Managing More than Poverty When Living With Addiction: Parents’ Emotion and Identity Work

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Abstract
In this article, I qualitatively explore the emotion and identity work of parents living with addiction to drugs or alcohol and accessing social assistance, specifically Ontario Works, in Toronto, Canada. Through narrative and discourse analysis of in-depth interviews, I show how parents (re-) produce or (re-) negotiate their identities as mothers and fathers in relation to feeling rules constituted in three broader, cultural discourses about family relations, addiction, and poverty: welfare dependency; intensive mothering; and families as a safe haven. I argue that this emotion and identity work is necessitated by how these feeling rules collude or clash with parents master status of addict entrenched in their relationships with social assistance policy and caseworkers and perceived by others too. I conclude with a consideration of the social policy and justice implications of my findings, including the need to overturn the stigmatization of addiction and poverty.

Keywords
addiction, discourse, emotion and identity work, parenting, social assistance

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Introduction

In both Canada and the United States, monthly incomes from income support programs do not alleviate family poverty but maintain it (Maytree, 2020; Safawi & Floyd, 2020). Considerable qualitative research attention has therefore been placed on the coping strategies adopted by low income parents, especially lone mothers (Bezanson, 2006; Edin & Lein, 1997; Gazso et al., 2016; McIntyre et al., 2003). Parents’ feelings about their exchanges of instrumental and expressive support with others have also been recognized as shaping the extent to which they perceive their poverty is managed (Gazso et al., 2016; Offer, 2012). Less is known about the experience of parenting while having low income and living with addiction, particularly concerning Canadian parents.

This article addresses this lacuna in existing family sociology and critical policy studies and with a specific purpose. Assuming the hardships of managing poverty and achieving survival as a point of departure, I turn my attention to mothers and fathers living with addiction and accessing Ontario Works (OW, or social assistance) in the city of Toronto (Ontario, Canada). I draw on in-depth interviews with 18 parents with children in their care or the care of others and who self-defined as experiencing or working through substance use dependency and were understood as such by OW policy and caseworkers. Specifically, I apply narrative and discourse analytic strategies to explore how mothers and fathers’ stories about their parenting relationships with their children illustrate that they regulate their emotions and (re-) reproduce or (re-) negotiate identities in relation to broader, cultural discourses about family relations, addiction, and poverty.

My central argument is that parents’ simultaneity of emotion and identity work is necessitated by how their perceived master status of “addict” (Hughes, 1945), further inculcated through their eligibility for social assistance and in relationships with caseworkers, colludes or clashes with feeling rules (Hochschild, 1979, 1983) constituted in the discourses of welfare dependency, intensive mothering, and families as a safe haven. I conclude with careful attention to the implications of seeing this discursively constituted work of parents, including how giving it sharp focus cements the need to overturn the stigmatization of addiction and poverty and the limiting of family lives embedded therein.

Social Assistance, Addiction, and Family Relations

American quantitative research reveals that substance use is one of several potential barriers to employment for a proportion of women and men on welfare caseloads across the country, with this barrier impacting women more than men (e.g., if women have children, experience intimate partner violence), and even shaping some individuals’ repeat welfare use (Hogue, Dauber,
Dasaro, & Morgenstern, 2010; Schmidt, Zabkiewicz, Jacobs, & Wiley, 2007; Schoppelrey, Martinez, & Jang, 2005). Qualitative research varyingly observes how women’s reliance on welfare and substance is structurally produced but still stigmatized (Luck, Elifson, & Sterk, 2004) or how previous recipients experienced the 1990s termination of addiction disability (Anderson, Shannon, Schyb, & Goldstein, 2002). By contrast, existing Canadian qualitative research is limited and tends to focus on how people recovering from addiction face challenges in qualifying as eligible for social assistance or securing employment once in receipt of it (Bungay, Johnson, Varcoe, & Boyd, 2010; Lightman, Mitchell, & Herd, 2005; McMullin, Davies, & Cassidy, 2002). Scant quantitative research establishes an intensification of risk of drug overdose in British Columbia coinciding with the timing of the receipt of benefit income (see, for example, Krebs et al., 2016).

Emerging qualitative research attention on the ways people living with addiction engage in mothering and fathering in view of policy and society challenges to their identities as parents is promising and, indeed, grounds the study presented in this article. For example, Peled, Gavrie-Fried and Katz’s (2012) study of men participating in two methadone treatment centers in central Israel illustrated how they conceptualized their identities as fathers as evolving and different from their flawed expressions in the past. Virokannas’s (2011) qualitative study of Finnish mothers using drugs or in recovery revealed caseworkers’ distorted, mistrusting and overbearing perceptions of them, suggesting the production of mothers’ double or triple “deviant” identity (or an amplification of stigma, as per Goffman, 1963), for example, if substance users are also a mother, or a mother and on social assistance. Benoit and Magnus (2017) focused on how low income Canadian parents understood drug and alcohol use in relation to their mothering and fathering. For example, fathers saw themselves to perform responsible fathering when they provided material provisions and were positive role models for their children. What is clear from especially these qualitative studies is that it may be difficult for low income parents living with addiction to be seen as anything but an “addict”—and as I will make clear below in the case of Ontario, escape its apparent elevation to a status in social assistance policy.

