being seen as an area requiring additional support, substance use among mothers is frequently attributed to personal failings, which creates further barriers to receiving supportive services (Schofield et al. 77). These social disadvantages may impact their ability to conform to intensive mothering expectations and thus erode their ability to identify as good mothers. Additionally, the social stigma single mothers can face, as their family unit challenges notions of the traditional nuclear family (Collins), adds to the erosion of their identities as good mothers (Virokannas 329). These social disadvantages may impact their ability to conform to intensive mothering expectations and thus impact their ability to identify as good mothers.

Neglect, defined by the Government of Alberta Human Services as "failing to provide age appropriate basic care such as food, clothing, shelter, love and affection, medical and dental care, education, and protection from harm" (1), is deeply interwoven with a mother's financial struggles and often arises from unintentional and, at times, unavoidable social circumstances. Stigmatization against mothers involved in the child welfare system, particularly for reasons of neglect, negate the idea that poverty is a systemic issue requiring social change. Stigma also contributes to feelings of shame and can create additional barriers to services for these mothers who may be embarrassed or ashamed to ask for assistance and support.

Additionally, mothers who have not been provided with sufficient opportunities to develop the skills necessary to navigate such complex systems and learn to advocate for themselves may misunderstand essential information—such as the role of their caseworker, the nature of their involvement, and maternal rights—which increases the potential risk of prolonged involvement, further surveillance, and permanent loss of custody of their children (Schofield

et al. 74l; Wells 439). Therefore, women commonly feel uncertain of their own parental capacity and struggle with identifying as a good enough mother (Schofield et al. 74).

Research Design

In recognizing the unsettled debate between ideologies of intensive mothering and good mothering for women involved in child welfare—particularly for those who have lost and regained custody of their child in the context of child welfare, homelessness, and poverty—this research study sought to use maternal narratives to challenge societal constructs of good mothering ideology. We chose a narrative inquiry approach as the research study design for its utility in exploring stories about women's lives. Narrative inquiry supports a holistic approach to analysis, which is best used with longer duration and longer sequence of events; it is therefore not designed for explicating short-term experiences (Webster and Mertova 2). This style of inquiry seeks to organize a sequence of events into a whole so that the significance of each event can be understood through its relation to that whole (Livholts and Tamboukou 94). Although our study explored narratives of the experiences of mothers' involvement in child welfare, it is important to consider that these stories present a story within a story that is woven in the way that women understand, construct, and share their lives as mothers. Following ethics approval, we used purposive sampling to recruit three women who had lost and regained custody of their children in the context of child welfare and were willing to share their stories for the purposes of research.

Each woman provided informed written consent prior to participation and the study received institutional approval. We used nondirective, informal, and conversational styles to conduct a series of in-depth interviews in their homes, lasting from forty to ninety minutes, with each woman (approximately three interviews, each). The interviews were audiorecorded and transcribed verbatim by a professional transcriptionist to allow for more efficient data analysis. All women chose to be identified with their real first name, and further identification of the participants was reduced by omitting some identifying data from the findings.

Findings

Disrupted Mothering

The stories of each of these women highlighted some of the early-life challenges common to many women long before entering child welfare services and their ability to present strength and resiliency in the face of such adversities. Thus, these women provided a powerful tool to challenge Western notions of good

mothering. Among these challenges, it was, in part, their relationships with their mothers that determined the trajectory of these women's developmental years. They also described poor financial means and an inaccessibility to family resources as further shaping this separation. Lisa grew up under the care of her mother and stepfather, both of whom she reported struggled with alcohol use. She recalled her stepfather as an authoritative figure who maintained control over multiple aspects of functioning in the home, including who Lisa befriended and her choice of music. As she recounted: "I wasn't allowed to play music because it always had to be his way unless he wasn't there. Then my mom kinda' allowed us to, to be more ourselves I guess." Regarding her mother's and stepfather's alcohol use, she commented, "They would drink and at the end of their days and everything like that … that's when their arguments kinda came out about things." As a result of these conflicts, Lisa avoided going home as an adolescent.

When describing her relationship with her mother growing up, Jenn voiced her perspective of her mother's unplanned entry into parenthood and the tension this brought to their mother-child relationship: "I found out later in life that my mom really didn't really want to be pregnant with me when she got pregnant." Jenn also clarified that her father was institutionalized for mental health problems during her childhood, leaving Jenn in the sole care of her mother, without any explanation provided to her. While her father was admitted into the mental health facility, Jenn's unresolved grief remained relatively unnoticed by her mother and others. Supportive services for grief, psychoeducation, or family counselling were not provided at this time, leaving Jenn and her mother with a lack of resources or skills to manage this difficult life transition. Jenn and her mother's relationship continued to deteriorate, creating a greater impetus for Jenn to engage in high-risk behaviours in adolescence. In the following quote, Jenn described her mother's decision to resign custody of Jenn over to child welfare: "We moved to [the city]. I was running away and experimenting with drugs, and I wouldn't have nothing to do with her. She hit me once, and I beat her up, and she called social services and signed me over."

Toni, a First Nations woman, was removed from her biological family's care to a foster-care home, which was a considerable distance from her home reservation and in a different province. Throughout her narrative, she discussed the impact this had on her cultural knowledge and familial connections. Toni was apprehended during the Sixties Scoop, which occurred between the 1950s and 1990s during which thousands of Indigenous children in Canada were taken from their homes by child welfare service workers and placed within mostly non-Indigenous families (Sinclair 66). This systemic practice, and an example of cultural genocide, continues within Canada today; the overrepresentation of Indigenous children in the child welfare system has been the

subject of ongoing demands for practice and policies change (Blackstock 187).

Toni faced prejudice from her own family because of her early apprehension from her family's care: "I don't know my family. I've met a little bit of them, but they are the ones that are on the reserve or very closed off even if you are from the reserve. If you didn't grow up on the reserve, then you're just an 'apple' [a derogatory term for an Indigenous person who acts or is perceived to be white]."

Lisa, Jenn, and Toni recalled their childhoods as turbulent and generally unpredictable. Narratives of complex family structures and intergenerational trauma in their young lives set the stage for long-term hardships and, in particular, in relation to their own mothering.

Adversities in Motherhood

It is widely acknowledged that healthy childhood development is an important component for later life functioning, and early childhood experiences have considerable influence on who we become as adults. However, this broader history is rarely considered in the context of understanding good mothering and as mothers seek support while engaged in the child welfare system. Lisa reflected on this early period of her life by first sharing her initial reasons for being involved in abusive relationships: "[I] started getting into abusive relationships and thinking that was love and stuff like that." This relationship began with her moving across the country, where Lisa was in a violent relationship and completely isolated without support. At that time, she recalled: "So, I pretty much just left with him, and I moved. And about a month after that he beat me." She was able to leave this relationship with the help of a friend, and soon after met the man who would become the father of her first child. This relationship with her son's father was brief, and she eventually returned to her home province with her first son. When her son's father threatened to charge her with kidnapping, she became frightened and sent her son back to his father without pursuing her rights as a mother: "It was really, really hard because I felt like I didn't have the support from anybody out here [in the city] to say 'no.' So, I could actually keep my son here with me." Lisa described that her history of becoming involved with unreliable and abusive partners led to the deterioration of her mental health and ultimate child welfare involvement: "It got to the point where my mental health wasn't there. And so, the school called child welfare because my daughter wasn't attending school for grade one." Lisa portrayed her life at that time as functioning as a highly isolated, single mother without social or familiar support for most of her motherhood.

Jenn recalled leaving the care of her mother, which she described as hostile, to enter the care of child welfare, where she was subsequently placed in numerous foster homes and residential facilities. Jenn eventually married and had two sons; soon after, her husband passed away from a drug overdose. Jenn

reflected on her role as a single mother: "Well 'cuz I have to be both, I have to be mom and dad right, and there is no break for me." After her husband's death, Jenn found herself as the sole provider for her family and with the sudden responsibility of obtaining employment managing a household and mothering her two sons as well. Jenn described struggling to secure a reliable source of income and resorted to dealing drugs to support her family's needs: "Until that point in my life, I had no job skills. Like my mom threw me out when I was ten, and I grew up on the streets and in and out of foster care, in and out of the young offenders' centre and [residential home settings] and secure treatments. So you know, by twenty-five, my resume was car thief and shop thief."

Toni spent most of her early adulthood homeless and struggling with drug addictions, becoming pregnant for the first time while homeless. Toni reflected on the consequences of her childhood experiences on her everyday life at that time: "Like all this stuff, like all these things that people know when they grow up … you know … you wake up, you go to school, you're done school, you get a job, you know, you get a place. None of that stuff I knew. Like even three years into my sobriety, I still didn't know what kind of underwear I liked. I didn't know what kind of a pillow I wanted to sleep on."

Lisa, Jenn, and Toni spent their early adulthood becoming aware of and resolving many of the issues created in their early childhoods. However, as their stories unfolded, it was clear that the impacts of these adversities carried into their early years as young adults and as new mothers.

Good Mothering While Facing Challenges

For these three women, their early years of motherhood was characterized by adversities. In creating their identities as mothers, however, they learned to manage and indeed overcome these challenges.

After Lisa's first involvement with child welfare, there was a notable change in priorities as she shared in her narrative. During this time, Lisa began to seek and accept help. Lisa identified that she embraced the interventions she received from child welfare, which she described as helpful: "I had a choice. Like my worker gave me a choice of doing a temporary custody agreement. She could have come in and threw an apprehension at me." She also noted her more recent shift in her desire to seek more independence and autonomy in being discharged from child welfare service.

In contrast, Jenn's narrative focusses almost exclusively on overcoming the difficulties she faced in child welfare in regaining custody of her children. Her account also speaks to areas that she believes require improvement in child welfare interventions. Regarding her caseworker, Jenn expressed: "Because all you wanna' do is do what they want you to do to get your kids back. You're not thinking about yourself. You're not. You're thinking about whatever they

want, whatever they are expecting of you to do, so you can get your kids back that is what you are there to do." Jenn noted that caseworkers should "acknowledge that we are the experts in our own lives and that you are here to help us with some bumps in the road." Jenn also expressed frustration with a general lack of knowledge with her own rights as a mother while involved in child welfare and the lack of transparency with the case plan in the following statement: "What I learned later on is that you have the right to ask questions."

As a consequence of her early development, Toni, similar to Jenn, did not have sufficient skills to obtain employment and, as such, turned to survival sex work. Toni reflected on the role of the Creator in her becoming a mother: "Not everybody can get pregnant so why would Creator give me, this homeless, junkie, prostitute, a baby? So I had no right to kill that baby, and Creator knew, and he was gonna' walk with me through this, and I knew that baby was not my baby." Ensuring that her children were provided with the best quality of care and love was Toni's priority as a good mother and led to her decision to place her daughter in care. Toni shared that she was informed that her daughter was sexually abused while in care and remained in the foster home of the perpetrator, who was also in the process of trying to adopt her. Toni expressed that both she and her daughter had been severely failed by the child welfare system and described feeling hopeless as a consequence. Toni reported that she was finally set up with effective workers and a case plan that adequately met her needs. This, she shared, provided her with the opportunity to focus on her treatment: "I had to be very selfish for the first three years at least of my recovery. So I couldn't even think about. I couldn't think about my other children. I couldn't think about anything other than myself."

Each of these women described their dedication to becoming good mothers; these narratives, from this particular time in their lives, begin to redefine mothering identities and challenge societal norms of good mothering expectations.

Reclaiming Motherhood

In this final stage of their journeys to reclaiming motherhood, Lisa, Jenn, and Toni articulate what it is like to gain acceptance of their mothering and illustrate where they are now on that journey. Each woman shared her experience with resolving past adversities, finding peace with losses, and most importantly, translating the knowledge gained from her past experiences in rearing their children while finally reclaiming their identities as good mothers.

For Lisa, a part of finding peace with her mothering was to take up supportive services. Although Lisa expressed a desire to have more independence, she recognized that accepting help was an important aspect of reclaiming her mothering identity at present: "I wish I would. I wish sometimes I could be more independent.… I have to like rely on the systems and everything like

that … [to] keep us getting by."

For Jenn, reclaiming her mothering identity involved demonstrating her dedication to her case plan with child welfare. Additionally, she also reestablished her mothering identity by using her own childhood experiences to inform her approach to mothering: "A good parent means that when [my child] is thinking about maybe smoking pot that he thinks enough of me to come in here and sit down and have a conversation like family or an adult would and for us to have that conversation about it."

Toni noted honesty as a value in her mothering identity as well. She articulated that her alignment with good mothering ideology arose because of the following reason: "I know what it feels like to hurt, and I know what it feels like to be lied to, and I know what it feels like to be nobody … because I don't ever want my daughter to feel that…. Well, I try my best to be supportive to what she needs or wants. And just be just, I'm really honest with her." Toni's reclamation of her mothering identity also included regaining connections to her culture, spirituality, and her family of origin: "So that's how I mother my daughter because I tell her like for one. For me, when I was growing up, being Aboriginal was a negative thing. So one of the very first things that I instilled in my daughter [was] 'Well you're Native, and you're proud. You're proud to be Aboriginal. You walk with your head high.'" Toni described that although her connection to her family and First Nations community remains problematic, she has developed her own sense of culture to support the reclamation of her mothering identity. She further explained the role her spirituality played in forgiving her biological mother, who is deceased, and in finding peace with her childhood adversities: "Because [my mom's] around, she's around … because she's up there [with the Creator] feeling guilty. She was not feeling great … because she couldn't be a mother to her kids. So with me down here healing and doing ceremony and praying, that's going up there and healing her spirit."

Discussion

The mothers' narratives shared throughout the study identify with many characteristics of good mothering endorsed by Western society. Rather than a complete rejection of this construct based on the various and many adversities in their own lives being mothered and in their own mothering, these women challenge the singular depiction of intensive mothering. The stigma that arises from good mothering ideologies reinforces the assumptions that women are required to constantly display a perfectionist approach to motherhood in order to secure the wellbeing of their children at seemingly any cost to themselves.

With the hegemony of the singular notion of good mothering, journeys that differ from this discourse are denied, muted, and thus rendered invisible.

Social systems, including the child welfare system, are reminders of differing identities as mothers, thereby fostering shame. The narratives of mothers in this study eloquently refute these claims by articulating the multiple yet often troubled routes they travelled to create and affirm their lives as good mothers in the face of multiple socioeconomic and societal barriers. It is these intersections of oppression that must be acknowledged to assist mothers seeming challenged by good mothering ideologies.

For Lisa, Jenn, and Toni, their entry into the child welfare system was the culmination of a process seeded in childhood and grew to fruition over the course of their lives. Each woman's journey towards mothering—one characterized by adversities, losses, and ultimately in the reclamation of her mothering identity—starts with stories embedded in her relationship with her own mother while growing up.

Following the description of their experiences with disrupted mothering in childhood, the women shared the impact of their early life adversities on their later motherhood and the development of their own identity as mothers. Study participants identified multiple social disadvantages immediately prior to their child welfare involvement as mothers, including poverty, mental health, domestic violence, and social isolation. Similarly, according to the literature, mothers in the child welfare system often have had multiple social disadvantages before entering the system (Trocmé et al. 103).

Neglect, the leading concern among child maltreatment cases in Canada, most frequently stems from a family's financial struggles (Bundy et al. 251; Trocmé et al. 103). Indeed, neglect is a complex phenomenon, which manifests in contexts of family poverty, inadequate parental knowledge and skill regarding child development and caregiving, social isolation of parents, disruptions in parent-child relationships, compromised parental psychological functioning, and concrete issues that affect parenting (Bundy et al. 251). Poverty was a significant and recurring theme for all three of the mothers in this study. The role of poverty in hampering the women's journeys to successful motherhood highlights the inadvertent and unescapable circumstances that led, together with other factors, to each woman's involvement in the child welfare system. The narratives in this study highlight poverty as a systemic issue and the importance of recognizing financial stress as a significant factor for women's involvement in child welfare. Some research advances the need for increased services for financial support in providing some relief for families experiencing neglect stemming from poverty (Damman 35), when applied in conjunction with other preventative services.

The accounts of women in this study also underscore the ways in which their involvement with child welfare during this critical juncture played an important role in the development of their mothering identities. They speak to the negative encounters that are similar to those reported in the literature.

Some literature emphasizes parents' negative experiences with child welfare (Bundy-Fazioli and Hamilton 259), including child welfare's enforcement of the notion of intensive mothering (Butler et al. 249). Similarly, the ideology of intensive mothering was reinforced through the accounts of women in the study of the various mechanisms by which child welfare perpetuates intensive mothering ideology; thus, highlighted in these storylines is the need for more individualized interventions.

The mothers in the study concluded their stories by summarizing their perceptions of their current mothering identities. Each mother assigned value to integrating and embracing her journey as one that—although it had its roots in the disrupted mothering they experienced in their early childhood and the ensuing negative impacts on their lives including child welfare involvement—culminated in the fulfillment of their hopes and desires as a good mother in reclaiming their child and their mothering identity.

Toni's narrative highlights a particularly important finding and recommmendation regarding Indigenous women and families who have historically been, and continue to remain, disproportionately represented in the child welfare system (Sinha et al. 828). Toni's journey with losing and reclaiming her mothering identity was constructed alongside her journey with losing and reclaiming her cultural identity as an Indigenous girl, woman, and mother. Toni's connection to her community—and thus her ability to reach into her cultural knowledge and family supports as part of her mothering—was unconscionably stripped from her life as recounted in her mothering narrative. Despite the many barriers that Toni faced, she nevertheless created a connection to her culture in a way that was meaningful for her daughter and herself as part of reclaiming her mothering identity.

The disproportionate representation of Indigenous children and families in the child welfare system is rooted in Canada's residential school system, in which First Nations, Métis and Inuit children were apprehended from their families and communities as part of a cultural genocide (Sinha et al. 822). This system ultimately resulted in generations of individuals severed from their families and cultures. Monique Auger states that culture "cannot be defined as a ceremony or a tradition but rather a way of life" (40). For Toni, her culture was stripped away from her as an infant and remained throughout her life a fundamental part of her identity, which she reclaimed one piece at a time. Although the objective of this study is not to produce findings that are generalizable, Toni's narrative is all too common among First Nations and other Indigenous mothers in the context of child welfare. The loss of culture, access to teachings from Elders and Knowledge Keepers, and the support of the community in which their heritage belongs is a significant risk factor too commonly reported among Indigenous mothers in child welfare. Although the child welfare system neglected to provide Toni with opportunities or

abilities to reconnect with her community of origin, as a child or as a mother, Toni's narrative demonstrates her power of survivance (Vizenor 1) in reclaiming her own sense of cultural connection. This exemplifies the impact of cultural disconnection as well as the power of a mother's self-determination with reclaiming her cultural identity, which was forcibly taken from her.

Recommendations

The narratives shared by women in this study offer important recommendations and directions for changes that are needed within current child welfare practices. Fundamentally, changes in policies and procedures are needed in order to recognize the inherent power of mothers to reclaim custody of their children when provided with the opportunity to create for themselves a path to reclaiming their identities within this broadened definition of good mothers. A need also exists to explore best practices to support the grief and loss process of mothers who have lost custody of their children while involved in child welfare (Schofield et al. 89) as well as to ensure that any child welfare involvement is predicated on limiting the cycle of trauma and victimization of these women. One such method is moving towards parental engagement, whereby the mother works collaboratively with the caseworker to accurately identify and advocate for the needs of herself and her family (Platt 115). Services must begin to prioritize the voices of these women in the development of intervention strategies to best understand the needs of these women and to provide adequate services as directly identified by this population.

It is widely acknowledged that Indigenous children are overrepresented in the child welfare system (Sinha et al., 821). Despite these alarming numbers, inequitable funding, as well as insufficient social services for First Nations, Métis, and Inuit communities, is an ongoing issue at the forefront of human rights issues currently being debated in Canada (Blackstock 187). The literature has recognized that this lack of funding and the inadequate social support for Indigenous families contribute to the higher rates of neglect and, thus, to the disproportionate rate of Indigenous children in the child welfare system (Sinha et al. 821).

Although the child welfare system failed to provide Toni with opportunities or abilities to reconnect with her community of origin, Toni's narrative demonstrates the power of survivance in order to reclaim her own sense of cultural connection (Vizenor vii). Toni's story exemplifies the impact of cultural disconnection as well as the power of a mother's self-determination with reclaiming her cultural identity, which was forcibly taken from her.

Conclusion

These unique yet unfortunately common stories provide a greater understanding of the plethora of mothering lives that are not often portrayed as examples of good mothering. Most importantly, these narratives provide insight into the impact of these women's intersections of oppression and their journeys with merging their identities to create multiple paths to achieving good mothering ideologies. Although we had initially set out to develop differing conceptualizations of the good mother, we have instead broadened its definition to one that is more inclusive of mothers from diverse backgrounds who have faced multiple intersections of marginalization, leading up to their involvement with child welfare. In the stories shared here, these mothers overcame these difficulties to ultimately reclaim their identities as good mothers. In this way, these women challenge the rigidity of intensive mothering as well as the structural and societal stigmas created by its previously singular definition. With these narratives, these women give a voice to those mothers whose journeys to reclaiming their identities as good mothers differ from what society says good mothering identity should be.

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ELISABETH GEDGE AND DEIRDRE QUERNEY

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.

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PATRICIA KRIEGER GROSSI AND GEOVANA PRANTE GASPAROTTO

Social Welfare Policy in Brazil: The Reproduction of Gender Stereotypes and the Invisibility of Work Overload for Mothers

This article approaches how gender stereotyping shapes social welfare policy implementation in harmful ways in the State of Rio Grande do Sul, Brazil. Social welfare workers were submitted to online questionnaires and personal interviews who revealed that gender stereotypes are present in the implementation of social welfare policy. Therefore, these practices end up reinforcing the sexual division of labour inside the family itself. Within this context, the majority of users of social welfare are women. The social welfare policy contributes to the maintenance of stereotyped gender roles when they attribute the care of children and the household chores to women rather than providing the needed support for the family to be able to protect their family members. The article concludes that the social welfare policy is contradictory because it defends the maternity protection. However, the structural context of rights violation experienced by these mothers—such as lack of daycare, lack of an adequate income, and poor living conditions—is dismissed during the intervention process. Therefore, women are considered responsible for the fulfilment of the program conditions, and if they fail, they are considered responsible and may lose their social benefit, reproducing the cycle of victimization and poverty.

Introduction

In the Brazilian context, social welfare policy is aimed at confronting socio-territorial inequalities, guaranteeing social minimums, providing conditions to meet social contingencies, and universalizing social rights (Brasil, "Política Nacional de Assistência Social"). Previous research from the state of Rio Grande do Sul attempted to answer the question of how gender stereotyping is reproduced within social welfare and social protection by investigating the social safety nets of a single social welfare system (SUAS). This article aims to

discuss the invisibility of women's workload in their role as mothers by social welfare policies practices and to explore the reproduction of gender stereotypes within the implementation process of social welfare policy in Brazil to contribute to the social protection of social welfare. This will be done through analyzing the social safety nets within the single social welfare system and examining the gender stereotyping present in this public policy that results in a discourse blaming mothers who fail to protect their children or who do not fulfill the requirements for receiving the social benefits. The findings presented in this article show how the SUAS addresses mothering and gives voice to social workers who work at social welfare centers as direct services providers or as managers (Gasparotto).

In 2005, the SUAS was established in Brazil. This system develops the provision of services, programs, projects, and socio-welfare benefits in a decentralized and participative manner throughout Brazil. SUAS manages social welfare centres, which are public units that offer services and organized according to the provided level of social protection. Furthermore, there are social welfare reference centers (CRAS), which aim to provide basic social protection, and specialized reference centers for social welfare (CREAS), which are designed to implement special social protection of medium complexity (Brasil, "Política Nacional de Assistência Social").

However, the SUAS does not effectively guarantee rights and social safety nets in Brazil, as collective investment and governmental responsibility are imperative to guarantee a welfare standard for mothers in need of welfare assistance. State intervention must ensure the reduction of social risks in the defense of a basic standard of living in order to distance social protection and welfare from the assistance, patronage, and patriarchal practices that contribute to the perpetuation of gender inequality. Yet despite the predominance of women as users and workers affected by this policy, several studies have found the invisibility of gender issues in social welfare policy (Gasparotto; Brisola, Silva, and Sá; Carloto and Mariano).

Moreover, various personal and partisan/electoral interests are still strongly present in the management of SUAS, which are superimposed on the legitimate collective and public interest. The workers linked to CRAS and CREAS who participated in the research, as well as technical assistants working for the government, revealed the strong presence of conceptions and practices linked to electoral partisanship, patrimonialism, meritocracy, clientelism, and patriarchy (Gasparotto). Thus, these limitations impact the social welfare safety net's ability to promote social equality between men and women.

To further elucidate this point, one example of this electoral interest in perpetuating gender inequality can been seen in the minister of the Ministry of Woman, Family, and Human Rights, Damares Alves. When Alves was designated as minister by the government of the president Jair Bolsonaro, she

said in her speech in Congress that a woman's ideal place is at home and that a women's natural role is to be a mother, even if she does not work at home. The minister emphasized that women are born to be mothers and that this special role in a woman's life is the most important one. Therefore, a woman should postpone her career and ambitions in order to fulfill the role of raising her children and caring for her family.

Maternity Protection in the Social Welfare Policy

The legislation that establishes social welfare as a public policy and part of the Brazilian social security system defines as one of the objectives of this policy, among others, protection of the family, maternity, childhood, adolescence and. old age (Brasil, "Lei Orgânica da Assistência Social").

Considering the objectives of social welfare, the protection of women is considered a necessity that is exclusively related to being a mother, with a special focus on the period in which the woman is pregnant. Within the patriarchal capitalist system, in which the ideology of the bourgeois traditional family prevails (Marx) becomes a social determination that seeks to impose on women the traditional gender roles, including the need to comply with motherhood.

Within the formal level of public policy, this social imagination becomes constructed based on the sexual division of labour, through which women are entrusted with tasks related to the social reproduction of the family through a reductionist perspective. Ermildes Silva and Márcia Tavares argue that the role of care falls almost exclusively on poor women, who deprived of legal labour guarantees and quality public services, as they are responsible for the family, for caring for their children, for household chores, and for household finances. This role of caregiver is often invoked by social welfare policy. When analyzing this situation through a critical and gender perspective, the policy strategies can be seen as reinforcing the association of women with motherhood.

The formal documents that regulate social welfare as public policy maintain and reproduce the traditional ideas of social roles and spaces assigned to men and women, which represents a setback in the struggle for gender equality and acts as an important limitation within women's battle for equality. As women are required to fulfill the commitments imposed on the family by social services, social welfare helps to reinforce these traditional roles of care exclusively for women. Studies show that because of these policies, domestic activities and care become naturalized as women's work (Silva and Tavares; Carloto and Mariano; Gasparotto; Gasparotto and Grossi; Cisne; Biroli).

Social law, expressed in the social protection system, also characterizes the ambiguous way women's participation in society is conceived. The mixtures between public and private, rights and favours, as well as rights and obligations,

and the way women are fixed to motherhood define the contours of this weakened and sex-based citizenship (Carloto and Mariano). The strong presence of conservative culture in public policies, which associates women with motherhood, constitutes a significant limit imposed on women's citizenship and autonomy, especially due to the fact that throughout human history, the relations between men and women and the roles society attributes to them, have reproduced exploitative relationships, in which men possess the economic/political and social power (Lima, et al; Biroli) and women remain more vulnerable and are relegated to the domestic sphere.

Methodology

This social study was guided by the dialectical-critical method, based on Marx's social theory. The research was conducted within the territory of the State of Rio Grande do Sul, which is located in the southern region of Brazil. The state of Rio Grande do Sul is made up of 497 municipalities (Instituto Brasileiro de Geografia e Estatística). The research settings included 697 social welfare centers (CRAS and CREAS) in the state (Secretaria Nacional de Avaliação e Gestão da Informação).

In addition, a total of 116 subjects participated in the study, all of whom were workers in the social welfare policy field at the municipal and state levels. Out of the 116 subjects, ninety-six were municipal workers linked to the social welfare centres established in the municipalities of the state, and twenty were social workers of the executive branch of the state, which is linked to the state managing body of SUAS. Within the municipal workers' sample, seventy-nine were social workers, representing 82.3 per cent of the total participants. The other professionals who participated include psychologists, pedagogues, and administrators.

Moreover, the ninety-six municipal workers represented 13.77 per cent of the centres located in the state. Out of the total of twenty-two professionals responsible for the technical assistance and monitoring of the municipal units, twenty participated in the survey, representing 90.90 per cent of the state employees. It should also be noted that all the state executive workers participating in this study were women. As for the workers in the municipal sphere, 90.62 per cent (eighty-seven) consisted of women and only 9.37 per cent (nine) consisted of men.

The objectives of this study were to analyse whether social welfare policies address gender inequalities and to describe the way gender stereotyping may shape social welfare policies and harm women welfare recipients. Data were collected through in-person interviews, which were carried out between October 13, 2015, and April 28, 2016, and online questionnaires, which were answered between September 21, 2015, and December 8, 2015. Semi-

structured interviews were conducted with the twenty female workers linked to the state. The main questions in the interviews were as follows: a) How is gender stereotyping present in SUAS?; b) How do you see the role of women in SUAS?; and c) How do the services, benefits, and programs of SUAS contribute to overcome gender inequalities?

An online questionnaire was sent to the coordinator of 697 social welfare centres within the municipal sphere and was answered by ninety-six professionals. The questionnaire was developed using Google docs tools, specifically Google Forms with closed answers and open ended questions. The main questions concerned their perceptions about how gender issues are present in the SUAS system, about women's responsibility for meeting the program´s conditionalities in order to receive the benefits, the role of women as mothers, and how the social services address gender inequalities. The collected data were submitted for content analysis based on Bardin.

Findings

In relation to the responsibility that has been placed on women regarding the attachment of families to the services offered by SUAS, forty-six of ninety-six workers linked to the CRAS and CREAS believed that women were being overburdened from the assumed responsibility of accessing and participating in social services for the family. Below are some of the participant reports regarding the responsibilities and burdens imposed on women in relation to their participation in the social welfare services and activities:

> I believe that women are overburdened because they are held responsible for protecting their loved ones, participating in social welfare services, ensuring family provision, and educating children…. The father, regardless of how often he is called to the services, shows less commitment due to the cultural belief that childcare is primarily a maternal role. (Worker two, personal interview, Oct. 15 2015)

> Female participation is still greater, precisely because of the unequal gender relations that still perceive women as responsible for caring for the family. (Worker three, personal interview, Nov. 12, 2015)

Additionally, the workers mention the reproduction of cultural practices that overburden women. The interviews carried out with the technical assistants of the municipalities who were social workers validate this information as well, Two main empirical categories emerged: the reproduction of traditional gender roles and the gender invisibility in SUAS. As the participants discussed:

Families are not only composed of women…however proposals and strategies do not include men ... We discussed getting rid of prejudices to work with families, and since most of them are women, about how to enable them to reach their autonomy and play a leading role. (Social worker one, personal interview, Dec. 10, 2015)

The patriarchal figure still predominates, causing women to still be submissive to their companions. (Social worker two, personal interview, Dec 17, 2015)

The Integral Family Protection and Assistance Service has groups of women in most of them. (Social work three, personal interview, 7 Jan. 2016)

I often see the presence of women, but I do not see SUAS directing their efforts towards women. (Social worker four, personal interview, Jan. 13, 2016)

Such actions are not exclusively aimed at women, but gender, race, and social class are known to be some of the characteristics that define profiles that are more vulnerable than others. Also, personal risk is added to social risk, and these profiles include girls and women. (Social worker five, personal interview, Jan. 20, 2016)

These findings indicate the large presence of women in social welfare services, the absence of services and actions to meet women's demands, as well as the invisibility of these demands. Therefore, it is essential and urgent to identify alternatives that break down the conservative social practices that are still present in social welfare policy and seek to address gender inequalities within the scope of SUAS. This can be accomplished by involving men and women in the groups and discussing issues concerning gender equality and equal responsibility for childcare, among others. Furthermore, ongoing training for professionals on gender equality will help to avoid gender stereotyping in their practices, which prescribes separate gender behaviours and roles for men and women based on anatomical and biological differences between the sexes.

Gender Stereotypes and Social Welfare Services Practices

Social practices related to socio-welfare services reproduce the dominant ideology that contributes to the preservation of gender stereotypes and the sexual division of labour. Women are responsible for the care and protection of the family, including domestic tasks, such as cooking, doing groceries, washing dishes, washing clothing, ironing, cleaning the house, and taking care of the children (e.g., diaper changing, bathing, and feeding), which are necessary for the social reproduction of the family. Within this logic, the

reproduction of inequalities between men and women seems natural, in which women are given responsibility over the social issues that materialize in the everyday life of the family: "The existence of the sexual division of labor and its expression in gender relations becomes social inequality. Gender inequality coexists with other forms of inequality, especially with the inequalities produced by the social/sexual division of labor and the existence of social classes" (Gama, "Trabalho, Família e Gênero" 60).

