'Feels a bit naughty when you're a mum': Alcohol use amongst mothers with preschool children

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Abstract

Over the past two decades, young New Zealand women have consumed alcohol in a culture of normalised intoxication, aligned with postfeminist and neoliberal values of autonomy, fun and freedom of choice. As these women transition into motherhood, they are exposed to contradictory messages on alcohol. Targeted by growing media and advertising messages encouraging alcohol use as a coping strategy for motherhood, they are also expected to conform to 'good' mothering ideology. With very little research in this area, the current study aimed to explore the way mothers of preschool children talk about their current alcohol use, their past alcohol use in young adulthood, other mothers' alcohol use and their partner's alcohol use. Using a gendered approach the goal was to develop an understanding of how these mothers accepted, resisted and negotiated meanings on alcohol use in early motherhood and how their drinking was negotiated with their partners and parental responsibilities.

Following ethical approval, seven friendship discussion groups, involving 30 mothers between ages 28 and 41 were conducted in Wellington, New Zealand. Transcribed discussions were subject to Foucauldian discourse analysis, which showed that the women drew upon the 'work hard, play hard' and 'developmental age and stage' discourses to normalise excessive drinking and experimentation in young adulthood. In comparison, current drinking was discussed as routine and constructed as a 'reward', for 'relaxation' and as a form of 'adult time out', providing these mothers with a way to cope and a brief escape from the demands of mothering. Unlike fathers' drinking, which was constructed as 'masculine', the mothers' drinking was highly policed and sanctioned through public 'surveillance' and their own 'self-monitoring'.

Mothers who deviated from idealised expectations of 'good' mothering were seen as lower-class. Although a 'considerate family man' discourse was drawn upon, it was the mothers who still took on the primary caregiving role. They often instigated couple negotiations on who was drinking and it was frequently their drinking (rather than fathers) that was restricted due to parental responsibilities. Findings are discussed in terms of what this means for public health campaigns, women's access to alcohol support as well as wider implications for gender relations.

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Preface

This thesis explores the way in which women who have transitioned into early motherhood use alcohol in their daily lives. My interest in this topic developed when I was pregnant with my first child in 2011. As a Pākehā female in my early thirties, I had recently returned to post-graduate study. I had grown up with strong beliefs about gender equality, including women being independent, non-reliant on men and able to accomplish what men have traditionally achieved. Likewise, I hold equally strong views about men having equal parental status and responsibility for raising children. However, I found transitioning into motherhood a different experience from that which I had expected. Although sleepless nights and endless nappy changes were tiring, the most challenging aspect was being confronted with stereotypical gender roles and traditional expectations of motherhood.

Before having our first child in 2012, I felt I had considerable freedom, having spent my adolescence and early adulthood during a time in which female autonomy and empowerment were encouraged. I had engaged in frequent binge drinking as a student in my early twenties and had gone on to work and travel, living overseas for several years before returning to New Zealand. However, falling pregnant and having a child, I soon found myself financially 'dependent', initially doing more childcare as I was breastfeeding and substantially reducing alcohol use for the health of our baby, while my partner was able to continue to drink. Although my binge drinking days were well behind me, I found alcohol use had taken on new meaning as a mother. Alcohol symbolised a sense of freedom and an escape from the intensity of early parenting. However, due to my partner working away half the year, this form of alcohol-induced 'escapism' was not something I felt comfortable engaging in often.

I have since had our second child. During both pregnancies, declining alcohol meant friends were able to guess I was pregnant before I was ready to announce this information. This highlighted to me the level of alcohol saturation in our culture, where you need an 'excuse' not to drink. Furthermore, contributing to my interest in this topic was the use of alcohol by other mothers I knew. The parents' group I joined would meet for coffee every week. This soon turned into Friday afternoon drinks as well. Alcohol

consumption was timed around breastfeeding and our babies sleep schedules. The amount of alcohol initially consumed was minimal (e.g. one to two glasses of wine), which increased for some mothers as our children grew older.

Our group (including myself) believed alcohol use contributed to building closer friendships and shared experiences. Furthermore, I am aware of other groups of mothers who drink together regularly, including those associated with play centres, kindergartens and schools. I also know mothers who schedule nights away from their children once a month to allow them the freedom to party. In my local area, a group of women organise a 'big night out' for mothers every month, which is followed by shared drinking stories over the weeks to come. My belief that alcohol use amongst mothers has become normalised, is further supported when I log into Facebook and see regular posts, pictures and memes about mothers needing alcohol to cope with the demands of motherhood.

Interestingly, when I have talked about this topic to others, it is often met with mixed responses. Some men and women have raised concerns about the widespread use of alcohol around small children and what this means for children's safety. These concerns have merit and will be discussed in this thesis. However, others also view this issue in a positive framework, arguing mothers should be able to continue using alcohol for the numerous social benefits. When reviewing the literature on alcohol use amongst mothers with preschool children, only a small number of studies had been published. The few studies conducted have been predominantly quantitative, exploring the percentage of mothers who drink and amounts consumed, rather than exploring any motivation or meaning behind mothers' drinking. Given the widespread use, acceptance and enjoyment of alcohol in society, as well as associated health, mental health, family and relationship problems, I embarked on this study to explore how mothers with preschool children not only use alcohol in their daily lives, but to also explore their understanding of alcohol use in the context of early motherhood.

Structure of thesis

I adopted a social constructionist approach to this research topic, using Foucauldian discourse analysis. As discussed in this thesis, this theoretical approach was considered the most appropriate given the historical, social and political background influencing both contemporary motherhood and alcohol use. My research will be told across ten chapters

that make up the body of this thesis. Chapter one introduces the topic of women's alcohol use in New Zealand, including issues such as alcohol availability, advertising and social acceptance of heavy drinking. Within this chapter, the importance of conducting research to explore alcohol use amongst mothers with preschool children will be outlined. In chapter two, a review of the literature on postpartum alcohol use is outlined, providing further quantitative information about the way mothers are using alcohol. Chapter three focuses specifically on motherhood, including the historical, political and social changes influencing contemporary motherhood, as well as the 'good' mother and intensive mothering ideologies. In chapter four, gendered drinking including the policing of women's drinking is discussed. This chapter also introduces the current study including research aims. Chapter five outlines social constructionism and Foucauldian discourse analysis, which is followed by a detailed account of the design and research process of the present study.

The results of the study are presented in chapter six through to chapter nine. Chapter six reviews the mothers' talk on their past alcohol use in late adolescence/early adulthood, including the *work hard, play hard* and *developmental age and stage* discourses. Chapter seven focuses on their current alcohol use, which includes the *reward, relaxation* and *adult time out* discourses. In chapter eight, the policing of mothers' drinking is discussed through the use of the *surveillance* and *self-monitoring* discourses. Chapter nine focuses on the *considerate family man* and *masculinity* discourses, which the women drew upon to describe both their partner's (including husband's) drinking and their negotiations with them regarding parental responsibilities and their own alcohol use. Lastly, chapter ten provides a discussion on these findings, including the implications, limitations and ideas for future research.

Chapter 1: An introduction to women, alcohol and New Zealand's drinking culture

'I think if it's to be a truly kiwi Plunket coffee group then the mums should hit the chardonnay about 20 minutes in'

- Hillary Barry, twitter response to Prince George's playdate at Government House (Barry, 2014).

1.1 Alcohol use amongst New Zealand Women

Alcohol use among women has increased over the last half-century. Between 1995 and 2000, alcohol consumption amongst New Zealand women increased both in frequency and the amount consumed (Habgood, Casswell, Pledger & Bhatta, 2001). Research over the past decade has found female drinkers are now starting at a younger age (Rankine, Gregory, Tonks, & Thompson-Evans, 2013), consuming beverages with higher alcohol content, drinking more in one session and drinking to intoxication more often than in the past (Fergusson & Boden, 2011; Rankine et al., 2013). They also make up 42% of all binge drinkers (ALAC, 2011).