**Ontario Works and Addiction**

Once remarkably consistent in its “work first” discourse, requiring people to take the first available job and/or mandating participation in welfare-to-work programming (Graefe, 2015; Pennisi & Baker Collins, 2017), the 2012 Commission for the Review of Social Assistance in Ontario introduced a “distance from the labour market” discourse to OW. The review recommended that persons with multiple barriers to labor market participation receive more intensive services the more “distant” they were from employment (Lankin &
Sheikh, 2012). In 2014, Toronto Employment and Social Services (TESS) launched a pilot project to offer specialized case management for benefit recipients dependent on alcohol or drugs, approximately 10–20% of their OW caseload (M. Brait, personal communication, September 2017), and in concert with this shift in discourse.

There are, however, regulatory and punitive aspects of case management through the “distance from the labour market discourse” (Gazso, 2020). Receipt of OW is made contingent on substance dependent individuals demonstrating commitment to treatment in some form (e.g., counselling, residential programming, and pharmacological therapy). Policy discourse and caseworkers therefore shape recipients’ OW eligibility dependent on their enactment of a recovering addict subjectivity (Gazso et al., 2016), such that addiction can be seen as recipients’ defining characteristic, or “addict” as their master status (Hughes, 1945). Jules, a lone mother of three children I interviewed, explained: “If you’re an addict, then you’re an addict. You’re just as bad as the addict over the and the addict over there and the addict over there” (Gazso et al., 2016; p. 141). As I will show in the remainder of this article, parents’ ascribed identities as substance users or “addicts” meanwhile collude or clash with their experiences of other broader cultural discourses and their corresponding feeling rules, necessitating parents’ emotion and identity work in the process.

**Conceptual and Theoretical Framework**

My exploration of the emotion and identity work of parenting while living with addiction and in low income was informed by a conceptual framework drawing in sociological theorizing on identity, culture, and symbolic interactionist theories of “affective structures and emotional dynamics of social reality” (or, the sociology of emotions, Bericat, 2016, p. 499), and discourse theory. I adopt the sociological understanding that individuals create, reproduce, or revise multiple identities over time (Kroger, 2000; Raskin, 2006) and through relations with others [Mead (1934) 1986], including to whom they are accountable. Relevant for this study, participants’ multiple and oft changing identities included, at minimum, their ascribed or achieved identities as that of parents, mothers or fathers, and “addict.” I further saw identities to intersect with discourse, defined here as webs of meaning and ideas replete with verbal and visual prescriptions for normative behaviors and practices in social interaction and institutions (Bischoping & Gazso, 2016). Integrating a general insight of discourse theory (e.g., as per Foucauldian discourse analysis), I understood that individuals may position themselves as a subject within a discourse. Hvas and Gannik (2008), for example, found that women who adopted a biological discourse when experiencing menopause could take up the identity of a patient in need of gynecological support to control their
bodies through medication. Like Widdicombe’s (1998), I understand different facets of identities to become salient as individuals move from one context to another. Recalling the earlier discussion, in their relationships with OW policy discourse and caseworkers, parents’ “addict” identity is most salient.

I additionally assumed that in individuals’ making sense of their identity or revisioning it in relation to discourse, emotions also matter. Hochschild’s (1979, 1983) interactive or dramaturgical theory of emotions, that emotions, too, are social constructed, is informative here. Hochschild understands social relations to shape individuals’ emotions (e.g., of anger) and how they manage them—how they consciously try to feel—in the form of “feeling rules.”

These “feeling rules” are not just interactionally produced but ideologically and discursively constituted and/or constrained (see also Hochschild, 2013). In my approach to emotion and discourse (Åhäll, 2018; Wetherell, 2013), however, I further draw on Wetherell’s (2012, italics mine) view that discourse is meaning-making beyond words, and includes how words are delivered and received; discourse itself is perhaps more aptly understood as “affective-discursive” for Wetherell. Hence, individuals may enact identity and position themselves as a subject within a discourse but they are to feel a certain way too. Kampen et al. (2013, p. 430) offer a clear example. They studied unemployed persons’ participation in workfare projects and found they felt ashamed, hopeless, and more generally “like a nobody” in relation to broader and stigmatizing discourse of being dependent on welfare.