The perspective presented in the documents that guide SUAS reiterates the idea that it women's responsibility to use the social welfare policy to guarantee access to goods and services that are not reached by the family through the market. For example, "when the family's consumption needs are not met with income from labor (male and female) it is up to women to seek government resources" (Carloto and Mariano 460). This responsibility is placed on women, as there is an established association between welfare and failure (Carloto and Mariano). According to the socially expected role for men, by virtue of their masculinity, they are not allowed to admit to experiencing fragility. Yet since women are positioned as the fragile sex, it would be easier for them to publicly recognize the difficulties the family is facing. This social construction of gender roles reproduces gender inequalities based on the sexual division of labour as the material basis of exploitation and oppression of women.

The social imagination that reiterates gender inequalities is present among the SUAS workers, following the logic of the documents that guide the system and reproduce the invisibility of gender inequalities in its operations. 11,4 per cent of the workers participating in this study (eleven of ninety-six), claim that the teams do not identify gender inequalities among the demands of the user population. In addition, 5, 20 per cent of the participants (five of ninety-six) reported that although they identify instances of gender inequalities among the demands of the service users, they said that it is not SUAS's objective to cope with these situations, which is the responsibility of other public policies. Denying the existence of gender inequalities occurs initially in the formal SUAS plan and is reproduced in the social practices of some workers and managers. The reproduction of invisibility and denial of gender inequalities at the social practice level for SUAS workers are also related to the lack of permanent education for professionals. These services are not providing ongoing training on gender issues or other subjects due to financial restraints and lack of acknowledgment by management to the importance of this issue. Therefore, Rio Grande do Sul is not fulfilling its social responsibilities. Thus, both the private and public realms share a responsibility in reducing class and gender inequalities (Silva and Tavares).

The conservative cultural and social gender norms attributed to men and women become reproduced by the workers of the social welfare centres, where ideologies of the bourgeois nuclear family materialize in a contradictory

manner. This conservatism can be seen in this study's result. Forty-four per cent of the participating workers (forty-two of ninety-six) reported women being linked to social welfare services in terms of social roles traditionally attributed to women in the family. As a result,22 per cent of workers (twenty-two out of ninety-six) reported that women are more easily linked to the family because, in general, women participate more in social welfare services because they have more free time than men. Moreover, 16, 66 per cent of the professionals (sixteen of ninety-six) referred to the predominance presence of women in the services because of the ease in dealing with them and women's willingness to participate. And 5 per cent of the participants (five out of ninety-six) stated that women should be responsible for interacting with social welfare services, considering that they are better prepared to protect and care for their family members.

The assumption that women have more so-called free time reinforces the invisibility of their domestic work. It should be noted that Rio Grande do Sul "systematically structured the provision of social welfare through the invisible work of women" (Gama, "Entre o Trabalho e a Família" 95). This is done without considering that women are divided between invisible private work carried out in the domestic sphere and the work they do in the public sphere, be it formal or informal. They often need to work double or triple shifts to meet all the demands that are imposed on them.

The belief that the greater involvement of women in social welfare services is due to the ease in dealing with women reproduces the idea that women are the more fragile and docile sex. In these situations, a power imbalance that disqualifies and oppresses women is reaffirmed; patriarchy, submission, and chauvinism become legitimized, and limited choices concerning sexuality, family life, and other matters are imposed. Thus, the myth of the maternal instinct (Badinter) as well as retrograde and conservative ideas about women's free time, docility, and the fragile sex are some of the ways in which women are pressured to submit to not only men but also the state itself.

Furthermore, women have been called to be present at social welfare services as the ones responsible for compliance with the conditions and definitions emanating from the services themselves, or even from the professionals who execute them. In situations where the family does not meet the criteria and conditions, women are also blamed for the family's alleged failure to provide services. Women are often blamed if children are not attending school or receiving immunizations, and it is the mother who is called upon if the child presents any disruptive behaviours at school. Mothers are also blamed and labelled "disorganized" if they are unable to meet the family´s economic needs with the government income allowance. The individual responsibility placed on the mother neglects to acknowledge the social, political, cultural, and economic context of the family. Within this perspective, social welfare policy

maintains the continuity of the traditional bourgeois family, placing upon women the expectations and responsibilities that legitimize gender inequalities. In this context, the penalization of women becomes reproduced. As a result, women often experience not only work overload and lack of autonomy but also a negative self-image, anxiety, chronic stress, low self-esteem, and depression (Lemos 55).

Implications for Social Work Practice

It is important that social workers reflect on their professional practice in the perspective of gender equality, following their professional ethical-political project, considering that "having as a horizon the feminist project of gender equality is an ethical duty and not an option that is situated in the field of morality" (Mesquita and Monteiro 12). Social workers can resist the practices that reproduce gender inequality through professional ongoing education, connections to women's social movements, neighbourhood associations, and women's policy council. Also, the implementation of services to combat violence against women that foster critical consciousness raising actions, promotion of women´s autonomy and empowerment through the challenge of traditional social care roles and building coalitions are strategies that can be implemented to overcome barriers for access to women's citizenship rights. One of the greatest challenges is to promote the participation of men in the social welfare services in order to change the belief that men are superior to women and perform more important tasks in society. Working with men is essential to overcoming gender inequalities embedded within the services.

According to the evaluation of social workers, facing gender inequalities through the social safety net of SUAS is related to the following actions: qualified professional listening, holding discussions with the user population about gender roles, planning activities that meet the demands of both men and women users participating in the construction of intervention strategies, empowering female autonomy, using collective methodological strategies, creating links between the team and users, and communicating between network sectors. Furthermore, social welfare policies could be designed differently by codesigning these policies with mothers, fathers, social workers, and other family members to overcome gender inequalities in these policies.

Challenges for Implementing Social Welfare Policy Action to Promote Gender Equality

The results of this research show that social welfare policy strengthens the maternal function while reproducing the assumption that domestic duties are women's work:

> The State to which the women turn is the same patriarchal state that appropriates the unpaid domestic work of women in the mothering of children, in the treatment of the elderly, the sick, and the disabled. It also appropriates in the reproduction of the family and in overcoming material shortages whose solution goes through not public, but essentially private arrangements that translate to more hours of toil and the mobilization of many efforts in kinship and neighborhood networks. In other words, the acute crisis of the Brazilian State is greater today because the services and production of goods that should have long been the responsibility of the State, are re-privatized in the domestic realm. And this is only possible because the social and sexual division of labor founded on anatomical-biological differences between the sexes has constructed such distinctions. (Lavinas 174)

It appears that the expansion of a new democratic culture with new values is lacking. We live in a time of perverse social relations, and we must break this paternalistic and chauvinistic cycle that, a priori, harms women and imprisons them in imaginary roles by recognizing and challenging this culture (Cortizo and Goyeneche).

Therefore, the following challenges are highlighted in order to materialize a social welfare policy that ensures rights and defends and promotes gender equality: expanding democratic culture in social welfare services; breaking with the present conservative culture, which reproduces gender inequalities; Disseminating gender equality social values in the domestic and public sphere; creating spaces for debate about the sexual division of labour; demanding that family care be included in the public agenda; and addressing the participation of the state in the provision of care.

There is an urgent need to address the invisible social inequalities that arise from class, gender, race, and ethnicity, which significantly affect the population beyond the scope of the social welfare policy.

Conclusions

This study revealed the prevalence of traditional and conservative conceptions and practices in the Brazilian social welfare policy, which reproduce gender inequalities. Only 56 per cent of the workers recognize the existence of gender inequalities among the demands presented by service users. However, these workers evaluate that this public policy does not offer the needed support and structure to address these inequalities. Moreover, 16 per cent of the workers affirm that they do not identify gender inequalities among the demands to be addressed by SUAS. A total of 46 per cent of workers consider that women have been overloaded with work due to their participation in the social welfare services as the responsible family representative. However, 44 per cent of the

participating workers connect the predominant female participation in social welfare services to the social role traditionally attributed to women in the family and in society.

In view of these contradictory statements, the invisibility of the gender perspective in SUAS reveals the reproduction of the traditional sexual division of labour, which deepens gender inequalities. Social practices related to social welfare services often reproduce the dominant ideology, which contributes to the preservation of gender stereotypes, associating women with the care and protection of other family members. There is an urgent need of structural policies that focus on income distribution, considering the determinants of gender and race/ethnicity that structure inequalities in a capitalistic society. Focusing on income distribution is a way to promote women's empowerment and overcome harmful gender stereotyping.

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LAURA LEWIS

Mothering as a Social Worker: The Gifts and the Tyranny

This autoethnography wanders into one academic social worker's reflections on her doctoral training some twenty-five years previously and how her exposure to certain theories and literatures impacted her maternal thinking and mothering role. Through an analysis of gathered data from doctoral course syllabi and other documents of reflection, three areas of theoretical contribution and deep influence were identified as the primary influences that helped to shape and make sense of the author's unfolding maternal and social work professional identities. The article describes and elaborates upon John Bowlby and Mary Ainsworth's work related to attachment theorizing and subsequent categorization. The anxieties identified in mothers who parent to these theoretical formulations are considered, along with the often impossible demands this theorizing makes upon mothers as they strive to embody the behaviors necessary to ensure a secure attachment bond. In contrast, the work of Jerome Kagan, Stella Chess, and Alexander Thomas that identifies an infant's temperamental predispositions at birth challenges infant attachment as fostered exclusively within a maternal responsiveness and orients thinking towards infant temperamental predispositions that innately construct attachment relatedness in a certain way, regardless of maternal responsiveness. These opposing nurture vs nature views are considered. Finally, the article considers the work of Jean Baker Miller and her contributions to understanding the forces of structural inequity at play that marginalize and devalue women's maternal role as situated in the existing patriarchy of the twenty-first century. Miller's work proves instrumental in validating the writer's own experiences of maternal devaluing.

Introduction

The act of mothering is a gift and a curse. I can think of no other role that shapes you more profoundly. One's maternity ensures encounters with a

remarkable capacity for loving and selflessness—capacities that may sidle alongside opposing thoughts and actions of a bleaker nature. It is a role that will inevitably have you encounter the best and the worst of yourself. If somehow the "voice" I am tethering to this article is encountered by a reader, let me welcome you to my thoughts not only about mothering but also about mothering as a professional social worker. Here I consider the aim of understanding life's complexity in the construction of my professional social work and maternal identities. I write this as a middle-aged woman who has been professionally identified as a social worker for over thirty-five years. I write this also as a mother, whose mothering of a twenty-five-year-old daughter and twenty-two-year-old son has shifted dramatically, as these young adults take on the independent responsibilities of their own lives and move forward to postsecondary and employment encounters that are self-directed, save for their occasional requests for additional monetary funds. When I look back at my mothering experiences from their births to today, how I mothered, the time we spent together, and what I saw as important and necessary to cultivate in mothering were substantively influenced by my professional identity as a social worker. The shaping of one's maternal self was also inextricably linked to the thinking that was cultivated by the numerous theoretical and research literatures explored, debated, and ultimately integrated as part of my doctoral social work education.

This article is an autoethnographic contribution, which is a research process that gives those who engage in it an opportunity to interrogate, define, and ultimately craft a telling of their own story, whatever that story may be—that of mothering as a social worker in this case. It offers a focus on one's subjectivity and lived experiences; for me, it allows for the construction of one story that can then be woven into the ever-evolving tapestry of maternal lives. I was guided by Heewon Chang's book *Autoethnography as Method* to answer my personal research question: How did my doctoral social work education and ongoing professional life influence my mothering? I gathered personal data in an attempt to address this question; I also used doctoral course syllabi saved from my on-campus years, reread seminal articles and books assigned from those same syllabi, and reviewed personal journals, which chronicled my early mothering and working experiences. These items became my sources of data that were then analyzed using a line-by-line coding process. This coding analysis was both iterative and repetitive and served to facilitate an identification and enlargement of initial nodal categories. Then, a process of data refinement was engaged with, which narrowed and condensed these nodal categorizations to three emergent sub-themes, which were identified as the theoretical contributions that most shaped my own thinking about, and consequent actions related to, mothering as a social worker. These three subthemes were attachment theory, infant temperamental predispositions, and structural

inequity contexts. Many of my thoughts about, actions, and felt experiences of mothering were deeply influenced by these academic literatures—the links to which will now be elaborated upon in this personal writing. The theoretical contributors of these three subcategories include the work of John Bowlby and Mary Ainsworth's writing on infant attachments. In contrast, the theoretical contributions of Jerome Kagan, Alexander Thomas, and Stella Chess focus on the innate temperamental predispositions of infants from birth (which challenges attachment theory as an absolute truth). The writings of Jean Baker Miller are also considered here for their influence in shaping the navigation of the sociocultural maternal landscape, especially related to how her academic offering gave shape to my personally felt experience of mothering as horribly disenfranchised within the social confines of a prevailing patriarchy in the twenty-first century.

The first two years of my social work career were spent as a child protection worker for a local Children's Aid Society. I then transitioned to the role of a counsellor/therapist at a local family service organization upon the completion of a Master of Social Work degree. I remained at this family service organization providing individual, family, and group counselling for an additional ten years while also pursuing doctoral education. During these twelve years, I encountered what I consider to be the best and the worst in the human condition. These years taught me about the crushing effects of poverty, the self-destruction of addiction, the insidious prevalence of physical and sexual violence, and the structural forces in Western society that oppress those that find themselves outside of traditional and dominant ways of being. The work could be depressing on certain days; however, I cannot stress enough how deeply gratifying it was to reach towards one's fellow human travellers and feel like one's presence and the emotional work navigated together created a difference in another's mental if not physical wellbeing. Participating in a human encounter where people entrust to you with the narratives of their lives was an enormous privilege to receive along this journey we all call life.

Following the first twelve years of my social work life, the next eighteen years were sculpted by a voracious need to create some distance from the deep listening and attentive witness of the therapeutic encounter. As much as I felt deeply honoured to be entrusted with others' wellbeing and life narratives, I found it increasingly difficult to be attuned emotionally to the degree the work required as my fulltime working years accumulated. I began doctoral studies in my efforts to reintroduce rigorous intellectual stimulation and to encourage a personal growth edge that would move me out of my heart and more into my head. The doctoral pursuit, I hoped, would be a good counterbalance to the emotional demands of my life's work. During my doctoral training, I became pregnant with our first child. Our daughter's subsequent birth and my transition to motherhood also influenced my emotional responsiveness to

clients' needs. The transition to motherhood, with its Mount Everest–sized learning curve, demanded so much physical and emotional responsiveness to infant needs that I noticed another marked drain on my professional empathic and emotional resources. I had to personally reconcile that my occupational role as a counsellor/therapist was having a difficult time harmonizing with the demands of the work and my newly acquired role of mother.

The doctoral goal, the pursuit of which was an enormous privilege, allowed me to be one of ten doctoral candidates admitted to Smith College School of Social Work in 1995. This school of social work, situated in Northampton, Massachusetts, has a history that dates back over one hundred years to its founding as a school that trained social workers to respond to the psychological and human needs of "shell-shocked" veterans returning from the First World War. It is well known as one of the oldest schools of social work in North America and has an excellent reputation for training social workers in various direct practice orientations. This is where my story of the influence of these social work theoretical orientations on my mothering begins. I was submerged in academic readings that rigorously considered such intellectual considerations as psychiatrist Daniel Stern's work, a brilliant man who considered psycho-dynamic theory and practice as it applied to the experience of babies. His original theory of how infants create a sense of themselves and their relation to others was required reading (Stern 5). Exposure to Stern's work, along with the work of John Bowlby and Mary Ainsworth, shaped my understanding of the infant-caregiver bond. Contemplating notions of infant attachment, trust, and dependency from the perspective of these great minds was engaging. Such learning also deepened my understanding of narratives that clients had previously shared. The learning solidified my understanding that themes of interpersonal trust, responsiveness, and dependency remain issues to negotiate for all people throughout their lifetimes—themes that may have their genesis in our earliest attachment encounters.

Studying infant attachment at the same time I was creating an infant attachment was a recipe for intense maternal self-scrutiny if not tyranny. It was difficult for me to separate this learned knowledge from my active attempts to be the kind of attuned and responsive mother these works insisted would create security in a primary attachment relationship with our children. I totally drank the Kool-Aid and believed that the quality of the relationship I created with our infant daughter, and then our infant son, could ultimately influence our children's experienced satisfaction in human relationships throughout their lifetimes. No pressure! Believing in attachment theory as truth, I set standards for my new mothering self, which in retrospect, were fuelled by a deep need to eradicate the pervasive feelings of incompetency that transitioning to motherhood presented in me. Follow the yellow brick road of attunement, responsiveness, and selflessness and all will be maternally well.

Theoretical Influences

Attachment Theory

For those of you who may not be intimately familiar with the work of John Bowlby (1907–1990), he was a notable British psychiatrist and psychoanalyst who researched the effects of separation between infants and their primary caregivers. He stressed in his writing that all infants form enduring emotional bonds with their care providers, with the formation of these secure bonds being sensitive to critical periods within the first years of life (24-34). Bowlby believed that in infancy, a child would initially form only one primary attachment and that this attachment figure would act as a secure base for exploring the child's widening world. He believed strongly that a child has an innate need to attach to an attachment figure in infancy and that ideally this individual would provide continuous care for the first two years of life, and optimally the first five years (304-07). He then asserted that the creation of these secure bonds had the power to shape certain positive characteristics of emergent personality in the young child.

Building on Bowlby's work, Mary Ainsworth identified and subsequently detailed the features of three infant attachment styles: secure (contact maintaining) attachment, insecure-resistant attachment, and insecure-avoidant attachment (347-56). Through her research, she concluded that variation in infant attachment bonds were the result of the quality and type of responsive early interactions with the mother. Infants that were securely attached were easily soothed by the attachment figure when upset, used the attachment figure as a safe base to explore their environment, and showed distress when separated from their primary attachment figure, seeking proximity to her when under duress (311-14). This attachment style was considered ideal.

Both insecure attachment styles were likely the result of mother's caregiving responsiveness, which was less ideal and sensitive towards infant cues (314-16). Specifically, insecure-resistant attachment in infants seemed to be associated with inconsistent primary care, in which the infant's needs were sometimes met and sometimes ignored by the mother. Insecure- resistant children seemed to adopt an ambivalent behavioural style towards the attachment figure; they commonly exhibited clingy and dependent behaviour that could then become rejection of the attachment figure when engaged in interaction. These infants had difficulty moving away from the attachment figure to explore novel surroundings, and when distressed, they were often difficult to soothe and were not comforted by interaction with the attachment figure.

An insecure-avoidant infant attachment style was also associated with unresponsive primary caregivers who would respond to their baby's cues incorrectly or who were impatient or ignoring of their baby's cries. These

children seemed to come to believe that communication of needs had little influence on the mother. They did not seek contact with the attachment figure when distressed and were identified as being independent of the attachment figure both physically and emotionally for soothing emotional distress (316-21).

Being introduced to these academic works over the course of my master's and doctoral training, I was indoctrinated into thinking and behaving in ways that reflected the mothering ideals espoused as those that would create security in attachment. I would always respond to our infant daughter's cries and did my best to settle her according to whatever seemed to be causing her outwardly expressed distress. I would consistently attempt to be a presence for her that would reassure and calm her agitated states. I would emotionally bind my own feelings of mothering confusion and anxiety, with the hope that I would not transfer my anxious feelings to her. I had a difficult time leaving our first child with others, even when leaving her would restore some balance to my own life, so I took her everywhere I went in my efforts to reinforce this responsiveness and availability. Feeling exhausted yet? What I didn't see then, that I do see now twenty-five years later, is that I had bought into this attachment theorizing about mothering as the vital contributor to children's wellbeing as a singular truth. This so-called truth in its operationalization, however, demanded a selflessness that created in me a pervasive internalized conflict about fulfilling my own needs. The way the theory was presented at the time—placing responsibility solely on the maternal relationship—was one that was psychoanalytically rooted in Freud's ideas about early life, which included the idea that infants prior to the age of three are best served by one primary relationship only. An infant that had to accept care from someone that was not their mother was less than optimal, including fathers as well as outside caregivers who had a hand in contributing vital attachment experiences that forged trust and security. I can look back on those early transitional mothering years and say without exception that where our daughter was concerned, my husband was more able to settle her unsettledness than I was. He was much more skillful in being able to hold her in a way that was soothing to her distressed infant states. His attunement and goodness of fit as a new parent to an infant was often more effective than my own, but there wasn't a lot of room in Bowlby's or Ainsworth's work to enthusiastically embrace the fact that in the arena of maternal responsiveness he was better suited to some of the maternal tasks.

Having the luxury of time and reflection, what I can say about "mothering meets social work attachment theorizing" is that I did my best to be responsive and attuned, and I sacrificed myself and my needs a lot. By the time our second child, a son, was born three years later, my enthusiasm for pushing myself as a supermom was waning, and I started to settle into being less influenced by the great minds of attachment theorizing and leaned into an expectation that my

day-to-day mothering had to simply be "good enough," as elaborated by Donald Winnicott (57). I lowered my standards to save my mental health, and I stopped looking for answers outside of myself about how to be a good mother and tuned into myself. I gave myself permission to just be in it—to just be our children's mother—and to remember to put myself into my mothering in a way that was accountable to the self I was, a person with needs, too.

Infant Temperament

Further into my doctoral education, theories about infant temperaments were introduced that expanded notions of infant attachment beyond maternal responsiveness, attunement and sensitivity. They suggested that the placement of attachment security was a function of an infant's inborn constitutional temperament—a temperament that was often present from the infant's birth. Jerome Kagan suggested that the innate temperament of a child may reflect Ainsworth's primary attachment classifications but that these reflections are temperamentally and innately predetermined and may have little to do with what primary caregivers do or don't do in response to infant need presentation (57-64). He suggested that some children were temperamentally vulnerable to anxiety states from the beginning days of life and that biological characteristics have "influence on vulnerability to fear in the Strange Situation, and therefore on the attachment group to which one is assigned" (Kagan 60).

Psychiatrists Stella Chess and Alexander Thomas's infant temperamental classifications suggested three basic types or clusters of infant temperaments: easy, difficult, and slow-to-warm-up (Chess 5). Jerome Kagan suggested that Chess and Thomas's "easy" baby—described as "having regular biological rhythms; drawn to novelty, adaptable to change, and in a fairly good mood most of the time" (Chess 5)—was a baby that could also be considered securely attached according to Ainsworth's categorization. "Difficult" infants were those who tended to have "irregular rhythms, withdraw in the face of novelty, adapt slowly to change; and often seem to be in a very bad mood" (Chess 5); they exhibited similar behavior to children that evidenced insecure-resistant attachments according to Ainsworth's categorization. "Slow to warm up" or shy children tended to withdraw from novelty and adapt slowly to change; their emotional reactions were often negative but of low intensity, and they were likely to exhibit insecure-avoidant attachments (Chess 5). The discovery of Kagan's work was liberating to me, since it decentred the centrality of mother and placed the infant's temperament at the centre of unfolding attachment constructs. In his view, these small beings, who are entrusted to our care, come into the world uniquely themselves; they had already formed their unique temperamental predispositions, which would then influence their attachment constructs. Security in attachment had less to do with what mothers did or didn't do and more to do with an infant's unique temperamental

constitution (57-64). I started to learn that for every truth there was another truth that would turn the first one over. Such is the world of academia and academic research, in which one must develop a tolerance for holding and honouring multiple truths in one's remarkable quest for human understanding.

Mothering and Structural Inequity

Finally, I was personally influenced in my social work and mothering roles by Jean Baker Miller's seminal book, *Toward a New Psychology of Women*. In this book, she discussed the interrelationship between women's psychological patterns and social roles (like motherhood) that contribute to women's social subordination in present-day patriarchal culture. Her writing was my first encounter with thoughts about female development that suggested that women's attenuation "to the vicissitudes of another persons' mood, or the pleasure and displeasure of the dominant group" (Miller 39) was rooted in women's socially subordinate position (assigned to them) in patriarchy. Her work suggested that socially "subordinate persons may become more attuned to persons in the dominant group than they are to themselves, to the extent that they are unaware of their own needs" (Mullaly 176). Mullaly writing about Baker Miller's work further described, "consequently, they may act (and are expected to act) in ways that serve the interests of the dominant group but that negate their own interests" (176). This academic work profoundly influenced my own mothering life, because Baker Miller's articulations were so consistent with my felt and lived experiences as a woman, a social worker and a mother. I did seem to know more about what other people needed, (my partner, growing children, extended family members, and my professional clients) than how to respond to the needs of myself. Her writing inspired in me an analysis of the minutiae of my socialization experiences as a female situated in patriarchy, an analysis that when thoughtfully considered was replete with hundreds if not thousands of examples of socialization processes over my lifetime which demanded compliance, agreeableness, and a responsiveness to others' needs.

   Miller's writing also offered the ideas of internalized oppression to explain women's lived experiences. She illuminated the complication of expressed anger in women's lives – suggesting that women, being in a subordinate social position encounter feelings of anger frequently because of this subordination (Mullaly 177). This felt anger however has no social escape route since exhibiting such negative emotion can lead to "social ostracism, financial hardship, and even violence" (Mullaly 176). Commenting on Baker Miller's work, Robert Mullaly states the following:

> Ideology makes it appear that subordinate people have no reason to be
> angry at the dominant group (only at themselves) and in the case of
> women, it is against their nature (gentle, feminine) and ascribed

social role (caring, nurturing). Consequently, the anger of subordinate persons (in Miller's work, particularly women) becomes transformed into depression, ambivalence, or hysteria. (Mullaly 177)

I can honestly say that encountering the thoughts of Baker Miller throughout the many years of my social work education assisted me in making sense of my experience of being a mothering woman navigating my life in present times. Her academic contribution allowed me to understand some of the reasons for the anger I felt in mothering—not anger directed at our children, but an anger at the social devaluing that I experienced in the mothering role itself. There was no recognition, congratulations, or financial remuneration for the countless personal sacrifices made in fulfilling the mothering role. I came to understand deeply how thankless mothering can be and that a mother must reach for some other source of mothering motivation (shall we call it love?) to steel herself against the social inequities and marginalization of the maternal role. I express here a deep appreciation for the academic literatures I was exposed to in my social work education and training that added the discourse of structural inequity to help me understand my early lived experience of mothering.

Final Thoughts

I hope I have been successful in conveying to you how navigating my mothering role for the past twenty-five years in concert with my professional identity as a social worker has not been an easy harmonization. The tyranny in this marriage is that once you are committed to this profession, you are educated to consider much psychological theory and research that informs how you see and understand mothering in today's world. As you attempt to integrate and master the plethora of educational knowledge provided, you understand the search for instructive absolute mothering truths is elusive and one has to be satisfied with the fact that many truths must be embraced in order to illuminate even the most faintest of lights on our quest for understanding the many factors and nuances that influence this dynamically interdependent relational maternal role.

As I learned personally, the role of professional responder to human need is a role that demands much of those who practice it. Combining this caring professional role with the caring demands of responsive and attentive mothering demands a lot of any person who finds themselves carrying both commitments to heart. I do believe that my turn towards academia allowed me to recover my emotional footing and provided me with a more balanced emotional life. I share this perspective to normalize these feelings for other mothers who are also social workers. I want them to know that carrying the emotional demands of both responsibilities may eventually become a challenge

and to encourage them to find their own personal ways to accommodate a commitment to caring at work and caring at home, according to their unique needs and personal dispositions.

The gifts of this marriage of being a social worker and a mother lie in the engaging theoretical orientations that a social work education provides. Students learn to deconstruct the social and cultural forces that continue to subjugate the feminine and continue to marginalize women's unpaid mothering contributions. It is a profession that trains students to consider their subjectivity deeply, given that this construct we call the "self" is the instrument that students use to conduct their work. This self-reflective training comes in handy when analyzing mothering actions and understanding the emotional responses of children. Every moment in human interaction can be a moment of self-understanding if one quiets themselves and casts a line for one's insights. I wouldn't think this way if I had not become a social worker. I wouldn't think this way if I hadn't become a mother, and for this I am deeply grateful.

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HELENE CONNOR AND KSENIJA NAPAN

"Do You Want to Be My Mother?" A Personal, Professional, and Spiritual Inquiry into the Life of a Social Worker, Practitioner, Academic, and Mother

Drawing on findings from in–depth interviews utilizing a narrative approach, this article considers the experiences of one woman, Ksenija Napan, who is both a mother and a social worker engaging in social work education and practice. Throughout the interviews, Ksenija reflected on the reciprocal, interactive, and deeply transformative relationship of being a mother, a social worker, and a researcher in the field of social work education. The interviews explored how mothering can transform social workers as professionals and how being a social worker affects motherhood. Ksenija also considered her social work practice as an academic across two diverse countries: Croatia, and Aotearoa/New Zealand.

The positionality of the paper is that the narrative approach has much to offer social work particularly by highlighting the stories that ordinary people tell. The paper argues that personal narratives illustrate the social role of stories and also provide insights into understanding the interactions that occur in the cultural contexts of both private and public spaces.

Introduction

This article aims to provide an insight into the societal and professional contexts and lives of mother social workers via the personal narrative of one mother social worker, Ksenija Napan. It argues that for women who are both mothers and social workers, their experiences can profoundly affect their practice. The experience of giving birth can also offer further insights for exploring the identity of mother social workers, their identification with mothers and children they work with.

The research utilized interviewing; a foundational method of qualitative research, which is frequently used in social science research. Qualitative interviewing is an accessible and effective method to collect data about the attitudes, beliefs, and experiences of participants (Nathan, Newman, and Lancaster 392). Throughout the qualitative interview sessions, Helene Connor posed semistructured questions to her colleague, Ksenija Napan, and invited her to critically reflect on her personal, professional, and spiritual life as a mother of two sons, a social work practitioner, an educator, and a researcher within the field of social work scholarship.

In writing this article, we drew on insights from the qualitative interview data and our experiences both as women and social practitioners while being cognizant of the gendered worlds we inhabit. Our intent was to blur the boundaries between the personal, professional, and spiritual as well as between the researcher and the researched. The blurring of boundaries was an important consideration as the personal, professional, and spiritual are closely interrelated. We also highlight the relationship between two academic women where the interviewer (Connor) holds the space and prompts the interviewed (Napan) with relevant inquiry questions to deepen the experience and elucidate new knowledge associated with being a mother, social worker, and academic. Both authors are mothers and are social work educators. We attempted to emphasize the value of a dialogical process based on qualitative interviews between two mothers as a valid research process and explore how the spirit of mutual respect and reciprocity enhances both friendship, collegiality, and social work practice.

The article is organized into three parts. Part one, "'Do You Want to Be My Mother?' A Tale of Two Births" can be read as an intrapersonal aspect of Ksenija's personal narrative. Intrapersonal aspects of stories may involve intra body-mind experiences (Fraser 190). This is evident in the two birthing stories narrated by Ksenija, which have deeply spiritual components.

The second part of the article, "Integrating Motherhood, Social Work Practice and Academia" can be read as both the interpersonal and cultural aspects of Ksenija's story. Interpersonal aspects of stories involve other people such as family, friends, colleagues, and the like, whereas cultural aspects of stories often refer to larger groups of people and sets of cultural and social conventions (Fraser 190).

The third and final part of the article, "Mothering and Social Work as an Act of Being, Doing and Loving" can be viewed as the structural aspect of Ksenija's narrative. Structural aspects of narratives overlap with the other aspects of stories but also integrate influential policies, social systems, and modes of social organization, such as gender, class, and ethnicity (Fraser 190).

"Do You Want to Be My Mother?" A Tale of Two Births

This section reflects on Ksenija's personal narrative of two birthing experiences. Contextualized within the historical, social, professional, political, and spiritual, these two tales are positioned within dominant cultural discourses of the gendered self in relation to becoming a mother. From a feminist perspective, narrative research can explore women's lives through periods of transition, such as becoming a mother, and encompass the more private and personal aspects of lives in which these reflections become more salient (Miller 40).

Life experiences and their contexts shape us as professionals, and for mother social workers, their birth narratives can help to illuminate the gendered narrative practices of transitioning to motherhood. Personal experiences enable different stories of transition to motherhood to emerge, and sometimes the difficult realities of juggling societal expectations can be challenging and complex (Miller 60). Mother social workers can empathize with the demands of being a "good" mother and are aware of how stressful, pregnancy, birthing, and the first two years postpartum can be. Birth stories and reflecting on motherhood and social work can help social workers become more compassionate and attuned to the interlocking layers of oppression many of the mothers they interact with face (Keefe et al. 231).