The term 'binge drinking' typically refers to the act of consuming large quantities of alcohol in one session. In 2008, the Alcohol Advisory Council of New Zealand defined 'binge drinking' as more than 4 drinks in one sitting for a female and more than 6 drinks in one sitting for a male. However, there is no worldwide consensus on how many drinks constitute a 'binge', as the amounts consumed, level of intoxication and how long a 'binge' lasts for, such as hours or days, is debatable. Therefore, within the academic literature the term 'binge drinking' is often used interchangeably with other terms including 'heavy episodic drinking', 'risky drinking' or 'hazardous drinking session'.

Drinking to get drunk is most common amongst those aged 18-24 (McEwan, Campbell, & Swain, 2010). Between 2000 and 2006, hospital admissions for alcohol poisoning rose by 7% for women in this age group (Peck, 2011), while in 2001 the number of women admitted to hospital with severe alcohol poisoning surpassed men for the first time (Coursey & Savage, 2007). Over the past decade, the movement towards convergence of women's drinking practises and related harm with men's (Slade et al., 2016), has been met

with moral alarm (Holmila & Raitasalo, 2005). Evidence of this moral concern is ongoing and demonstrated by negative media attention, including newspaper headings such as 'Booze brings out beast in beauty' (Sunday Star Times, 2009), 'Ladettes narrow life gap' (Rushworth, 2010) and 'The serious problem for millions of women who drink' (Izadi, 2016).

However, the climbing prevalence rate of female drinking behaviour is not isolated to New Zealand. The U.S., Australia, U.K. and Europe have all shown a steady increase over the last several decades (de Visser & McDonnell, 2012; Rankine et al., 2013). Approximately 76% of New Zealand women drink alcohol, with 11% of women drinking in a 'hazardous' way (Ministry of Health, 2015). Although young New Zealand women tend to drink more than older women, a Ministry of Health (2007) report found increased rates of alcohol consumption, not just in young adults, but in all women up to 39 years of age, which coincides with New Zealand's peak childrearing age. Women aged 25-34 were the second highest group of hazardous female drinkers after women aged 18-24 (Ministry of Health, 2015).

Similar increases have been found internationally. For instance, British researchers have found the percentage of women aged 25-34 who binge drink increased from 14% in 1998 to 21% in 2009, while the rate of binge drinking amongst women aged 35-44 also increased from 8% in 1998 to 19% in 2009 (NHS Information Centre, 2010). A summary of large national surveys across the U.K. supports this finding. Between 1998 and 2006, binge drinking amongst women aged 25-44 increased by 10%, compared to a 2% increase amongst men of the same age, during the same time period (Smith & Foxcroft, 2009). However, despite these increases, research indicates men continue to consume more alcohol than women (Ministry of Health, 2015; Rankine et al., 2013).

Custodial parenthood is often thought to reduce both men's and women's alcohol consumption (Mellingen, Torsheim, & Thuen, 2013; Paradis, 2011), acting as a protective factor against the development of alcohol disorders, especially for women (Ferguson, Boden, & Horwood, 2012). However, several New Zealand studies show women return to drinking soon after having children (McLeod, Pullon, Cookson, & Cornford, 2002; Parackal, Ferguson, & Harraway, 2007). Furthermore, international prevalence rates range from 30% to nearly 50% for any post-partum alcohol consumption, while binge

drinking rates have been found to range from 6 % to nearly 20 % (Jagodzinski & Fleming, 2007; Laborde & Mair, 2012; Muhuri & Gfroerer, 2009). These studies will be discussed in further detail in chapter two.

To understand the increase in female drinking rates and what this means for New Zealand women and their families, it is important to understand the historical and current contextual factors within New Zealand, which have influenced women's drinking. Issues such as alcohol availability, advertising and the cultural acceptance of heavy consumption and intoxication will be discussed in more detail in this chapter. This will be followed by an outline of the risks and benefits of alcohol use for the individual as well as their families. However, before progressing it is important to clarify New Zealand's current recommended alcohol guidelines.

1.2   Alcohol Consumption Guidelines

Although alcohol is a prominent feature of social life in New Zealand, the general public is often unaware of the definition of a standard drink and the recommended alcohol consumption guidelines (MacEwan, 2013). The current definition for a standard drink in New Zealand is 10 grams of pure ethanol per drink (McEwan, Campbell, Lyons & Swain, 2013). Using this definition of a standard drink, the New Zealand Health Protection Agency (HPA; MacEwan, 2013) currently recommends New Zealand women consume no more than four standard drinks (five for men) on any single drinking occasion to reduce the risk of injury and harm. To reduce long-term health risks, the HPA (MacEwan, 2013) suggests women consume no more than two standard drinks a day (three standard drinks for men) and no more than ten standard drinks a week (fifteen for men), with at least two days alcohol free per week. The HPA also recommends pregnant women consume no alcohol during pregnancy.

Such recommendations are often debated within academic and public policy literature as they do not take in to account contextual factors such as an individual's metabolism, whether food has been consumed with alcohol, how long these drinking occasions last for and time between each drink (McEwan et al., 2013). Although a number of countries including Australia and the U.K. consider a standard drink to include 10 grams of pure ethanol (Department of Health, 2016; National Health and Medical Research Council [NHMRC], 2009), the actual recommended consumption rates differ across countries.

These discrepancies can be challenging for researchers working in the field. For instance, in Australia no more than four drinks on any given occasion is recommended for both men and women to reduce alcohol-related harm (NHMRC, 2009), while in the U.K. the recommendation is for no more than 14 standard drinks across three or more occasions, over the period of a week (Department of Health, 2016).

1.3 Major factors influencing women's drinking

1.3.1 Changing gender roles

To understand the changes that have occurred in female rates of alcohol use over the last half-century, and particularly the last two decades, it is important to understand the historical, social and political context in which these changes have occurred. Traditionally, drinking has been a gendered activity (Lyons & Willott, 2008). Prior to the sixteenth century, there was considerable freedom within Britain as to where both men and women consumed alcohol (Warner, 1997). However, from the economic and social crises of early 16th century Britain emerged two separate domains, the one inside the home exclusive of men and the one outside the home exclusive of women (Hey, 1986).

Not only were these domains divided by gender, but these realms were inextricably linked to sexuality, class, morality and the politics of the time (Hey, 1986). Changes over the 16th and early 17th centuries, including economic hardship, led to women sacrificing their drinking (Warner, 1997), while men gradually began drinking in pubs instead of at home (Hey, 1986). Also notable in the same era were changes in taste preferences, which saw a movement away from ale, which was traditionally produced by women, towards beer, which was being brewed by men (Warner, 1997). As a result, women no longer had a place in public drinking spheres within Britain.

Similar historical accounts from the United States claim both men and women had equal access to alcohol. The early 1800s saw this change dramatically when a new gender ideology emerged among the white middle-class, alongside a shift towards free-market capitalism (Nicolaides, 1996). Again males dominated the public sphere and the few women who gained entry into pubs were lower-class women, immigrants and prostitutes. It was through this association with 'fallen women' that female public drunkenness became associated with sexually improper conduct (Hey, 1986). Nicolaides (1996) argues that within the U.S., both men and women fought for laws providing women greater

protection against drunken family members and broader grounds for divorce, while others fought to protect the feminine virtues of nurturance, deference and temperance, by blocking women's access to alcohol.