Hochschild (1979, 1983) terms emotion work the way that individuals cognitively, bodily, or expressively respond to feeling rules in interactional situations where they perceive a conflict between what they feel and what they should feel. This work is not just done on the self and can also be “by the self upon others, and by others upon the self” (Hochschild, 1979, p. 562). Moreover, emotion work is not performed exclusive of identity work (Winkler, 2016). For example, Exley and Letherby’s (2001) interviews with involuntarily childless women and terminally ill individuals reveals how through their emotion work, people may reaffirm their other, mainstream identities. Coupling these insights together, my conceptual and theoretical framework yields an understanding of parents living with addiction as having multidimensional selves (Exley & Letherby, 2001) always emergent through social relations, including discourse, and the emotion work in which they engage. I now turn to my method and analytic strategies used to discern parents’ emotion and identity work.

**Methods**

I explore how parenting while living with addiction involves the concomitant work of regulating emotions and identities through in-depth interviews with 18 parents. These parents included five lone mothers with children in their care
and 13 mothers and fathers who co-parented young or young adult children (<25 years of age) living with ex-partners or guardians. Interviews with parents were completed as part of a project exploring how people simultaneously experience living with an addiction to alcohol or drugs (i.e., randomly using, sober, or engaging in recovery through treatment, including harm reduction) and access OW in Toronto; in-depth interviews were conducted with caseworkers (n = 7) and benefit recipients (n = 28) for this project following ethics approval. Recruitment of persons who identified as dependent on drugs or alcohol, including parents, and who had been on OW for at least 1 year occurred between Fall 2016 and Fall 2017. I recruited benefit recipient participants through purposive and convenience sampling with the assistance of program managers and caseworkers of TESS.4 Participants who consented to participate in the project received a US$30 gift card and travel tokens as an honorarium. I completed each interview, which took at most 1 ½ hours, at a location of participants’ choosing (e.g., coffee shop).

There were several challenges to connecting and meeting with active or recovering substance users on social assistance. While I endeavored to develop rapport with a prospective participant, their day might unfold in unplanned ways, sometimes related to substance use, and our meeting would not be possible. For every six people I connected with by telephone, I interviewed only one person face-to-face. As I was told by my manager contacts at TESS, active and recovering substance users’ perceptions of others’ stigmatization of them and concerns about the privacy and safety of their children were likely one reason it was difficult to recruit specifically parent participants. I soon learned to view each interview with a parent that did take place as a gift of knowledge (Limmeric, Burgess-Limerick, & Grace, 2006). The small sample size actually suited my objectives since I desired to engage in a deep and rich analysis of the unique “cases” or experiences (Crouch & McKenzie, 2006) of low income mothers and fathers living with addiction.

The parents I interviewed ranged in age from 16 to 53 and had anywhere from 1 to 6 children. Besides the five lone mothers, the other eight mothers and five fathers identified as single in terms of marital status but still coparented. The majority of parents were white (15); three parents self-defined as mixed race. Every parent I interviewed had prior experience working for pay. While all 18 parents identified as living with addiction, 13 self-defined as being in recovery, with four in suboxone and six in methadone5 treatment. Six parents identified as engaged in random substance use of alcohol or drugs.

Using a semi-structured interview guide, I asked parents about their typical daily activities and responsibilities, their history of and how they understood their substance use and eligibility for OW, their relationships with their children and how they defined family, their support networks, and what improvements to OW they would recommend. In their answering of these
questions, I understood parents to tell stories about or narrate their lives, to describe events, actions, and experiences and give meaning to them (Bischoping & Gazso, 2016; Mishler, 1986; Polkinghorne, 1995).

**Narrative and Discourse Analysis**

My analysis of parents’ talk about their parenting relationships with children was informed by my making three assumptions that dovetailed with my conceptual and theoretical framework. First, that parents’ telling of stories of the past were stories of emotional work too, of recalling how they felt at different times of their lives. I understood that there could be a disconnect between a parent’s emotion recalled in the past and the emotion they displayed in the time of our meeting. Second, I assumed that through narratives, participants were also performing their identities for others or how they wanted to be known (Reissman, 2001), as well as making sense of changes to their identities (whether they saw these as agentic or structurally determined), and their overall sense of self (Linde, 1993). Thus, I understood parents to perform emotion and identity work in the interview itself and that this work was co-constituted in the intersubjectivity of our interviewee-interviewer relationship (Reissman, 2001). Third, I assumed that this emotion and identity work was linked to broader, cultural discourses. Indeed, I consider my analysis in line with “critical discourse studies” (Wodak & Meyer, 2016). I worked toward deconstructing discourses that I saw shaping and enabling the social (and emotional) reality experienced by parents (Foucault, 1978), considering their ideological underpinnings as well (Fairclough & Wodak, 1997). Thus, assuming parents’ socio-economic position and their dependence on substances, I understood them to be living and storying their lives in interaction with the circulation of ideas, morals, ideologies, and discourses of their social milieux (see also, Kilty & Dej, 2012). Specifically, I read parents’ talk as revealing the emotion and identity work they engaged in and in response to feeling rules (Hochschild, 1979, 1983) associated with broader cultural discourses on family relations, poverty, and addiction.