Birth narratives can also invite social workers to explore the spiritual dimensions of their own birth experiences and those of their clients. As Dana Schneider argues, social workers can assist women in identifying the meaning and potentially transformative qualities of childbirth (227).

In the summer of 2001, Ksenija was delivering a training session on choice theory, reality therapy, and lead management to teachers at Arrowtown Primary School (Napan, "Choice"). Arrowtown is a picturesque and historic gold rush village located on the banks of the Arrow River in Otago, in the South Island of Aotearoa/New Zealand. It is renowned for its natural landscapes and stunning scenery. One day after teaching had concluded she experienced a powerful spiritual occurrence.

> I went for a walk through the bush along the side the Arrow River, and there was this strange frequency in the air. I sensed the shimmering of the air and leaves around me. It felt totally surreal. It was as if an arrow from the sky pointed at me communicating telepathically, "Do you want to be my mother?" Normally, I don't talk to the clouds, but this was something I could not ignore. I replied, "Sure I do!" and the little voice said, "Can you then convince your husband to be my father?" I replied, "Absolutely not. I'm not going to convince him to do anything. If you really want to come into our lives, then you better do it!" The voice disappeared, the bush stopped shimmering, and I

was totally bewildered at what had happened. At the time, I was forty, and I was intensely thinking about having another child. It was kind of irrational, visceral "cannot not do" kind of thing. For two years, I had been thinking of having another baby, but work was at the forefront of my focus, and my husband was not too keen, yet a possibility of hosting another baby was warming my heart. (Napan, "Personal interview")

Elisabeth Hallett has researched experiences of prebirth communication for over twenty years. Her research has found that prebirth communication can come in dreams and visions or as an inner voice, such as what Ksenija experienced. Accepting that a transcendent source of consciousness may exist could provide an explanation for Ksenija's experience. Similarly, an acknowledgment of a transcendent source may also explain the recently discovered ability of neonates to recognize their mother's face, at birth, despite their immature optic processing (Wade 141). Certainly, Teo, Ksenija's youngest son, appeared to recognize his mother immediately after his birth, which may represent a period when the transcendent source is active (Wade 142).

When Ksenija returned home after her trip to Arrowtown, she talked with her husband about having another child. He was adamant that he did not want to extend their family. Their eldest son was approaching ten years, and he had no desire to deal with a newborn again. The idea of a new baby was shelved, and instead Ksenija found a mate for the family dog and the family welcomed a litter of new puppies. "Our dog had puppies on my husband's birthday. I was helping her deliver her puppies, and her labour was so easy. Dogs deliver puppies in little bags of placenta, and she delivered those puppies with ease. A thought went through my mind, "Well if she can do it with such ease, I can do it too" (Napan, "Personal interview").

The celebration of the new puppies and her husband's birthday created a space for Ksenija's second son Teo to incarnate. He was conceived that evening, and by the following morning, Ksenija knew she was pregnant. When Teo's father heard the news, he totally transformed his reluctance into the delight of becoming a father again. Guided by a friendly midwife and her general practitioner, and with her husband present, her second son's birthing experience was intimate, loving, and relaxed. Ksenija describes the birth as a spiritual experience enacted with grace and integrity.

Teo came into this world through an amazingly easy childbirth in July 2002. Just like Mia's [dog] labour, it was really easy and painless. He fell asleep during his birth, which babies normally don't do, as they are engaged in the labour. I was entranced, and he was entranced as well. I had to drink a glass of cold water to wake him up to engage in the birth. He was a very happy newborn and he was a happy child. He

really danced into this world with permission. (Napan, "Personal interview")

Ksenija had an uncomplicated pregnancy, labour, and delivery utilizing self-hypnosis. Kate Moore and Graham Burrows have found hypnosis can contribute to a woman's confidence in her ability to cope with labour (24). It can also reduce her anxiety and fear of pain, enable her to deliver her child drug free, and generally facilitate a calm and relaxed atmosphere not only for the mother but also for the staff and family. Similarly, Lisa Irving and Sheryl Pope have also identified many benefits of hypnosis for childbirth, including psychological outcomes in which depression and anxiety are reduced, and there is an increased satisfaction with the childbirth experience (25). Margaret Macdonald argues that natural birth can be viewed as a particular set of gender expectations and that women's bodies are naturally competent, and with the appropriate support, women can manage the pain of labour and in some instances find it empowering. Yet the gender expectations of natural birth are articulated within an alternative framework of midwifery as subversive and politicised (251).

Natural childbirth and birthing at home are not a new phenomenon (Harris 10). The practice of midwifery was valued and respected, and homebirths were an accepted aspect of maternal care (Harris 10). With the growth in obstetrics in Western countries, the birth process gradually became hospital based and segregated from the mainstream of maternal health (Harris 11). Lesley Barclay argues that after World War II, hospitals and maternity care institutions began to rely more on highly specialized staff and complex technical equipment which substantiates and perpetuates "medical dominance" (8). In the context of Australia, she argues the independent status of the midwife disappeared and was subsumed into nursing; the role became more obstetric nurse than midwife. As a result, home births in Australia disappeared as a viable option to hospital birth. Similarly, in New Zealand, there was also a decline in homebirths after World War II, although by the late 1990s, homebirths offered by midwife collectives were becoming a viable option though not actively encouraged (Dixon et al.11).

In contemporary society, many childbearing women have advocated for homebirths and maternal care to be provided by the midwifery profession. Most women who choose a homebirth want a natural birth, with little or no intervention, in which they are in control of their environment and can adapt a birthing process of their own choice (Harris 15). Homebirth safety and availability are important issues for women and midwives. In their study on the place of birth and outcomes for a cohort of low-risk women in New Zealand, Lesley Dixon and colleagues found that a greater proportion of Indigenous New Zealand women planned to birth at home or in a primary unit (11). Both Indigenous and non-Māori women who planned to birth at

home were generally older mothers and were more likely to have already had one child. The study also found that fewer women were transferred while in labour to a hospital setting and that there were no significant increases in adverse outcomes for babies birthed at home.

Ksenija's second son was born when she was over forty years old. Women giving birth after the age of thirty-five years are constituted as "elderly multigravida" mothers and frequently problematized in obstetric and mid-wifery discourses (Jarvie, Letherby, and Stenhouse 104). For Ksenija, the gap of ten years between her sons enabled her to "renew" her mothering, which has its challenges. Mothering a preteen and a baby while working full time was a significant issue for Ksenija, as her boys' personalities and interests were completely different. Yet as Rachel Jarvie, Gayle Letherby, and Elizabeth Stenhouse discuss, the "renewal" of mothering can also constitute a "renewal" of the self in the face of impending menopause and the diminution of mothering (105). For Ksenija, it also gave her the opportunity to counter the trauma of her first son's birth and parent mindfully in a more relaxed way.

Ksenija's initial transition to motherhood was difficult and challenging. She gave birth to her first son, Tibor, in the winter of 1993 at the Clinical Hospital Merkur in Zagreb. The Croatian War of Independence[1] was into its third year, and she was working on her PhD and lecturing at University of Zagreb. She was also working as a psychotherapist, translating books, creating professional development seminars, and volunteering at a refugee centre. Life was incredibly busy and stressful yet also meaningful and fulfilling. Giving birth enabled her to re-prioritise various aspects of her life, so her son and her full-time job at the University of Zagreb became a priority. "Tibor was born when I was developing the Contact-Challenge method as part of my PhD. It was like growing two babies! He was born in the middle of the war. War makes people crazy, so not only did we decide to stay there during the war, but we had a baby" (Napan, "Personal interview").

Some years later, Ksenija recalls Tibor saying, "Mum, when I was deciding where to be born, I could not choose between Croatia and New Zealand and then I decided to be born in Croatia but grow up in New Zealand".

Ksenija considers her first pregnancy as an oasis in a desert of madness—an example of unconditional, agapē type of love that generated energy and stamina to survive an extremely challenging political context. Tibor entered his parents' lives self-determined and knowing what he wanted from the beginning. He was an intelligent, independent, and resolute child, who grew into a competent, reliable adult with a strong sense of social justice. It was in his blood and bones, as if he absorbed it through his mother's DNA and the context where he was born.

Ksenija often refers to Croatia as a beautiful country with terrible politics. Her description of giving birth to Tibor is a harrowing and distressing tale:

It was absolutely terrible. The hospital was awful and dirty, and I overheard a midwife telling a nurse how she hated her job, as she had to come to work with pneumonia. The moment I heard this, I crossed my legs and said, "I'm out of here," but it is not easy to run away in the middle of labour in an open rear end hospital nightie. In Croatia at that time, they would not let partners be present at birth. My clothes were taken away, including underwear, and a big woman with whiskers shaved me with an old-fashioned razor and gave me an enema. It was like being in a surreal horror movie. I was put in stirrups and made to lie on my back, which is the most unnatural way to deliver. They wouldn't let me walk. They wouldn't let me do anything. They swore at me, and it felt like being locked up in a mental hospital. The labour lasted more than twenty-four hours because I did not want to deliver that way, so it was me fighting the birthing process. I was given an episiotomy and then stitched up without an anaesthetic. I was so traumatized [that] it took me ten years to gather enough courage to have another baby. I had read all these books about having a natural birth, and I didn't expect that giving birth could be so brutal and that women can treat women in such a disgraceful and dehumanizing way. (Napan, "Personal interview")

Ksenija's story of the medical/interventionist model of birth she experienced exposes the position of subordination and loss of autonomy many women endure when giving birth in hospitals, where the competing discourses of the obstetrician and midwife within an institutional ideology are often at the expense of a woman's physical and mental health (Hogan 50). A further critique of the medical intervention model for labour is that the promised pain relief may come at the cost of increased anxiety for the mother (Fox and Worts 338). This was certainly the experience for Ksenija.

Her experiences of a medicalized hospital birth in poor conditions with no support from the midwife, versus being supported by a friendly, skilled midwife in a well-functioning birthing unit, was appreciative, safe and respectful. It is also in keeping with a study by Andrea Merg and Pat Carmoney who interviewed eleven women who had a homebirth after a previous hospital birth. Their stories were gathered through in-depth, semistructured interviews and then thematically analyzed. The major themes that emerged across all participants included respect/autonomy vs. disrespect/coercion, trust vs. distrust, accomplishment vs. failure, empowerment vs. power struggles/powerlessness, allies vs. adversaries, and satisfaction vs. dissatisfaction (70). Their research suggests that a mother's subsequent psychological wellbeing, as well as her successful bonding with her child, is directly connected to her birthing experience. The women's stories challenged the medicalized hospital births and indicated that the midwifery model of care

may provide a more appropriate choice for most childbearing women (70). Ksenija described many of the themes outlined by Merg and Carmoney, and it was clear that the hospital birth she experienced in 1993 remained a vivid traumatic experience some twenty-five years later, whereas the story of her second experience demonstrates that hospital birth can have many features of a home birthing experience with the addition of safety, just in case something goes wrong.

Several studies have also researched the outcome of negative birth experiences on the wellbeing of women and babies. Lísa Sigurðardóttir and colleagues advocate that midwives and other maternity care workers initiate a conversation about birth experiences as part of the routine care for all women within the first weeks after birth to detect the women who may need to further process their experience. For Ksenija, the negative birth experience she had with her firstborn affected her physical, emotional, and psychological wellbeing. Yet as she felt so disrespected and disempowered, she would not have been able to talk about her experiences with those involved in her maternity care. She was, however, able to reflect and process the experience due to her training in social work and as a psychotherapist and her bond with her newborn was loving and tender.

Birthing experiences for social workers who are mothers can profoundly affect their practice with mothers and their children, particularly for social workers who work in child protection (O'Sullivan and Cooper 2). Mother social workers working with mother clients are often deeply aware of the emotional dynamics and maternal pain associated with birthing (O'Sullivan and Cooper 5). Although such insights and empathy can contribute to positive social work, there is also a need for mother social workers to incorporate reflective space and supervision to consider the emotional aspects of their work and deepen their understanding of themselves and those mothers they work with (O'Sullivan and Cooper 13).

Unknown photographer, 2018. Ksenija with her two sons, Teo and Tibor, and Billy, the dog.

Integrating Motherhood, Social Work Practice, and Academia

Prior to becoming a mother, Ksenija describes herself as being in love with her work with a strong sense of vocation in her life:

> I love my work. I am passionate about it, and it is my calling. I was the youngest person ever employed at the University of Zagreb. At that time, my students were my babies. (I still affectionately call my current students "my babies" or my puppies" and as patronizing as it may sound, they do not seem to mind.). I saw my job as being a facilitator of their personal and professional growth. In the eighties, social work education was very theoretical and not catering for students' needs, so I wanted to teach in a transformative way. I was bored as a student, and I did not want to be boring as a teacher. This

> is how the contact-challenge method (Napan) was born. I guess that every PhD writer can identify with the notion that writing a PhD is like giving birth. Creating something innovative and practically useful was my dream. Isn't that a dream of every parent, too? Creating humans that are innovative and capable for sustainable survival. (Napan, "Personal interview")

Refocusing from the madness of war to birthing a new infant enabled Ksenija to breathe life into her PhD, which was about developing an innovative method of educating social workers. And although it was conceived in her homeland of Croatia, it was completed in New Zealand. Mothering and the creation of her PhD became a parallel process.

In Croatia, social work students generally enrol straight from high school and are only eighteen or nineteen years old when they first have contact with social work practice. The contact-challenge method engages social work clients with extensive lived experience of working with social workers to help students prepare for professional practice. In turn, students reciprocate by supporting clients in the ways clients see fit. When the contact-challenge method was initially piloted, there was some reluctance from clients based on their mistrust of social workers. In the early 1990s in Croatia, social work was predominantly perceived as a tool of social control. For example, social workers were seen as bureaucrats who had the power to provide financial support but would rarely engage in activities that would enhance a client's quality of life. At the time, social work education was evolving and focused on knowledge and skills that engaged individuals, families, and communities. It was important to challenge the traditional perception of social workers as patronizing and merely philanthropic. Eventually, the client's mistrust was replaced with enthusiasm, and soon it became a matter of prestige among social work clients with chronic mental or physical illness and disabilities, or older people placed in homes, to have their own student for a duration of a school year. Clients requested and had to be assured that students would not do any kind of therapy with them. Concurrently, to learn practical and clinical social work skills they worked in groups practicing problem-solving skills with one another and on their own self-identified problems. Many students come to social work because of their own personal experiences, believing that learning more about human problems may help them heal. From this perspective, they could be constructed as "wounded healers," a concept well known in social work (Straussner, Senreich, and Steen 126). Social work educators need to acknowledge there is a risk that social work students who have unresolved personal issues may continue projecting them onto clients and consequently be less effective in their practice. However, self-reflection of lived experiences can also be extremely valuable for their professional practice (Ferguson 425). The contact-challenge method attempted to address this. It

also focused on bridging the theory-practice gap as well A teaching theory concurrently with student-client meetings and skills training groups (where students practiced problem solving with one another on their real-life problems). Supervision was happening fortnightly in groups with students from various practice settings, which provided an opportunity to learn from one another and exchange experiences. Integration was organic and spontaneous.

When Ksenija moved to Aotearoa/New Zealand she brought her PhD project with her and contextualized it to suit the master of applied social work program at Massey University, Auckland, which attracts students with undergraduate degrees in various professions who want to become social workers. The contact-challenge method was modified to suit the New Zealand master-level context and was researched in more depth. Principles of reciprocity, engagement, communication and respect as well as personal, professional, political and spiritual interrelatedness were well integrated, and clients and supervisors valued these princoples highly.

Ksenija was writing her thesis and working with her participants (i.e., social work students, clients, and practitioners) while Tibor was asleep or playing in the playground. She also obtained work as a carer for people with disabilities, usually night shifts, which enabled her to write her thesis while her clients were asleep:

> I remember that period as a blur. I was obsessed with my PhD. It was constantly in the back of my mind. I practiced mindfulness to be fully present with Tibor and then would shift focus and be fully present when I was writing. Being a new migrant, a main breadwinner, a teacher, a student, a researcher, a wife, a mother and building a social network in a new country was on one level challenging, but on another joyful as Aotearoa/New Zealand felt like home from the moment I landed here. I felt the wairua [spirit] of this land without even knowing what wairua meant. Coincidentally, upon completing my PhD, I started working as a lecturer on the same day as Tibor started primary school.[1] (Napan, "Personal interview")

Ksenija's students encountered many challenging situations during their contact with clients, yet the context of trust and support enabled students to extend themselves and achieve the learning outcomes. The principles of unconditional positive regard, social justice, dignity and worth of the person, the importance of human relationships, integrity, and competence permeated the process. Their practice became embodied in a Merleau-Ponty sense, to the fundamental question of his philosophy, "What does it mean to perceive?" (Alloa 1). Merleau-Ponty's insight that neither the body nor the world is the source of perceptual experience but that it arises in and through their dynamic

interaction (249) has the potential to overturn accepted notions of normalcy, naturalness, and normativity (Weiss 77). For example, Gail Weiss argues that Merleau-Ponty's phenomenology of embodiment has the potential to critique the medical model, which argues that disability manifests as a malfunctioning body. By overturning this perception, disability in the non-normative body can be viewed from a social model in which inhospitable social and physical environments refuse to accommodate bodies that vary too much from the norm (90). Insights into Merleau-Ponty's philosophy and the ways disability and other areas of social work can be perceived and critiqued were helpful to students embarking on their formative training. Combined with an action-oriented approach, students would learn greater self-insight and were enabled to learn from experience via the real-life challenges they encountered (Marsick and O'Neil 174). The contact-challenge method also provides a space for "relational learning," in which students learn from the relationships they have with one another and with their clients (Mercogliano). A further innovation with the contact-challenge method is that students can participate in situated activities—a learning process described by Lave and Wenger as legitimate peripheral participation (LPP), which enables learners to participate in communities of practice moving towards full participation, in this case, social work practice (94). All these elements move beyond theoretical academic knowledge while introducing students to relevant theories of social work practice.

The challenges faced by students inevitably created teaching moments, and Ksenija used real life examples to discuss a wide array of social work principles. Maintaining boundaries as well as developing communication and negotiation skills required students to consider the ethics and values of professional social work:

> There were tricky situations. For example, there was a woman with multiple sclerosis who wanted a student to massage her feet, and the student felt she had to. For five weeks, she would go to this woman's house and massage her feet, not exchanging a word with her, unsurprisingly feeling like she was not learning. Eventually, she disclosed what was happening for her and how she felt like a doormat and that everybody was using her in her life, even her client. This evolved into a personal piece of work supported by another student, and she felt empowered to not only address the issue with her client but in her personal life as well. The client was most appreciative and told her that it was the lack of the student's initiative that prompted her to demand foot massage, and they created a plan which was mutually beneficial. What appeared as a problem, turned into a major learning experience. That ability to reframe and turn potential disasters into a learning experience still characterizes my mothering (Napan, "Personal interview").

The student and her peers, the client, the lecturer, and supervisor all learned from the above example. Henceforth, students were encouraged to check in with their supervisors, lecturers, and peers to ensure any unusual occurrences were discussed. The contact-challenge method uses personal experiences to develop competent social work practitioners. In a similar way, reflection on being a child or being a parent can enhance a social worker's practice. As maternal and childcare social work is often focused on deficits and lack of adequate parental care, it can take much longer to gain trust and be accepted by clients. When social workers relate to clients through reflection of their experiences of being a child or being a parent (without imposition), it is more likely that relationships with the client will lead to more relevant and productive outcomes. Critical reflection and honest review of what is present needs to be addressed. Such reflection can be transformed into a learning experience that has the potential to transform the feeling of being stuck and moving into one of light heartedness and openness.

Conclusion: Mothering and Social Work as an Act of Being, Doing, and Loving

Within the cultural, social, and historical constructs of mother and mothering, motherhood is commonly connected to unconditional love. Contained by this construct, women and mothers are perceived as natural caregivers through which womanhood and motherhood are considered to be synonymous (Donath 343). The ideology of motherhood is a powerful reproducer, and many women who have not been able to have children or have chosen not to may experience regret, as society frequently judges women by a culturally constructed standard in which having children is seen as a woman's calling (Donath 347). Ellen Ramvi and Linda Davies discuss the importance of moving beyond the mythical ideal of the perfect mother yet still being able to draw on the mother-child relationship as a model for communication and rapport (456).

   Motherhood itself is rarely associated with regret, and the potential presence of regret is generally disregarded (Donath 347). Nevertheless, many women experience maternal ambivalence and regret becoming mothers and parents (Donath 362). Maternal ambivalence, which is described in psychoanalytic literature as the co-existence of love and hate, has traditionally been regarded as a regressive experience of adult womanhood (Wexler 154). Social workers working with mothers with maternal regret or maternal ambivalence can reposition maternal ambivalence as a normal and important part of a mothers' subjectivity and maternal development. As Sharon Wexler (166) argues, it is important that social workers examine how the myths of the perfect mother inform beliefs and expectations about both social workers' and their own

clients' mothering behaviours (Wexler 166).

The archetype of the mother can be expressed in many ways, such as through direct parenting or through being an aunty, a teacher, or a coach. The relevance of compassion, empathy, connectedness, and the ability to perceive strengths and relate without prejudice is paramount in social work practice. We are taught about professional boundaries as well as the importance of not taking work home and being engaged but not emotionally attached. All these issues are linked to the lived experience of being a practitioner and are always contextual and situational. Social workers learn not to impart their own beliefs and struggles onto clients. Yet while maintaining professional boundaries using one's own experiences as a tool in assisting another person is not necessarily precluded. However, the tensions in direct social work practice relating to self-disclosure and relational ethics need to be acknowledged. Social workers need to be sensitive to the client as well as whether or not it is appropriate to tell their own stories, albeit with the therapeutic intent to support clients' goals and wellbeing. Certainly, a skilled supervisor could help with such dilemmas, and adequate training to develop skills in this area would be useful.

Being in a position of a vulnerable client is a valuable experience for every social worker. It teaches humbleness and how challenging power is not easy. Vulnerability sheds light on resilience and creates space for compassion to grow and professional arrogance to diminish. Ksenija's first birth experience, as appalling as it was, helped shape her respectful attitude towards clients, students, and colleagues. Power can be toxic or empowering. Social work practitioners make a choice in every interaction and every action they undertake.

Social work, like mothering, is more about being then about doing, as being and experiencing a sense of coherence inevitably leads to acting with integrity. Mothering and social work include thinking and reflecting in action as much as being aware of the consequences of every action (or intervention) undertaken. Social work is a science and an art, and it involves practitioners on many levels; mental, physical, emotional, political, and spiritual. Motherhood is similar in that sense. It is not the only path but probably one of the most intense ones that enables many women to experience love in an intensely personal way. This intense experience with all the challenges it brings can be a catalyst for enabling social workers to go beyond their role as agents of social control (especially in child protection contexts). This does not diminish social workers who are not mothers. Aunties, daughters, sisters, and cousins all play equally important roles, even though they are often neglected in Western nuclear family constellations (Booth 226). Male social workers, husbands, and partners increasingly perform traditionally feminine mothering roles. We live in an age of blurred gendered roles and social workers with their experiences of working on the margins are well placed to pave a way forward.

Motherhood is one of the most subjective and transformative experiences, either in a positive way or a regretful one. A mother's cultural, ethnic, family, and social context will have an impact on determining her parenting style as well as her style of practising social work. This includes her beliefs and her experience of being a daughter, sister, foster mother, step-mother, caregiver, citizen, community member, and the like. Her social work will be impacted with all these variables, and the more she tries to bury them, ignore them, or pretend they do not exist, the more likely she will unconsciously impose them on her clients, which ultimately affects her decision making. This can be perceived as an artificial split imposed by the belief that the domestic and professional spheres should be kept separate. Development of emotional intelligence (Goleman 25) includes self-awareness, an ability to self-regulate, effective social skills, empathy, and being motivated to contribute. Regardless of being developed through motherhood or professional training, these competencies are highly compatible with both motherhood and social work. The self is the main tool for effective social work, and we need to take care of the self in similar ways as master builders take care of their tools. In social work, we do this through self-reflexivity, supervision, collaboration, and life-long learning.

Embracing future social workers' reality of being, regardless of having children or not, and connecting with their genuine mothering experience (either as a mother or as a child) have the potential of enabling social workers to connect with their clients in a more genuine and authentic way. The lived experience of being parented or being a parent, regardless of it being predominantly positive or negative, shapes the way we see the world and, consequently, how we practice social work. This deep connection—either grounded in unconditional nonjudgmental acceptance or trauma, conflict, and oppression—creates an opportunity for growth and transformation that social work educators need to embrace in their teaching.

Ksenija's personal narrative has been contextualized socially and historically throughout this article. Her personal narrative has also been implicated in the creation of this work. Both authors have had a point of view that shaped the paper and offered unique insights into one woman's story of motherhood and social work. As T. Trinh argues, personal narratives offer a "phase of communication," the "natural form for revealing life" (123).

The authors hope this exploration into one mother social worker's life has uncovered the importance of reflecting on birth experiences, motherhood, and social work educational opportunities. Personal narratives told with authenticity and embedded in the meaningful activities we undertake, either personally or professionally, tell not only our life stories but also life in all its manifestations. When we acknowledge our sense of the spiritual and are in coherence with the natural world and are open to listening to our intuition we

are "rocked in the cradle of life," nurtured, and supported. Such invitations as "Do you want to be my mother?" on both the literal and metaphorical level become appreciated callings for participation in the co-creation of life and spiritual inquiry.

Acknowledgments

Endnotes

1. The Croatian War of Independence was fought from 1991 to 1995 between Croat forces loyal to the government of Croatia, which had declared independence from the Socialist Federal Republic of Yugoslavia (SFRY) and the Serb-controlled Yugoslav People's Army (JNA). The war ended with a victory for Croatia with preservation of its borders and independence (On War.com).
2. In Aotearoa/New Zealand, most children start primary school when they turn five years old.

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BRENDA POLAR

Mother, Service User, and Social Worker

In this article, I share some of my parenting experiences and reflections on being a mother, child services user, and mental health service provider. I have two aims: to bring visibility to some of the issues that marginalized mothers, such as single immigrant mothers and Indigenous mothers, may experience when accessing support services; and to call on social workers to reflect on our attitudes in our work with racialized immigrant mothers and Indigenous mothers. This article is informed by decolonial and borderlands theories. In the first section, I focus on the marginalization of racialized mothers through my own mothering experiences as a racialized mother of two children and the expectations put on single mothers. In the second section, I discuss my experiences as a mother and service user attempting to access support services. I analyze the influences of white heteropatriarchal and neoliberal ideologies in shaping parenting support services and the surveillance in those practices. In the third section, I connect my experiences as a mother and service user with my conflicting role as a service provider. There were many complexities involved in my position as a racialized immigrant mental health worker. My experience as a social worker while being a service user and mother informs my argument that demands made of service users are often unrealistic and there is very little support offered to meet these demands. I suggest that service providers step out of their social worker role and, as individuals, question their demands of service users and how reasonable they are, based on the situation and the location of the service user.

The person on the line let me know that I was going to be a mom. The news came unexpectedly. I sat on my chair. I could not feel my hands. I was lost as to what to do next. I was going to be a single mom in a city that was unfamiliar to me, and I was clueless as to what being a mom meant. I was a knot of excitement, panic, and happiness.

I had moved from Toronto to Northern Ontario a year before. Originally, I am from Lima, Peru. I am Chola with Quechua and mixed European roots. The complex layers of my identity intersect with my mothering, but this is not the focus of my article. When I realized that I would be a mom for the first time, I went to many agencies asking for help with transitioning into parenting and accessing subsidized daycare. Unknowingly, I was entering a network of parenting support services, some of which included ludicrous power struggles and scrutiny and surveillance of my motherhood. Despite this, I recognize my privileged position for not having Child Protection Services (CPS) involved. Mothers involved in the child welfare system are faced with added surveillance along with service plans that they need to follow in order to parent their children (Vandenbeld Giles 132). In this article, I share some of my parenting experiences and reflections on being a mother, service user, and service provider as well as the intricate connections among these identities. In sharing these experiences and reflections, I have two aims: to bring visibility to some of the issues that marginalized mothers such as single immigrant mothers and Indigenous mothers may experience; and to call on social workers to reflect on our attitudes in our work with racialized immigrant mothers and Indigenous mothers. This article is informed by the insights of decolonial and borderlands theories.

In the first section, I focus on the marginalization of racialized mothers through a discussion of my own mothering experiences as the mother of two children and the expectations put on single mothers. I examine the complexities of mothering within interracial families and the trap of pursuing happiness for cisgender women in a heteropatriarchal system. In the second section, I discuss my experiences as a mother and service user attempting to access support services. I analyze the influences of white heteropatriarchal and neoliberal ideologies in shaping parenting support services and the role of surveillance in those practices. In the third section, I connect my experiences as a mother and service user with my conflicting role as a service provider. In the last section, I conclude by discussing approaches that centre on reflexivity to improve practices in the social work profession.

Decolonial and Borderlands Frameworks

I use a decolonial lens in my analysis because the issues of motherhood that I discuss are situated within societies—Peruvian and Canadian—that have been gendered and racialized through colonialism. The Peruvian state continues to be subject to the pressures of colonization despite the official end of colonization in the 1830s. The Mestizaje project (Spanish colonizers who mixed with Indigenous people in Latin America and created the Mestize race) and the stratified divisions that it brought continued after the independence of

Latin America.

In the contemporary Canadian settler state, colonialism has not ended officially or unofficially. It relies on the power of white heteropatriarchy to keep women subjugated and to support its ongoing project of domination (Morgensen 3). A decolonial lens interrogates the hegemonic structures of colonialism, and it would be impossible to understand how constructions of race and gender shape experiences of motherhood without such an examination. An important distinction to make considering my position as an immigrant is that although people of colour can be allies in the fight against the oppression of Indigenous peoples, the goals of these groups are not necessarily aligned. However, taking a decolonial approach seriously requires a recognition of colonialism as an ongoing process that has powerful effects on Indigenous people, and Indigenous women in particular (Arvin et al. 9-10).

My theoretical perspective also draws from a borderlands lens, which defines borders as involving more than geographical spaces to include ideological, emotional, and spiritual borders (Anzaldua qtd. in Aigner-Varoz 49). These socially constructed boundaries are used to separate less privileged groups and form the identity of the "different" (Anzaldua qtd. in Aigner-Varoz 49). Gloria Anzaldua talks about a metaphorical borderland as "a vague and undetermined place created by the emotional residue of an unnatural boundary" (Anzaldua qtd. in Aigner-Varoz 49). As a mother, I situate myself in such a borderland, a vague place where I feel little connection with dominant mothering practices. I feel some disconnection from mothering styles from my mixed Chola cultures because I am no longer living in Lima. At the same time, my cultural values are not aligned with those of mainstream Canada. I try to negotiate the different worlds that my mothering is connected to in order to raise my children, but this is a difficult task. As Anzaldua argues, the "prohibited and forbidden live in a state of discomfort as they negotiate between the conflicting forces in such margins" (Anzaldua qtd. in Aigner-Varoz 49). Personally, I connect my experiences of motherhood with the metaphor of the borderland, and this lens informs my experiences with motherhood. As a Chola immigrant, I am constantly living in between borders; my identity is othered differently depending on what geographic and social context I am currently in. This lens also helps me to make sense of my unsettling position as a racialized woman who is also a service provider complicit in colonial practices.

Using decolonial and borderland lenses, I attempt to understand and reflect on the marginalization of mothers, their access to services, and working in the social work profession.

Marginalization of Mothers

Experiences with Mothering

When I first became a mom, I did not know what being a mom really meant besides being strong. I had my mother and grandmother as my parents and closest role models of single motherhood. I saw my mother be the breadwinner for her children and close family members. I saw my grandmother devote herself to raising her grandchildren, having already raised her own children; I saw her being a grandmother while also still being a mother. I wished to follow their strength but didn't feel that I had it in me.

I constantly find myself caught in an internal conflict as I try to honour and model the strength of my mother and grandmother while I critique my own need to have strength. I am aware that the imposition of heterosexist mothering models that emphasize the strong caregiver identity have led to Latina women feeling overworked (Martinez 202). When I became a mother, I vacillated between trying to manage everything on my own—being the strong mother—with realizing that this level of responsibility and emphasis on independence was unhealthy. It was difficult to move away from this model that was presented as good mothering. In some ways, moving away from it felt as if I was invalidating or criticizing the lives of my grandmother and mother as they took great pride in being strong role models for their children. When my children were small, I had limited supports, and this really affected my emotional wellbeing and my mothering. I still thought it was what I was supposed to do. Since I had made the choice of becoming a mother, I had to live with the expectations of what being a mother entailed, which meant being strong and being able to parent more or less on your own if that was what was needed.