During the European colonisation of New Zealand, pubs and bars sprung up in every settlement. With no laws and widespread availability, public drunkenness was more common than in any other period in New Zealand history (Alcohol Advisory Council of New Zealand, nd), profoundly effecting Māori who had no previous exposure to its effects (Phillips, 1987). It also earned New Zealand a reputation as 'the hell hole of the Pacific' (Law Commission, 2010). As a result, the campaign for prohibition began in 1870 and lasted 50 years (Phillips, 1987). Class-based gender divisions arose, whereby the ideal 'Pākehā wife' or 'good woman' was one who abstained from alcohol use (Banwell, 1991). In 1917, liquor legislation saw the introduction of six o'clock closing, which over a fifty year period, encouraged the development of an after work male ritual of rapid drinking (Alcohol Advisory Council of New Zealand, nd). The 20th century also saw the progressive acceptance of women's drinking. However, there were distinct rules governing this; women were expected to only drink 'fortified and sweet wines' (Banwell, 1991).

During World War I and II, a shortage of labour resulted in women working in jobs traditionally reserved for men. Technological developments such as the automobile and later the television became widespread, bringing people closer together (Hey, 1986). Combined with the feminist political movement, these factors saw increasing numbers of women moving away from the private spheres of their homes to public spheres and workplaces traditionally dominated by men. Research shows women are having fewer children or delaying them until later in life (Wilsnack, Vogeltanz, Wilsnack, & Harris, 2000). These factors along with increased public visibility and income have enabled women to have greater access to social situations involving alcohol (Rahav, Wilsnack, Bloomfield, Gmel, & Kuntsche, 2006).

As a result, research over the past decade has found young professional women consume more alcohol than working-class women (Huerta & Borgonovi, 2010; Jefferis, Manor, & Power, 2007). Despite public health and media concerns about increased female alcohol use, female drinking amongst professional women has been constructed through societal

and advertising discourses as a display of 'power femininity' (Watts, Linke, Murray, & Barker, 2015). Professional women use alcohol to gain power, confidence and respect from male co-workers resulting in feeling socially and professionally valued (Watts et al., 2015). For some women, alcohol use is seen as a way of gaining promotions and for others, declining work place drinks results in being interrogated and queried about pregnancy (Watts et al., 2015).

1.3.2 Availability of alcohol in New Zealand

Around 85-90% of New Zealand adults drink alcohol (Ministry of Health, 2007) fuelling an industry worth an estimated 4-5 billion dollars a year (Law Commission, 2010). Significant amendments to both the Sale of Liquor Act (1989) in 1999 and the Broadcasting Act (1989) in 1992 has led to the introduction of beer and wine in supermarkets and grocery outlets, seven day trading, lowering of the minimum purchase age from 20 to 18 years (Kypri, Langley, McGee, Saunders, & Williams, 2002) and the introduction of alcohol brand advertising (Habgood, Casswell, Pledger, & Bhatta, 2001). As a result, the number of licensed premises more than doubled from 6,295 in 1990 to 14,183 in June 2009, giving New Zealanders increased access to a wide variety of alcohol, at competitive prices (Law Commission, 2010).

Alcohol can be readily found in bars, cafes, supermarkets and some convenience stores. It is advertised on television, radio, billboards, print media and through sponsorship arrangements with music concerts, sporting and lifestyles events (McEwan et al., 2013) as well as advertised on the internet through social media sites such as Facebook (McCreanor et al., 2013; Moewaka Barnes et al., 2016). The pervasiveness of alcohol is also reflected in our language use. The term "to drink" often implies drinking alcohol rather than another liquid (Heath, 1995, p2.).

A number of unintended consequences have occurred through these changes to broadcasting and liquor licensing laws (McEwan et al., 2013). One-half of all beer sales and two-thirds of national off-licence wine sales now occur through supermarket and convenience stores (Law Commission, 2010). Due to their dominant buying power, supermarkets are able to sell wine and beer products for prices approximately 5-10% lower on average than traditional liquor only outlets (Law Commission, 2010). In addition, supermarkets commonly run promotions where wine is heavily discounted if

multiple bottles of wine are purchased. Data from New Zealand surveys revealed people who pay lower prices for off-license alcohol were 2.2 times more likely to be a daily drinker and consume larger amounts in each drinking session (Casswell, Huckle, Wall, & Yeh, 2014).

As a result, McEwan et al. (2013) argue these changes have shifted the consumer image of beer and wine products from a non-ordinary commodity image (e.g. a product sold only in specialised alcohol stores) towards an ordinary commodity image. Therefore, with alcohol placed alongside essential everyday goods such as milk and bread, McEwan et al. (2013) argue that it is easy to forget it is a mind-altering drug which causes significant difficulties in the lives of some people. These factors, along with the increased availability and affordability of buying wine and beer in local supermarkets (Law Commission, 2010), have led to drinking in one's home or in a family/friend's home becoming the most common places to drink (ALAC, 2011). Given approximately 40% of regular drinkers live in households where there are children under 15 living (ALAC, 2011), it is likely New Zealand children are potentially being exposed to drinking behaviours different to previous generations.

1.3.3   Alcohol advertising, media representation and identity construction

Many adults view heavy drinking as intertwined with their identity as a New Zealander (Braun, 2008). However, both men and women also construct alcohol use as part of their masculine (deVisser & McDonnell, 2012; deVisser & Smith, 2007; Willott & Lyons, 2012) and feminine adult identities (Lyons, 2009; Lyons & Willott, 2008) and see it as a rite of passage into adulthood (Young, Morales, McCabe, Boyd, & D'arcy, 2005). This view is further reflected in young adult movies such as Road Trip and American Pie whereby the establishment of adult identity is depicted as accessible through a process of social and sexual interaction, frequently involving alcohol consumption (Workman, 2005).

The telling and retelling of drinking stories amongst young adults have played a crucial role in this process as it aids in both identity construction (McCreanor, Greenaway, Moewaka Barnes, Borell, & Gregory, 2005) and the solidification and maintenance of group friendships (Peralta, 2007). Likewise, students have been found to engage in post-event discussions about their alcohol-related exploits both online (through Facebook) and offline, which contributes to the group bonding experience (Hebden, Lyons,

Goodwin, & McCreanor, 2015). For women specifically, movies such as Bridesmaids, Rough Night and Bad Moms highlight the interaction of adulthood, motherhood, humour and alcohol use. Workman (2005) argues that rather than a rite of passage, drinking is socially situated as a pathway to learning about one's abilities, identity and limits.

Further contributing to identity construction have been alcohol advertising campaigns. Following changes in broadcasting and advertising regulations in the mid-1990s, women are now a focus for intensive marketing of alcohol, especially wine and ready to drink mixed spirits (Holmila & Raitasalo, 2005). Marketing is further reinforced by special drinks offers (Plant & Plant, 2006) and drinking venues such as hybrid bar/clubs and gentrified cafes which cater to women (Chatterton & Holland, 2003). Numerous studies have found companies market their products using brand identities to separate their particular products from their competitors (Hearn, 2008). The brand embodies the personality of a product and is developed by associating the product with a particular idea, feeling, image, lifestyle, and/or belief (Hearn, 2008). Common examples of the association between alcohol and identity are seen with Speights beers' association with 'real' southern New Zealand men and sparkling wine (e.g. 'bubbly') with women.

For women, their increased public visibility and spending power have resulted in advertisers portraying women as active, fun-seeking subjects who are encouraged to buy products that represent female empowerment, liberation and a work hard, play hard lifestyle (Gill, 2007). Lazar (2006) describes this postfeminist consumer culture as 'power femininity' or 'commodity feminism' (Gill, 2007; Lazar, 2006), whereby young women are encouraged to enjoy fun and freedom, with alcohol as a key feature of this. Although alcohol use amongst mothers has traditionally been seen in negative terms (see chapter four for more detail), mothers are now targeted by alcohol producers, particularly in the United States and Canada (Johnston, 2011).