In what follows, I present my findings with thematic headings that denote a discourse and its corresponding “feeling rules”; to do so should not be taken to mean these discourses are mutually exclusive of one another. To present the findings as straightforward as possible, I first define the discourse I read as implicitly in and shaping of participants’ talk, locating it and its feeling rules historically and culturally (see also Wodak & Meyer, 2016). I then show how I understood participants to be talking to and through these discourses and thereby engaging in identity and emotion work in the process, further grounded in participants’ awareness of OW caseworkers and others’ perceptions of their substance use.
Findings

Welfare Dependency and Its Feeling Rules

Many scholars agree that the discourse of welfare dependency has been used by governments to justify the neoliberal restructuring of social assistance policy and programing (e.g., cutting benefit amounts, escalating welfare-to-work expectations) across Canada (see, for example, Béland & Daigneault, 2016). Through this discourse, parents on social assistance are often seen negatively, as “dependent,” lazy, likely substance users and/or criminals, and ill-suited for the demands of rearing children (Wiegers & Chunn, 2015). This discourse can be read as entrenching feeling rules associated with parenting: the lay public is to feel pity or anger—or stigma—toward mothers or fathers for their dependence on social assistance and their problematic lifestyles (see also Fraser & Gordon, 1994).

Debra (37, white), a lone mother of two children under twelve and in recovery from prescription opioid addiction, implied her navigation of this discourse. In referring to her son’s sport of passion, Debra said: “He likes hockey. He’s never played ice hockey although it’s something I would love for him to be able to do but, just money wise, it hasn’t been an option. But he plays things like ball hockey and he’s also interested in computers.” I read in Debra’s talk how she likely felt upset that she could not afford her son’s sport of choice and seemed aware of the likelihood of others’ pity for her being dependent on welfare. Debra had engaged in emotional work in the past to reach a point of compromise, to sign her son up for ball instead of ice hockey. In saying “I would love for him to be able to play,” she conveyed that she cared for her son and invited me to empathize with her rather than feel pity for the choices she made.

Debra additionally made clear to me that she did a good job mothering, circumventing my perception of her only as a recovering addict too. After she prepared her children for school, her days were filled with appointments with her doctor, counselling sessions, or she spent time with a friend who lived in her apartment building. She met her children immediately after their school day ended.

Sometimes, I enroll them in programs through Parks and Rec. So, sometimes we’ll have a program to go to after school or after dinner or something…I guess just make dinner when we get back… in the wintertime, we’re pretty much at home after that. Some nights, if there’s time, we might go skating or something like that (Debra).

In the space of the intersubjectivity of our interview, Debra worked to change the quality and degree of emotion by which we responded to her
account of mothering, in effect opposing the negative views of parenting entrenched in the welfare dependency discourse and encouraging my recognition of her personal struggle with the available subject positions constituted within it.

Alexei (54, white; single) was a heroin user who also participated in a methadone treatment program mainly to stave off withdrawal should he not be able to access his drug of choice. He divorced his wife when their son, Peter, was an adolescent. He explained that he and his son had a strained relationship even before the divorce. In his recollection, he used drugs while raising Peter but kept it hidden from him. When I asked Alexei if Peter knew he used drugs, he was not sure if he knew then but he was certain of Peter’s knowledge of his use now. Our conversation went as follows:

Alexei: [H]e learned from my ex, she was screaming I’m a drug addict, this and that.

Amber: So when you do talk to him, do you think that gets in the way? Like kind of he’s worrying about that?

Alexei: He doesn’t respect me… I mean so he thinks that I’m a lower person or whatever. Even if I try to tell him something, what to do, he says ‘who are you to tell me this?’

Peter’s anger toward Alexei seemed to be directed at his living a life that exhibited negative behaviors associated with welfare dependency. Linked to Alexei’s statement that Peter viewed him as a “lower person,” Alexei acknowledged that he engaged in crime to support his use and had been in and out of jail. Peter and Alexei’s relationship was mired in the feeling rules attached to the discourse of welfare dependency to the extent that despite Alexei’s emotion work to suggest otherwise, Peter seemed to primarily ascribe him the master status of “addict.”

The relationship Cody (37, white; single) had with his eldest daughter Mandi involved his emotion work to manage what he perceived as her mistrust of him. Cody lived with his own father upon his exit from prison and as he pursued recovery from an opioid addiction. His relationship with Mandi had been strained after he and her mother dissolved their intimate partnership years prior. When he then ended a partnership with Mandi’s step-mother Christine and left her and their child (Mandi’s step-sister), further tension in their relationship materialized. Referring to a telephone call with Mandi, Codi revealed:

So she kind of got her nose out of joint, she was like I don’t understand what you’re saying to me. Why would you just leave her [Christine] like that?... I was too scared to say I’m a drug addict. She was only 12 at the time… She was like’
you did this to me when I was a child.’ I said ‘no, there’s more to that…but I can’t tell you right now.’ …I sent her a text, ‘I really look forward to sitting down and actually talking to you. There’s a few things in people’s lives that are better discussed at a later date’ (Cody).