Similarly, in North America, the model of the good mother is one in which women are expected to be self-sacrificing and to have no "needs and interests" of their own (Bassin et al. qtd. in Arendell 1194). This intensive mothering is "exclusive, wholly child centered, emotionally involving, and time-consuming" (Hays qtd. in Arendell 1194). The mother portrayed is devoted to the care of others; she is self-sacrificing and "not a subject with her own needs and interests" (Arendell 1194). She is the "good mother" model that carries idealized notions of the family, "presuming the institution and image of the idealized White, middleclass heterosexual couple with its children in a self-contained family unit" (Arendell 1194). I have internalized this self-sacrificing role, as it is so encouraged by dominant societies. Yet these expectations of mothers are not realistic.

Taking on principles from a borderlands approach, I understand my position as lying in between ideological borders, influenced by and holding values that

adhere to dominant societies in Canada and in my homelands. I do not necessarily agree with heterosexist mothering models that idolize the strong caregiver identity in Latinx cultures because I see the roots that they have in colonialist patriarchy. At the same time, I do not agree with the self-sacrificing models of mothering that are dominant in mainstream Canadian society, which arose from values that prioritize Westernized settler perspectives and histories. Nevertheless, I am steeped in both cultures and have absorbed these values, even as I try to counteract them with principles of self-care, support seeking, and the need for respect and parental authority that I try to integrate into my mothering. As a result, I adhere to some elements of the Latin American and Canadian models of mothering even while I refuse others.

Hegemonic Conceptions of Motherhood

Yolanda Martinez discusses the general difficulties of mothering being heightened by how "motherhood as an institution has been named by the authoritative voice not of women but of patriarchal culture" (205). In the Latin American community, patriarchal culture around motherhood includes values such as familialism, which refers to a "way of inclusiveness and interdependence between family members" (206). Familialism may encourage unity and slows down the process of children branching out from the family because it holds the family needs above the needs of the individual; however, it is often based on patriarchal family structures (Petrone 21). Familialism upholds hetero-patriarchal values, as it constructs women as the caregivers of the family and in this way supports the strong woman myth of mothers caring for everyone in the family (Mendez-Luck 814-15). Anzaldua argues that although many Mexican women that have migrated to the US help pass on and preserve their culture, they hold a subordinate position and inequitable gender roles in their homelands and in their new place of residence (Anzaldua qtd. in Petrone 23).

It is not only men, however, who uphold heteropatriarchal ideologies of what motherhood should involve; women also subscribe to and reproduce these beliefs. Carolyn Mendez-Luck and Katherine Anthony claim that women are taught to subscribe to these sexist ideologies from a young age. For example, the concept of "marianismo" is used to describe the traditional role of the mother in the Mexican family. The socialization of the female marianismo role starts from an early age, and it is "influential in women's expected behaviors of femininity, submission, weakness, reservation, and virginity" (Mendez-Luck & Anthony 814). Latina women experience the social pressure to conform to these dominant notions and values of motherhood.

Personally, I felt the pressure to care for my two children more or less on my own as a single parent and also to assume the sole responsibility for caring for some of my family members. This pressure was imposed by male counterparts in my family, but I also imposed it on myself as I saw my mother and

grandmother assume these roles. Consciously or not, I have conformed to these heteropatriarchal models of mothering and caregiving.

These ideas of familialism, which are based on heteropatriarchal values that construct women as the caregivers of the family, are reproduced by various systems and institutions, such as the immigration and educational systems. Eleanor Petrone's study examined a Latinx group of students who supported familialism as a protective factor to help them navigate the school system, adapt to their new country of residence without getting themselves into trouble, and keep close to their roots when they migrate to the North (21-22, 28). The participants in the study argued that the pressures in immigration and the lack of support to adapt to a new school system and a new society in general result in students being pushed to acculturate to dominant society. Therefore, the students responded to pressures of a new society and school by encouraging familialism as a way to push back against the dominant society. However, there was little discussion of how in the process of following familialism, Latina young women had to adhere to patriarchal views of females as caregivers and submissive daughters (Petrone 29, 32).

Motherhood as the Ultimate Form of Happiness

Besides being conditioned by hegemonic parenting styles, women are socialized to believe that motherhood is one of the ultimate forms of happiness achievable (O'Reilly qtd. in Drury 5). This portrayal of mothering is further complicated by a Western culture that encourages the constant pursuit of happiness (Hefferman and Wilgus 2). This focus on the pursuit of happiness at any cost has led us to become deeply invested in it as a means to make our lives livable and in this way, happiness becomes a tool to make "certain forms of personhood valuable" (Ahmed 10). Women are taught to believe that motherhood will bring happiness, and there is an imperative for motherhood to be a responsibility that women enjoy and feel fulfilled by (Drury 7). Motherhood is made valuable because it is presented as a source of happiness. In dominant North American motherhood models, women are socialized to pursue motherhood because it will supposedly bring happiness. Although mothering can bring happiness, the level of happiness is linked to the material supports that mothers receive to raise their children ,such as "federally funded daycare, flextime work schedules, equal pay, etc.," which many do not obtain (Walters and Harrison 39). The imperative that women enjoy mothering is essentially a way for patriarchal society to pretend problems of material support, mental health stress, and so forth do not exist or need to be addressed (Walters and Harrison 39). And in this way, patriarchal systems continue to treat women's wellbeing as of secondary concern.

As a consequence, in Canada there are no legislation and policies that do not account for the experiences or needs of single mothers. For example, even

though childcare programs have proven to be helpful for both children and mothers, long waitlists and a lack of subsidized spaces limit their accessibility (Drury 7). In Ontario, families (single and two-parent families) of children zero to five years of age face great difficulties finding childcare in their community and finding child care that is affordable. More than 50 per cent could not find childcare within their communities. Similar statistics were found among families needing affordable childcare, with 54 per cent having difficulties finding it (Statistics Canada). All the challenges that came with mothering dampened the happiness I felt about it and made me feel isolated. Feelings of isolation are not accounted for in many Western contexts where mothering is considered "a private and individualized endeavor" (Fuentes 310). Isolation is an even more common experience for immigrant mothers, as many of them leave their families behind (Fuentes 310). Personally, having to manage childcare, expenses, schooling, health, and all matters concerning motherhood with limited support often felt unrealistic. For me, it was state institutions that I felt imposed the strong woman myth through their expectations that I could do this all on my own. I was pulled in all directions by the various responsibilities I had, and there was no break or way to push back. I also became more isolated as I struggled with finding a space for the different cultures within our family, as my children and I come from different cultures.

Interracial Families

Being a Chola mom of two girls with Anishinaabe roots, I look for ways we can exist in both of these cultures. When my family arrived in Toronto, I began to internalize the borders of the Canadian state while still also feeling bound to those of Peru. This is how I negotiated my identity in the Canadian state. However, after I moved to Thunder Bay, in Northern Ontario, where the Latin American/Pachamama community is small, I had a harder time connecting with my homeland. Now that I am back in Toronto with my children, I search for communities that my children and I can identify with.

In Toronto, we move between cultures: Latin American and Anishinaabe. In the Latin American community, I sometimes draw attention when I communicate with my daughters in English as opposed to Spanish. When judged about my choice of language by people in the Latin American community, I think about how they do not understand the challenges of trying to have your children listen to you while teaching them another language. They judge me for not practicing Spanish with my children and helping them preserve the language.

Our family lives in the borders between the South and the North depending on the context that we inhabit. I feel that I can live and celebrate my borderland existence in the comfort of our family. I can still engage in cultural practices

from my original heritage in a modified way, although I am no longer living in my homeland nor am I living with people that have experienced my mixed roots and cultures. I am able to engage in cultural practices of where I come from, which reinforces my Chola identity and allows me to teach my children about my roots that are also part of them. Being Anishinaabe has made my daughters interested in learning about Indigenous cultures in general. Therefore, there is a space at home to learn about both Indigenous heritages, and this is welcomed. There is also a Latin American community in Toronto, which despite its internal conflicts, its stereotypes of what it means to come from Latin America, and its rejection of its own Indigenous cultures, I still find comfort in being around.

As my daughters are Anishinaabe, I also reached out to First Nations communities for help with supporting their Indigenous interracial identities. As their mother, I try to engage in their cultural practices to support their cultural development. In my attempt to assist my daughters in connecting with their Indigenous heritage, I have faced many challenges as I am also an outsider to their Anishinaabe culture. Sometimes I am unsure if I am appropriating some of their cultural practices while also feeling that my daughters need to be exposed to these practices at home. As I attempt to protect my children from discrimination, I engage in parenting that involves their interracial identities while acknowledging that to reveal their interracial identities may make them a target for further racial discrimination. I incorporate mothering practices that I believe are worth holding on to from the west as well as my own homelands and personal upbringing in the south while attempting to involve Indigenous knowledge from the north as an outsider. This is complicated by living in a society that considers itself monocultural, Western, and European (Luke and Luke 729). Lying outside of these parameters of homogeneity, we are pressured by the dominant culture to assimilate into an assumed homogeneity, thereby silencing our identities (730).

Our family is often assumed to be homogenous by the outside world, depending on where we are. It is rare for my daughters to be assumed to be Anishinaabe unless we are partaking in an Indigenous event. Even then when people hear my Spanish accent, sometimes they assume my daughters are Latinas. In the school system, their Indigenous identity is made visible or invisible depending on the teachers that they have. Often the teachers, with a few exceptions, are not very knowledgeable of the histories of Indigenous peoples in Canada and dismiss these discussions. I have to constantly argue with teachers about involving Indigenous peoples when talking about the Canadian state and properly teaching this knowledge. Overall, I find that in school, as well as the healthcare systems and other institutions, there is an assumption of a homogeneous perspective of Canada that is composed of white settlers and racialized immigrants.

Service User

Surveillance and Risk

At the childcare subsidy office, my worker informed me that they were going to almost double my daughters' childcare fees to eight hundred dollars. I was going to start school soon, and my income was going to be reduced by more than half of my salary at that time. In the coming months, I was planning to save money for school. This worker was not going to reconsider my case outside of what the policy stated, even though workers had the power to do so. I was helpless against the power that social workers and social services had on my future plans.

As a service user of subsidized childcare, I have encountered workers who are constantly suspicious of my story when accessing services. I have wondered if these workers were aware of their power, and if they were, had they become desensitized to the power they wielded after years of working in that department. Strict regulations for accessing financial assistance contribute to ensuring racialized mothers are kept poor with limited access to resources or assistance to pursue career goals (Arendell 1195; Drury 2). As discussed below, through neoliberal politics, "poverty has been normalized" (Vandenbeld Giles 115), and in this way, the government does not have to take on the responsibility to address the poverty people live in. Under these politics, the government's priorities move away from supporting childrearing or addressing poverty. Yet poverty in families is still stigmatized by societal standards, and it is heavily punished. We have surveillance systems, such as CPS, that discriminate against and persecute marginalized mothers (Ontario Human Rights Commission 46-47; Bergen 43). There is evidence that the lack of resources available to racialized families is connected to their disproportional involvement with child welfare systems (Ontario Human Rights Commission 22).

Mothers are constantly experiencing surveillance in their mothering practices. The dominant narrative of motherhood prescribes who is considered the good mother—the mother who is compliant with dominant forms of parenting—and who is labelled as the bad mother—the mother who refuses these forms of parenting—either because she is unable to carry out her role in the prescribed manner or because she does not agree with it. The bad mothers are the ones society deems as needing more surveillance and regulation (Vandenbeld Giles 117) because they threaten the established order. They need to be surveilled in order to discipline them into adopting good behaviours and identities.

This surveillance is aimed especially at marginalized populations, as they are disproportionately the subject of surveillance (Bergen 38). For example, Black and Indigenous families are overrepresented in the child welfare system (Ontario Human Rights Commission 46-47). According to Ontario Human

Rights Commission, these overrepresentations amongst Black families are based on systemic discrimination, "including poverty and the risk factors associated with poverty" (Ontario Human Rights Commission 47). Black families are constantly deemed to need investigation by the child welfare system, and it is a similar case for Indigenous families (Ontario Human Rights Commission 47, 18). Often, the reasons families are designated to be at risk are deeply rooted in "racism, colonialism, xenophobia, classism, and sexism." (Bergen 38). There are marginalized families are categorized as at risk because they do not fit the dominant narrative of motherhood (Vandenbeld Giles 124-25). Being labelled at risk places marginalized groups under "higher state surveillance and intervention" (Bergen 38). At-risk mothers are judged through racist and classist lenses that lead them to be disproportionately labelled bad mothers (Bergen 38; Vandenbeld Giles 119; McKenzie et al. 10). In this way, under the guise of offering help, services, such as CPS, target at-risk mothers, who then are more at risk of having their child apprehended (Vandenbeld Giles 125). Residential schools and the sixties scoop also functioned under the premise that Indigenous children were at risk of being abused by their families and, therefore, needed protection from the state. At their most extreme, at-risk ideologies were used to justify cultural genocide through the mass forced removal of Indigenous children from their families.

Marginalized mothers are categorized as at risk precisely because they do not fit the dominant narrative of motherhood. Focusing primarily on risk is one way that social services contribute to the maintenance and reproduction of neoliberalism. In this shift towards neoliberal politics, it is no longer "about producing policies to address current need, but about speculating over what future needs may arise and how such needs can be identified" (Vandenbeld Giles 113). Based on models that aim to predict future risks, services to support mothers increasingly promote risk assessment to identify at-risk populations. The priority is to assess whether someone is a deviant mother and come up with ways to manage "future risks associated with these deviant mothers" (Vandenbeld Giles 119). This risk assessment surveillance has real and negative impacts especially on marginalized mothers, as it discourages their use of services and increases their isolation (Fauci and Goodman 251)

Among marginalized mothers, such as those in Indigenous families, feeling isolated and not reaching out for help have been identified as risk factors for negligence—one of the highest reasons of child welfare involvement within these communities (Ontario Human Rights Commission 18). In other cases, mothers fleeing intimate partner violence (IPV) who are living in shelters with their children and attend domestic violence programs have reported that the surveillance from workers at times can lead to "fears related to mandated reporting" (Fauci-Goodman 251). Marginalized families, such as those headed by women living in shelters, single racialized immigrant mothers, and

Indigenous mothers, raise their children under constant surveillance that furthers their marginalization (Drury 5).

My own experience with surveillance has negatively impacted the number of times I have reached out for parenting supports. However, in one instance, I did seek help through a parenting coaching program. A worker came to my home to coach me through completing chores while having my children assist me and teach me alternative ways to get my children to follow the routine. Although she was careful to not make me feel that my teaching was wrong, still she did not validate my mothering experiences or acknowledge what teaching approaches were working in my mothering. This coach would spend some time observing our routine and seeing how I asked my children to do a chore. She would then offer an alternative that was deemed the better one. I am unsure if the service provider was aware of the power that she had and that her observing my mothering skills made me feel surveilled. The lack of validation of what was working in my mothering, as well as the lack of consideration of my realities as a single parent, made me feel judged and disconnected from her. I did not learn about different approaches to mothering that considered our reality. My children were aware that the coach's role was to teach me skills that in turn could better prepare me to teach them to follow routines. However, the coach's role was not to teach them to listen better. They were thus given the message that I was doing something wrong, and this made it harder for them to understand that they had to listen to me.

Although hegemonic parenting styles are often in conflict with my own principles, my fear of surveillance has led me to reproduce hegemonic values. In the above experience, when I reached out for help from a parenting coach, I ended up reproducing values that are not necessarily my own, such as encouraging children to learn through play. Although in theory I find the concept of learning through play amazing, it also demands parents to have the time and energy to find creative ways to teach children through playful approaches. In these approaches, the focus is not on teaching children that our family needs to work as a team and that they have responsibilities as children in order to make this teamwork. They are not taught about the seriousness of their actions or the impact they have on the family as a whole. Rather, these approaches encourage values such as listening to and respecting children's opinions and teach children to express their wishes and help them find their own voice. Values, such as respect for their parents and listening without regularly challenging, are not the focus. However, the reality is that there is not much time for conversation on how to negotiate and modify a routine every time it needs to be performed. Because I feel surveilled, I contribute to the normalization of these values and practices that I agree with but which do not necessarily speak to my family values, structures, and realities. Ultimately, the surveillance on my finances and my mothering skills in the times when I

have asked for help has impacted my mothering and how I feel about it.

Along with my experiences of being a service user and mother though, I have also been a social worker. Being on the other side of the user-provider relationship has given me a lot of insight into the complexity of providing social support services. And embodying these roles simultaneously has shown me the contradictions and ethical conflicts that arise in my social work practice and the need to engage in ongoing reflexivity in response.

Working in the Social Work Profession

Some of the moms that I worked with in the mental health sector were mandated by child protection services to find a caregiver that would support their parenting throughout the week, days, and evenings. This was one of the conditions that the service user I worked with had to fulfill in order to live with her children. As a worker, I wondered how we were supposed to find someone trustworthy and with that availability in a short period of time so that the mother could keep her children.

I am a social worker trained in the Canadian state. I worked in the mental health sector for twelve years—seven of those were before I became a mother— and during that time, the majority of people I worked with were racialized and Indigenous. I had some service users that were mothers of children who had CPS called on them and who were Indigenous. Many Indigenous mothers I worked with were suffering the consequences of their families having gone through residential schools and/or the Sixties Scoop. They were encouraged by the CPS to meet with me in order to get the support they needed. For some, this meant avoiding the threat of having their children apprehended; for others, it meant having their children return home.

There were many complexities involved in my position as a racialized immigrant mental health worker who was not directly involved in the apprehension of children but was still mandated to follow the regulations of CPS. Adopting a decolonial lens allowed me to see how as a settler working in the mental health sector I was contributing to settler colonial social work practices. I acknowledged and reflected on these conflicting and complicit positions but still did not challenge the requests of CPS or their policies that served to further oppress Indigenous mothers. As a mother and service provider, it was also unsettling to realize that I was working with some single Indigenous mothers who had their children apprehended, whereas I was an immigrant woman living with and raising my two Indigenous daughters.

Perpetuating Oppression

I worked with service users who had little family support in the Canadian state and were experiencing severe mental health stressors. Often, my work involved assisting service users to secure and maintain affordable housing. However, the regulations in subsidized housing do not offer accommodations in a timely manner if a person is already housed, regardless of whether their housing situation is deemed unsafe. In one case, regulations did not allow for the service user to obtain an emergency housing transfer. Being homeless and a single mother drove some of the women I worked with to have a crisis. At these times, child protection services would get involved. They would sometimes deem the mother to be an unfit parent and apprehend the child if there was no next of kin that could support the woman.

As a service provider in mental health care, I thought I had managed to avoid working for CPS, which I have tried to do. I consider CPS an extremely challenging field to work in, as workers have a large case load. As a social worker, I also find the power they have on dictating the future of families to be overwhelming. Even if the workers have the best intentions to be fair and antioppressive when deciding on children's apprehensions and wellbeing, I do not see how this can be done when working for a system that has reportedly been found to be so unfair towards marginalized families. What I did not realize was that CPS is linked to adult mental health services and all other social work-related services. Mental health services often work with CPS workers to offer service users the support they need, and in the process, they end up surveilling the parenting of service users.

Beyond CPS, the surveillance of racialized mothers is also exercised by public institutions including healthcare, the police, the judicial system, and the legislature as well as within mothers' private lives. This widespread surveillance contributes to giving CPS the power to decide what does and does not constitute acceptable parenting practices, usually based on dominant Western patriarchal norms (Vandenbeld Giles 114). However, CPS and the norms it upholds are not the only problem families face; they may also struggle with homelessness, poverty, discrimination, and isolation. Part of the problem is that CPS disregards the different circumstances people face depending on who they are and applies laws and norms the same way across the board. CPS also fails to acknowledge the reality that their laws may favour families that fit the dominant models while harming minorities. In addition to the policies that drive CPS, factors such as race, gender, and economic status dictate how services workers treat mothers (Vandenbeld Giles 139). Under CPS, child welfare workers, social workers, educators, and other professionals working with children and/or their families are required by law to ensure as much as possible the safety of children. This is understandable, but in the process, they utilize a punitive approach particularly towards racialized and Indigenous

mothers that involves surveillance of their mothering skills and apprehensions of their children. Systems such as CPS are difficult to change, as they enact systemic discrimination (Bergen 35; Ontario Human Rights Commission 38). Furthermore, as Gary Dumbrill argues, child welfare services continue to undermine anti-oppressive practices and philosophies because they are rooted in "the efforts of society's privileged to control those they perceive as a threat to their dominance" (qtd in Gosine and Pon 137).

Child welfare agencies and their partners particularly scrutinize racialized single mothers' parenting styles. Yet these mothers are left on their own to manage the challenges that come with such mothering responsibilities (Vandenbeld Giles 115). Service providers, in collaboration with the child welfare system, assess the parenting of racialized mothers in isolation, without considering the intersections of single motherhood, racism, and poverty (Brady and Burroway 719; Reich 23-24). These acts of racism that single racialized mothers and Indigenous mothers experience contribute to their psychological stress (Odom and Vernon-Feagans 354). Although it is undeniable that service providers are often responding to real safety issues that children may be experiencing, their approach is retraumatizing for the families they are working with, including the children. In these situations of claimed unsafety, the Human Rights Commission has alleged that child protection services are not meeting the needs of the family or the children; instead, there are serious allegations of them being harmful and discriminatory (Human Rights Commission 6). As a mother, service user, and social worker, I can recognize the added stress that service providers, including myself, can bring to the lives of marginalized mothers. These injustices within the social work profession have been widely uncovered, yet social workers continue to be portrayed as the "kind charitable helper," which uplifts their "innocence and goodness" (Badwall 506).

Reflective Practices in Social Work

As a social worker, reflecting on my social work practice has not always prevented me from engaging in oppressive practices, but it has given me insight into the complexities that contribute to my complicity in oppression. For instance, in order to compensate for my vulnerable position at work, I would try not to raise any problems with the way programs were run at the workplace. These complexities need to be reflected upon and discussed in order to address the oppressive practices of female workers of colour (Gosine and Pon 135). Reflexive practices can refer to interrogating the "preconceived notions that emerge from the intersection of ... intellectual assumptions, subject locations in relation to class, race, sexuality, gender and so on; and beliefs and emotions" (Nobel-Ghelani 415). This is also referred to as "conceptual baggage" (Nobel-Ghelani 415). In addition, self-reflexive processes

involve the analysis of power differentials in the context of my work (Nobel-Ghelani 414). Reflecting on my location as a mother and service user, and the vulnerabilities involved in holding these identities revealed to me the extent of the power that I as a worker hold and my responsibilities towards service users in my role as a service provider. I hope that engaging in an ongoing practice of reflexivity on my intersecting roles will help me to challenge my complicity in the injustices of the social work profession and force me to more frequently and openly oppose the systemic discrimination within it.

Through such reflection, I have learned the importance of applying an intersectional analysis and approach in social work. This step can help me to guide service users and offer them resources that will adequately assist them, as opposed to placing them in more vulnerable positions. Social workers need to acknowledge that service users are asking for assistance often because the government and broader society have failed them in some way by not accounting for how systemic discrimination and colonization impact people's lives.

Working with racialized and Indigenous mothers in the mental health sector involves practices such as the duty to report. This is not a straightforward or unproblematic policy however; there is some evidence, for example, that reporting intimate partner violence and addressing the harm caused to children who have witnessed it have led to the punishment of marginalized mothers without necessarily helping the children (Bergen and Abji 41). As a social worker, I could use my power to question policies and regulations involving the duty to report at the workplace and search for other alternatives (Bergen and Abji 41).

As social workers, we need to have more discussions on how to move away from or have alternative systems to the police force, the justice system, and child protection services. These systems work under a punitive model, which has led to the overrepresentation of racialized and Indigenous people in child protection services, incarceration, and the legal system. As a colleague pointed out to me, social workers operate in a system in which they have to remind mothers of the duty to report whenever they begin to share their experiences of partner violence in order to protect service users. It thus becomes more difficult for service users to fully address and gain help for the issues that they are really experiencing.

Social workers also need to respond directly to the systemic discrimination service users may face from state institutions by assisting service users in their interactions with them. Service workers could also be more aware of the power they hold and act accordingly. For instances in which service users are feeling intimidated by various service providers from agencies that hold power over them, such as the judicial system, police, or CPS, social workers could help prepare them for these encounters: ensure they have sufficient knowledge of

relevant polices or laws; coach them on ways to work effectively with providers; practice having conversations about difficult topics; or offer to mediate these conversations.

Service providers also need to be more aware of how invasive our work can be and take as many precautions as possible to lessen the trauma of these experiences. Acknowledging the power that social workers have over service users is crucial in order to not abuse it and to avoid making service users feel as if they do not know what they are doing; instead, service providers should interact with them in ways that validate their experiences and knowledge. As one way to address the power imbalance in the working relationships between service users and workers, we could have assigned meetings, as an agency or individually, to discuss with service users alternatives to our present practices. These sessions could be a regular component to strengthen the provider-user relationship.

Conclusion

In this article, I used decolonial and borderland lenses to reflect on my journey as a mother, service user, and social worker, and to analyze the themes that come from these experiences. My experiences with motherhood connect to social work practice in many ways. They help illustrate the need for social workers to become more aware of interracial and other family makeups that exist, and the complexities that such families experience. These complexities are important to acknowledge and support so that interracial single mothers and their children feel less isolated. As a mother, I feel it is critical to address the "strong mother" myth and other prevalent stereotypes that are reinforced in social work practices. Praising the strength of mothers can be useful, but it can also serve to dismiss their vulnerabilities.

As a service user, I attempt to bring attention to the power imbalances between service users and providers and how these imbalances work to dismiss the voices of service users. Racialized and Indigenous mothers experience marginalization in society because of their race along with other intersecting factors. It is crucial to consider their intersecting identities when offering services, particularly within child welfare systems that tend to harshly judge and punish marginalized mothers. My discussion also calls attention to the way service providers work within models that tend to elevate dominant mothering styles and underestimate alternatives. These practices can have a detrimental impact on marginalized mothers whose parenting knowledge is already likely to have been questioned and undervalued as a result of discrimination.

My experience as a social worker while being a service user and mother inform my argument that demands made of service users, particularly those in

child welfare, are often unrealistic and that there is very little support offered to meet these demands. I suggest that service providers step out of their social worker role and, as individuals, question their demands of service users and how reasonable they are based on the situation and the location of the service user. In their role as gatekeepers to services, it is particularly important for service providers to realize the significance that access to services may have in the lives of service users. Similarly, the conflicting positions of racialized settler service providers such as myself need to be reflected upon. It is critical to acknowledge that although we are part of a disenfranchised group, we are also complicit in settler colonialism. Settlers in the social work profession have responsibilities towards Indigenous peoples and their lands that need to be enacted in their practices as well.

Ongoing reflexivity in the social work profession can lead us to a more transparent conversation on all the uncomfortable ways we contribute to perpetuate oppression within our field. But reflexivity is only a first step; social workers must use the insights we gain to help service users in ways that subvert the effects of systemic marginalization as well as engage in advocacy work that reverses that marginalization. In this way, we can be better prepared to address these shortcomings in the social work profession.

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DEEPY SUR

Challenge Perfectionism: An Interwoven Autoethnographic Discussion of Motherhood

This autoethnography investigates the intersection of motherhood and social work with my experience as a South Asian woman. Rarely do accounts of motherhood from racialized women offer a space to respond to the pressure to be perfect. Motherhood and mothering literature has increasingly incorporated the use of stories, voices, and experiences. Using narrative inquiry, I make sense of my memories with my children, particularly as a social worker in practice. I compare these stories to concepts of perfectionism and motherhood layered with South Asian cultural norms. Using this method enables me to analyze interpersonal tensions and social issues as I explore the complexity of feminist concepts and challenge perfectionism.

Mommy, why is it so hard to grow up? Even if I try my best, I'm scared I won't know enough.

My dear daughter, nobody is perfect.

Is it okay to fail?

Only if you fail perfectly.

I am a mother. A mother to two daughters. I hold many facets to my identity. I am a social worker, a helper, a leader, and a family contributor. I have meaningful mentors, linkages to my culture, academic interests, and a partner who provides mounds of unconditional support. This inquiry and exploration is my own experience as a mother and is written using stories in an effort to make meaning of my experiences within the culture of motherhood. Personal experiences can present a unique vantage point for contributions to social science; moreover, narrative theory explains how stories influence identity, and when we tell stories, we can emphasize lived experience that shapes our character (Hudson 114; Stahlke Wall 3). In social work, we know methods of personal exploration, such as autoethnography, are a unique method to study

social phenomena (Lapadat 590; Stahlke Wall 2). Autoethnography as a method of inquiry allows for "speaking for and with" as a storyteller and main character to emerge as a catalyst for exploration and reflexivity (Boylorn; Holman Jones, Adams, and Ellis). As a qualitative form of research, auto-ethnography is a method that emphasizes insight from interactions with lived experience as well as social and cultural context (Ellis, Adams, and Bochner). In particular, narrative autoethnography inquiry focuses not only on individuals' experiences but also on the social, cultural, and institutional narratives that inform them (Clandinin 44). Using the narrative format can help us access abundant information to give personal stories and events a deeper meaning (Wang and Geale 196). This theory also amplifies the voices of underrepresented populations as their perspectives are not often considered (Wang and Geale 195).

A Mother and a Social Worker

In this work, I recount memories, stories, and personal experience through analysis of my cultural context and the impact on my lived experience. This writing is a critical reflection on how motherhood and my role as a social worker have influenced each other. The term "motherhood" has its origins in patriarchy as a male-defined institution, whereas "mothering" is a female-defined empowering experience (O'Reilly, *Feminist Mothering*). I have found my own experiences of mothering to be cradled softly with the blanket of my social work professional self. In this account, I breathe life into the complexity of mothering in a contemporary world through an intersectional feminist lens. To imagine and view myself as a mother and social worker is to empower myself, to build strength, and to find agency. This required me to manifest an understanding that mothering directly influences my social work practice. Social inequities associated with my gender and race intersect with my life as a mother, which, in turn, shapes my perspectives on mothering. Carole Zufferey and Fiona Buchanan describe how alternative accounts of mothering can challenge normative assumptions and add to the discourse on mothers and mothering.

It was during my first "cookie talk chat" with my seven-year-old daughter at the kitchen table that I reflected on a memory of my mother and my aunts at the table during many family gatherings. This was the norm, the usual background chatter and noise. Then I flashed to a memory of sitting at the table in my own childhood home with my mother and my sisters; this usually focused on advice giving. My mother would comment on our age, and inevitably the conversation would travel to the topic of marriage. Sometimes it was laced with comedy, but only if one of us could find a way to make her laugh or gossip. Other times it became a serious conversation, resulting in someone being offended or hurt. She saw it as her duty, her role as a

mother, to help us organize our lives. We saw it as an imposition. The conversation rarely focused on the things we had learned in school, what our views on equality were, or what we wanted to do with our careers. Without asking, she always knew we were successful. She did in fact care about our success. She also expected us to be perfect at everything we did. As result, she never needed to check on this. It was an absolute expectation. The order in which she ranked the categories were always clear to us. Perfection in school was mandatory, followed by choosing a perfect life partner, someone to marry.

I was always a good daughter. I knew that. I also knew I worked hard to achieve this, sometimes driven by fear and other times driven by obligation. Later, I came to realize that somewhere inside I knew I was also going to be the one to disrupt the home, to alter expectations. As a result, I maintained perfection in every other aspect of life in the hope it would later become my bargaining chip. In my mind, I constructed a good daughter checklist.

My Mother

I have a strong and dynamic mother; I have watched her raise four daughters and no sons. Like many, the experience I had in the culture I grew up with was sometimes laden with sexist traditions, archaic customs, and inherent expectations. Still, I witnessed the emergence of true beauty in my parent's home—the beauty of sisterhood, the meaning of solidarity, and the role of a mother in all of this. Cultural norms offered many opportunities for others to question my parents on the burden of having four daughters. We witnessed many moments of pity, sympathy, and occasional support. A small team of warriors formed in our home. The warriors were freakishly independent, riveting storytellers, and eventual perfectionists.

I watched my mother in her evening routine—dinner, cup of chai, and then watching TV on the couch while knitting. She was an expert at knitting: fast, with precision, and barely looked down. I was always amazed at this. I asked her to teach me, many times. She tried, many times. I could not seem to pick it up. Later in my life, during my lunch hour, I learned to knit from a friend at work. She had placed her hand over mine to guide the pattern, and she smiled when it took me an entire hour to learn the first stitch. When I learned to crochet from the same friend, I shared my beautiful blankets and scarves with my mother. She was proud. Very proud. It didn't matter how I learned but rather that I finally acquired the skill. My mother always wanted a good life for me. She told me this often. She wanted me to have a home, a spouse, and children (hopefully a son). She believed a good wife could have a strong voice and have a powerful presence, but the art of this was in choosing the right spouse.