For instance, in the United States, the wine named 'Mommy's Time Out' features a picture on the bottle with a chair facing the corner, with a wine glass and wine bottle nearby. 'Mommy's juice', another wine targeted at mothers features a woman juggling a computer, a teddy bear, saucepan and a house (Johnston, 2011). The label reads "Moms everywhere deserve a break" "so tuck your kids into bed and have a glass of mommy

juice – because you deserve it" (Johnston, 2011, p.1). In New Zealand, Lindauer, a sparkling wine brand specifically targets women. Their website provides women with inspiration for adding 'a touch of sparkle' to their lives. Ideas include a recipe for using Lindauer in cake icing, drinking Lindauer with 'rom-coms' and instructions to make floral ice cubes (https://lindauer.co.nz/inspo). Their 2012, 'don't worry boys' television advertisement encourages women to have more female only 'nights out' by depicting men at home alone crying, unsure of how to cope with their girlfriends/wives being out (Ad News Australia, 2012). Furthermore, accessories to help mothers drink wine such as portable wine glasses and mothers' sippy cups in the form of a wine glass inside a sippy cup have been designed (see www.etsy.com for an example).

A number of online Facebook groups regarding women's alcohol use have also been established. 'Moms who like wine' has over 750,000 followers, 'wine time' has over 170,000 followers and 'wine women' has over 100,000 followers. Facebook posts from New Idea and other women's magazines also post memes and quotes relating to mothers and alcohol use. Several examples include, 'mom fact #482: if you combine wine and dinner, the new word is winner' and 'you know you're a parent when the top rack of your dishwasher is full of nothing but plastic shit and wine glasses'. It could be argued that such posts while humorous also contribute to both the social acceptance of (heavy) alcohol use in everyday life, as well as the use of alcohol (particularly wine) as a coping tool for mothers.

1.3.4   Social acceptance of everyday and heavy alcohol use

In many cultures, alcohol is used to promote sociability and relaxation, and the reasons why most people drink are positive (Plant & Plant, 2006). Research clearly indicates young New Zealand adults regularly engage in drinking behaviours with groups of friends to 'socialise' and 'have fun' (Lyons & Willott, 2008; McCreanor, Barnes, Kaiwai, Borell, & Gregory, 2008; Willott & Lyons, 2012), viewing binge drinking as a normal recreational behaviour (Griffin, Bengry-Howell, Hackley, Mistral, & Szmigin, 2009; Lyons & Willott, 2008; Measham, Newcombe, & Parker, 1994; Parker, Aldridge, & Measham, 1998), and commonly believing everyone else uses alcohol in the same way as them, or that others drink more than them (Lederman & Stewart, 2005).

Contemporary understandings of New Zealand's drinking culture often portray New Zealanders as heavy drinkers. However, drunkenness has been a major social problem in many cultures for thousands of years (Plant & Plant, 2006). Several anthropological theories argue the oldest drinking accounts took place up to 10,000 years ago (Houghton & Roche, 2013). Yet concerns about heavy drinking, particularly amongst youth, are not unfounded. New Zealand research suggests our highest rates of binge drinking (38.3%) have been found in those aged 18-24 (Wells, Baxter, & Schaaf, 2007), with even higher rates being reported amongst University students (Kypri et al., 2002). These findings are not limited to New Zealand. Similar drinking patterns (amount and frequency) and alcohol harms have been found in Canadian and American university student populations (Kypri et al., 2009). Although the research literature suggests the quantity of alcohol use declines as people age, older New Zealanders drink more frequently than their younger counterparts (Ministry of Health, 2014) which Sorocco and Ferrell (2006) argue is one of the fastest growing hidden epidemics amongst older adults.

New Zealanders have been found to commonly hold liberal attitudes towards intoxication (Habgood et al., 2001) with very little shame associated with public drunkenness (McEwan et al., 2010). In their survey, Habgood et al. (2001) found half of the respondents reported occasional drunkenness was an acceptable practice. Likewise, in 2010 more than a quarter of surveyed New Zealanders over the age of 18 agreed with the statement that it is 'okay to get drunk as long as it is not every day' (Peck, 2011). Although a more recent survey has found this percentage has dropped to 18%, results showed 50% of those surveyed still agreed that 'binge drinking is part of kiwi culture' (Health Promotion Agency, 2018). The strength of New Zealand's culture of intoxication is so dominant, that a recent study by Robertson and Tustin (2018) found the social identities of Otago University students were intrinsically attached to their drinking behaviour. Students needed a legitimate excuse (e.g. work or sporting commitment the next day) not to drink and those who limited their drinking were stigmatised similarly to abstainers. Emotive, explicit and derogative talk was used to describe reduced drinkers and abstainers as antisocial, ruining other peoples' fun (Robertson & Tustin, 2018).

In recent years, there has been a growing trend towards alcohol use amongst adults during children's playdates, birthday parties and other activities. In 2007, several segments regarding a new phenomenon of 'cocktail playdates for mums' were aired on American

television channels, including Good Morning America, Anderson Cooper and NBC's Today show. These segments were intended to highlight this growing trend, by depicting women getting together to drink wine or cocktails while their children played (Lang, 2008). Although this trend reflects this growing social acceptance of alcohol, the drinking behaviour amongst mothers has been met with moral alarm. The moral concern involving mothers' drinking will be discussed in more detail later this chapter and in chapter four.

1.3.5   Culture of 'controlled' intoxication and calculated hedonism

Numerous studies have found young adults frequently engage in a work-hard, play-hard attitude of calculated hedonism. They work or study hard during the week, which provides them with the motive to party hard at the weekend (Parker & Williams, 2003). They engage in 'determined drunkenness', where they actively set out to achieve an intoxicated state by making alcohol choices based on taste, price and strength to provide them with the maximum amount of drunkenness (Brain, Parker, & Carnwath, 2000). While practising determined drunkenness, young New Zealand adults (students) have also been found to engage in 'controlled intoxication' (McEwan, Swain, & Campbell, (2011). Rather than viewing themselves as binge drinkers, students from McEwan et al.'s study monitored the physical effects of drinking including nausea, the sensation of head spinning and their ability to walk, to manage their consumption levels in order to meet their own personal limitations.

Determined drunkenness and controlled intoxication feature in a number of British studies. Research involving female college and university students from England (Griffin et al., 2009; Rúdólfsdóttir & Morgan, 2009) and Scotland (Guise & Gill, 2007) found drunkenness was not defined in relation to the units of alcohol consumed, but rather the effects on their bodies. Young women considered falling over, passing out, vomiting and memory loss as relatively unremarkable features of a normal night out (Griffin et al., 2009). Likewise, in Measham and Brain's (2005) study, young adults actively pursued drunkenness, both enjoying the feeling of 'letting go' while still remaining concerned about their personal safety, ability to drive, finances and health.

However, controlled intoxication is not limited to young adults. Although middle age and older adults are less likely to drink as much as young adults on a given occasion, research suggests higher alcohol frequency rates amongst middle age and older wealthier adults

who can afford to buy alcohol (McLeod et al., 2002; Parackal et al., 2007; Sorocco & Ferrell, 2006). Drinking at home is seen by older adults as less problematic as it does not resonate with media images of youthful, night time drunkenness (Ling et al., 2012). Likewise, a 2014 study conducted by Lyons, Emslie and Hunt, found adults in mid-life positioned themselves as experienced drinkers who could achieve their desired level of intoxication due to their accumulated knowledge of their physical bodies, knowing when they were approaching their limit and knowing when to stop drinking.