Cody seemed attuned to how Mandi and others perceived him as ill-suited to fathering: broke, overcoming an addiction, and having a criminal record. In his statement to Mandi, “there’s more to that,” he implied his ongoing emotion work to try to reach a place to tell her about his substance use then and his recovery now. In his view, he and Mandi were not ready for him to share that her perception of his repeated actions of abandonment were because of his addiction and unless they were face-to-face. Cody was working to acknowledge the stigmatization an individual—in this case Mandi—felt toward him, and his own internalized oppression. Indeed, it seemed that Cody struggled to reconcile his ability to position himself as a subject within the welfare dependency discourse and collude with others’ perception of his master status as “addict” alongside his newer efforts at fathering in recovery. Also hinted at in Alexei and Cody’s relationships with their children is how the stigmatization of welfare dependency can discursively connect with the cultural trope of “deadbeat dads,” fathers who do not pay child support to mothers or guardians, are often poor, and disappear from children’s lives (Mandell, 2002).

I met Clive when he was in his 50s. A single white man, he self-defined as an alcoholic. He had one daughter, Harley, who lived with her mother and his ex-wife. I introduce Clive’s relationship with his daughter as an example of resistance to the feeling rules of the welfare dependency discourse. When I asked Clive about his relationship with Harley, he replied that he saw her “not that often” and that he talked with her on the phone “not that much” because “she’s 24 years old, busy with her life.” Clive made clear he was content, however, with how Harley created opportunities for him to father in the way he could and in ways that seemed in response to her emotional needs. In his matter-of-fact sharing about his addiction and his relationship with his daughter, Clive was not concerned about how others may judge his poverty and substance use, or how this informed theirs or even his perceptions of his fathering.

**Intensive Mothering and Its Feeling Rules**

Mothers of children in their care or that of others managed feeling rules associated with intensive mothering. According to this discourse, mothers are to feel selfless, unconditional love, and committed to spending unlimited time, energy, and money on meeting their children’s material and emotional needs (Hays, 1996; Leigh et al., 2012), both emotions and behaviors that Cappellini
et al. (2019) show to be difficult to perform by mothers without economic resources. It is also taken-for-granted that “good mothers” are not partaking in the misuse of alcohol and drugs.

Some mothers I interviewed shared stories that suggested a clash between their being a person who used substances, and so less bound by conventions of time, routine, and responsibility, and what they thought they should feel and do as a mother per this discourse. Season (36, white) was a lone mother of six children in her care and in suboxone\(^5\) treatment; she self-defined as in recovery. Her own mother had temporary guardianship of Season’s children some years before we met because of Season’s use of opioids and child welfare officials’ concern for her children’s well-being. The following quote exemplifies the emotion and identity work she engaged in at that time to show her children she was still mothering despite her own mother’s actions to circumvent it.

She [my mother] would only allow me to see them at church. So, my daughter was actually talking to me about that – that she really appreciated the effort that I made even though I was sick [using] and they weren’t with me. I still went every single Sunday to that church just to see them.

Season was now certain her two identities were incompatible, that being a good mother meant not using drugs.

You can’t be an addict and be a mom. You can’t. No matter how much you want to be – we have the right intentions but we make bad choices… Even phone calls and text messages and stuff, just to let them know ‘I’m here, I haven’t abandoned you.’ But they know what I’m up to… I do not do it in the home, I do not come home when I’m under the influence. Never.

Thus, Season seemed to endorse the view that good mothers mother well all the time. So, she continued to struggle with how to manage how she felt when she relapsed and failed to conform to the good mother subjectivity constituted by this discourse.

I don’t know how to say this (pause). Because when I’m not here, I still affect my children. I could be out. I’m still doing it away from them. But I’m still affecting them because they’re here and they know that mommy didn’t come home. Which, I hate it. I hate it (Season).

A lone mother of three children, Jules (age 32, white) was also in a suboxone treatment program but randomly used opioids too. Jules cared for her eight-year-old daughter. Her ex-partner had custody of her eleven-year-old son and her own mother had temporary custody of her five-year-old son. She
was experiencing sanctions on her OW income for reasons of alleged fraud, which meant: “Well, you know, I didn’t get a welfare cheque and Christmas is coming, I don’t know what the hell I’m going to do.” She had her daughter’s birthday to celebrate the day I interviewed her. Jules further explained, “we got her a gift, luckily because I have a good boyfriend.” During our conversation, Jules conveyed that she was acutely aware that her poverty and addiction had meant that OW and child welfare systems had created substitutes for her mothering (her ex-partner, her mother) and penalized her, the latter exacerbating her feelings of shame and guilt over not being able to be a good mother to the one child in her care.