The perfectionist daughter soon became the perfectionist wife. I nestled into a home and soared into a meaningful career full of promise. I was a social worker long before I became a mother. I poured my heart into this role and believed the world needed me; I put my clients first. It did not take me long to realize that it was in me to overachieve—to compete, to win, and to achieve perfection. Or was it in my blood? Was it taught, injected, and then rehearsed? This continued when it was time to think of a baby.

I think it's time, I am ready, let's have a baby.

Okay, yes, I am ready, let's have a baby.

I hope it's a daughter.

Me too, but don't tell my mother we said that.

Perfectionism

Like all my other adventures, I had plans to conquer motherhood. Unsurprisingly, motherhood brought about the perfectionist within. The shift in my sense of control came as a surprise. The fragility and vulnerability of motherhood are often masked with an insatiable eagerness. From the moment I laid eyes on my children, they owned me. It was as if they had burrowed into the depths of my soul. In that same instant, fear settled in. The anticipation of failure emerged along with the shift from survival mode to a complete and undying desire to create a perfect world.

I have experienced many difficulties that emerge from a complex intersection of my social location and motherhood. I have travelled a long journey of self-exploration. The journey is anchored in a deep discovery of my family; it includes negotiating culture and my personal identity. I had a deep desire to share this journey in some meaningful way with my daughters. I wanted them to understand their relationship to my maternal identity. Not only did I want to be a good mother, but I also associated being a good mother with being a good person. Interested in the experience and ideology of motherhood made me consider this knowledge through a feminist lens and maternal theory. O'Reilly introduces maternal theory in two ways: 1) motherhood as an institution and ideology and 2) mothering as an experience and identity. The author goes on to note that motherhood is a worthy subject of inquiry. This resonates with my experience as a South Asian mother, who was expected to live out distinct norms. The concept of being a "good mother" means completely devoting yourself to another human being. But so too did being a good South Asian daughter, sister, and wife. According to this understanding of motherhood, I was born when my children were born (O'Reilly, *Maternal Theory*).

A feminist theoretical lens allows me to deconstruct the ideologies that shaped my experiences of becoming a mother, in particular paying attention

to the role of perfectionism. A good mother is to never get angry and is always be composed and not have an identity outside her being a mother (O'Reilly, *Maternal Theory*). My lived experience hears this as perfectionism. A sense of cultural divisiveness emerged for me. I remember being bombarded by stereotypes and images of motherhood. She is married, able bodied, in the kitchen, and I also found myself thinking that if the mother were perfect, she would also be white. Despite my efforts to reject patriarchal views of motherhood, the course of my decisions still supported these views. I found myself pushing against subjugating, crushing forces. From the moment I carried a child inside of me, I negotiated within the confines of my cultural discourse and my desire to be disruptive. I wanted a daughter, desperately. A dominant cultural norm tried to teach me I wanted a son. I found myself mustering a new kind of strength—a fierceness laced with multiple desires and bursting ambition.

Mommy, how do you know everything? It's like you always know the answer. Do you always know what is going to happen?

I don't always know what is going to happen, and I don't always know the answer, but I will always try to be honest. When I don't know, I will try to find the answer.

Did you know you were going to have a daughter?

I didn't know, but in my heart, I felt it.

After me, did you want a son?

I wanted more of you.

Why?

You are brilliant and radiant. Why wouldn't I want more of that? My star, there is power in our voice together, imagine the power from three.

Mommy, I don't have to imagine. You always know what is going to happen.

I wondered if my mother had the same experiences as me. I never asked. I have concluded that my mother wore a motherhood camouflage. A cloak if you will, framed by bravery, but masking the chaos and complexity of South Asian expectations. The cloak made it immensely difficult to learn from her experiences of being a mother. Her hardships remained invisible to me, but I always knew what her expectations were. A South Asian mother could master the art of running the house, cooking, cleaning, and teaching while raising a perfectly behaved daughter. This same South Asian mother could enhance her mastery as the family grew with more children. Aspects of doubts, anger or intense sadness were deemed deviant or weak. My mother told me she never felt angry, or so she said. There was an extended family to raise her children with her. She remarked that ambivalence was to be concealed. At times it meant faking it or building the bridge as you walked across it, with little time for pause and reflection. You just walk, forget ahead. You walk with your head held high

wearing your motherhood cloak. As a result, your power, self-esteem, and worth would emerge. You would become perfect she said.

Gordon Flett and colleagues write about three main forms of perfectionism: self-oriented; other-oriented; and self-prescribed (250). The self-oriented perfectionist laid out unrealistic expectations of achievement; I did this and somehow managed to make plans to meet my high standards. Other-oriented perfectionists set standards for others to adhere to (Flett et al. 250); I didn't really ascribe to this practice. Perhaps the most relevant for me is the socially self-prescribed perfectionist. Perfectionism has been linked to negative outcomes, such as feelings of failure, guilt, and shame (Flett et al. 250; Hewitt and Flett 467). I can and have been motivated by the fear of disappointing others. The images of a good mother persist even in my role as a social worker as well as in public policy and the media. When the social worker in me speaks to the mother, I ask her to set unrealistic standards and not forget that cultural traditions matter. I tell myself this is goal setting. I had tried to perform new baby blessings, host at our home, always welcome visitors; for me only total success was an option. The possibility that perfectionism has both personal and social components suggested to me that the perfectionistic behaviour also started to shift from being self-directed to being directed towards my daughter.

Interestingly, perfectionism doesn't allow practice rounds or opportunities for improvement. It is either perfect, or it isn't. When I became a mother, acknowledging the role of perfectionism became increasingly important. I worried my fight for perfection would conflict with the unpredictability of motherhood. When I view myself as mother through a feminist lens, I know it is culturally constructed and wonder what causes it to be this way. Yet before my eyes, it transforms and morphs because of the changing world around me. Motherhood has responded to what has happened in culture over time. To be a mother today, I know is fundamentally different than what it was for my mother. Adrienne Rich has critiqued the motherhood myth as influential social construct in Western society. Motherhood has been described as natural and instinctive (DiQuinzio) and even the expectation of intensive mothering (Douglas and Michaels). Feminist critiques of the good mother concept highlight the social construct and pressures placed on women to perform to a particular standard, and here is where the perfectionism emerges for me.

Self-Acceptance

I also started to consider self-acceptance and self-empathy. I had embraced her, my daughter, and then another. I had also used my experience with her to relate to my clients on deeper levels. I took time for myself to learn more, but only because it made me a better mother and a better social worker. When most people think of empathy, they think of the concept with others. I also

looked at this as self-knowledge—an awareness of myself—and an ability to engage in empathy towards myself to gain a deeper understanding. Rachael Crowder notes that mindfulness and feminism have similar approaches, particularly in the fluidity of self and compassion (26). Later I would later learn the crucial role self-empathy would play in contending perfectionism.

The union of robust clinical practice as a social worker coupled with motherhood helped remind me to evaluate my world differently. To do this, I first evaluated the space perfectionism took up. Frankly, I believed motherhood entailed a number of stereotypical views, but I hoped it would be inconsequential so long as I held steadfast to my social work skills. For example, I learned about feminist mothering, whereby I could embrace a liberated style of mothering and reject the notion that childrearing should be left to mothers within the domestic realm of home (Zufferey and Buchanan). As a feminist, I reminded myself that inadequacies were measured against social arbitrary standards. As a social worker, I understand and value the use of empathy in my practice. I used the same concepts to reflect on my own experiences, memories, and disturbances for the purposes of self-empathy. I explored my unique experience of mothering by reflecting and re-reflecting often to notice any maternal sensitivity and varied representations of myself as mother. Mothering indeed requires sacrifices to put childrearing first, but I swiftly learned to sidestep the idea that a good mother was one who also sacrificed herself as a person. It is not about being a selfish mother, it is about seeing, understanding, and acknowledging the barriers that I had to face as a woman and the assumptions of gender and race that I encountered. I told myself that feminism brings us together, and perfectionism drives us further apart. Through feminism, I have come to understand the "never good enough" problem. Feminism taught me motherhood support was out there, and social work taught me I wasn't a terrible person when I didn't succeed.

Feminist theory analyzes gender inequalities through the intersection of gender, race, and class. A feminist lens then allows us to examine relationships of power. Understanding a women's oppression, particularly in a South Asian context, became increasingly more important to me, first as a social worker and then as a mother. Acknowledging the impact of culture and the influence of gender roles as a Canadian-born South Asian woman provided an important lens for my experience of perfectionism. Feminist researchers have noted the importance of contextual factors, including culture, when looking at systemic oppressions, such as sexism (Singh and Hays). My interpersonal relationships with myself, family, and my daughters continue to be bound by culture and gender, as I often negotiated the value of cultural approval against my personal desires. My South Asian worldview has emphasized personal control, a sense of individual dignity, and balancing interpersonal relationships.

Paying Closer Attention

Truthfully, I never expected the threat of perfectionism and the negative role it would play in my world. Motherhood and perfectionism became a rather toxic mix. With a desire to become more empathic with myself, I began to pay closer attention. I now tell my kids that it is okay to fail sometimes if you try your best. Yet I have forgotten to tell them stories of my own failures. I have said it's okay to not be perfect, but I have not shared stories of imperfection. In the last few years, I have been aware that I need to share with them that being overly consumed with being perfect can be at the expense of your own mental health and your relationship with yourself. It isn't that I think I am perfect. It isn't even that I want to be perfect; it is more that I feel compelled to do things well in every single area of my life. To perform with perfection was an important part of motherhood.

When I began to share my world with two daughters, it became impossible to perform with perfection. Perfectionism had met its match. As a social worker, I have witnessed the complicated relationship between feminism and motherhood. I have had to reflect on where mothering is exactly situated within my personal values. Many feminists have argued that the patriarchal notion of motherhood is the source of oppression and not the experience of mothering. O'Reilly notes contending views of motherhood. The nurturing good mother, as opposed to the irresponsible bad mother, has been socially constructed and the implications have led to political and social stereotypes (*Feminist Mothering*). Practicing feminist mothering has become a disruptive way of life that allows me to reject sexist values that transcend generations (*Feminist Mothering*). Reflecting on employment, caregiving, and the concept of devotion to children versus to myself has become increasingly important. For me, the way motherhood intersects with my race and ethnicity has added another dimension. I know ideas about mothering impact all women, including those without children. My struggle became clear, and sometimes it brought an impending feeling of doom. I knew that in my home, we could teach our daughters something important. We could give them access to education and encourage them to strive to break boundaries. We planned to help them hurdle barriers and achieve the impossible. I reminded them they could have anything a son could have. Even still, I worried that through the threads of perfectionism, I would only teach them this by promoting professional progression as a marker of success.

Self-Empathy

I wanted to make a shift and to pivot slightly away from perfectionism. To learn this, I didn't have to look very far. Social work has taught me much by way of theory, history, and practice. Perhaps the richest learning has come from the clinical relationships and interactions I have been trusted with. First, women of all ages have allowed me to bear witness to their creativity. Mothers think outside the box. Mothers juggle, multitask, and innovate. Second, our resilience lives within our flexibility. We can be flexible to not only survive and endure but also succeed. Third, passion is not just a characteristic; it is a strength. I have seen women rise from the depths of heartache to embrace their inner passion. I understand inner passion to be marked by rejecting stereotypical expectations of good mothering and instead embracing those who find their own liberating way of mothering that is not just practical but also notes individual experiences and lessons about self-empowerment. I have looked into the eyes of women who have shared their vulnerabilities and taught me about striking a balance between negotiation and survival. Fourth, and last, self-love is truly remarkable. Humans can cultivate kindness, understanding, and compassion. Turning this inwards is a necessary ingredient in self-empathy. The practice of mindfulness, awareness, and gratitude have taught me about reflection and critical consciousness. Mindfulness is a nonjudgmental approach, whereas perfectionism is self-critical. Self-empathy opens a space for exploring imperfection safely. It allows you to focus on connections, interactions, and the power of acceptance. Permission to live out and learn from mistakes became a way for me to accept the range of feelings. It was important to use self-empathy to evaluate the internalization and integration of my mistakes in a new relationship with my identity. Some literature points to the need for women to exercise self-compassion in order to free themselves from patriarchal concepts; in addition, self-compassion scales have been readily available for evaluating compassion (Neff and Beretvas 83). Some research calls for self-compassion and the benefits of integrating self-compassion within the profession of social work. Conceptual approaches include addressing burnout and attitude (Iacono 455). Although my interests started with the focus on the concept of self-compassion, I found that the concept of empathy became more relevant and personal. I have worked in healthcare for the majority of my career. Empathy in healthcare has several qualities that are relational, transactional, and instrumental in nature. Empathy as a practice has given me the ability to understand and communicate understanding of another person's perspective (Meneses and Larkin 5; Riess 76). I began to think about the ability to understand and communicate my own perspective to others, to my family, and to my children. I viewed this as self-empathy and made it a paramount priority.

When I began to embrace self-empathy, I grew to also embrace sisterhood and the collective empowerment affiliated. Sharing stories with my daughters about the many successful individuals in their lives shifted to sharing stories about the many versions of their individual successes. I also began to talk frequently about the distinct role of a mother in a child's life in their lives. Hilary Levey Friedman argues that there exists an underlying assumption in society that children require consistent nurturing by a primary caretaker, particularly a mother (300). Mothers are required to always find copious amounts of energy for their children. Since Friedman reminds us that intensive mothering is the dominant ideology describing mothers as central to childrearing and that all of a mother's energy should be invested into it, I began to explore what the ideology of intensive mothering has done to me. In my world, who has promoted this belief system? In my culture, how has it been sustained?

A great amount of energy is invested into being a mother. It is necessary to acknowledge raising children is an act of mothering; however, mothering in itself has a distinct identity of its own. To say this out loud is liberating. Mothers, fathers, children, families, individuals, and sacred communities are all pertinent parts of the fabric of our society. I started weaving these sentiments into my interactions with my daughters. It was then magnified by our family experiences. Caregiving in our home has shifted over time, unexpectedly. My spouse stayed home with my daughters for a long time while his career evolved in a new direction. As a result, the conversations about the role of a mother shifted again, especially when led by their father, who focused on their uniqueness and strength.

Mommy, when you were little, what did you want to be?

I wanted to do many things; I was a little explorer.

Happy with this answer, she turned to her father. "Baba, what about you?"

Hmm, I changed my mind often. I really wanted to be a journalist or a teacher. Sometimes I wasn't so sure.

"Baba, did you know you wanted to be a mom?" she giggled. "I mean while mommy is at work?"

"She is always your mommy, even when she is at work."

"I know. But how does somebody know if they want to be a mommy?"

Before I can answer this, he does. "You can be whatever you want, and anything you do is important."

Mothers are often considered the ideal or preferred caretakers of children within a patriarchal society (Friedman 300). Instead, I attempted to shift this socially constructed belief to focus on a sense of family responsibility. I now try to make it even simpler. I have shifted from family responsibility to a sense

of love. Just because I love motherhood does not mean I want to lose sight of other things. Many feminist writers now call for research and inquiry that begins with one's own experience (Zibricky 39). The institution of motherhood, as well as its discussion, is not new. The social construction of motherhood has been talked about in many social realms for decades. Motherhood as a patriarchal construction has often given rise to gender discrimination and socially defined roles, resulting in mothering being considered inferior to other jobs (Zibricky 40). Mothering as part of the construct of motherhood has been shaped by my South Asian roots. South Asian mothering is different than western notions of motherhood (Guignard 267). My mother played a role in shaping my identity and recognized and acknowledged the role she played. She was particularly invested in demonstrating that she could teach me about the world, and she saw her influence on helping me be the best version of myself. The bond between her and me has made me wonder about adult attachment and perfectionism, particularly in my identity formation. In a recent study of mothers between the age of twenty-two and forty that investigated parental identity in the form of commitment and in-depth exploration and traits that determine quality of family life (e.g., romantic adult attachment and perfectionism), one of the results found that mothers with attachment avoidance also scored high on socially prescribed perfectionism (Piotrowski 62). Mothers in this study felt they needed to be flawless; they scored high on self-oriented perfectionism for wanting to be the perfect mother to their children (Piotrowski 62). For my mother, the transition to parenthood was life changing, especially as a seventeen-year-old newly married immigrant. As a social worker, I understand that although people who have become parents often experience positive changes, social determinants can also increase the risk of maladjustment, including mental health issues or low satisfaction with life. It is not unreasonable for me to suggest that my parental identity could be better understood by the formation of my mother's. Now, not only do I want my daughters to understand the role we play in shaping each other's identities, but I also want to build strong foundations of self-love, respect, and collective pride with other humans. I hope this path will lead them to a deep understanding of their strengths.

We can learn from who we are and even who we fail to become. I have learned to reflect on my views and attitudes towards my clients' mothering. Within my failures resides the desire to connect to my value. I still think about the words perfect and good often; however, now I think more about being plentiful.

Mommy, why is it so hard to grow up? Even if I try my best, I am scared I won't know enough.

My dear daughter, you are enough. You are always enough.

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Mothering a Child with Autism Under the Weight of Marianismo: Implications for Social Work Practice

This article explains and offers context for how marianismo undermines a mother's coping when her child has autism. It asserts that without an informed understanding of cultural value systems, such as marianismo, and how these values shape a mother's cultural and personal experiences, social work efforts to help Latino mothers and families cope with the implications of their child's autism are simply insufficient. Practice implications are addressed and suggestions for meaningful and impactful work provided.

Erna Imperatore Blanche et al. correctly note that "relatively little is known about the experiences of Latino families who have a child with ASD [autism spectrum disorder], their perspectives on living with the diagnosis, and their interaction with service providers" (1). I assert that even less is known about Latina mothers' experiences, thoughts, and service utilization when their child has autism. This is significant because Latina mothers are the anchors of the family. Their role is consequential. Although Latina mothers' coping responses are not all the same, for many whose upbringing was infused with marianismo—the cultural value of moral conduct and self-sacrifice that shapes traditional Latina femininity (Da Silva et al. 2021)—the physical and emotional impact associated with learning that their child has autism is devastating. It follows that without an informed understanding of cultural value systems, such as marianismo, and how these values shape a mother's experience with diagnosis, accessing services, and personal growth and wellbeing as a mother, social work efforts to help Latino mothers and families cope with the implications of their child's autism are simply insufficient.

This subject is both timely and relevant to current social work practice. According to the United States Census Bureau, Latinos represent 18.3 per

cent of the total population, the nation's largest ethnic minority group (2019). Moreover, although autism has become increasingly prevalent in the United States (Centers for Disease Control and Prevention 2018), the prevalence of Latino children diagnosed with autism, compared to that of Caucasian children, has simultaneously increased (Nevison and Zahorodny 2019). As these demographics surge, the demand for social workers to provide culturally informed services to families who have a child with autism has never been more urgent.

This article unfolds into three main sections. In the first section, I discuss marianismo, its tenets, and how it manifests in popular Puerto Rican culture and within my family. In the second section, I discuss my personal journey trying to be an ideal mother as defined by marianismo and how my attempts to ascribe to this value system undermined my own coping with my son's autism. I offer my personal story as a point of entry to understanding the real impact of marianismo on mothering and to provide context for the last section on implications for social work practice. While looking at the specificity of mothering a child with autism, the goal of this article is ultimately to encourage the social work profession to consider the need for culturally relevant supports that facilitate Latina mother engagement and coping. My hope is that my experience as a mother, Latina, and former clinical social worker will lend credence to the recommendations offered and that these prove useful in advancing social work mothering theory.[1]

Marianismo

Social workers agree that understanding a client's cultural value system is critical to providing quality and impactful supportive care. Yet the role of culture has scarcely been explored in supporting Latino families who have a child with autism (Imperatore Blanche et al. 2). This is an important point, especially since culture and cultural tenets, such as marianismo, significantly impact family coping and receptiveness to services. It is also important because although culture influences behaviour, people do not typically make the connection between the two (Gil and Vasquez 23).

Political scientist Evelyn P. Stevens developed the term marianismo as an extension of machismo to describe Latin American culture's perception of the ideal woman. In her 1973 essay, "Marianismo: The Other Face of Machismo," Stevens explains that in Latin American culture, the belief that women are semidivine, morally superior, and spiritually strong is almost universally accepted (94). She adds that a "real woman" is seen as having "an infinite capacity for humility and sacrifice," and for her, "no self-denial is too great" (94). Later, Rosa Maria Gil and Carmen Inoa Vasquez expanded on Steven's concept by discussing the impact of marianismo on Latina women's behaviour,

decisions, psychological wellbeing, and personal struggles. For context, they set forth the "ten commandments of marianismo," which in "its purest, darkest form," include the following: "Do not forget a woman's place"; "do not put your own needs first"; "do not ask for help"; and "do not discuss personal problems outside of the home" (Gil and Vasquez 8). They argue that marianismo shapes women's choices and actions as she continuously strives to be perceived as "a good woman" (3). Gisela Norat describes the exchange as an "implicit social contract," whereby "*marianismo* promises to guarantee women upright standing and respect within their family and community if they model the behavior expected" (1). Adherence is held as "a badge of honor" (7), thereby enhancing a woman's self-worth (Gil and Vasquez 78).

Until a few years ago, I had never heard of the term marianismo. This is not to say that I was unaware of how deeply influenced Latina woman are by culturally defined gender roles. I was. In fact, I had strong feelings on the subject. Yet I surprisingly accepted many cultural expectations and norms as somehow natural and benign (Gil and Vasquez 23). To my knowledge, this set of attitudes and thought processes did not have a name. They simply existed and served as a moral standard for what I should seek to be as a woman, wife, and mother—a standard infused through culture, modelled from an early age by my mother and grandmother, and internalized and sometimes resisted over time, eventually becoming a moral compass for the woman and mother I struggled to be. Years later I learned that these culturally sanctioned and restrictive models of femininity were part of a bigger socialization process that many of us Latina women are influenced by, to one extent or another. In learning that this moral standard had a name—marianismo—I began to consider how its set of values were not as innocent or inconsequential as I had once believed. That is how the idea of writing this article began.

Importantly, not all Latina women conform to marianismo. In fact, I can imagine that some would find marianismo immaterial to their life experiences. Others simply may not recognize its influence in their daily lives. You see, marianista values, like all cultural ideologies, are not inherent or natural but learned.[2] They are also absorbed quietly, subconsciously and to different degrees, emerging as part of a woman's persona over time. That is why, when applicable, its impact is so powerful. For instance, growing up as a bicultural American young woman, many of the tenets advanced by marianismo never became part of my value system. I was born in the United States and have lived here for most of my life. Moreover, my mother, grandmother, and maternal aunt, all of whom were my first female role models, spent a significant number of years living in the United States and thus absorbed many American values. My grandmother and mother taught me that I must strive to attain higher goals than they had achieved so that I could become independent while my aunt urged me to be less self-critical and fill my own bucket. As such, I felt

empowered to pursue my professional dreams. I was keenly aware of the sacrifices that my mother and grandmother had made, and I was fuelled by a desire to carve out my own path. I excelled in a little-known school in the Bronx and was accepted to Yale University. Later I pursued a masters in social work and thereafter a juris doctor degree in Law. I have always considered myself progressive, independent, and modern. Yet I did not realize the impact more subtle aspects of my Latino cultural value system had on the woman that I became. I may have seemingly been more progressive, but in fact I had quietly and unknowingly internalized many aspects of marianismo from my family and cultural environment.

Marianismo is an important aspect of Latino cultural texts and socializing institutions. When I was a young girl living in Puerto Rico, I specifically remember the priest and catechism teachers emphasizing that both girls and women should regard the Virgin Mary as the perfect example of strength, sacrifice, and perseverance. We were taught that she personified the ideal that we should all aspire to be as mothers and that our personal value and societal regard would be determined by how closely we emulated her. At the time, soap operas, or as we called them "novelas," similarly reinforced Madonna-like constructions where a "'good' woman's suffering" was equated with "achieving purity through endurance" and "her vindication" with "achieving a heavenly prize" (Guerra et al. 213). Significantly, novelas were widely enjoyed by everyone, uniting family and friends while also providing stress relief and entertainment. As such, they were influential. My grandmother and I used to watch the afternoon novelas every day after school. Together, we both marvelled at the protagonist's ability to sacrifice for the sake of others, keep her anger in check, and endure suffering with dignity and in silence. Everyone loved and admired her for her purity and selflessness and the handsome lead male could not help but fall in love with her virtue. I remember observing the look of admiration in my grandmother's eyes as she watched the protagonist cope with adversity (e.g., temporary blindness or paraplegia, death of both parents at a young age, infidelity, being falsely accused and imprisoned) and ultimately triumph. I wanted my grandmother to admire me too. I wanted to be like the protagonist in the novela.

Marianismo ideals are also implicitly modelled and reinforced by family. My grandmother was a strong no-nonsense hardworking woman who was clearly in charge of running the house. She had been trained to be this way. The oldest of eight siblings, my grandmother stopped attending elementary school to take care of her siblings and household responsibilities while her parents worked. She accepted this role without reproach because she was taught that the collective needs of the family came before her own. Years later, after my grandmother married my grandfather and had young children of her own, it was she who took the initiative to move from Puerto Rico to the Bronx,

New York, in search of work in the early 1950s.[3] My grandfather, a well-liked man, served in the United States National Guard and worked continuously until he retired. However, in times of family need or crisis, it was the women in my family who rose to the occasion. My grandmother recognized the perilous circumstances her family was facing during that time and instinctively understood that she would have to take action to ensure their wellbeing, even if it meant taking a leap of faith by herself. As a Latina mother, she was the force, the centre, and the courageous one. A few months later, after she secured employment as a seamstress, my grandmother quickly sent for my grandfather followed by each of her three children, one by one, to begin a new life together in the United States. It took years before everyone was reunited, but she persevered and ensured that her family was provided for, even while apart. My grandmother would later boast that each day after work, she cooked a "good Puerto Rican dinner," cleaned the house, and ironed my grandfather's work clothes. She added that she never called in sick. Whether consciously or subconsciously, she aimed to fulfill what she perceived to be her womanly duty.

My mother was similarly undeterred by challenges; she was resilient and persevering. When she moved to the Bronx at the age of thirteen, she did not speak English. Yet she remained in a regular classroom and taught herself how to speak the language by reading the dictionary. When she reached college, she was completely fluent. My mother was part of the first generation of Puerto Ricans to attend college in New York City in the 1960s. While in college, she was an excellent math student who aspired to become an accountant. However, when she married my father, he made it clear that he expected her to remain home while he worked, so she relinquished her career aspirations for the sake of her marriage. Yet what she could not do for herself she did for her children. When I was nine years old, my mother moved with my brother and me from Connecticut to Puerto Rico—a temporary measure designed to ensure that we were surrounded by much needed love and support. She then worked and saved for five years in order to move back to the United States. This move aimed to provide us with more opportunities for wellbeing and advancement, which was her priority. My mother instilled in us a love for learning along with the expectation that we would succeed academically and pursue a career. Today, we are both professionals largely in part to her fearless efforts to carve a different path for us.

My grandmother and mother were family providers and pioneers; they were unafraid and tirelessly worked women. They were the backbones of the family. Without them, family circumstances would have deteriorated or remained stagnant to the detriment of us all. Yet the same marianista values that served to uplift the family also caused them personal harm. My mother sacrificed a promising career. She also never learned to cultivate a sense of individuality or

appreciate her worth. This is not something that was instilled in us as girls. In fact, self-love runs contrary to marianismo. Similarly, my grandmother emotionally disconnected to overcome times of uncertainty, lack, and physical pain. The very strength that allowed her to rise above adversity also became the wall that kept family members at an emotional distance (Téllez 59) and later resulted in serious health problems. I remember how proud she felt when she signed to donate her organs upon her death. Yet her autopsy revealed that "she must have experienced great pain while alive" because her organs were so damaged; they were "unusable."

I was fortunate that my aunt also played an influential role in my life. She was different than most of the women around me. She was vocal and opinionated, took pride in being single and independent minded, and prioritized her own personal needs and growth over seeking to be married or have children. A witness to the various cultural messages that I was receiving, my aunt encouraged me to recognize and honour my own feelings and not be afraid to challenge notions that were limiting to a women's sense of value and self-respect. Her unwillingness to engage in the social contract described above may have diminished her regard within the family, but it saved me. She planted that ever-important seed of self-love that eventually gave me the strength to demand more for myself. However, that happened many years later. When I became a mother, not even her empowering influence could counter the marianista ideals that I had unconsciously incorporated in my persona.

My Journey

My experience mothering a child with autism, advocating on his behalf, and learning of his diagnosis is deeply personal. Nevertheless, I share my experience during this specific four-year period, from birth to diagnosis, as a means of demonstrating how marianista values not only serve to undermine a mother's wellbeing but may also prove crushing as she singlehandedly attempts to cope with the implications—both culturally and personally—of her child's autism. As I go on to explain, it was not my son's diagnosis that felt insurmountable. It was the combination of managing the cultural pressure to "make it better" while also quietly repressing the deep sadness and fear associated with raising a child with autism in a world that pathologizes his differences and fails to provide compassionate supportive options for his future. Through my story, I seek to offer insight and context for the recommendations suggested in the last section. Namely, that the social work profession must actively establish ongoing required cultural humility trainings on lesser known topics such as marianismo, seek to elevate the role of culturally informed social workers to that of essential partners in medical and psychiatric diagnostic settings, and

advance policies and procedures that enable practitioners to more actively and appropriately participate in helping mothers navigate their personal journey in such a way that they can emerge feeling validated, supported, and better informed about how their child experiences the world around them. Since "*Marianismo* is embodied in the mother's role" (Gil and Vasquez 52), that is where I begin.

My transition from social work to law happened to coincide with the birth of my first son. From the onset, I understood that my career goals came second to my duties as a wife and mother. As such, I purposely accepted a legal position that did not require late work nights or travel. Being present and hands-on was important to me. After work, my daily routine included preparing a homemade dinner, as any good Puerto Rican mother would, feeding my son, bathing him, and putting him to bed, followed by cleaning the kitchen and preparing his school lunch for the following day. I also stayed home if he became sick, which as an infant was often. I wanted to be what I had been taught constituted an ideal woman, even if it meant carrying too much on my shoulders and relinquishing opportunities for career advancement. I was gladly up for the challenge. I had become my mother and my grandmother all wrapped up in one.

My efforts, however, resulted in unintended consequences. I experienced frequent migraines and other chronic health problems. I longed for rest and time for myself. My mother was incredibly helpful during this period. Yet fearing that it might appear as if I was not a good mother, I did not accept any more help "than was necessary." Deep inside I knew, however, that I needed a break. My wants were simple, yet the thought of not being there for my son at all times and taking care of his every need made me feel inadequate. At times, I also felt resentful, then guilty for feeling resentful, then scared that I could experience anything but happiness for the gift of having a healthy, sweet, and well-behaved baby boy. I understood these percolating feelings to represent a weakness at a time when I strived to be perfect. Yet, somehow, I was able to successfully maintain the semblance of this ideal—that is, until I gave birth to my second son. That is when the weight of marianismo became impossible to bear.

When my first son was four years old, I gave birth to twins, a boy and a girl. My pregnancy was uneventful, and the twins were born seemingly healthy. However, my bladder tore during the delivery, requiring emergency surgery. Despite this unexpected challenge, we were all able to return home within days. Then suddenly my baby boy, Justin, became colicky. Aside from when he was nursing, he cried from the moment he woke up until he fell asleep again. His constant crying was maddening, nerve racking, and very scary. What was wrong? Was he in pain? What could I do to help him? Something must be wrong. I consulted with his paediatrician, changed his formula, and tried

every natural remedy I could find, to no avail. The only action that seemed to lessen his crying, slightly, was when I held him in my arms. Yet I also had another infant girl and a young boy to care for. Moreover, it was physically difficult to carry him for prolonged periods of time. My body felt painful as a result of the caesarean section, bladder surgery, and resulting temporary placement of a foley catheter. Emotionally, I felt helpless, incompetent, exhausted, and overwhelmed. I was also perpetually anxious, always anticipating or trying to get through Justin's screaming. I lost a lot of weight and worried about the wellbeing of my oldest son and infant daughter as they too were affected by their brother's constant crying. I prayed to God to please help my son. To make matters worse, during this time, Justin developed a potentially fatal virus and had to be hospitalized immediately. I was terrified. How long could I continue to be strong when my son cried incessantly and was now having trouble breathing without assistance? I was quickly reaching the end of my rope. Luckily, his condition gradually improved, and we were able to return home. Then, a month after being discharged, Justin's colic suddenly stopped. Just like that. After four long months. I was grateful and relieved that it was finally over. Little did I know that my journey had just begun.

Even after Justin was no longer colicky, he showed great distress when surrounded by people or upon hearing the slightest noise. Attending social gatherings became a challenge. I also noticed that he did not make eye contact, would only fall asleep when I rocked him or while swinging on a mobile swing, and appeared disengaged, even with me. I feared something was just not right. Sensing, in my heart, that time was of the essence, I compartmentalized my feelings and began seeking answers.