1.3.6 The conflicting role of alcohol in everyday life

The commodity of alcohol as an everyday item is problematic. The availability of alcoholic beverages, its social acceptance and its traditional use in the family, has resulted in a very low perception of the risk of alcohol abuse, making it a very difficult issue to address (Mancinelli, Binetti, & Ceccanti, 2006). On one hand, alcohol consumption has been encouraged through the liberalisation of drinking laws, a wide variety of advertising and marketing techniques and a growth in clubs and pubs targeted at young people (Szmigin et al., 2008). Yet, New Zealanders are exposed to contradictory messages about alcohol use. The individual has the right and freedom to engage in escapism through extreme but pleasurable intoxication (Riley, Morey, & Griffin, 2008) actively engaging in determined drunkenness, choosing where, when and whom they drink with, as well as how much they drink (Meashem, 2008). In contrast to the neoliberal values of autonomous individuality, young adults are engaging in 'cultures of intoxication', collectively seeking and celebrating a loss of control (Szmigin et al., 2008).

Although neo-liberal rhetoric is frequently drawn upon to justify this form of recreational activity, both governmental and social ideals require responsible restraint and 'moderate' drinking. Exacerbated by media representations of men fighting and scantily dressed women collapsed, vulnerable and alone (Fossey, 1994), binge drinkers are often viewed as hedonistic, irrational and excessive which is the antithesis of the rational, moral, self-governing individual that is the ideal neo-liberal subject (Riley, 2008). Only a small minority of drinkers are perceived as experiencing alcohol problems and those who do not participate in drinking activities are often considered 'weird' (Bancroft, 2012). As a result, this increases the importance of alcohol in women's social lives and contributes to feelings of discomfort and isolation when choosing not to drink (Bancroft, 2012). Within New Zealand, several well-known women have bravely come forward over the years to

describe their battle with alcohol. These women include Kerre Woodham, Hayley Holt, Pam Corkery and television producer Lotta Dann who currently blogs about her experience of giving up alcohol (www.livingsober.org.nz) in an alcohol saturated environment.

The current emphasis on hedonism and neo-liberalism positions individuals as entirely responsible for their problems, while social factors and societal responsibilities have been de-emphasised and overlooked (Jackson & Tinkler, 2007). Therefore, when excessive consumption results in alcohol abuse and/or offences, governments use interventions including medical, therapeutic and judicial processes to manage this (O'Malley & Valverde, 2004). As a result, both the dominant celebration and problematising of alcohol use in New Zealand can obscure the way in which people make sense of routine drinking in their own social lives.

1.4   Risks associated with alcohol use

New Zealand's excessive alcohol consumption rates and related harms were a primary focus of a 2010 review of New Zealand's alcohol laws (Law Commission, 2010). Despite the positive effect of alcohol on the facilitation of relaxation and social interaction, the negative impact alcohol has on our health and wellbeing is well researched. Ethanol, the central substance in alcohol acts as a depressant impairing many central nervous system functions including fine and gross motor skills, memory, judgment, perception and reasoning (Breitmeier, Seeland-Schulze, Hecker, & Schneider, 2007; Easdon, Izenberg, Armilio, & Alain, 2005; Tagawa et al., 2000). As a result, alcohol has been associated with personal injury, interpersonal violence (including domestic violence), risky sexual behaviour (including unplanned pregnancy and sexually transmitted infections), inability to work, financial problems and impaired driving (ALAC, 2011; Rankine et al., 2013).

The toxic effects of alcohol are also directly associated with over 60 different diseases and health conditions (Connor, Kydd, Maclennan, Shield, & Rehm, 2017; McEwan et al., 2013) including cardiovascular diseases, rheumatoid, gastrointestinal and liver conditions (Balsa, Homer, Fleming, & French, 2008; Hames, 2012) as well as ischaemic and haemorrhagic stroke (Griswold et al., 2018; Rehm et al., 2010). A recent meta-analysis (Connor, 2017), identified alcohol as a carcinogenic substance associated with breast, larynx, oropharynx, oesophagus, liver, rectum and colon cancers. Although the risk of

cancer increases amongst heavy drinkers, research has found light drinkers (e.g. up to one drink per day) increased their risk of esophageal squamous cell carcinoma and oral and pharyngeal cancers by 20-30% (Pelucchi, Tramacere, Boffetta, Negri, & La Vecchia, 2011). Furthermore, Connor (2017) reported more than one-third of breast cancer deaths were attributable to an average consumption of less than two standard drinks per day.

Current estimates indicate alcohol attributed cancer accounts for 5.8% of worldwide cancer deaths (Connor, 2017). In New Zealand, 5.4% of all deaths in 2007 (in those aged under 80) were attributable to alcohol consumption (Connor, Kydd, Shield, & Rehm, 2015). The causes varied with 30% of alcohol-attributable deaths due to cancer, 27% due to other health conditions and 43% due to alcohol-related injuries. Statistically, the health impact for men is three times higher than for women (Griswold et al., 2018), with men twice as likely as women to die from alcohol-related harm (Rehm et al., 2009). As a result, alcohol-associated harm has significant economic and social costs. Over the 2005-2006 period, the estimated economic cost for New Zealand was between $4.8 billion and $5.3 billion (Law Commission, 2010) while the associated health care cost related to alcohol was $290 million (Slack, Nana, Webster, Stoke, & Wu, 2009).

1.4.1 Effect on children and families

The effects of drinking on children and families are also well publicised. Exposure to alcohol during pregnancy can lead to fetal alcohol spectrum disorder (FASD). FASD remains the leading cause of preventable birth defects and developmental problems in New Zealand (Alcohol Healthwatch, 2007), occurring at a rate of 3 per 1000 births (Ministry of Health, 2014). Alcohol has also been linked to miscarriage and stillbirth (Ministry of Health, 2014). Given approximately 40% of pregnancies are unplanned (Morton et al., 2010) with around 55% of women drinking before knowing they are pregnant (Ministry of Health, 2015), these risks are considered to be concerning. Furthermore, drinking while breastfeeding is typically not recommended (Laborde & Mair, 2012). However, research on associated harm is conflicting. Alcohol passes quickly through to breast milk at similar concentrations to maternal blood alcohol concentration. Therefore, babies will only ingest a fraction of the alcohol amount consumed by their mothers (Haastrup, Pottegård, & Damkier, 2014).

In a 2014 review of the research, Haastrup et al. (2004) reported the "effect of occasional alcohol consumption on milk production is small, temporary and unlikely to be of clinical relevance" (p. 172). However, a recent study by Gibson and Porter (2018) found postpartum breastfeeding may cause dose-dependent reductions in children's cognitive abilities, observed at age 6 to 7 years, but not sustained at age 10 to 11 years. Although Gibson and Porter (2018) report these results were only found in breastfed children (as opposed to formula-fed children), indicating a relationship between postpartum alcohol use and decreased cognition, they were unable to rule out the potential effects of genetic and other environmental risks that may lead to similar results. Postpartum alcohol use amongst breastfeeding mothers has also been associated with early cessation of breastfeeding (Giglia, Binns, Alfronzo, Scott, & Oddy, 2008) and a reduction in infant sleep time and feeding behaviour (Wilson et al., 2017). However, recent research by Wilson et al. (2017) found no evidence to support these three factors.