Unlike other parents, Jackie (43, mixed race) had recently participated in Drug Treatment Court, which meant her mandatory completion of an outpatient treatment program in lieu of jail time. Jackie lived common-law with her boyfriend and was working on overcoming a crack cocaine addiction. Her relationship with her children was fraught with tension because her own mother had custody and sought to limit Jackie’s relationship with them. Her current relationship with her live-in-boyfriend exacerbated these tense relations among her, her children, and her mother.

Initially in 2009 when she took them, she wrote that I can have them every Christmas, every Mother’s Day, every week… I went and messed up on my own… I got arrested again for trafficking in 2013… she was dropping the kids off every weekend… But because they [the children] were in one of the [police] raids she decided she’s not going to contribute to that anymore… I’ve tried to talk to her and tell her how good I’m doing – she just, ‘well, what do you want?’ … I tried to gain all this trust from my kids and her and recently he [my boyfriend] had an altercation with one of my kids on their visit… It went from every weekend to once every two months because now I have to meet them at a mall. The little one doesn’t even want to come anymore (Jackie).

Implied in Jackie’s account is her emotion work associated with her attempts at good mothering, at conforming to the feeling rules of the intensive mothering discourse. In working on recovery, Jackie had tried to be and be seen as a mother by her children and her own mother (“I tried to gain all this trust from my kids and her”). Her efforts were thwarted by how her continued intimate relationship with her boyfriend seemed to be interpreted by her own mother as Jackie not giving all and everything to meet the needs of her children. Since Jackie’s mother made visits with her children at a shopping mall a condition to see them, Jackie had to plan carefully in order that she could afford to buy gifts and treat them to lunch as symbolic of her love and care. Sometimes Jackie did not meet her children as she would have liked because of her poverty. This choice created further mental anguish for her; for
example, how can she be seen as a good mother if all her children see is her poverty and neglect of them?

Child welfare officials had removed Tynesha and Danni’s children from their care and placed them with their fathers, citing their drug or alcohol dependency as partially reason for this removal. These two mothers told stories about wondering about their children that also attest to the work of managing the feeling rules of intensive mothering. Tynesha (28, mixed race; single) directly shared about her wondering when I asked about the biggest challenge she faced each day.

The biggest challenge is just not being able to see them [my children] and wondering. I’m missing out every single day…The homework and that, it’s those things. And I’m not going to get this time back. And it’s just in my brain. Unless I go there, and I try to knock it out of my brain because I don’t want to be upset all the time (Tynesha).

Danni (age 27, white; single), now working on recovery from an opioid addiction through counselling and methadone treatment, gave further voice to this wondering.

I don’t want my children to find out one day when they’re trying to find me that their mom died of an overdose. And never know me. I just want them to know I’m okay. Because the part of missing them, yes, I’m selfish and I miss them. But how can I miss them? I did this. So the things that I wonder is how they feel about me. Do they miss me? I don’t want them to feel like that… Before when I was sicker [actively using heroin], it was like I miss them, I want them close to me. Now that I’m better I’m out of myself…I’m thinking more things like ‘how are they thinking, what are they going through? What do they have to do in their day?’ (Danni).

In their talk of wondering, Tynesha and Danni suggested how they sought to reconcile their selfish feelings about meeting their own emotional needs as mothers with the feeling rules of the discourse of intensive mothering. Tynesha lamented how she could not provide limitless care or instrumental and expressive support for her children and so worked to “knock it out of my brain,” or resist self-reproach for not mothering as she would like. Danni permitted her wondering about her children now by having worked hard to selflessly mother. That is, she prioritized how her children’s needs were best met by other caregivers in view of her struggles with addiction. Tara (age 55, single; white) was another mother who engaged in an ironic selflessness of mothering: “I took care of them, and I had care of them and then my drug addiction and what not got to a point where I was just like ‘I can’t do this.’ And I called their dad and said “okay, it’s your turn.” They were about, the twins
were seven and Cara was about twelve.” On the one hand, Tara could be understood as a “bad mother” for giving up care of her children in favor of her drug use and thereby reifying her master status of addict. On the other hand, by relinquishing her children to the care of their father when she saw in herself an inability to control her opioid use, Tara was a good mother in putting the meeting of her children’s needs first.

Families Are a Safe Haven and Its Feeling Rules

The discourse of families are a safe haven is grounded in industrialization and the growth of capitalism and corresponding changes in gender and family relations, notably the ideologies of true womanhood, cult of domesticity, and familism (Baker, 2006; Roberts, 2002; Zaretsky, 1976). The pull back of welfare support via neoliberalism in Canada is even underscored by the assumption that people can turn to families when in need (Baker, 2006); familist ideology further entrenches this discourse of the family as a source of refuge. Its feelings rules include affection for family members and gratitude for the security their support provides, especially that of women caregivers.