When Justin was fourteen months old, he was evaluated by a neuro-developmental psychiatrist who concluded that although "autism was a possibility," it was too early to diagnose him. That was the first time I considered the possibility of autism. Her words shattered my heart. Autism is a life-changing diagnosis. The emotional pain associated with knowing that my child could possibly face life-long challenges and require care beyond my lifetime cut deeply into my heart. Ironically, she did not appear to understand the magnitude of her statement and the resulting needs. Instead, the neurodevelopmental psychiatrist simply offered an early intervention pamphlet and suggested that I call soon. As I stood in the hospital hallway waiting for the elevator, I remember thinking how different my experience may have been if the psychiatrist had been working in partnership with a social worker. Based on my professional experience, I know that a social worker would have understood how lost I felt in that moment and would have ensured that I left feeling more informed, supported, and aware of my options.

I enrolled Justin in early intervention services immediately after. During this time, several other concerns emerged. For example, he developed repeated

ear infections necessitating surgery for the placement of ear tubes. He was also diagnosed with sleep apnea, which led to additional surgery to remove his adenoids and tonsils. He was subsequently diagnosed with a heart murmur, and then an endocrinologist followed him due to concern that he was not growing at the expected rate. I was embarrassed at the frequency I had to call in sick to attend to Justin's medical concerns. I was overwhelmed. I remember thinking that I deserved an equal opportunity to flourish in my career, and how never calling in sick was such a source of pride for my grandmother. Yet despite my sense of professional shame and frustration, there is no place else I would rather be than holding my son as I prayed for God to have mercy and grant him relief.

At age three, Justin transitioned from early intervention to prekindergarten. Although he continued to receive special services, nothing really changed. He did not speak, avoided circle time, showed little retention of classroom learning, was hyper and impulsive, and required constant supervision. I was obviously missing something. A good mother is able to tune into her child's needs. Instead, I was failing my child when he needed me most. Once again, I knew I had to do something. My mother would have advocated for me. I remembered the time when I moved from Puerto Rico to the United States, and my mother refused to allow the school principal to place me in an English as a second language (ESL) class, insisting that placement be based on my excellent grades. The principal voiced concern that as a bilingual student, I would not be able to keep up. We both proved him wrong.

I needed to figure out what to do next. I simply did not have the luxury of waiting to see if he would outgrow these concerns only to later discover that something could have been done if only I had acted sooner. I decided to pursue additional special services and applied behaviour analysis (ABA) therapy though my private insurance and appealed each denial until they finally approved.[4] I needed to explore every possible avenue available for help. I kept a close eye on his teachers' communication logs and advocated for modifications to address sensory concerns and promote learning. This was a particularly exhausting and emotionally difficult time. I remember the sense of desperation I experienced trying to learn how I could best address Justin's needs while simultaneously advocating for additional services. I also remember repeatedly attempting to reach Justin verbally and through eye contact, in vain. Words cannot adequately express the despair I felt inside when I could not find a way for him to connect with me. Then there were the sudden unpredictable and unexplainable aggressive behaviours. One minute he was fine, the next he would begin to cry, scream, and hit his head or others for no apparent reason. His obvious distress was once again heartbreaking because I wanted to provide him with relief and did not understand how. I was also physically exhausted from working full-time and managing most responsibilities, as expected. Yet

seeking help for myself never crossed my mind. I inherently understood that my concerns and struggles, as a mother, should be handled internally and without creating a "fuss." Moreover, seeking help would have required me to acknowledge to friends and family that my son was struggling and I could not figure out how to help him, something I was not prepared to do. Instead, I pushed through my despair and placed Justin's name on a waiting list to be evaluated by yet another neurodevelopmental psychiatrist with the hope of obtaining answers. If I learned about what Justin was experiencing, then I could address the source of his distress. By providing him with relief, I would be proving (to him) that I loved him and that he could rely on me. Six months later, the psychiatrist told us that despite "obvious concerns," Justin was too young for her to feel comfortable diagnosing him.

Justin was four at the time, so he qualified for another year of prekindergarten. Given his perceived limited "progress" (at a school designed for neurotypical children), I challenged the adequacy of Justin's individualized education plan (IEP). After a year of meetings with the child study team (CST), the school district finally agreed to transfer him to a specialized school. Yet soon after the transfer, the school nurse began calling repeatedly for me to pick him up. Justin was reportedly either "hyper" or "upset," and they did not know what to do to "calm him down." This is when I realized that this school was not supportive of Justin either. Although I felt as if I did not have more energy to give, the thought of Justin attending a school where he was seen as a "problem" motivated me to persevere. I pushed for a one-to-one aide who could render compassionate tailored help but was met with resistance and further delays. Ironically, the CST case manager, who was also a social worker, seemed most disconnected and insensitive to my efforts. She must have seen the profound sadness in my eyes, yet she never acknowledged how difficult it must have been to attend meetings where each member discussed what was reportedly "wrong" with my child. She looked to me for solutions, rejected my ideas, and then failed to provide any suggestions for how the school could meaningfully help. As a former social worker, I instinctively recognized that she could have played a crucial role in making the process seem less adversarial and more focused on addressing Justin's unmet needs. In contrast, my actions would have been more in line with Justin's subsequent CST case manager/social worker, who empowered me to navigate an unknown world with sensitivity, useful information, resources, and advocacy in the best interest of my son. During this time, we took Justin to be evaluated again—this time by an interdisciplinary neurodevelopmental team. After four separate visits, we were given the news. They were the very words that I did not want to hear and yet knew were coming. Justin had autism. He also had attention deficit hyperactivity disorder (ADHD).

No doubt inspired by the tireless advocacy of women who brought me here,

I had been steadfast in my efforts to obtain appropriate help for Justin and determine the source of his unexplained behaviour. However, when the doctor stated her diagnosis, my heart stopped. I could not breathe. At the time, I understood a diagnosis of autism to mean that my child would be vulnerable, misunderstood, and overwhelmed by the world around him for the rest of his life. I remember being unable to respond when my mom asked what the doctor said. I could barely utter the words. The news was just too devastating. Up until then I had been running on empty, but now I felt broken.

Many parents share experiencing the moment they learned of their child's autism diagnosis "with the same intensity as a death" (Fernandez-Alcántara et al. 316). For me, there was a finality associated with learning of Justin's diagnosis. It was the end of a vision and hope that all three of my children would someday grow up and be able to successfully navigate their life course without me. By extension, my profound sadness stemmed from the realization that my son may never be able to live independently and could possibly require supportive care, beyond my lifetime. When I died, who would step in and try to understand and respect his preferences, empower him to reach his highest potential, treat him in a loving manner, and make his wellbeing a valued priority?

As I struggled to understand how this could have happened, I remember feeling a deep sense of guilt inside. Oya Onat and Kocabiyik and Yesim Fazlioglu note that upon receiving an autism diagnosis, guilt is one of the most intense and difficult emotions families struggle to overcome (33). Despite loving my son unconditionally, I also wondered if somehow my actions had caused him harm. It did not help that someone in my inner circle, whom I loved and respected very much, casually mentioned that Justin's autism must have resulted from my "genetic family make-up." I was immediately sickened by the comment, recognizing it as mean spirited, cutting, and mother-blaming—a pervasive societal practice that holds mothers responsible for their children's abilities and psychological health (Caplan). Despite this awareness, due to our close relationship, the comment served to cement my guilt. I carefully examined my past. I remembered eating well during my pregnancy, faithfully taking my prenatal pills, and living a healthy lifestyle. I knew that these decisions could have a profound effect on my children's health and wellbeing. I did not smoke, drink, or use drugs ever. I also fulfilled my end of the bargain and complied, to the best of my ability, with the culturally sanctioned "rules" that governed my behaviour as a mother. I did not forget my place as a woman vis-à-vis my family. I did not put my own needs first. I had not asked for help. I did not discuss my personal problems outside of the home. Instead, I was patient, self–sacrificing, and accepting of all challenges. How could God forsake me when I had done everything seemingly right?

Research shows that Latino family caregivers of disabled children or adults

examine spirituality in an attempt to cope (Salkas et al. 38). Religion or spirituality is generally looked to as a source of strength and higher meaning. Kristen Salkas et al. conducted a study to gain a specific understanding of the role of spirituality on Latino parent coping when their child has autism (38). According to their findings, most Latina mothers believed that their child's autism was a "positive sign from God" (e.g., "a blessing," "a part of God's plan," or a sign of their worthiness as parents) (47-48). Moreover, even those who reported feeling uncertain, remained open to the possibility of a link between the disability and God (49).

I can personally confirm that trying to understand God's role and purpose is part of an internal dialogue that many of us Latinos have when trying to make sense of something unexplainable. My cultural and religious upbringing taught me that I was supposed to have faith that God would help me, that everything occurred for a reason, and to be grateful that Justin was otherwise healthy… was he? I was angry at God. I felt betrayed. I stopped praying. How could I pray for God to grant me hope, strength, and acceptance when I was simultaneously so furious at Him. It felt hypocritical. Yet my internalized cultural values made it impossible for me to openly express my anger, let alone my anger at God. Presented with this internal conflict, I reverted to my default position in times of crisis and chose to repress my feelings (Gil and Vasquez 262). My son needed me to remain focused so that I could continue to advocate on his behalf and connect him with services that would enable him to thrive. I also needed to hold it together for my other children who looked to me for reassurance that everything was going to be okay. There was just no time for me. With these thoughts in mind, I immediately presented the school district with Justin's evaluation results. Justin was then transferred to an out-of-district school for children with autism.

Norat uses contemporary Latina writings to argue that "Adherence to *marianismo* as a basic gender directive can jeopardize women's health and the stability of the nuclear family, paradoxically, the very social unit essential in perpetuating Hispanic culture" (2). She notes that marianismo prompts Latinas to ignore their wellbeing (1) and often health issues go unnoticed because a "'good woman' rarely voices distress" (10). Over the course of the years described above, I repeatedly suffered with bronchitis and pneumonia. When Justin was five years old, I also developed an ulcer in my stomach, severe irritation of my esophagus, and gastritis. The doctor warned that I should seriously address the source of these conditions if I wanted to avoid developing graver problems in the future. That was my wakeup call. I realized that the expectation that one should continue to stoically give more of oneself at a time when the demands of having a child with special needs were growing was not only physically and emotionally depleting but also dangerously unhealthy. I suddenly considered what might happen if I failed to seek help for

myself. I remembered what happened to my grandmother. Motivated by fear, I sought guidance from a therapist who observed that perhaps my gastro-intestinal problems were due to my inability to express anger, choosing to swallow it instead. I then realized that by perpetuating such a limited and punitive value system, I was also harming my children. If I wanted them to develop a healthy expectation of self, I needed to model behaviour that supported this goal. Moreover, if I did not change, I risked losing my own sense of self and with it the ability to be the best mother I could possibly be.

It was around this time that I found the courage to share my spiritual struggle with a wise friend. I shared that I felt angry at God because He had allowed my baby boy to experience so much distress. I was also angry because I had followed "the rules" and yet He was absent when I needed him most. Voicing these feelings out loud made me feel ashamed. My friend quietly listened and eventually noted that part of having a healthy relationship with God is being able to be angry with Him and working these feelings through. Her gentle, supportive, and nonjudgmental words normalized and validated feelings that I was taught were taboo. It was the most liberating and supportive response I had heard until then. With newfound permission to express my true feelings, I was able to take empowered steps toward healing from the psychological burden marianismo had imposed in my life. With healing came perspective, courage, then acceptance.

Upon Reflection

In the previous section, I have aimed to convey my true experience from the time I gave birth until Justin was diagnosed. In referring to Justin's experience, particularly within the school system, I am referring to behaviour that seemed to indicate that Justin was experiencing pain and terror in relation to the world around him. My concern centred around my lack of knowledge surrounding autism, resulting inability to respond to his distress, and efforts to try to connect with him so that I could understand how I could better address the source of his apparent anguish. His distress became my distress. I am sure many mothers can relate.

Nearly ten years have gone by since Justin was diagnosed. My understanding and thoughts regarding autism have evolved. However many of us mothers are not mentally prepared or knowledgeable on day one. Day one is messy, scary, and overwhelming. There should be space for mothers to describe these messy experiences without having to worry about how they may be received. Again, day one looks very different than ten years down the road. But our emotional healing and acceptance would never occur without being able to share our day one.

To be clear, I have never tried to fix Justin. However, as previously stated, I

am painfully aware that one day I will no longer be able to care for Justin. This concern highlights our failure, as a society, to support families and people with autism in a manner that conveys value, respect, and compassion for neurodiverse people. Over the years I have worked hard at teaching Justin functional and self-care skills with the hope that one day it will enable him to be more easily cared for by a family member or kind person who will show him the love, compassion, and acceptance he deserves. I do not equate this goal with showing any inclination towards ableism. I accept Justin for who he is. He is such a source of pride and joy! He is resilient, clever, charming, funny and has an amazing mischievous sense of humour. I know that Justin must be aware of the enormous amount of love he is surrounded by. I believe he feels safe, understood, and happy, and it shows. I have learned so much from Justin, and now that I have a better understanding of how he communicates and interprets the world, I feel more at ease because now I get it. That being said, I do have a duty to help him reach his fullest potential, as I do with my other two children. That, in my opinion, is part of loving.

Implications for Social Work Practice

Social work practitioners understand that culture plays a significant role in family and individual coping with life-changing events. However, most practitioners are not knowledgeable about cultural values such as marianismo. They are also unaware that Latina mothers who ascribe to this ideal often experience an added layer of pressure, responsibility, and isolation that undermines coping with their child's autism. Without a clear understanding of this culturally sanctioned belief system, a social worker's ability to effectively provide a subset of Latina mothers with needed support and promote healing is substantially diminished. As such, it behooves the social work profession to play an active role in promoting efforts to strive for cultural humility (Sanchez 67) and empowering culturally informed social workers to provide meaningful services. Practitioners must also be proactive, cautious, and creative in their attempts to render culturally informed services.

For any meaningful change to occur, it must be sanctioned from above. I therefore propose that each official governmental office charged with licensing social workers provide practitioners with access to ongoing cultural humility trainings, on lesser-known topics, such as marianismo. I also propose that these offices mandate cultural humility trainings as part of the continuing education credit requirement. We are living in an increasingly diverse society. Culturally informed practice must be actively cultivated. It requires continuous professional development, recognition of within group differences, and introspection. Mothers are a critical entry point to successful engagement with community. As such, increased knowledge of mothering experiences

across cultures is crucial to offering culturally receptive services in a manner that facilitates forward movement, as defined by the client mother. Social work must consider ways to bring mothers knowledge and experiences into social work training by creating opportunities for their voices to be heard. This may be accomplished by inviting existing Latina client mothers, of all ages and levels of acculturation, to participate in focus groups and research, which could shed light on their experiences, receptiveness to services, and identify possible service gaps. By creating and fostering a best practice standard, whereby social workers are expected to consistently build on their under-standing and awareness of the cultural impact on coping specific to the population they work with, licensing offices can take a leadership role in addressing the needs of populations served by their licensed professionals, including Latina mothers of children with autism.

Promoting cultural knowledge and its impact on coping among social work practitioners is not enough. In the process of learning, social workers must be mindful not to develop stereotypes or erroneous assumptions that could undermine, instead of foster, a therapeutic relationship. We are all different. To address this concern, it is important that social workers adopt a cultural humility approach and enlist the help of clients, as experts, in efforts to learn about their culture and its possible impact on their life (Sanchez 67).

Humberto Reynoso-Vallejo's study of a radio support group intervention for Latino caregivers highlights the benefit of using cultural humility in servicing the Latino community (67). With the understanding that Latinos are not easily responsive to traditional intervention models of support, Reynoso-Vallejo's study demonstrates how practitioners can effectively use cultural humility as a means to engage Latino clients in the process of identifying barriers to service delivery and develop creative intervention strategies accordingly (67). Significantly, by taking on the role of an interested learner, honing into the complex needs of Latino caregivers, and tailoring services offered to conform with culturally sanctioned values and priorities, the researchers in the study were able to develop useful coping materials, which were well received by all families involved (67). Reynoso-Vallejo concludes that innovation coupled with cultural humility approaches are promising (67), yet more research is necessary (76). As previously noted, the need for such research remains today. Only through learning can practitioners create interventions that are culturally responsive, helpful, and realistically utilized by Latina mothers of children with autism.

Interventions must also address other possible cultural barriers to effective service delivery. For example, practitioners must be mindful that Latinos are generally less inclined to seek mental health services (Andres-Hyman et al. 695). This is especially true for Latina women who adhere to marianista values. It is therefore important that the practitioner start where the client is. Mothers

must feel that the social worker attributes value to what they deem important and the reasons why. To this end, practitioners must remain respectful of a Latina mother's cultural beliefs and begin work within the reality of this framework without judgment or pressure. Moreover, it is critical that practitioners seek to understand the mother's relationship with her family, especially her children, as well as her level of compliance with conventional gender norms that support marianista ideals (Andres-Hyman et al. 699). Adopting a cultural humility approach, as described above, may be helpful in this regard.

Practitioners should also consider restructuring services.[5] For example, Latina mothers of children with autism may initially respond to services offered within a setting that provides practical information about autism and resources for their children. Therefore, social workers should aim to create a space that addresses the needs of the child first, followed by the specific needs of the mother. To this end, practitioners can cofacilitate workshops with other professionals on such topics as understanding autism, school advocacy, estate planning, and therapeutic options, to name a few. They can also provide information on community organizations that offer recreational programs for children with autism as well as state-sponsored supportive and financial resources that can help defray the cost of these programs. Starting with the concrete needs of the child is key.

Next, practitioners must create realistic opportunities for Latina mothers to participate in individual or group therapy and ensure that these services are rendered in a culturally responsive manner. Scheduling is critical to success. When possible, educational and supportive programs for Latina mothers should be scheduled at the same time when their children are otherwise engaged in supportive programs of their own. Providing recreational or therapeutic programs for the children simultaneous to programs for Latina mothers would address possible resistance and enhance participation. Alternatively, practitioners can assist mothers to access respite care so that they can participate in these activities more freely and without the guilt that often accompanies self-care.

Latina mothers who have a child with autism would greatly benefit from being able to discuss their struggles with other similarly situated Latina mothers. A culturally informed practitioner would be able to lead a group that promotes mutual support while remaining sensitive to the internal conflicts presented by marianismo. When indicated, goals can be framed to support personal narratives, for example "helping a mother to assist her family" (Andres-Hyman et al. 699). Finally, culturally responsive support groups can serve to normalize these mothers' experiences and perhaps and encourage them to begin to re-evaluate their understanding of mothering and find healthier, less judgmental ways of coping.[6]

Lastly, I assert that social work administrators and executives must advocate for medical and psychiatric physicians to routinely include the expertise of culturally informed social workers as part of their service delivery model. They must also provide practitioners with the support and resources necessary to render culturally informed services. Hospital, school-based, and community-based social workers regularly conduct bio-psycho-social assessments as part of their practice. As such, they are privy to a person or family's psychological functioning, strengths, supports, challenges, and needs. Equipped with this knowledge, culturally informed practitioners are ideally positioned to provide comprehensive and meaningful help at every point of entry, regardless of their work setting. By elevating the role of social workers to that of an essential partner and advancing policies and procedures that enable practitioners to play an active role in supporting the mother client, administrators and executives can create meaningful change. Failure to promote a cultural under-standing of motherhood will result in missed opportunities for the profession to reach, engage, and empower a segment of Latina mothers struggling to cope with the implications of having a child with autism, under the weight of marianismo.

Conclusion

Trying to extrapolate myself from marianismo values remains work in progress. I now realize that I cannot follow an ideal that invalidates me. Instead I must simply be the best person, woman, and mother that I can humanly be. This does not take away the pain of my journey, but it does lift an enormous burden. As I move forward in my quest to provide my son with every opportunity I can for him to thrive and reach his full potential, I continue to remind myself that it is okay to cry in front of my children and to feel sad, angry, and vulnerable, and to seek help. My hope is that by attempting to model this more realistic and forgiving posture, my children will internalize a healthier example of the role of a woman and mother and thereby avoid the damaging effects of living a life constrained by "the invisible yolk of Marianismo" (Gil and Vasquez 7). I am certain that many Latina women who have a child with autism can relate to my struggle.

In this chapter, I demonstrate how marianismo ideals are absorbed by Latina women, to different degrees, without their knowledge and regardless of class or education. I share my own experience growing up quietly influenced by marianista ideals and discuss how my efforts to adhere to these beliefs proved damaging. I argue that marianismo tenets not only deprive Latina mothers of critical support but are unrealistic, cruel, and crushing to both their spirit and wellbeing. As a Latina mother and a social worker, I maintain that social workers are uniquely qualified to play a meaningful role in easing

the added strain marianismo imposes on Latina mothers as they attempt to cope with the implications of their child's diagnosis. However, to be effective, the social work profession as well as individual social workers must consider the need to cultivate culturally receptive practices and create change to address this need and support meaningful service delivery. By tuning into the burden that marianismo imposes on Latina mothers, culturally informed practitioners can play a vital role in empowering these mothers to break free from a set of values that has imprisoned them for most of their lives.

Endnotes

1. Prior to becoming an attorney, I obtained an MSW and worked as a hospital, community-based, and oncology social worker. Although I had always been interested in the law, working with clients diagnosed with cancer who required reasonable accommodations at work reignited my interest in legal advocacy.
2. In this chapter, I use the terms "marianismo" and "marianista" inter-changeably. However, more specifically, marianismo refers to a cultural value system, whereas marianista refers to a person.
3. Arturo Morales Carrión provides a comprehensive description of Puerto Rico's changing socio-economic and political status during this time and how it led to mass migration from the island to the United States.
4. Although applied behaviour analysis (ABA) therapy has been identified as an effective therapeutic intervention for children with autism, many disability scholars and parents strongly oppose its use.
5. Reynoso-Vallejo's study highlights researchers' attempts to develop various creative and culturally responsive interventions aimed to respond to Latino caregivers' needs (67).
6. For example, Argentinian group Mothers of the Plaza de Mayo set aside traditional expectations of women and mothers to demand accountability for the disappearance of their children (Fabj 1). Salvadorian mothers who migrated to Canada during El Salvador's civil war adjusted their mothering preferences to help their children thrive (Carranza 86-96), and author Angie Cruz began accepting much needed help after her resistance to do so almost cost her infant son his life (54).

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Mothering and Othering: Experiences of African American Professional Women

African American women have been the backbone of American society. Since 1619, they have been and remain a stable force upon which families, communities, and institutions have been built and nurtured. In many cases, this role of nurturer has transcended forced servitude and is now both a personal and professional choice, which is demonstrated through her roles as mother and social worker.

Unfortunately, this positioning has required many African American women who are mothers and social workers to address demands associated with the intersections of their roles including role overload, role strain, and role confusion. In addition to challenges faced by role intersections, African American women must simultaneously manage societal issues, including racism, sexism, racial loyalty, racialized oppression and gender biases. Finally, African American women who are mothers and social workers must process internal conflicts associated with certain paradigms, including the strong Black woman, imposter syndrome, and superwoman schema.

Given these challenges, there seems to be a dearth of theories that adequately explore the noted intersections for this unique population of African American social workers who operate in multiple spheres. This conceptual article provides some historical context, reviews the relevant literature, explores strengths and gaps in related theoretical frameworks, and examines our experiences to promote the exploration of a comprehensive theory that seeks to explain the nuanced intersections of mothering and othering.

Introduction

For some, being a mother and serving the community as a social worker is one of the highest privileges in life. Unfortunately, contemporary social constructs and role intersections associated with motherhood and social work, including other subsequent and secondarily associated responsibilities, have significantly

contributed to role strain, role confusion, and role overload. Given the extensiveness of such additional responsibilities, we refer to completing these tasks as "othering." For African American women who simultaneously endeavor to be competent mothers and social work professionals while managing the effects of racial loyalty, racialized gender issues, and the strong Black woman syndrome, these challenges are often magnified (Alleyne 4; Anthis 333; Edmonson Bell and Nkomo 11).

Using a semi autoethnographic, narrative approach, which includes testimonies and stories along with a review of the literature and relevant theories, this article explores the complicated relationship between mothering and othering for African American women who are mothers and social workers serving the profession through various roles. Furthermore, we call for greater examination and theoretical development in terms of exploring the intersectionality of race, gender, mothering, and othering for this important segment of the social work workforce. After providing a background and then referencing current literature, existing theoretical frameworks, and role exploration as the foundation for the article, we discuss and imply that such an examination could produce an adequate theoretical framework that uniquely represents the experiences of the dual identities of African American women in their roles as mother and social worker. The development of a much needed theory to examine African American women, mothering, and social work would seek to explain the myriad of layers experienced by African American women and perhaps other women of the African diaspora who are mothers and serve as social work practitioners, educators, and researchers.

Numerous theories are referenced to initiate an exploration of the experiences of African American women practicing social work, teaching social work, and producing knowledge for social work while simultaneously fulfilling the role of a mother. Although these theories seek to explain varying aspects of role intersections, we also argue that there seems to be no inclusive theoretical framework that addresses the stated role intersections. It is surmised that a proper theoretical framework should be developed, but it can only be developed in tandem with understanding the experiences of women who identify as African American mothers who serve as social work practitioners, social work educators, or social work researchers, and who can operationalize such factors as racial loyalty, racialized gender, and various perceptions of the strong Black woman syndrome from their lived experiences.

Stemming from our professional expertise and experiences, we provide a brief overview of theoretical frameworks and relevant concepts to contextualize a discussion surrounding the similarities, differences, benefits, and challenges associated with their roles as African American mothers and social work practitioners, educators, and researchers. These shared experiences serve as a foundation for developing a theory that addresses the intersectionality of these

roles, race, gender, and class that can explain and supports African American social workers who are mothering and othering.

Background

From a historical perspective, Black women have been a foundational element within the Black community. The Black community is understood to be the geographic and/or philosophical closeness of people of African descent as well as a diversified set of systems and structures that compel or force their aggregation for mutual aid and collective growth (Blackwell 5; Frazier 27; Martin and Martin 2). Several historic and contemporary scholars have noted the attributes to and significance of Black women as major contributors within the community, particularly in areas including, but not limited to, education, community services, journalism, politics, and preaching (Brade 312; Higginbotham 147; Martin and Martin 63; McLane Davison 290; Washington 267).

Similarly, throughout history, Black women have been primarily responsible for managing the family, which includes immediate and extended family (i.e., kinship and community mothering) in many cases. To fulfill these extensive familial expectations, Black women heavily rely on kinship networks of community support that includes biological and nonbiological "aunties" (Butler 593; Dow 194; Hall 497). Some researchers have described this concept of biological, kinship, and community care by African American women networks as "othermothering"; African American women can share the burdens of mothering and other related responsibilities.

In varied roles, including that of mother, Black women, also understood to be women of colour whose lineage is linked to the continent of Africa, have been the progenitors of racial identity, gender identity, spiritual identity, faith, social norms, and financial viability (Boyd-Franklin 78; Kilgour Dowdy 15; Martin and Martin 117). Notably, the roles and role identities of Black women have been directly influenced by some of the following cultural experiences and values: gendered roles (e.g., caregiving, breadwinning, and environmental/homecare); the importance of children (e.g., healthcare, school matriculation, immediate needs, and nurturing); strong achievement orientation (e.g., educational orientation, communal and peer approval of achievement, self-esteem, and resilience); strong work orientation (e.g., work ethic and the value of work); flexible family roles (e.g., kinship, mentoring for children of single parents); and strong religious orientation (e.g., commitment to service, spirituality, and spiritual/religious practices) (Butler, 593; Dow 194; Hall 497; Hill 37).

African American women—one subculture of Black women or women of colour, whose lineage is linked to the continent of Africa and who self-identify as Americans—take the role of mothering seriously. The essence of these

experiences and values, as galvanized through mothering, has produced strong African American individuals, families, groups, communities, and organizations. Although these experiences and values provide a rich foundation for various systems, intensive mothering, as coined by Sharon Hays (156), also produces a significant degree of conflict and is correlated with adverse mental health outcomes for many African American women who attempt to simultaneously maintain all values associated with culture and roles concerning mothering (Rizzo, Schiffrin, and Liss 614).

In addition to reports of poorer mental health, considerable research documents that Black women experience significant declines in physical health due to the compilation of mothering and related responsibilities (Hall 491; Liao, Wei, and Yin 97; Nomaguchi and Milkie 202; Rodriguez 67). The multifaceted and complex role of mothering does not include a sole or individual focus. For African American women, mothering is often associated with othering, which we conceptualize as performing associated and secondary tasks affiliated with embracing cultural experiences and values.

For example, many African American mothers are expected to prioritize the role of caregiver and nurturer within their traditional families (mothering) while simultaneously nurturing other members of one's faith group, geographic community, and non-immediate family through, for example, kinship care, mentoring, planning, transporting, counselling, teaching, and disciplining (i.e., othering)—as operationalized demonstrations of the value of flexible family roles. In addition to assuming responsibility for the moral and academic achievement of one's biological and sociological children, she is expected to achieve peer-approved excellence while demonstrating the highest level of work ethic at her place of employment and the highest regard for the gender-influenced role expectations at home.

This significant quest to mother and other leads to role strain, role conflict, and role overload. Scholars have documented that the experienced weight of these excessive responsibilities for African American women has led to the label of the strong Black woman syndrome (Woods-Giscombe 669). Although such a label could appear favourable to some, the strong Black woman syndrome has been linked to significantly poorer health outcomes and increased mortality rates for African American women (Baker et al. 305; Liao, Wei, and Yin 85).

Although the task to balance mothering and othering may exist for many women, regardless of racial and ethnic identity, the culturally influenced expectations and values that lead to role conflict are exacerbated for African American mothers, particularly when concepts such as racial loyalty, racialized gender, and perceptions of the strong Black woman are injected into the discussion. These concepts introduce the added responsibility of aligning with and caring for an entire race of people while operating within the role and

expectations that have been assigned to her as a mother. In addition to having responsibility for the regeneration of the racial values, cultural practices, and values, strong Black women are perceived as strong, resistant to vulnerability, resilient, committed to helping others, and carriers of history. Research has documented the inferred premise that African American women must be the alpha woman who manages all biological, psychological, sociological, and spiritual components of life while still being vulnerable, gentle, respectable, and desirable (Woods-Giscombe 674).

For African American women who assume the tasks of mothering and othering, the inability to actualize all culturally influenced values, normalized behaviours, and stereotyped perceptions equally and simultaneously can lead to role confusion, role overload, and a threat to one's identity. While many professions, including social work, promote distinctions and separations of professional and personal values and roles to manage role confusion better, other research suggests that there is a less clear distinction between the personal and professional self for women in traditional and nontraditional professions, particularly for African American women (Burlew and Johnson 302; Edmondson Bell and Nkomo 11).

Dr. Altra Charles suggests that our holistic identity, even while operating in our professional roles, includes "professional and social status, such as faculty member, wife, or mother, and this influences how we feel about ourselves" (qtd. in Alleyne 37). Additionally, she notes that if one has a threatened identity, they carry an emotional burden that weakens the body (Alleyne 37). Similarly, Darrius D'wayne Hills argues that the stereotypical trope "mammy," initially attributed to Black women during slavery, can be extended to academia, whereby scholarly productivity and quality of home and professional life are compromised due to excessive demands to support the agenda of others with little to no support for their own (8). For African American women in faculty positions, kinship support systems are essential for improving mental and physical health outcomes. This community support is also critical for professional mobility in the academy (Gregory 131).

Within the context of role theory, critical feminist theory, and womanist theory, this article explores the similarities, differences, benefits, and challenges associated with the dual roles of mother and social work practitioner, educator, and researcher for African American women. We hope that these shared experiences will serve as a foundation for developing a theory that addresses the convergence of these roles and race.

Theoretical Framework

Existing theories consider components of the professional African American woman's experience. Much of the literature about roles and identity related to African American women references theories and perspectives, such as feminist theory, Black feminist theory, standpoint theory (Payne and Suddler 387), critical race theory, womanist theory, intersectionality theory, and role theory. These theoretical perspectives focus on the unique experiences of professional African American women when considered independently. However, from our perspective, none of the aforementioned theories adequately frame or explain an integrated experience that includes gender, race, gendered racism, ethnic identity, spirituality/religiosity, cultural experiences, values, class, personal roles, and professional roles. Instead of a single theory to address each component of these integrated experiences, we use various theories including role theory, critical feminist theory, and womanist theory with reference to Black feminist theory to examine cultural experiences and values associated with mothering and othering for mothers who also serve as social work practitioners, educators, and researchers.