Studies have shown alcohol dependence and abuse is a contributing factor in family conflict, financial difficulties, increased punitive action toward children, poorer quality of parental intellectual stimulation and increased likelihood of being reported for child abuse or neglect (Jester, Jacobson, Sokol, Tuttle, & Jacobson, 2000). Alcohol use amongst mothers in early parenthood can limit a mother's ability to adjust to her infant's rhythms and behaviours, anticipate or follow their infant's development and limit her ability to stay emotionally connected to her infant (Pajulo et al., 2012). Furthermore, a systematic review (Marshal, 2003) has found overwhelming evidence that maladaptive alcohol use is associated with relationship dissatisfaction, negative marital interactions and higher levels of spousal violence.

McEwan et al. (2013) argue that within New Zealand there is a selection of families with a strong tradition of heavy alcohol consumption, most likely the result of multigenerational drinking attitudes promoting heavy alcohol use as a normal, desired behaviour. Although these families are socio-economically and ethnically diverse, McEwan et al. (2013) suggest a proportion of children raised in these families will replicate the drinking behaviour of their family and will form part of a multi-generational cycle of alcohol abuse and addiction. Although the majority of research involving parental alcohol use has focused on heavy drinking or alcohol abuse or dependence, emerging

evidence suggests an association between everyday low levels of parental alcohol use with alcohol consumption rates amongst children (MacLeod et al., 2008).

A systematic review of the literature found parental drinking behaviour is associated with their children's earlier initiation into drinking and increased alcohol use later in life (Ryan, Jorm, & Lubman, 2010). By the age of 14 and more so by age 17, the frequency of children drinking and their intoxication levels was associated with the alcohol consumption level of their parents (Latendresse et al., 2008). Although these are international studies, New Zealand research has found young adults who engage in heavy drinking behaviours were more likely to have parents who drink heavily (ALAC, 2011; Caswell, Pledger, & Pratap, 2002). Despite these concerns, a number of studies suggest parents may be unaware of or in disagreement with these outcomes.

For instance, a British online survey conducted by the charity 4children (2012) found 62% of parents who drank alcohol believed their use had 'no effect' on their families, while a further 19% thought their drinking impacted 'positively' on their families. The parents who consumed the highest quantities of alcohol were from the wealthiest families, who tend to avoid social stereotypes around alcohol use (4children, 2012). In an American study (Jackson, Ennett, Dickinson, & Bowling, 2012), 25% of parents believed that allowing their third grade children to sip alcoholic beverages would discourage them from wanting to drink as a teenager, while 40% of participants believed that not allowing children to have alcohol will increase their desire to consume it later in life. Similar results have been shown in U.K. research (Valentine, Jayne, Gould, & Keenan, 2010). Moreover, pro-sipping beliefs (and their children's pro-sipping behaviours) were most common amongst highly educated parents and white women (Jackson et al., 2012). These results suggest many parents mistakenly believe the way children drink at home, under parental supervision, will be replicated when amongst friends (Jackson et al., 2012).

1.4.2 Mental health and alcohol

Alcohol is also an addictive substance which can cause dependency (McEwan et al., 2013). The New Zealand mental health survey, Te Rau Hinengaro (Oakley Browne, Wells, & Scott, 2006) found among those who drank alcohol in the 12 months prior to the survey, 3.3% had an alcohol abuse disorder, while 1.6% met the criteria for alcohol dependence. Numerous studies have established significant associations between alcohol abuse and/or

dependency with depression, anxiety and other mental health disorders (Sadock & Sadock, 2008). For women in the post-partum period, where post-natal depression and anxiety are common, effecting between 10-15% of women (Lawson, Murphy, Sloan, Uleryk, & Dalfen, 2015), alcohol can act as a maintaining factor by temporarily relieving the symptoms of depression and anxiety (Sadock & Sadock, 2008). Furthermore, a greater risk of suicide has also been found amongst women abusing alcohol (Wilsnack, Wilsnack, Kristianson, Vogeltanz-Holm, & Windle, 2004).

1.5   Benefits of drinking

Despite a large amount of evidence regarding the adverse effects of alcohol, many New Zealanders continue to drink. Drinking in moderation makes people feel good and is associated with increased social interaction and morale (Wright, 2013). For women who transition into motherhood where they face changes to their identity, time constraints and pressure to be a 'good' mother (see chapter three), alcohol may be viewed as a positive feature in their daily lives. Alcohol consumption causes the release of endorphins in the pleasure and reward area of the brain (Mitchell et al., 2012). The sense of 'pleasure' obtained from these endorphins is dependent on a blood alcohol concentration (BAC) of between 0.03 percent and 0.059 percent, which can be achieved and maintained by consuming approximately one standard drink per hour. Amounts in excess of this range are likely to produce depressive and less pleasurable effects in people (Wright, 2013).

Alcohol consumption is not only viewed as pleasurable, but many consumers also regard moderate drinking as having health benefits. For instance, in Habgood et al.'s (2001) New Zealand study, approximately one third of participants thought alcohol was good for their health. Likewise, in an Australian study by Hall (1996), nearly half of all participants believed there were health benefits to alcohol consumption, including cardiovascular and increased relaxation. Studies have shown low to moderate alcohol use can improve cognitive functioning in middle to older aged adults (Lang, Wallace, Huppert, & Melzer, 2007) and has been considered beneficial for the prevention of cardiovascular diseases and ischemic stroke (Kloner & Rezkalla, 2007). However, more recent research using improved data collection methods such as multivariate adjusted meta-analyses and mendelian randomisation, challenge these previous findings, indicating alcohol has no protective effect for cardiovascular disease (Griswold et al., 2018).

Comparing studies can also be difficult as definitions such as 'light' and 'moderate' drinking can refer to various amounts across research studies (Connor et al., 2013; Kloner & Rezkalla, 2007). Furthermore, other researchers argue caution needs to be applied to taking an objectivist approach to research. These biomedical approaches aim to test the cause and effect relationship between alcohol and particular health outcomes, as if they operate in isolation. Lyons and Chamberlain (2006) argue such approaches fail to account for the influence of psychosocial factors impacting health, such as social support.

1.6 Importance of the current study

The primary focus of alcohol-related research in New Zealand has centred on youth, which due to their visible drunkenness throughout many New Zealand towns and cities, has led them to become the public face of our drinking culture. Although this literature is informative and useful, the focus on problematic use has meant the everyday alcohol practises involving the majority of New Zealanders have been overlooked. Meanwhile, the alcohol industry continues to promote its products through various media, reinforcing the view that drinking is a routine, everyday behaviour (McEwan et al., 2013; O'Malley & Valverde, 2004).

Although women's alcohol use has increased substantially over the past two decades, the amount women consume remains less than men's, which has resulted in a lack of attention paid to women's drinking (Rankine et al., 2013). Until the late 1990s, alcohol researchers and policy makers predominantly studied men, and did not take gender into account. The early research into women's drinking was mostly quantitative, which often portrays groups as homogenous, ignoring the impact of culture, socioeconomics and education (Sheehan & Ridge, 2001). Especially under-represented in the literature is the alcohol use of mothers, despite their crucial role in the upbringing of their children. Many mothers today experienced their late adolescence/early adulthood after 1995; a time when changes in New Zealand's policies, laws, and subsequent drinking culture has seen an increased acceptance of both females' drinking and binge drinking in general (McEwan et al., 2013).

Although the literature on alcohol is youth dominated, a number of factors potentially influence alcohol consumption amongst women. Mothers are more likely to drink at home, which is an environment that unlike bars/clubs is uncontrolled and unregulated

(Ling et al., 2012). Without the intense focus youth public drinking has received, drinking in the home is still perceived as less problematic and norm-breaking (Measham & Østergaard, 2009). As a result, middle-aged and older adults such as mothers often view problematic drinking as the domain of young people, ignoring public health messages and recommended consumption guidelines in favour of their own personal definition of controlled drinking (Ling et al., 2012).