Some mothers with children in their care suggested their emotional accountability to this discourse. Adriana showed how her accountability stemmed from her use and how others saw her foremost as an “addict”—and her worry that she might continue to meet others’ expectations of this ascribed status. Adriana (33, white, partnered) lived with her 17-year-old son Chase. She had been sober 9 months and actively pursuing recovery through a suboxone treatment program and one-on-one counselling at the time of our meeting. Adriana and her son’s father had a living-apart-together relationship; he was committed to Adriana and caring for their son but kept a separate residence (Funk & Kobayashi, 2016). While Chase lived with Adrianna, she explained: “he’s temporarily, like, in their care [child welfare] thing, so we’re doing a transition for the summer with them still being involved, at least on paper. Just in case that’s, you know, for all purposes I’m not sober, then they can just swoop right back in, you know, basically.”

So, while Adrianna did feed, clothe, and provide shelter for her son and with support from Chase’s father, she saw the involvement of child welfare officials in her family life as helpful.

I, I, I think it helps with my son knowing that, um, cause again, like I, I, I’ve been the boy that cried wolf with sobriety quite a bit of times… So. It’s, I’m, I’m okay with them [child welfare] still being, like, around. I’d rather them not, but I, I do understand that it’s better for him to have, um, that cushion if you will.. Until he feels completely, um, safe. I guess, to stay, to be home (Adriana).
It seemed that Adriana accepted child welfare officials’ involvement to support her mothering of Chase because she was in the process of working through how her master status of “addict” clashed with the discourse of family as a safe haven.

An extended series of excerpts from my interview with Marnie (27, white, single) further illustrates the work engaged in to respond to the feeling rules of families are as a safe haven. Marnie, 2 years “clean,” raised her three-year-old child while living with her parents. She received weekly “carries” of her suboxone medication; she could self-administer her dose. When Marnie first moved in with her parents and her child, her own mother seemed to promise a safe haven to them both: “Well, when I was living with my aunt, my mum is like: ‘Please come home. I promise I’m gonna stop smoking and drinking if you move back with the baby.’” Vulnerable during her early efforts at recovery, Marnie moved home and found:

And, that never happened. I feel like I got conned… Mom still drinks. Um, my dad, I was getting my, my, when I was addicted to opiates, I was getting them from him… my mum’s main concern is to make sure she has enough, ah, money for rum and cigarettes. And my dad, I think my dad has like, a gambling problem… I feel like I’m at a time in my life where like, I, I’m done with all, like the addiction parts not even an issue for me… there’s no going back now, but it’s frustrating if anything that they don’t (pause). I don’t know. My mum, my mum still asks [me] to, I go to the liquor store (Marnie).

Meanwhile, Marnie could trust that when she could not be “the hands-on parent,” her parents would provide care to their granddaughter. Marnie even acknowledged her dependence on this child care. So, while she was “…concerned about like, when she [daughter] starts to notice, like, ‘oh, grandma’s like, a bit off,’” the idyllic discourse of family as a safe haven seemed hard for Marnie to relinquish in the space of her recovery and effort to relinquish an addict identity. Perhaps less than an ideal household situation, Marnie nonetheless knew it did provide her daughter security of home if not ultimate safety.

**Discussion and Conclusion**

In this article, I have revealed the emotion and identity work that parents who live in low income and with addiction—and are defined as such by OW policy and caseworkers—engage in while navigating feeling rules constituted within wider discourses that have bearing on their lives. That is, the discourses of welfare dependency, intensive mothering, and families as a safe haven contain feeling rules that are prescriptive of, or underscored by, normative practices of mothering and fathering and family relations. While sober or in recovery from
substance use or randomly using, in their telling of stories, parents made clear
the emotions that textured their parenting relationships with their children
(and whether they have custody of them or not) and were further co-
constituted in the inter-subjective moments of the interviews themselves. I
contend that it is parents’ emotion work in response these discourses and their
feeling rules that makes possible their achievement of their identities as
mothers or fathers and possibly the transcendence of others’ ascription of their
master status as “addict.” Parents specifically worked to (re-)produce or (re-)
negotiate their mother, father or “addict” identities through the emotion work
they did in relation to broader, cultural discourses.

For some parents, the apparent collusion between their ascribed master
status of addict by caseworkers and others’ perceptions of their unsuitability to
parent because of their welfare dependency had to be continuously emo-
tionally navigated to maintain their identity of mother of father. Debra, for
example, invited me to see that viewing her as welfare dependent in only a
negative way elides her work of mothering. Alexei and Cody’s stories of
navigating their children’s feelings toward them for their behavior and
lifestyles showed how they acknowledged others’ (and perhaps their own)
stigma of their addiction and poverty but could not see it to completely define
them and so persisted in re-negotiating their identities as fathers. Clive il-
minated how some parents can further resist both identifying with the master
status of addict and feeling rules conscripted in the discourse of welfare
dependency. Clive knew that he drank a lot but this was just one facet of his
self; he was still a father too.