Role Theory

Role theory has been widely used as a theoretical framework for over ninety years. It has its roots in theatre and psychodrama (Jakovina and Jakovina 151). Social scientists considered actors assigned roles to play based on written scripts. This basis has since been used to explain human behaviour in the social environment. The fundamental premise of role theory is that an individual's behaviour can be "predictable depending on their respective social identities and situation" (Biddle 68). Role theory aims to explain how the social environment influences an individual's behaviour, both directly and indirectly. It is a coherent framework and may give theoretical and empirical focus on social work's historical emphasis on person-environment interactions. Bruce Biddle further described the following three components of role theory: patterned and characteristic social behaviours, identities assumed by social participants, and scripts or expectations for behaviour that are understood by all and adhered to by performers (68).

Research on role strain and dual identities are plentiful, particularly related to African American women and mothers (Hall 496; Liao, Wei, and Yin 96; Nomaguchi and Milkie 200; Rodriguez 67). However, the literature examining African American women, mothers, and their role as social workers is minimal. Few studies look at how these three categories relate to a mother's dual identity as a social worker. The author's anecdotal observations and practice wisdom suggest that role strain is common among African American women.

The primary social work skills embedded in the profession (e.g., genuineness, empathy, and warmth) are also foundational in interactions as mothers. Whereas some mothers navigate personal and professional environments, the mother-social worker seldom has an opportunity to modify attributes of her identity. The complex interconnections between societal expectations of the nurturing, supportive, and matriarchal Black mother and the caring, compassionate, and advocating social worker may leave many feeling overwhelmed, overworked, and unseen. In and of themselves, these attributes are positive and perceived as strengths. Yet given the intertwining of role overload and the mother-social worker attributes, we surmise that many mother-social workers risk losing their identities in these roles.

Theoretical Considerations

Critical Feminist Theory

The proliferation of critical feminist theory is often credited to Catherine MacKinnon and emerged from critical race theory in recognition of the various forms of oppression that exist within American societies and subcultures. Since its initial introduction in the 1980s, critical feminist theory has been used as the framework for numerous studies, including Brandi Geisinger, who researched critical feminist theory, rape, and hooking up. Stemming from the research of other theorists, Geisinger outlines the following as assumptions of critical feminist theory. One, gender oppression is endemic in our society. It is normal, ordinary, and ingrained into society, making it so it is often difficult to recognize. Two, traditional claims of gender neutrality and objectivity must be contested to reveal the self-interests of the dominant (male) groups. Three, social justice platforms and practices are the only way to eliminate gender discrimination and other forms of oppression and injustice. Four, the experiential knowledge of women or their unique voice is valid, legitimate, and critical for understanding the persistence of gender inequality, and these unique voices are often demonstrated through storytelling and counternarratives. Five, women are differentially discriminated against depending on the interests of the dominant group and depending upon the intersections of their identities. Six, history and historical contexts must be considered to challenge policies and practices that affect women. Seven, critical feminist theory must be interdisciplinary in nature (9).

Womanist Theory

Womanism is a concept generally considered to contextualize Black women by race, gender, and class within American society (Rousseau 452). The concept of "womanism" was coined by Alice Walker and is often used interchangeably with the Black feminist perspective (McLane-Davison and

Hewitt 191). Both are concerned with systems of oppression and introduce compassion for women working and loving each other, regardless of sexuality (McLane-Davison and Hewitt 191). Walker is widely known for describing a womanist as a Black feminist. Womanism is an alternative to an expansion of feminism, which challenges sexism in the Black community and similarly challenges racism in the feminist community. Other scholars note that womanism embraces the concepts of race and gender within the context of equality, community, collectivism, self-determination, culture, experience, empowerment, liberation, power, reciprocity, and love, regardless of gender or sexual orientation (Gilkes 15; McLane-Davison and Hewitt 191; Rousseau 452).

A discussion of womanist theory and womanism would be incomplete without acknowledging Patricia Hill Collins's seminal work on Black feminist thought. Collins's work illuminates the marginalizing effect and cultural distinctions between white feminism and Black feminism. These competing and sometimes conflicting distinctions have impacted definitions of Black motherhood and arguably invalidated the interpretations ascribed to related mothering experiences of Black women (Collins 110). Collins's discussion on such concepts as blood mothers, othermothers, and women-centred networks magnified lesser-known aspects of Black motherhood in the literature (Collins 178). She asserts that the experiences of motherhood in the Black community are tied to status and social activism and analyzes the perceived incompatibility of work and motherhood while emphasizing the necessity for Black mothers to work (Collins 176), thus highlighting the strength and implied challenges Black women face balancing work and motherhood.

Existing research examines Black motherhood by combining the perspective of Black feminist thought as delineated by Collins, the definition of womanism as presented by Walker, and the extended critique of womanism by Layli Maparyan (Craddock 2-4). Through this inherently multifaceted lens, Craddock presents a "three-point prism of inquiry" (5) that examines what she identifies as the contours, contexts, and considerations (CCC) of Black motherhood. These points of inquiry emerged from a robust qualitative study that resulted in profiles of resistance, which were developed to reveal case study findings of Black women and their responses to resistance within the CCC of Black motherhood (7). Craddock's qualitative examination of the contours' profile disclosed the critical aspect of socioemotional and relational health and its opposing dynamics. According to Craddock, Black mothers operate within a myriad of foundational contexts (e.g., community advocates, caregivers, and social workers) that empower them to resist oppression resulting from a persistent array of societal factors. Throughout decades, Black women have given significant considerations in their routine planning and strategizing related to their career, family planning, and professional development, to name a few.

Literature Review

Integrating Role Theory, Critical Feminist Theory, Womanist Theory, and Social Work

During the same era in which role theory and critical feminist theory evolved between the 1970s and 1990s, women's roles and social positions evolved. Time-specific research noted that African American women tended to select roles and careers in traditional fields for women (e.g., social work, teaching, and counselling) versus nontraditional fields for women (e.g., law, medicine, and engineering) (Burlew and Johnson 302), despite growing interest and involvement by other women. This maintained commitment to traditional fields of work is largely because these traditional professional roles provided the most flexibility and alignment with cultural values and gender roles, despite feeling oppressive to some.

Over the last thirty years, womanist research has argued that African American women tend to gravitate towards and build communal bonds with those who identify with their gender and culture (Burlew and Johnson 309; McDowell and Carter-Francique 402; Payne and Suddler 394). This seemingly natural gravitation was beneficial in buffering the challenges associated with simply existing and achieving in environments perceived as more hostile and discriminatory (Burlew and Johnson 309; McDowell and Carter-Francique 402; Payne and Suddler 394).

Despite this expansion of roles and community-building practice for African American women, the challenges to fulfill work roles while meeting the cultural values and gender-assigned expectations have remained consistent. Along with issues associated with racial and ethnic differences, there are additional challenges for African American professional women, particularly in consideration of personal relationships (e.g., marriage, children) and educational achievement (e.g., degree attainment) (Anthis 335). It is reasonable to consider that domains can be precursors for life changes, identity confusion, role conflict, role strain, and role overload (Anthis 335; Burlew and Johnson 309).

In one study, African American women in nontraditional work roles reported the additional barrier of race. They noted the role conflict between the work-family interface demonstrated in earlier research on white women (Cooper, Cary, and Davidson 50). It has also been stated that Black women have amended the traditional path to professional identity and leadership, having entered careers traditionally dominated by white males; Black women have had to contend with sexism and racism. These experiences contribute to separate approaches towards navigating their careers and making a change in the workplace (Dickens and Chavez 771; Edmondson Bell and Nkomo 678; Hills 8).

Within social work practice and social work education, the complexity surrounding the intersection of race, gender, and social roles for women of colour has been noted (Dickens and Chavez 771; Vakalahi, Starks, and Hendricks 13). Concerns regarding mentorship, leadership opportunities, equity, and white and male privilege—often reinforced by structural and institutional racism—are some of the issues women of colour face in social work (Burton, Cyr, and Weiner 5; Corley and Young 322). Furthermore, the challenges that women of colour, particularly African American women, encounter concerning work-life balance are that much more difficult due to the cultural expectations and values surrounding the need to provide financial stability and manage additional stressors within organizations (e.g., large workloads, limited resources, administrative paperwork, racism, and sexism) (Janasz et al. 1449). These challenges experienced by African American women in practice and the academy are numerous and have been well documented in the literature. Furthermore, awareness of the information mentioned above provides context for understanding our experiences as African American mothers and social workers.

Exploring Roles: Mothering and Othering

References have been made to the challenges that African American professional women face in achieving work-life balance while serving dual roles as mother and other. However, to gain greater insight into how these roles are operationalized in daily living, we will provide experiential data via their reflections to explore the similarities, differences, benefits, and challenges associated with their experience as African American women who serve in dual roles of mother/other and social work practitioner, educator, and researcher.

Personal Reflections

There are many similarities and areas of overlap in our professional identity as social workers and our personal identity as African American mothers. In both worlds, we assume the roles of teacher, mentor, nurturer, and supporter of others. It is our responsibility to ensure the health and wellbeing of those within our areas of responsibility. Although there are different accountability and financial reward levels, these roles ensure the continuity of professional and cultural experiences and values. In addition, the benefits of both positions are the assurance that positive contributions have been made in and to the larger society.

However, consistent with role theory, we are frequently challenged with role strain, role conflicts, and role overload as social work practitioners, educators, and researchers. Burdened by guilt, we unsuccessfully manage the numerous

roles and competing expectations placed upon us. The notion of the stereotypical Black superwoman is pervasive in the inner recesses of our minds and at the forefront of feeling empowered by our ability to persevere and show our resilience despite life's stressors. Society has placed this unrealistic expectation on Black women, and Black women have bought into this label and have become plagued by the documented and adverse effects of the strong Black woman syndrome. Even more troubling is the realization that our children may also internalize this syndrome as truth. The prioritization that some Black women have given to their careers in addition to gender role expectations within marriage may affect children's socialization. Exposure to this patriarchal structure leaves our children assuming that mommy does everything and is, in fact, a superwoman; therefore, the wife should do everything. This widespread inference is detrimental to our daughters and sons, who become socialized by these unrealistic and unsustainable mother and wife roles.

The inherent stressors associated with the social work profession and familial and societal expectations of the wife and mother role are seemingly unmanageable. As a result of exceptional role strain, we regularly commiserate over missed academic and extracurricular activities along with other meaningful moments in their children's lives.

Although similarities in role strain experiences are evident, coping strategies vary among African American mothers. Faith and spiritual traditions have been a primary source of strength for us. Similarly, the bonds of sisterhood through friendship have sustained us through role-related stress. Strong reliance on faith and friendship is common among African American women and is foundational in Black culture. Like other women, we have also been plagued by several maladaptive coping strategies in response to the exorbitant stress related to role overload experienced as African American mothers who are also social work practitioners, educators, and researchers. Similar to other African American women, these maladaptive coping strategies have adversely affected our mental, physical, financial, and spiritual wellbeing.

Though taught, the concept of "self-care" is not easily integrated into our own lives. Long work hours are required to manage the countless responsibilities that accompany various professional roles. Consequently, individual energy levels are compromised. Whereas the stereotypical role of a wife may be to prepare healthy meals and maintain a tidy home, we rely heavily on our social support systems to mitigate competing responsibilities. This concept is widely practiced in the Black community, as it is akin to the well-known African proverb, "It takes a whole village to raise a child."

As social work practitioners, educators, and researchers, our decisions to prioritize professional roles over motherhood are occasionally rewarded by a sense of accomplishment when we are recognized for our scholarship, excellence in teaching, and service provision for our clients. Contrarily, these

same decisions are met with overwhelming guilt, which commonly pervades our consciousness. Regular internal battles commence with self-bargaining over the parameters of our divided attention.

Discussion

Society often encourages women to employ strategies that would enable them to better integrate or manage their personal and professional roles in a less sacrificial manner. We argue that integration and management are unrealistic and virtually impossible, as the roles conflict. Sacrificial choices are almost inescapable. As confirmed by many notable people, "You can have it all, but not all at the same time." Failure to accept this somewhat painful reality can contribute to significant anger and anxiety and manifest physically (e.g., migraines, fibroids, cancers, and weight gain) for many Black women, as we are expected to handle it all gracefully (Woods-Giscombe, 670). We can relate to the mounting stress African American women experience daily, along with enormous societal pressures to be strong and all enduring.

For decades, the Black superwoman and the strong Black woman syndrome have pervaded the African American community while academicians have continued investigating this perspective. Remaining is the need to develop and test a theory that seeks to explain and speak to the needs of African American professional women who serve in multiple capacities and roles.

Future Research

Stressors associated with the multifarious roles of women (e.g., mother, daughter, wife, friend, employee, employer, community worker, volunteer, and chaperone) are well documented in the aforementioned studies examining role-related variables among women. An EBSCO database search yielded over 100,000 results using such keywords as "role confusion," "role overload," "role conflict," "role strain," and "women" or "female." A similar search produced nearly eight thousand results when replacing the keyword women with African American or Black women. Notably, fewer studies emerged with a more selective inquiry that used "mother," "parenting," "motherhood," "mothering," and "social work" as keywords. This cursory analysis supports the need for additional research incorporating these variables in role-related research, specifically Black women.

Role overload is exacerbated by role conflicts, role confusion, and role strain. According to womanist theory, race intensifies these dynamics and resulting stressors (Gilkes 15; Rousseau 452). Moreover, although Black women may be perceived by some as resilient superwomen, the Black feminist perspective and critical feminist literature related to the resilience of women have provided

essential criticisms as well as guides related to theoretical and conceptual assumptions for scholars examining the intersectionality of race, gender, and concepts of resilience (Bracke 52). The literature remains deficient in theoretical conjectures on the effects of mothering on the intersection of race and gender, particularly for Black women.

The experiential data are confirmed in existing research and are aligned with role and womanist theories. Yet it reveals an indisputable need for a more robust theory, which explains the convergence of race, gender, and mothering for African American women. Such an approach would provide an adequate theoretical foundation for the myriad of layers experienced by Black women.

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NATALIE ST-DENIS, JANIS FAVEL, JOANNA MOORE,
AND CHRISTINE WALSH

ohpikhâwasiw: kiskeyihtamowin âcimowin
(She Raises the Children: Sharing Our Knowledges from Stories)

The stories we braid within this article bring together narratives of Indigenous mothering, which highlight the importance of culture and kinship to support the healthy development, safety, and wellbeing of our children. In our motherwork, we resist colonial forces and counter child welfare practices and the profession of social work, which enforce Eurocentric parenting and enact racist policies that continue to remove Indigenous children from their families at a disproportionate rate—a continuation of assimilationist tactics and genocide of Indigenous peoples enacted during the residential school era, the Sixties Scoop, and ongoing genocidal policies. Our braided stories provide a counternarrative—one of resistance in (re)claiming Indigenous mothering, stories of resiliency in (re)webbing kinship systems and stories of hope in (re)membering our cultural identities. In (re)claiming, (re)connecting, and (re)webbing, we acknowledge being in different places in our journey of Indigenous mothering. Some of us have been born into the web of our kinship systems, whereas others have been on a journey of reattaching the threads to reassemble the intricate web of kinship, culture, and community. In the spirit of reconciliation and the decolonization of child welfare practices, our work serves as a counternarrative—liberating our realities from the dominant negative stereotypes imposed by colonial systems and oppressive forces—and provides insight into the power of Indigenous mothering. Indigenous mothering provides the love and nurturing, as well a web of kinship, that support and establish life-long relationships that will sustain the wellbeing, resurgence, and prosperity of our families and communities.

We come together to share our stories of Indigenous mothering to (re)claim practices, which have been condemned, displaced, and nearly eradicated due to historic and ongoing colonial violence embedded within government and

organizational structures and their processes (Simpson 245). In our mother-work, we resist colonial forces and counter child welfare practices and the profession of social work, which enforce Eurocentric parenting and enact racist policies that continue to remove Indigenous children from their families, communities, and culture (Blackstock 31; Cross et al. 8).

In 2011, 48 per cent of all children living in care were Indigenous, yet represented only 7 per cent of children in Canada (Statistics Canada). These high rates of Indigenous child removal from their families, termed the Millennium Scoop, are a continuation of assimilationist tactics and genocide of Indigenous peoples enacted during the Sixties Scoop and residential school era (Sinclair, "Identity Lost" 68). The Sixties Scoop, discussed in more detail below, refers to the vast number of Indigenous children removed from their families during the 1960s, in addition to the violent removal of Indigenous children from their homes during the residential school era, which spanned from the 1880s to 1996 (Sinclair, "Identity Lost" 67). The state- and church-run residential schools were designed to "kill the Indian in the child" by separating Indigenous children from their families and lifeways and immersing them into the dominant Euro-Christian culture often through draconian measures (TRC 376). The overrepresentation of Indigenous children in government care was declared a "humanitarian crisis" in 2017 by Minister Philpott (Barrera) and is "statistically improbable" without a racial bias (Sinclair, "The Indigenous Child" 14).

Indigenous children placed in state care are tragically disconnected from their mothers and other kinship ties and are frequently rehoused into foster homes, where they are exposed to additional traumas that significantly increase their risk of physical, social, and emotional health problems (Turney and Wildeman 5). As mainstream child welfare systems have failed to "improve the safety and well-being of the children" (Cross et al. 6), a radical reconceptualization of what is needed to ensure the wellbeing of Indigenous children, their families, and communities is necessary.

In the spirit of reconciliation and the decolonization of child welfare practices, we build on stories and narratives of Indigenous mothering—such as Kim Anderson's *Life Stages and Native Women*, and the work of Jeannine Carrière and Catherine Richardson's *Calling Our Families Home*—to acknowledge and celebrate Indigenous women and mothering by offering stories of resistance, resilience, and hope. In doing so, our work serves as a counternarrative—liberating our realities from the dominant negative stereotypes imposed by colonial systems and oppressive forces—and provides insight into the power of Indigenous mothering.

miskamasowin (Finding Our Truths)

As per Indigenous protocols, we begin by situating ourselves within our stories of Indigenous mothering to offer the reader insight into how our stories of mothering are rooted in our experiences and knowledge bundles. We are mothers from different regions of Turtle Island living in Calgary's urban setting located on Treaty 7, home to the Siksika, Piikani, and Kainai First Nations, Stoney Nakoda First Nation, Tsuu t'ina First Nation, and the Métis Nation of Alberta, Region III. As Indigenous women living in an urban centre, far from our traditional lands and kinship systems, we need develop and nurture urban kinship ties to ensure our wellbeing and continuity of our culture.

I am Natalie Nola St-Denis of mixed ancestry, with Acadian and Mi'kmaq ancestry and heritage on my mother's side, and Quebecois and Algonquin lineages, and Mohawk relations on my father's side. I am a mother to a daughter and auntie within my kinships. Throughout my academic and community work, I strive to support all my relations in their journey of healing, resistance, and resurgence.

I am Janis Lyn Favel originally from the Kawacatoose Cree Nation in Treaty 4 Territory. I have lived in the Treaty 7/Calgary area for most of my life. I am the mother of three wonderful boys and auntie to numerous nieces and nephews. I work towards healing within my own life, family, and community while striving to lend a helping hand to the families that I am privileged to work with.

I am Joanna Marie Moore, a proud Ojibwe woman and member of the Nigigoonsiminikaaning First Nation. I am a mother of seven beautiful children—from three years old to twenty-three-years old. I am a second-generation residential school survivor and I have fought my whole life to reclaim my culture, my traditions and my family. I share my story to help others understand what I went through. My hope is that it will help bring families together and keep families together.

I am Christine Ann Walsh, a white, feminist, settler who conducts community-based action-oriented research with Indigenous peoples, families, and communities. I am a mother of Erinn and Shaun and learning to grandmother Ellie. I honour the ways in which Indigenous mothering thrives in spite of oppressive colonial forces. As an ally, I have opened my heart and mind to the historical and current realities that affect Indigenous mothering and urge others to walk the pathway as shown to you by Indigenous mothers and their communities.

âcimowin (Our Stories)

Our work, grounded in Indigenous feminisms, addresses gender imbalances by evoking discourses on cultural identity, sovereignty, and decolonization. Indigenous feminisms responds to the oppression of Indigenous women enacted by colonialism, heteropatriarchy, and genocide (Barker 262; Green 10; Simpson 51; Starblanket 23) and embraces notions of resistance, (re)claiming, and resurgence to (re)establish Indigenous womanhood in relation to ourselves, our families, our communities and all of Creation. In (re)claiming Indigenous mothering, we are interconnected within a kinship system in which mothers, grandmothers, and aunties together play important roles in raising children as well as nurturing their families and communities at the political, social, economic, and spiritual levels (Anderson, *Life Stages* 38; Green 9).

The stories we braid within this chapter are connected to place and time as told from the perspective of each storyteller and thus do not reflect the experiences and diversity of Indigenous mothers across Turtle Island. Storytelling continues to be an important way of transmitting knowledge within a decolonizing framework. Stories embody Indigenous epistemologies, contain ancestral knowledges, validate experiences of Indigenous peoples, and play an important role in teaching, learning, and healing (Archibald 83; Kovach 95). The strands of our braid bring together stories of resistance in (re)claiming Indigenous mothering, stories of resiliency in (re)webbing kinship systems, and stories of hope in (re)membering our cultural identities. Our narratives for (re)claiming, (re)connecting, and (re)webbing suggests that we are all at different places in our journey of Indigenous mothering. Some of us have been born into the web of our kinship systems, whereas others have been on a journey of reattaching the strings that assemble the intricate web of kinship, culture, and community. Others, still, serve as allies in supporting this work.

(Re)claiming Indigenous Mothering

The disconnection from our lifeways has resulted in (re)claiming our roles and responsibilities as Indigenous mothers. With the resurgence of our teachings, knowledges around mothering are being passed down by Elders and knowledge holders who have carried and maintained these teachings. As Janis explains:

> The concept of motherhood was always part of my upbringing, but it really got focused when I became a woman. In our way, we say she's wakayos [menstruation], which comes with teachings as a life-giver. This formative year was a full year of learning about healthy relationships, understanding the birds and the bees, as well as the

physical and emotional aspects of it, the financial responsibilities and the practical skills. So learning how to feed, hold, clothe, and love a child, how to sew a moss bag, change diapers, and sing songs—how to be a nurturer pretty much—all of those lessons from various women within my family were passed down to me.

Janis who supports Indigenous mothers in our urban community draws from the wisdom of her maternal lineage and teachings as well as her personal experiences as an Indigenous mother and the many roles and responsibilities this entails:

My maternal great-grandmother, from Yellow Quill First Nation, was born during the era when it was mandatory for children to go to residential school, but she was one of the hidden children. She was never taken. As an adult, she was a mother, a midwife, a healer, and a ceremony-holder. A lot of knowledge was passed down through her. And even though my grandmother went to residential school, she was lucky enough to come home during the summer, where she learned our ways through ceremony, teachings, and visits with relatives. No matter the traumas she was experiencing at residential school, those few months every summer with her family gave her the resiliency she needed to get through some of the more difficult stuff.

Residential schools, which operated in Canada from the 1870s to 1996, were created by the Canadian Government to assimilate and indoctrinate Indigenous children into the colonial Euro-Christian society; over 150,000 Indigenous children were forced to attend these institutions (TRC, *Honouring the Truth* 3). Disconnected from their families and culture, a great number of children experienced physical, sexual, emotional, mental, and spiritual abuses (TRC, *What We Have Learned* 7). Furthermore, "kindness, gentleness, concern, curiosity, even humour—all qualities of good parenting—were disciplined from the children" while in residential schools (Juschka 22). This dark legacy has led to intergenerational trauma (Linklater 32) and a disconnection from cultural teachings as exemplified in Joanna's story. Joanna explains that her mother was severed from her culture and deprived of the loving and nurturing benefits of being mothered in our traditional ways:

When my mother drank, she turned into a different person. And when the residential school experiences would come up, she would beat us and cry. I grew up having to look after children, my siblings, so I was basically on my own when I was six years old. I would often be left alone with my siblings, and I always wanted to make sure that they were getting the care they needed. I was trying to protect them.

Although Joanna did not grow up with Ojibwe knowledge, she has been on a

journey of (re)claiming her culture and teachings:

> Before my own children were taken by child welfare, I had looked everywhere for an Elder because I wanted my children to know their culture. So, even if I wasn't raised with my culture, it was always important to me. Today, I'm grateful to have Elders and ceremony in my life. It makes me feel connected, and I think it makes me a stronger woman and a better mother.

Natalie began to develop an understanding of Indigenous knowledges and mothering in her early forties when she started her journey as a social worker, working with Indigenous families and Elders. Through ceremony and following her own path of cultural resurgence, she has come to recognize the ways in which Indigenous social work embodies aspects of Indigenous mothering:

> As a social worker practicing in an urban setting, I visited families in their homes offering a wide range of supports. Many of the families that I worked with were facing challenging times, and my role as a helper often resembled those of an auntie or a grandmother. For instance, depending on circumstances, I assisted them with their grocery shopping, spent time in the home helping out with chores all while developing our relationships through the sharing of stories [and] building trust and community.

Natalie comes from a mixed ancestry, and although there is Indigenous ancestry on both sides of her family, these were not openly acknowledged while growing up, a result of internalized oppression, which led to the fear and shame associated with being Indigenous. However, Natalie offers that her social work practice with families is founded on her Acadian childhood models of mothering, which she has come to know are akin to Mi'kmaq ways, given intermarriages of Mi'kmaq women with Acadian men:

> I grew up around a large family and witnessed my mother and aunties always helping one another, even when living far apart. My maternal grandmother gave birth to sixteen children and also fostered three girls, and since my mother was one of the eldest, she stopped school after grade eight to help with the children, the farm, and household chores. In many aspects, my mother is like a second mother to her younger siblings. The idea that we are all connected and responsible for each other's wellbeing were part of my early teachings.

(Re)webbing Kinship Systems

Our stories illustrate the power of kinship systems within Indigenous communities. Kinship systems are crucial to the survival and prosperity of families and communities, and it is within this context that Indigenous mothering becomes a shared responsibility among community members (Carrière and Richardson, "From Longing" 55). Within many Indigenous communities, kinship ties, such as aunties, are not necessarily bound by blood; you become an auntie when a family sees you as a role model (Poitras 102). These bonds meant that "there was no such thing as a single mother, because Native women and their children lived and worked in extended kin networks" (Anderson, "Affirmations" 83). These kinship ties become especially important in urban settings where Indigenous families from different nations come together to create community. As Janis explains: "In my kinship network, my maternal aunts are second mothers. I learned early on that it's not just one person who's responsible for the children. It really is a kinship and a family and a village system. There's always other people that can step in when you need help."

Within this web of kinship, when parents are facing challenging times, there is always someone who can care for the children or offer support to parents in their struggles. This kinship system however becomes disrupted when child welfare workers become involved, especially when Indigenous children are removed from this essential network. As Janis elaborates:

> There have been quite a few cases of kinship (mis)placement that have come to my attention recently. A mother that I know well had her children apprehended after a relapse, and despite her putting forth a number of names to be considered for kinship placements, none of those people were ever contacted. And I have seen this over and over again. Child welfare has an obligation to find out who these kids are, who they are connected to, and find suitable kinship. Within our kinship systems, there are hundreds of relations, and child welfare needs to realize that there's a lot of strength in there and a lot of healing, power and knowledge. When you remove a child from their community, you're taking them away from all that beautiful love and important connections, which were vital to my own life.

The experience of losing one's children is deeply traumatizing. This violent disconnection is (re)traumatizing to children, mothers, fathers, and all our relations within our communities. Every time a child is removed from the community, it is experienced as another loss, another traumatic incident that builds on centuries of historical traumas. As Joanna explains:

> The first time child welfare came into my life, it was harsh. It was very

judgmental and made me feel very discouraged. When they took my children, I was trying to end my life because I felt like a failure. Losing my children took my air away. I felt like I couldn't breathe. And that's when I ended up turning to an addiction. That's what happened, but then I finally realized: "What the hell am I doing? I'm no good to my kids if I'm dead." And that's the only reason I'm still here today.

Joanna goes further to identify the importance of traditional practices in preserving and nurturing community ties: "Having a connection with an Elder and other people and friends who are involved in ceremony and cultural activities gives me a community. This is really important to me because that's a really good foundation, and I now have supports that I never had before. It makes me feel good." Natalie echoes the devastating outcomes that she has witnessed in her practice when children are removed from the heart of their homes:

It's devastating, absolutely devastating when a mother loses her children. The grief, the pain, the anger, the guilt—it's just too many overwhelming emotions to bare. And, so, I've witnessed many mothers bury their pain in addictions, and sometimes end their lives. It's just too hard to remain hopeful when the whole process is so dehumanizing, of having to prove that you are a fit parent based on a Western worldview and European family frameworks.

In her narrative, Natalie reinforces the role of kinship ties to support mothering practices in Indigenous social work:

I often think that if I were to create an agency, I would hire aunties and grandmothers as helpers for the families who need supports, to be there for all of the little and big things that a family needs when they are going through a rough patch, especially within an urban setting, where many of the families' kin live far away. I believe that's what Indigenous social work is all about—helping one another with kindness, compassion and love—that's what we need for healing.

In this era of cultural resurgence, Indigenous mothers are taking a stand and asserting their rights to preserve kinship ties. However, as Indigenous women, we continue to grapple with the "larger struggles to challenge, subvert, deconstruct, and eventually break free from the oppressive structures of the racist, sexist, patriarchal society in which we find ourselves" (Lavell-Harvard and Anderson 2). As Joanna maintains:

I fought and fought to get my children back, and I did. But when I gave birth to my fourth child, they were instantly apprehended

because I had had contact with the father. My lawyer told me that all I could do was sign them over, that I had lost, PGO [permanent guardianship order]. That was the hardest day of my life. Oh my god, to sign those papers. Yeah, here are my kids that I would never see again. They were all waiting for me to sign, I just kept sitting there crying, and I had that pen in my hand, but I just couldn't do it. And then I ended up saying: "The only way I will sign this paper is if I can have contact with my children." My lawyer never told me that I could do this, but that was something I asked for. You know, when I had my children, my intention was to raise my children, not for me to give them to somebody else. That was never in my plan. And that's why I still have a relationship with them today. Had I just signed my children over, they wouldn't know who they are.

Many Indigenous families remain impacted by the legacy of historical and intergenerational traumas and as a consequence are bound to struggle at times and experience crisis; however, removing children from their families and communities is not the answer (Sinclair, "The Indigenous Child" 9). Between the late 1950s and early 1980s, approximately twenty thousand Indigenous children were removed from their homes (Wright-Cardinal, 1). This era also known as the Sixties Scoop, has led to several generations of Indigenous adoptees seeking to reconnect with their birth families and communities (Wright-Cardinal 26). As Joanna says:

My mother had seven kids, and the first four were adopted out in the 1960s. She was a young mother. She had her addictions, but she said that she fought and fought, but they never gave her a chance. I can't imagine how it was for my mom. They probably just got taken away, and that was it. I imagine that's how it happened because my brothers and sisters were told that my mother died in a fire. Fortunately, we all reconnected twenty-five years later because they obviously knew they were Native, and they were able to find us through our band.

Terry Cross et al. advocate that "When a system fundamentally fails over many years to meet the needs of Indigenous children, you don't try to make it culturally appropriate – you build a new system" (6). Raven Sinclair also calls for the dismantling of the current child welfare system to "create a new system that more accurately reflects equitable nation-to-nation relationships and honours Indigenous children, families and culture" ("The Indigenous Child" 14).

From an Indigenous worldview, we are not only connected to the present but also to past and future generations. Our interconnection across time, place, and space to our ancestors and future generations is central to the wellness and livelihood of current and future families. Anderson adds that traditionally, the

bond "between elders and children were considered critical in terms of maintaining the life force and survival of the people" (*Life Stages* 168). Hence, (re)webbing and nurturing kinship ties ensure cultural continuity and wellness within our communities. However, when these ties are broken and children are completely disconnected from their circle, they are more likely to struggle with their self-esteem and cultural identity (Wright Cardinal 26).

(Re)membering Cultural Identities

Cultural identity, associated with a sense of belonging, is integral to the physical, emotional, mental, and spiritual wellbeing of Indigenous peoples and their communities (Palmater, 67). Laurence Kirmayer et al. found that Indigenous peoples who struggled with their identity and self-esteem— associated with the loss of culture—had higher levels of emotional distress, depression, anxiety, substance abuse, and suicide (611). Indeed, many studies have shown that individual and collective wellbeing among Indigenous peoples are determined, in part, through cultural continuity, which includes engaging in culture, ceremony, and having knowledge of ancestral languages (Auger 10; McIvor et al. 13). As Janis explains:

> During the Truth and Reconciliation Commission hearings across Canada, I heard so many stories that demonstrated that having access to some of that cultural and Indigenous sense of belonging and identity—even if it took them half a lifetime to connect to—is what saved them. I know that it was the case for my grandmother who went to residential school. She once said that the more they forced Western ways on her, the more stubborn she became to hold on to our ways. For her, that was resilience.