Although it is now commonplace to see women drinking, female drunkenness still has a moral stigma attached to it, which will be discussed in more detail in chapter four. In a New Zealand study (Meiklejohn, Connor, & Kypri, 2012), 30% of women over 18 reported experiencing problems from their drinking. Reading the comments posted on Lotta Dann's blog (www.livingsober.org.nz) also provides everyday insight into the struggles women, particularly mothers' face when concerned about their alcohol use. Alcohol-related problems are often considered unfeminine, leading to feelings of shame, which hinder treatment seeking (Jakobsson, Hensing, & Spak, 2008; Rankine et al., 2013).

The stigma attached to women's drinking may discourage women from discussing or seeking help for problem drinking (Rankine et al., 2013). Young women have been found to anticipate criticism from health professionals, partly as a result of health campaigns which specifically target women (Watts et al., 2015). These women also under reported their alcohol use when asked by their GP, despite having alcohol-related health fears (Watts et al., 2015). Such findings are worrying considering the numerous risks associated with alcohol use, including women's drinking. Without a clearer understanding of how alcohol consumption fits into the lives of New Zealand mothers, there is risk alcohol use amongst mothers will remain overlooked (Bloomfield, Gmel, & Wilsnack, 2006), raising concerns not only for their health and access to treatment, but also for the long term effects this may have on their children.

1.7 Summary

This chapter has outlined the issue of increased female participation in New Zealand's drinking culture, across all ages groups, including women of child-bearing age and women aged 18-25. As this chapter has demonstrated, a number of social, historical and cultural factors have contributed to our current drinking climate. These include; changing gender roles, alcohol availability and affordability, advertising including brand identity, binge

drinking being viewed as a pathway to becoming an adult and the social acceptance of heavy alcohol intoxication. Also included in this chapter was a discussion on both the benefits and risks of drinking alcohol, including the impact of alcohol use on families and mental health. Although the statistics of mothers' drinking in early postpartum has been briefly mentioned in this chapter, chapter two will review this literature in more detail to obtain a clearer understanding of how women with preschool children are using alcohol.

Chapter 2: Postpartum alcohol use

"I can't wait for the day I can drink with my kids instead of because of them"

- Drinking meme (nd)

The purpose of the current chapter is to provide a literature review of the research conducted on the everyday use of alcohol amongst 'postpartum' mothers. Although the definition for 'postpartum' varies across studies from 6 weeks to 1 year following childbirth (Berens, 2018), this section will predominantly focus on research which explores women's drinking that occurs within the first year following childbirth. Unfortunately, the New Zealand research on drinking during early parenthood is scarce. Only a few studies have explored postpartum alcohol use, with the information about alcohol being collected as part of a larger study on health behaviours. As a result, the findings are limited. Likewise, international research is also limited, with more focus placed on collecting generic consumption rates across the broad population, as well as focusing on problematic drinking populations.

This chapter will begin by reviewing New Zealand research, which will be followed by an overview of research conducted in Australia, the United States and the United Kingdom. To remain applicable to the current study, the literature covered will focus on the general adult postpartum population (18+), rather than including teenage mothers, or mothers with alcohol addiction issues. Although mothers consume alcohol in many cultures and countries, research from Australia, the U.K. and the U.S. were chosen for this chapter, as these countries are more aligned with New Zealand's drinking culture. Although there are still cultural differences, and no international research is fully applicable to New Zealand, these three countries have also experienced similar shifting gender ideologies, changes to their neo-liberal night time economies and have similar mothering ideologies. This chapter will end with a brief summary outlining the limitations of this research and why motherhood and gendered drinking (outlined in the next two chapters) are important considerations.

2.1 Postpartum alcohol use within New Zealand

McLeod et al. (2002) obtained data from a cohort of 665 women registered with MATPRO Wellington, a maternity care provider organisation. The survey was designed to mainly investigate smoking behaviours, but several alcohol-related questions were asked. At 20-24 weeks gestation, just over a quarter of women (26%) stated they had consumed alcohol during the week prior. At 6-10 weeks postpartum, 54.3% had consumed alcohol in the preceding seven days, with 16.4% consuming alcohol on three or more days. Of the 66 Māori women in the survey, 80.3% had used alcohol in the last seven weeks at the 20-24 week stage, and 46.8% reported drinking some alcohol in the previous seven days at 6-10 weeks postpartum. Unfortunately, this study only looked at postpartum alcohol use in the week prior to the survey being undertaken. Furthermore, the survey answers available to these women were limited to the number of days they drank alcohol, so no information was obtained about amounts consumed or the circumstances around their alcohol use. However, McLeod et al. (2002) did find drinking was more likely in women who were tertiary educated.

In 2007, Parackal et al. conducted a community based cross-sectional survey with 318 women, obtained from two South Island cities, to explore a number of health factors including postpartum alcohol use. At 6-24 months postpartum, the reported rate (self-report questionnaires) for alcohol consumption amongst the mothers was high (72%). Breastfeeding women were just as likely to consume alcohol as the non-pregnant and non-breastfeeding women in the study. Caucasian women, and women with higher education levels and family income were more likely to drink alcohol. Pregnant women were less likely to consume alcohol than non-pregnant and non-breastfeeding women. Overall, the two New Zealand studies show an association between education and higher socioeconomic factors with increased alcohol use. This is an important factor for health professionals to consider, as these women do not fit the traditional stereotype of women who have alcohol difficulties.

2.2 Postpartum alcohol use in Australia

The research conducted in Australia on alcohol use amongst postpartum women is not only scarce, but often limited to studies on alcohol use amongst pregnant and breastfeeding women only. Between mid-September 2002 and mid-July 2003, Giglia and Binns (2007) surveyed 587 postnatal women living in Perth, Western Australia. The

women were given a self-administered questionnaire after giving birth, to complete while in hospital or shortly after discharge. All women were then followed-up by telephone interview at 4, 10, 16, 22, 32, 40 and 52 weeks postpartum. Giglia and Binns (2007) found 35.4 % of the women consumed alcohol during pregnancy, with 82.2% of these women consuming up to two standard drinks per week. At 4, 6 and 12 months postpartum, 46.7%, 47.4% and 42.3% of breastfeeding women were consuming alcohol respectively, with the majority consuming up to two standard drinks per week, which were within recommended guidelines.

However, almost a quarter of the breastfeeding women drank at levels considered 'risky' and/or 'high risk' for harm in the long term, throughout the lactation period. Giglia and Binns (2007) noted that across all postpartum interviews a greater number of non-breastfeeding women were consuming more alcohol compared to women reporting breastfeeding, however this information was not analysed for their study. Consistent with the New Zealand research (McLeod et al., 2002; Parackal et al., 2007), Giglia and Binns (2007) highlighted that drinking rates were greater in women who were Caucasian, older, married and had higher incomes and employment levels.

A follow-up study (Giglia et al., 2008), using the same data set from Giglia and Binn's (2007) research, found at the six month postpartum mark, women who consumed more than two standard drinks on drinking occasions, were almost twice as likely to discontinue breastfeeding, than women who drank less than two standard drinks. Furthermore, women who consumed alcohol during pregnancy were significantly more likely to consume alcohol while breastfeeding. A higher predominance of drinkers had attended antenatal classes and were from higher income backgrounds, which highlights alcohol use is occurring in groups of women who do not fit with the stereotypical viewpoint of mothers who drink. Therefore, Giglia et al. (2008) suggest health practitioners need to consider this when developing and targeting screening and intervention programmes in prenatal and postnatal women.