Considering the discourse of intensive mothering, no matter whether they
had custody of their children, mothers navigated its feeling rules. Some
mothers saw how their master status of addict clashed or contradicted with
their efforts at being a good mother. Season conveyed this while Jules implied
it. In her recovery efforts, Season was effectively deconstructing what was—
her identity as addict—and engaging in a process of recovery and renewal of
her identity as a mother. Other mothers without children in their custody could
seem to conform to the feeling rules of intensive mothering whilst (re-)
producing and (re-) negotiating their identities as addicts and mothers. Though
Danni lost custody of her children, she reframed her mothering as selfless acts of
wondering. Tara, though being fully aware of choosing her addiction, was
ironically selfless in giving up her children. For these women, however, the
master status of addict was not (re-) negotiated to mean less to them than their
identity as mothers. They were aware that this status clashed with the discourse
of intensive mothering—they had experienced extreme loss (their children) that
confirmed the cost of their addiction and others’ stigmatization of it.

Finally, other mothers demonstrated how their master status of addict
clashed with their creation of a safe haven for themselves and their child.
Adriana, in particular, engaged in emotional work to (re-)claim her identity as
a custodial mother and be seen as such by OW and child welfare caseworkers. She welcomed caseworkers’ support of her son to help her achieve this. Marnie seemed desirous of safety and security for her child and her and yet implied that her efforts were challenged by qualities of her household that shifted her attention to her past addiction and impinged this mindful mothering. In sum, mothers and fathers’ management of discursively constituted feeling rules as they clashed or colluded with their perceived master status of “addict” involved consciously or not their sustainment or creation of a multidimensional self; one is not only and always an “addict.”

This study is limited by its non-random sample and the related inability to generalize its findings. Nonetheless, it is entirely reasonable to anticipate that other research on parents living with addiction, on welfare, and in similar social contexts may uncover similar findings (see also Guba & Lincoln, 2005). Moreover, there are broader theoretical contributions and social policy and justice implications yielded by the findings. Recall that I endeavored to contribute to existing family sociology and critical policy studies by highlighting how living with addiction while experiencing on low income as a family issue. I specifically revealed the emotion and identity work performed by Canadian parents to present to themselves and others as mothers or fathers when the perceived master status of “addict” shapes their social assistance receipt and their addiction and poverty is stigmatized in the wider social context. This emotion work was performed in order to (re-)produce or (re-)negotiate an identity as mother or father and to be recognized as such by others, including myself as an interviewer, caseworkers, or the general lay public. I therefore contribute to theorizing the “feeling subject” in the study of social processes and structures (Bericat, 2016)—in my case discourse (OW policy and practice, discourses of the broader social milieux). In so doing, I also push forward theorizing on the simultaneity of individuals’ emotion and identity work in relation to discourse.

As well, this emotion and identity work of parents brings into sharp focus the too great ease by which family identities and lives may be limited by the double stigma of addiction and poverty. Policy makers and caseworkers and even lay people who do not see the extent of parents’ work, beyond survival and inclusive of emotion and identity work, and only someone who is poor and “just as bad as the addict over there” (to quote Jules), are inhibited in their ability to support parents’ recovery and/or eventual entrance into paid work. Any commitment to improved provision of resources and supports that could make a difference in the lives of parents (e.g., “intensive services” or “specialized case management” as per the “distance from the labour market” discourse) is just lip service until the limits placed upon family lives and communities created by prioritizing one identity or status over another are overturned.

If identities are seen as malleable, emotionally and discursively constituted, and the self multi-faceted, people lives unfold in tandem with an ever-
evolving self. As powerfully illustrated by parents interviewed for this study, an identity of substance user or recovering substance user can be but one aspect of the self—it need not be the master status through which one experiences the social world. Such a shift in perception can yield not just specialized case management by OW caseworkers but greater compassion, hope, and social inclusion of parents living with addiction, and the beginnings of an eradication of stigma surrounding substance use and poverty.

**Declaration of conflicting interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

**Funding**

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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**Notes**

1. I use living with addiction or substance use dependency interchangeably in this article, assuming addiction to refer to when one is physically dependent and psychologically dependent on a substance to the point that they cannot control it. I define sober as referring to lack of use for some time. For parents featured in this article as “in recovery,” this refers to their active practice of exploring reasons for use, working on these reasons, and abstaining from use or practicing harm reduction.

2. I adopt Hochschild’s (1979) convention of using the concepts of emotions and feelings interchangeably throughout this article.

3. The scope of this article does not permit me to historicize or engage fully with ongoing debates about affect, emotion, and discourse, of which Wetherell’s work is linked.

4. In Canada, social assistance policy and programming is provincially designed and administered. In Ontario, OW is managed regionally and municipally. TESS is the municipal government department that administers OW to persons living in the city of Toronto.

5. Suboxone and methadone are prescription drugs used to treat opioid addiction.

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