Within the roles and responsibilities of Indigenous mothering is the ability to transfer cultural knowledge and languages. However, due to colonization and genocide, many of our families have been completely disconnected from Indigenous lifeways, and as a result, those of us who work as helpers in our communities take on the role of mothers, aunties, and kokums to nurture the reclamation of our ways. In essence, we are part of the larger circle "calling our families home" as Carrière and Richardson articulate (*Calling* 3). And, in doing so, we are honouring our "intergenerational responsibilities" (Anderson, *Life Stages* 177). This larger circle includes engaging in ceremony, which is key to (re)connecting with our cultural identities. As Natalie elaborates:

> I have experienced and witnessed the power of healing through traditional ways— through women's healing circles, sweat lodges, fasting ceremonies, and being on the land connecting with our nonhuman kin. Our ways of healing reaffirm our identities and our

sense of belonging as Indigenous women and Indigenous mothers. They create an incredible bond between all of us, even if we are from different nations, are status or non-status. I think that as we all engage in our own healing journeys, we model what that can look like for one another and for the children around us. I see Indigenous social work, Indigenous mothering, and Indigenous healing as all interconnected. These are not separate from one another. They are an all-encompassing way of being.

Through storytelling, Janis supports urban Indigenous mothers from diverse nations in (re)claiming their ancestral knowledges while also sharing her own experiences and understanding of deeply entrenched systems of oppression:

> When I was growing up, my family did go through a lot of hardship. Understanding intergenerational trauma, but also poverty and discrimination, and the overall fear of Western systems. I understand that lived experience, and I use a lot of that when I'm first trying to build relationships with families because I get where they are coming from. I use storytelling by asking mothers if they have teachings or stories that were passed down in their family. Sometimes, it's helping a mother make that phone call, helping her ask those questions she didn't know how to ask. And then, I'm always offering tidbits of my own personal experience and knowledge that was passed on to me. Many mothers have grown up with a little bit of teachings, and when they connect those teachings to our culture, it makes them want to search deeper.

As Indigenous mothers (re)claim their culture, teachings, and traditions, they are in a better position to pass these knowledges down to their children. Although four of Joanna's children live with their adoptive parents in three different non-Indigenous homes, she organizes regular gatherings for all of her children to come together:

> When my children went PGO five years ago, my band stepped in and flew all of us back home so that my children could attend their naming ceremony. It was an amazing weekend. We had to take the boat across the lake to the Elder's sacred site on an island, where he holds ceremony. When we came back that night, the sky was full of stars. I was in my glory, feeling at peace. My kids are proud of their names and to know that they are Aboriginal. I try to teach them as much as I can and keep them connected to our culture. My daughter was learning about our people—the Ojibwe—at school, and so I gave her some wild rice from back home, so she could bring it to her school and tell her class all about it. In my community back home, the nine

reserves come together every year to share in the harvest and roasting of our rice and that rice is then shared among the families.

The pathway to children developing strong cultural identities resides in their connection to culture and ceremony. Although ceremonies vary from Nation to Nation, many hold coming of age ceremonies for boys and girls because these ceremonies support the development, sustainability, and vitality of communities (Anderson, *Life Stages* 95). Janis shares the following:

> These ceremonies acknowledge the transformation from childhood into adulthood. They help kids understand what is happening to them—in terms of their energy and their hormones—and the new responsibilities that come with an adult body. This provides a sense of belonging and identity, of knowing your place and your role within your family and your community. During this transformation, family members help identify the young persons' gifts, and they help them develop those gifts. Traditionally, everybody had a place within the village and not one position was more important than another. We all had a role to play to support the community as a whole.

ahkameyimo (Don't Give Up)

We hope that in braiding our stories, we have provided a more highly nuanced and contextualized context to understand Indigenous mothering. This beginning awareness is critical for social workers that support Indigenous families. Although we agree with Sinclair that the current child welfare system needs to be dismantled ("The Indigenous Child" 15), we recognize that if it does occur, it will not happen right away. In the meantime, the need for change cannot wait. In light of this, we offer some suggestions on how to move forward in ways that support families in their healing journey and in maintaining connections within kinships and culture.

> Janis: You need to get rid of every single belief that you have about Indigenous peoples. Don't go in there with a savior complex, thinking that you have the answers and that you're going to save them. Go in there understanding that there is so much more to the story that you've been presented on your desk. You need to take the time to build relationships with the communities that you are serving. Relationships aren't built by one phone call; you have to go out there and actually become part of that community. It's about earning their trust. If you make that effort to get to know the people, they'll be more than willing to help you help families.

> Joanna: You need to keep an open mind and not be judgmental. You

need to sit down and really figure out where this person is coming from and what they are going through. The workers that came into my home didn't know much, if anything, about my culture and our history. I felt judged and they just thought: "Oh, it's just another Indian." It feels like a lot of them don't like their job or know what they're doing. I say this because none of the workers really supported me when I was struggling. You have to understand because of our history that when child welfare is in your home, it's very traumatic.

Natalie: You have to remember that many of the families that you are working with were not parented themselves, and I see Indigenous social work as providing that parenting that was never experienced by the families we are serving. Handholding—providing empathy and compassion—is not enabling, it's bringing back the humanity in the work that we do as helpers. When working with mothers who are struggling with the debilitating effects of traumas, don't give them ultimatums on getting things done on a checklist; drive them to where they need to be, buy them a coffee on the way, go in to where they need to be, and be there for them, be an advocate if needed, catch them if they start falling, and help them take that next step.

Indigenous mothering is a well-founded and wholistic way of raising our children. It is the pathway to creating strong resilient and healthy Indigenous communities. Grounded in our lifeways, Indigenous mothering provides the love and nurturing, as well a web of kinship, that support and establish life-long relationships that will sustain the wellbeing, resurgence, and prosperity of our communities.

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ERIN KURI

Rethinking Vulnerability at the Intersection of Mothering and Social Work

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 care-giving 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?*[1]

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" (Dockterman 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.

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"Good" Mothers, "Risky" Mothers, and Children's Health

Within a North American context, promoting and maintaining individual health and wellness have become a central focus and social expectation over the last several decades. Various systems and institutions that comprise a mother's social network—including family, friends, school, social media, healthcare and social services, food, and recreation spaces—all produce daily health messages that encourage the surveillance and practice of healthy lifestyle behaviours. Health promotion directed at families within these spaces often target and question everyday mothering practices, such as food preparation, physical activity, screen time, sleep, mental health, and overall parenting. This article seeks to examine the dominant biomedical discourses that have constructed categories of "good" and "risky" mothering practices within the area of child health. Weaving together my individual experience and knowledge as a Canadian paediatric healthcare social worker and mother, I will draw on feminist poststructuralism and maternal theory to explore how everyday mothering practices are often compared to ideal and normative mothering discourses that position mothers as individually responsible and blamed for their children's health outcomes. The article also explores the tool of self-reflexivity, which can offer social workers and service providers working alongside mothers the opportunity to consider new ways they might resist and challenge the truths and assumptions of so-called "good" mothering across social systems and reimagine new systems of support for children, mothers, and families.

Introduction

In today's Western world, mothers are increasingly bombarded with conflicting advice and opinions about ideal caregiving practices. As neoliberal ideologies of individual responsibility intersect with the trillion-dollar health and wellness industry, mothers are urged to take control of their own lifestyle

behaviours and the overall health of their children and families (Maher et al. 233-35). The multitude of systems and institutions within a mother's social network—such as family, friends, school, social media, healthcare, social services, food, and recreation spaces—all produce dominant health messages that influence and question everyday mothering. In Sara Ahmed's book *Living a Feminist Life*, she describes how individuals become inundated with questions throughout their daily lives: "You might be asked questions; you might be made to feel questionable" (115). Questions directed at mothers in their daily lives might be: "Did you take prenatal vitamins?" "Are you sure you should be eating that?" "Are you exercising regularly?" "Are you breastfeeding?" "Did you get enough sleep?" "Are you are cosleeping?" "Are you feeding them that?" "You let them play video games?" "You let them watch YouTube?" "You allow them many hours of screen time?" "You let them play outside unsupervised?" "You work a part-time job?" "You drink alcohol?" Questioning becomes an everyday occurrence for many mothers, as their bodies and behaviours are compared to the ideal social standards that construct the "good" mother.

I have practiced as a social worker in paediatric healthcare for many years, and my ways of knowing have been shaped by the stories, experiences, and knowledge that mothers and their families have shared with me over this time. I also come to this writing with my own lived experience as a mother of two school-age children. As a sole caregiver, who struggles and battles the pressures and expectations of normative mothering every day, I write this article from multiple subjectivities, But I also recognize that my own position of power and privilege as a white, settler, cisgender, able-bodied, and educated mother and social worker have provided me the opportunity to share my own unique story.

Throughout this article, I examine the dominant biomedical discourses that have constructed categories of "good" and "risky" mothering practices within the area of child health. Drawing on feminist poststructuralism and maternal theory, I examine how everyday mothering practices are compared to normative mothering discourses that position mothers as individually responsible and blamed for their children's health outcomes. Lastly, I explore how the process of self-reflexivity can be an important tool for social workers and service providers to resist and challenge the truths and assumptions of "good" mothering within healthcare settings and the many spaces that intersect with mothers in their everyday lives.

"Good" Mothers, "Risky" Mothers, and Children's Health

Dominant biomedical discourses have greatly affected my understanding of mothering and caregiving. My own mother was a nurse, and I began working in paediatric healthcare as a social work intern in my early twenties. I have

spent my career working alongside children, caregivers, and families within the Canadian healthcare system. Over this time, I have come to understand the strong connection between power and knowledge, and the ways of knowing that are considered superior and more valuable than others within social systems and institutions (Foucault 109; Weedon 109-10). I have learned from experts in the field what so-called "good" mothering should look like in order to promote child health and wellbeing as well as the perceived risks associated with mothers' bodies and behaviours that are understood to contribute to poor physical and mental health outcomes in children. I have also learned important knowledge from the mothers that I have walked alongside in these healthcare spaces. Although each mothering story is unique, a common thread among these diverse maternal narratives is how difficult and overwhelming the navigation of child health promotion and care can be and the tremendous shame and guilt that ensue when a child is labelled unhealthy.

During my first pregnancy, I worked in the neonatal intensive care unit at a children's hospital. I remember watching the small, fragile bodies around me while feeling my own child growing inside me. The intense pressure and responsibility to be a "good" mother also grew stronger with each passing day. Was I making the right choices? Was I going to be a "good" mother? I remember thinking I need to do everything I possibly can to protect my child and to ensure they are healthy. As a cisgender woman, I was aware of the dominant patriarchal discourses that told me how I should manage and control my own body and behaviour in order to be a "good" girl and woman, but the surveillance and control over my body, mind, and spirit was amplified during pregnancy. I began watching, regulating, and questioning everything I did—from the food that I ate, to my exercise and physical activity, my weight, stress levels, and sleep. The list of expectations was endless, exhausting, and overwhelming. Through feelings of guilt and shame, I was reminded daily that even before my child's birth, I was already failing to be a "good" mother.

I quickly became aware of the tension that exists between lived experience and the expert scientific knowledge that I had learned over the years in textbooks, manuals, journals, workshops, and conferences. These tensions continued after the birth of my first son. I was physically recovering from an unplanned C-section in the hospital bed, less than twenty-four hours postpartum. I struggled to breastfeed and endured the emotional and physical exhaustion that no one can ever prepare you for. My son was feeding well but just could not settle and go to sleep. I would pick him up and hold him against my tired, wounded body, the only home he knew prior to his birth, and he would instantly fall asleep. His bassinet was beside my hospital bed. I knew the risks of cosleeping that I had heard repeatedly in my professional work. Yet everything inside me said, "Hold your baby. Let him fall asleep. Close your eyes and sleep." And so I did. We did.

No one can prepare you for the guilt and shame that you feel as a mother as you attempt to navigate the world of motherhood—the ongoing questioning of every decision you make as you strive to be the best mom and to have healthy children. In my experience, no matter what you do, every decision you make, feeling that you are always questioning the decision. While I have many privileges that impact my unique mothering experiences, one common theme continues to emerge across diverse maternal narratives that I encounter in my daily life as social worker and mother; intense guilt and shame that mothers feel when they are unable to meet the societal expectations of the "good" mother.

Are You a "Good" Mother?

Western society's institutional practices, policies, research, and education in the area of child health have historically silenced and devalued maternal knowledges and experiences. Rima Apple explains that "Throughout the nineteenth century, increasingly women were told that they required scientific and medical knowledge in order to raise their children appropriately and healthfully" (115). Feminist theoretical perspectives offer the ability to centre and value the lived experience and voice of mothers as knowledge holders (Rich xi). In this section of the article, I draw on poststructural feminism to explore the social construction of "good" and "bad" mothering that exists within child healthcare systems and institutions.

Poststructural Feminism

Poststructural feminism encourages the questioning of fixed categories and assumptions of "women" and "mother" (Weedon 37). Kelly Ward and Lisa Wolf-Wendel explain the following: "Feminist poststructuralism as an analytical tool digs deeper and focuses on gender in relationship to societal structures, language, power, and discourse. Such a view allows for the exam-ination of women's experiences relative to social practices and power by looking at language, power, difference, and subjectivity" (14). Poststructural feminism offers the ability to examine the relationship that exists between power and knowledge and explore how "good" mothering discourses intersect with multiple subject positions based on categories of race, gender, class, sexuality, fatness, age, or ability (Weedon 35).

Biopower, Maternal Responsibility, and Children's Health

Poststructural feminist thought often draws on the work of French philosopher Michel Foucault to understand the relationship between power and knowledge. More specifically, Foucault demonstrates how social control through language and discourse affects the everyday experiences of individual bodies (Weedon

12). Foucault argues that "each society has its regime of truth, its 'general' politics of truth: that is the type of discourse which it accepts and makes function as true" (131). Within Western society, truths about the category "mother" are informed by diverse academic fields—such as medicine, psychology, social work, and education—become embedded and reproduced across social spaces, institutions, and systems.

Foucault uses the term "biopower" or the "calculated management of life" (262) to describe the classification, control, and regulation of individual bodies and populations. According to Foucault, capitalism and the drive to have productive bodies in the workforce drove society to focus on improving the overall health of individuals and populations. This categorization process developed through scientific disciplines provided the mechanism to screen bodies for perceived normalcy and ideal health outcomes, simultaneously identifying at-risk behaviours, individuals, and populations. Biopower positions the family as a key system in health promotion, as "the health of children becomes one of the family's most demanding objectives" (280). In *The Birth of Biopolitics,* Foucault describes mothering as follows:

> The mother-child relationship [is] concretely characterized by the time spent by the mother with the child, the quality of the care she gives, the affection she shows, the vigilance with which she follows its development, its education, and not only its scholastic but also its physical progress, the way in which she not only gives it food but also imparts a particular style to eating patterns. (243-44)

Biopower encourages a mother to be responsible for every aspect of a child's health through surveillance and management of their bodies and behaviours. Although Foucault's work fails to reflect on the "gendering of responsibilization" (Johnson 33) placed on mothers, biopower is a useful concept to illustrate how the family became central to sustaining and maintaining the healthy development of the child.

The "Good" Mother

Similar to Foucault's description of "truth," Chris Weedon uses the term "common sense" to describe a natural phenomenon that is supported by scientific evidence (73). Within Western society, there is a common belief that mothering is the natural responsibility and a primary role of all women (Weedon 37). As Weedon explains, within this natural role, a "good" mother is, "supposed to meet all the child's needs single handed, to care for and stimulate the child's physical, emotional and mental development and to feel fulfilled in doing so" (33). Although other caregivers and individuals may comprise a child's social support network—such as extended family, friends, neighbours, and teachers—and impact their wellbeing, the primary

responsibility of children's health often continues to fall on mothers.

Who is the "good" mother? She represents normalcy as a white, cisgender, heteronormative, married, middle-class, educated, and able-bodied woman. A "good" mother is feminine, calm, and patient. She is child focused at all times and is continuously making personal sacrifices in the best interests of her children and family (Weedon 38, Rock 21-23). Healthy, fit, and thin, she is considered one of the most influential role models in a child's life and must monitor and regulate all individual choices and behaviours accordingly (Maher et al. 235-36).

"Good" mothering discourses are connected to what Sharon Hays refers to as "intensive mothering" (410) practices, which involve spending extensive amounts of time, money, emotional, and physical energy through caregiving. The ideology of intensive mothering may influence mothers to feel pressured to practice continuous self-surveillance and regulation in order to manage every aspect of their children's health and wellbeing. With the rise of consumerism and the neoliberal drive for individual responsibility, tools and resources empower caregivers to take individual responsibility for the health and wellness of their families (Maher et al. 234). Technology offers mothers the ability to monitor and manage every aspect of their children's health at all times, such as sleep, mood, steps, screen time, calories—the list is endless. The performance of intensive mothering and management creates financial burden and is therefore unattainable to many mothers that do not have access to resources, such as healthy food, recreational activities, healthcare, outdoor space, safe neighbourhoods, or housing. Good mothering ideologies fail to recognize the social determinants and health inequality that impact an individual's health and wellbeing. In addition, normative discourses of mothering intersect with categories of race, gender, gender identity, class, ability, weight, and age to produce the ideal mother, often labelling non-normative bodies as risky. Mothers are constantly judged by individual health practitioners and experience systemic discrimination through everyday practices that produce patriarchal, white, heteronormative, and able-bodied constructions of motherhood. The reality is that the good mother does not exist, and no matter how we all try, no mother will ever be able to perform the role. What happens when mothers are unable to meet these unrealistic expectations? How does striving to reach this unrealistic goal while carrying the heavy burden of guilt and shame affect the minds, bodies, and spirits of mothers in their daily lives?

The "Risky" Mother

The concept of "risk" is a central theme within parenting discourses (Ward 22). As particular mothering behaviours become normalized and accepted within social policies, systems, and institutions, those that fail to meet these

standards are often labelled as "at risk" and may become subjects of surveillance, management, and regulation (Henderson 2, Rock 23-24). Maternal categories of risk can range from age, eating habits, body weight, sleep patterns, sexuality, madness, disability, race, poverty, class, trauma history, domestic violence, or drug use (Clare 69, Singh 1193-1194, Rich xiv-xxii). Any aspect of a mother's subjectivity can be identified by health professionals as a risk factor to their child's health when it challenges the status quo. This obsession with risk can result in mother blaming, as Paula Caplan explains: "I became interested in mother blaming when I was working in a clinic where we were evaluating families, and I noticed that no matter what was wrong, no matter what the reason for the family's coming to clinic, it turned out that the mother was always assumed to be responsible for the problem" (592). Caplan's work illustrates how mothering behaviours and practices become pathologized, devalued, and identified as at risk within medical discourses. These normative assumptions and judgments create categories of "good" and "bad" mothering, which become embedded throughout their social networks. Since Caplan's work was first published (Caplan & McCorquodale 345-53) I would argue that although gender-based analysis has emerged within healthcare education, research, and practice, little progress has been made to recognize and dismantle the systemic discrimination that is experienced by mothers within the healthcare and mental health system.

JaneMaree Maher et al. use the concept of "interlinked bodies" (233) to describe mother and child when examining maternal risk and responsibility associated with children's health and fatness. As mother's bodies and behaviours are positioned as responsible for children's health and wellbeing, they are expected to manage these risks. Maher et al. explain that mothers are encouraged to become "managers" (234) of their own and their children's bodies. Caplan argues that no mother is safe from judgment, as any negative outcome associated with a child falls on the shoulders of mothers (593). Women are judged by society in how well they are able to perform motherhood or wear the "mask of motherhood" (Maushart 460). All of these assumptions and judgments about mothering however are grounded in dominant ideologies of patriarchy, heteronormativity, racism, classism, ableism, and neoliberalism. Moral judgments about a mother's personal choices and behaviours are influenced by these multiple forms of power and oppression in their daily life. Although every mother is blamed, some mothers are identified as a greater risk based on their individual identities, whereas some mothers have access to power and privilege that may allow them to perform the role of the good mother.

As someone who has worked in the area of child health over the years, I am not arguing that child health and wellbeing are unimportant; however, I am questioning the enormous individual responsibility that falls on the shoulders of mothers while disregarding the important role that society as a collective

must play in child and family health. I am also questioning how these truths and assumptions about "good" mothering that consistently ask mothers to put their own needs last affect their overall maternal health and wellness. What are alternative ways of thinking that might consider the health and wellbeing of mother and child, family and society, as a collective? And what role might social workers play in supporting this change?

Implications for Social Work Practice

As social workers, we often find ourselves surrounded by mothering narratives in our daily practice through assessments, counselling sessions, reading, and report writing. How we collect and retell a mother's story within our practice can have a significant impact on the families we work with. Historically, the social work profession has been influenced by dominant biomedical discourses and has engaged with children, mothers, and families that are identified by society as at-risk. As Amy Rossiter explains: "Social work theory is an outgrowth of an Enlightenment inheritance: it calls on totalizing 'truths' which seek to provide unitary explanations of human nature. These explanations provide rough normative expectations for people, and those who fall outside these expectations, either by individual flaw, or the impress of bad social conditions become targets of social work intervention" (24-25). So-called truths about the "good" mother are deeply embedded within social work practice, policy, and research and knowledge production. Self-reflective practice and questioning are therefore required within everyday social work in order to understand how social work contributes to the systemic discrimination of mothers (Rossiter 33). This commitment to reflexivity not only includes understanding our own individual practices but also requires questioning the assumptions of "good" mothering discourses that are embedded within the larger systemic and institutional practices within healthcare and the multiple systems that intersect with mothers' daily lives.

How might we take a step back and destabilize the myths that exist within "good" mothering discourses that are produced within child and family health, including social work practices? How do we begin to value maternal lived experience and knowledge, creating space for the important voices of all mothers? How do we resist dominant discourses that blame mothers for their children's health outcomes, which lead to guilt, shame, impacting maternal health and wellbeing? Can we disrupt neoliberal ideologies of individual responsibility and encourage systems of support that promote health and wellness of mothers, children, families, and communities? In the final section of the article, I consider how social workers might centre the voices of mothers and their unique lived experiences, rethink the practice of family-centred care, and create social systems of support for caregivers and families.

Centring and Valuing the Voice, Knowledge and Experience of Mothers

The knowledge that I have gained working alongside mothers and listening to their stories has significantly shaped my ways of knowing and understanding child and family health. Throughout conversations, mothers often refer to maternal instinct when describing their child's health or illness. Mothers at their child's bedside in the intensive care unit often know when something is wrong. They can feel and understand their child's health in ways that is inaccessible to science. What I have learned over the years is the importance and value of listening and providing space for mothers to be knowledge holders and valuable members of the team. Maternal instincts and knowledge are able to reach beyond the blood work and weight on the scale, beyond the measurements and questionnaires. Service providers need to create space for maternal instinct and knowledge to be valued within service delivery, research, policy, and education.

Rethinking Family-Centred Care

The concept of family-centred care (FCC) in paediatric healthcare has been present since the 1940s as a way to incorporate the voice of families and caregivers within child health systems (Mirabella 1). FCC is common within Western paediatric healthcare settings and includes practices, such as family advisory committees, codesigning programs, participatory research, and evaluation (Mirabella 1-3; Boaz et al. 9-14; Coulter et al. 3-4). Family-centred care provides the opportunity for healthcare professionals to work with mothers, caregivers, and families to address health inequities and to create system change. Although the concept of FCC reflects my position on including the unique voices of mothers and their experiences within healthcare, my personal experience has been that FCC practices often reinforce "good" mothering ideologies and systemic discrimination. The maternal voices that are often heard within child health systems do not represent diversity, as family advisory committees and research participants are often in positions of privilege based on their race, class, gender, education, age or ability.

Child health systems also appear to struggle with mothers that resist or challenge the "good" mother ideology. What happens when a mother disagrees with the plan of care for their child outlined by the professional? Or what happens if a mother speaks up and does not want their child to participate in a recommended weight loss program? What if they refuse to have their child undergo chemotherapy or take ADHD medications? What if a mother chooses palliative care or advocates for continuing medical intervention and this goes against medical advice? Although FCC provides the opportunity for maternal voices to be acknowledged, often in practice, mothers who disagree with expert knowledge become labelled within the system as at risk or

neglectful, negatively affecting the best interests of their child's health.

In my own clinical experience as a social worker, healthcare providers are happy to incorporate the voice of the "good" mother into policy, practice, and evaluation; however, mothers that resist expert knowledge are labelled as "difficult" and "challenging" and may experience judgment, bias, and discrimination. In addition, the majority of mothers that have the capacity to participate in family advisory committees or codesign programming are white, middle class, educated and able bodied. If we are going to integrate maternal knowledge, we need to be willing to recognize the judgment and assumptions of the "good" mother present within current healthcare systems and practices and create opportunities for the voices of all caregivers to be heard.

Incorporating mothers' voices and lived experience must reach beyond the current practice of FCC and must be implemented at all levels of healthcare, including research, policy, and practice. Multiple forms of oppression that intersect with a mother's daily life due to race, class, poverty, age, ability, and fatness must also be recognized and addressed. Social workers are in the position to take the lead in healthcare spaces advocating for inclusive practices and programming. In addition, healthcare systems need to be willing to critique and challenge current practices, research, and social policies that reinforce the "good" mother stereotype in order to truly be able to listen to the voices of mothers.

Strengthening Caregiving Social Networks and Supports

Patriarchy, capitalism, and neoliberal ideologies can position mothers against one another by encouraging individual responsibility in many aspects of childrearing, including child health and wellbeing (Maushart 472-73; Thurer 338). A mother's social network can have strong and positive influences on both maternal and child health, including at the physical, emotional, and spiritual levels (Balaji et al. 1388; Wright 1). Kim Anderson describes how Indigenous mothering ideologies encourage the building of social networks, sharing knowledge, and helping one another (762-65). Creating networks of support for mothers can shift the individual responsibility and blame that creates feelings of failure, guilt, and shame. Patricia Hill Collins uses the term "othermothers" (277) to describe the collective mothering practices that surround a child to support not only their wellbeing but also the wellbeing of mothers and everyone within the collective society. Othermothers are individuals of both genders and varying ages that reside within a child's social network and help to provide care and ensure their wellbeing. Community mothering practices challenge normative mothering ideologies that position mothers as solely responsible for their children's care and wellbeing. Individualization places blame and responsibility on mothers, whereas collective mothering challenges oppressive systems by recognizing shared

vulnerability and encouraging collective action and support networks. Social workers can work with caregivers to develop support systems throughout their communities.

In my current practice, I belong to a parenting collective—a network of community services that come together to support parents and caregivers throughout the region. Many of the members are mothers themselves, and we are working together to support the health and wellbeing of caregivers, children, and their families in our community. Social workers can work within their communities to encourage and build social networks of support for all families. Collectives can also work together to challenge the systems and structures of oppression that affect the daily lives of mothers in the community and to create social systems of support that are responsible for child health and wellbeing.

Conclusion

In Western society, biomedical discourses have socially constructed mothering in particular ways that often blame individual mothers for not producing the perfect, healthy child. Reimagining mothering in the context of children's health requires challenging the normalized assumptions that have created the "good" and "at-risk" mother and valuing individual and unique mothering experiences. Social workers are in the position to acknowledge the complex systems of power and oppression that affect mothers they are working with and can begin to create systemic change in collaboration with caregivers, families and communities. Service providers can recognize that a mother has their own unique physical, mental, and spiritual health needs that are not inferior to child health and wellbeing.

Dominant discourses of the "good" mother can create continuous stress, guilt, anxiety, shame, and blame within a mother's life that can negatively affect their overall health and wellbeing. There needs to be recognition that there is no perfect parenting strategy or technique that produces a "good" mother or healthy child. Parenting manuals, textbooks, and workshops may offer helpful strategies; however, they may not fit within the lived experience of diverse families. It is important for social workers to engage in self-reflective practice to identify and challenge ways in which we may be reproducing normative mothering discourses within our own practice. Through these opportunities, we may acknowledge the importance of both lived and learned experience and reduce the blame and responsibility placed solely on the shoulders of mothers.

Raising a child is one of the hardest things I have ever done. No mother will ever get it right all the time, and the constant pressure to be a "good" mother only makes the process more difficult. Is there a way that we can offer space

within society for all bodies and caregivers to feel that they can be able to make mistakes, learn, and feel supported from one another without guilt or judgment? As Judith Butler explains, if we can start to acknowledge that as human beings, we are all vulnerable bodies, who experience power and oppression in unique ways, we have the potential to come together to create positive change through coalitions, mutual aid, and support and together challenge the structures and institutions that perpetuate inequality (99-103). As mothers, social workers, and human beings, we are all vulnerable and need to be able to recognize this aspect of our lived experience in order to accept and support one another as a collective.

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Laura Lewis, PhD, MSW BSW RSW, is an associate professor at King's University College in the Faculty of Social Work. Prior to her academic appointment, she worked for many years at a family service organization providing individual counselling and facilitating many psycho-ed and therapeutic groups. Her research agenda has centred on loss and grief. She has conducted qualitative research into the use of objects in mourning and communication at the end-of-life between family members.

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Andrea O'Reilly, PhD, is full professor in the School of Gender, Sexuality and Women's Studies at York University, founder/editor-in-chief of the *Journal of the Motherhood Initiative* and publisher of Demeter Press. She is coeditor/editor of twenty plus books including *Feminist Parenting: Perspectives from Africa and Beyond* (2020), *Mothers, Mothering, and COVID-19: Dispatches from a Pandemic* (2021), *Maternal Theory, The 2nd Edition* (2021), and *Monstrous Mothers; Troubling Tropes* (2021). She is editor of the *Encyclopedia on Motherhood* (2010) and coeditor of the *Routledge Companion to Motherhood* (2019). She is author of *Toni Morrison and Motherhood: A Politics of the Heart* (2004); *Rocking the Cradle: Thoughts on Motherhood, Feminism, and the Possibility of Empowered Mothering* (2006); and *Matricentric Feminism: Theory, Activism, and Practice, The 2nd Edition* (2021). She is twice the recipient of York University's "Professor of the Year Award" for teaching excellence and is the 2019 recipient of the Status of Women and Equity Award of Distinction from OCUFA (Ontario Confederation of University Faculty Associations).

Brenda Polar is Chola with Quechua and European roots. She is a queer student and mother of two children, completing her doctoral degree in the social work program at York University. Her academic interests involve how Quechua immigrants maintain their Indigenous identity after immigration and how to develop collaborative relationships between First Nations, Métis, and Inuit people and settlers.

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Natalie St-Denis is an Indigenous social worker with Acadian and Mi'kmaw heritage as well as Quebecois and Algonquin lineage. She is a mother, a sister, a partner, an auntie, as well as an assistant professor and director of the Indigenous Social Work Circle at the Faculty of Social Work, University of Calgary. Her work is centred around wellness as a counternarrative to gendered colonial violence, and is also exploring land-based teachings and ceremonies that support relational wellbeing.

Dawn Thurman, PhD, MSW, LCSW-C, LICSW, is an associate professor at Morgan State University School of Social Work. Her areas of research are clinical social work, maternal mental health, and Black families. She is a licensed independent clinical social worker with more than twenty years of direct practice experience. Dr. Thurman is an entrepreneur, doula, wife, and a mother of two children.

Christine Walsh is a white, feminist, settler who conducts community-based, action-oriented, and arts-informed research with marginalized peoples and communities as a professor in the Faculty of Social Work, University of Calgary. She is a mother to Erinn and Shaun and learning to be a grandmother to Ellie. She honours the many ways of good mothering that women aspire to and achieve, and through her advocacy work and research, she supports their journey.

Hee-Jeong Yoo, MSW, RSW, is a mental health therapist and clinical team lead with a public health agency. She received her MSW from the University of Calgary, where she also worked as a research associate. Topics of interests include motherhood, mothering identity, child welfare practice models, and casework decision-making models. She is a first-generation immigrant from South Korea and currently resides in Calgary, Alberta, with her husband and two daughters.

About the Cover Art and Artist

As an art therapist and social work doctoral candidate I tend to observe layers and connections between materials and imagery that symbolize how I make meaning of the worlds around me. As a mother and a clinician who has worked with mothers, I consider the juxtaposition between the hard concrete and the soft curves that shape the abstract form of the mother and child within a fluidly woven environment that values both negative and positive space, like the objective experiences we see, and the in-between spaces we feel, but may not yet have words for.

The weathered appearance of the sculpture can be understood in connection with mothering herstories, as well as ways in which motherhood has been traditionally shaped, socially sculpted, and how legacies have been set in stone. I consider how such legacies shape social messages mothers receive today and expectations caregivers are held to. I believe that if we approach mothering and motherhood with an attitude of openness and curiosity, wondering who this faceless mother may be, or what she might have to share with us, as social service providers we open ourselves to knowledge and appreciation of the positionalities of the mothers who came before us, the mothers we work with, and the mothers that we are always becoming.

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