Furthermore, a 2011 study (Maloney, Hutchinson, Burns, Mattick, & Black, 2011) using data from the Australian 2007 National Drug Strategy Household Survey, asked pregnant and breastfeeding women to specify whether they used more, less, or the same amount of alcohol in the 12 months prior, compared to when they were not pregnant and/or

breastfeeding. Of the 471 women who identified as breastfeeding only, 43% consumed alcohol, while a further 36% of the 164 women who identified as pregnant and breastfeeding, consumed alcohol. A further 29% of the 614 women who identified as being pregnant only, also consumed alcohol. The vast majority of women (95%) reported reducing the quantity of alcohol they consumed while pregnant or breastfeeding.

Unfortunately, the study did not determine alcohol frequency and specific amounts, nor how this compared to their pre-pregnancy alcohol use. The authors suggest alcohol use may be underreported due to social desirability bias and was limited by a response rate of just over 50%, which may have altered results (Maloney et al., 2011). However, as with other studies in New Zealand and Australia, higher educational achievement and older age were associated with increased alcohol use while breastfeeding. Unlike other studies, including Giglia and Binns (2007) research, which have shown a link between alcohol use and cessation of breastfeeding, Maloney et al. (2011) found no association.

The more recently published study by Wilson et al. (2017), surveyed 457 women aged 16 and over, who gave birth to singleton babies at New South Wales hospitals between 2009 and 2013. Information was collected during each pregnancy trimester and at 8 weeks and 1 year postpartum. 60.7% of breastfeeding mothers were drinking at 8 weeks postpartum, with 69.6% drinking by 1 year. Most women drank at low levels ($\leq$14 standard drinks per week, <3 per occasion), however 11.2% consumed alcohol above the recommended levels at 8 weeks postpartum, increasing to 27.2% at 12 months postpartum (Wilson et al., 2017).

Strategies such as using timed breastfeeds and drinking water and eating food were utilised by the majority of women (95% at 8 weeks, 96% at 12 months postpartum) to minimise the risk of alcohol being passed onto infants through breast milk (Wilson et al., 2017). Wilson et al. also found women who consumed alcohol while breastfeeding were more likely to be tertiary educated, have higher household incomes and be born in Australia or in another English speaking country. Interestingly, of all the Australian studies, Wilson et al.'s (2017) study found the highest amounts of postpartum alcohol use. Whether these results reflect a growing trend towards alcohol use amongst mothers is yet to be seen.

2.3 Postpartum alcohol use in the United States

Like New Zealand and Australia, there is only a small number of U.S. studies which have specifically explored alcohol use in early motherhood. Muhuri and Gfroerer (2009) pooled five years (2002-2006) of data from the U.S. National Survey on Drug Use and Health (NSDUH). Amongst women with children aged under two, 49% had engaged in past-month alcohol use and 17.1% had engaged in past-month binge drinking (>5 drinks per occasion). Although these prevalence rates were lower than the consumption rates of non-pregnant, non-postpartum women (57.5% alcohol use; 25.8% binge drinking), they were considerably higher than the rates of alcohol use amongst pregnant women (10.5%, alcohol use; 3.2% binge drinking, respectively), suggesting women do return to drinking after having their babies.

Combining data taken from the California Women's Health Survey between 1997-2008, (women aged 18-48), Laborde and Mair (2012) compared the alcohol use of new mothers (child living in the house aged under one and pregnancy in the previous five years) with other women. Although alcohol consumption rates were lower for new mothers compared to other women, 36.7% of the new mothers drank alcohol in the past month with 8.4% drinking on more than four days. Furthermore, 5.6% met the criteria for binge drinking in the prior month, with 2.9% binge drinking on more than one occasion. Laborde and Mair (2012) found being a new mother was protective against all measures of drinking. However, mothers who were un-married and mothers with higher household incomes were identified as groups at higher risk of drinking.

Unfortunately, Laborde and Mair's (2012) study was limited by its methodology. Women could participate if they were over 18, had been pregnant in the last five years and if there was a child living in the house who was under one. Therefore, due to the nature of the survey, it was not clear what the respondent's exact relationship to the child was. The nature of the study eliminated women who had adopted and may have included women who had terminated pregnancies, or adopted children out, but live with other family member's children. The study also only asked questions relating to the last 30 days of alcohol use.

A recent study which included mothers who adopted, fostered and step-parented was conducted by Matusiewicz, Ilgen and Bohnert (2016). Using data from the National

Epidemiologic Survey of Alcohol and Related Conditions (NESARC), they explored alcohol use amongst first time mothers aged between 18-44 years. Motherhood was found to be protective, reducing the number of drinking days per year (21.7 fewer than non-mothers), heavy drinking days (15 fewer per year then non-mothers) and the amount consumed on any drinking occasion from 2.3 drinks to 1.7 drinks. Although the research included non-biological children, the ages of children were not factored for. Therefore, it is difficult to determine from this research how mothers with older adopted/fostered children, or step-children with shared custody drink, compared to mothers with young babies and pre-schoolers.

Unlike the New Zealand research, data from the American National Survey on Drug Use and Health taken between 2006-2007 found women who were more educated, older and had higher-incomes, drank less alcohol per occasion than women who were less educated, younger and had lower-incomes (Substance Abuse and Mental Health Services Administration [SAMHSA], 2008). These results were found across all situations including pre-pregnancy, during pregnancy and postpartum (SAMHSA, 2008). Past month alcohol use increased as the infant aged, from a prevalence rate of 31.9% for women with children under three months old to 43.9% for those with 3 to 5 month olds and 52.1% for those with 9 to 11 month olds. Moreover, the binge drinking rate also increased from 15.5% among mothers of infant children aged 3 to 5 months to 19.7% for mothers whose youngest children were aged 18 months or older. Therefore, these results demonstrate resumption rates of alcohol use increase as children get older. Other research by Bailey, Hill, Hawkins, Catalano and Abbott (2008) also found many of the 396 U.S. women they interviewed had returned to pre-pregnancy drinking rates by two years post-partum.

Likewise, Jagodzinski and Fleming's (2007) research also supports the SAMHSA (2008) findings. Between July 2002 to April 2005, 8706 women who attended postpartum visits across 35 Wisconsin health clinics were surveyed. The sample of women (aged >18 years) were predominantly white (81%), married (73.1%), employed (67.5%), multiparous (54.1%), breastfeeding (58.4%), with some college education (70%). Overall, 41.5% of participants reported alcohol use in the postpartum period. Past-month alcohol use was prevalent in 30.1% of postpartum women, with 1.5% reporting consuming more than seven drinks per week. Although this rate was lower than the women's reported pre-

pregnancy rates (7.2% > 7 drinks per week), the rate was also higher than the pre-natal drinking rate reported (0.02> 7 drinks per week) indicating women start drinking again following birth.

A total of 997 women (11.9%) reported 'at risk' drinking. Binge drinking in the postpartum period was reported by 11.9% of the sample. Among women who reported binge drinking in the past 30 days, the majority (60%, n=581) reported a single episode, with 24% (n=233) reporting 2 episodes, 10% (n=96) reporting three episodes, and about 7% (n=65) reporting four or more episodes. At risk drinkers were more likely than other women to have been frequent drinkers prior to pregnancy, smoked postpartum and be unmarried. Those less likely of being risky drinkers were more likely to be black women, those over age 35, 'stay-at-home mothers' and breastfeeding mothers.

However, Liu, Mumford & Petras's (2015) research has found conflicting results about alcohol use amongst older mothers. They used data from the Fragile Families and Child Wellbeing Study, a national survey following a cohort of 3397 mothers aged 20 and above, who gave birth between 1998 and 2000. Alcohol consumption rates were measured when the child was 1, 3 and 5 years. It was found that mothers older than 26 increasingly engaged in binge drinking over time, surpassing the younger mothers whose rates stayed stable across the five years. Mothers who were 36 years and older were more likely to be in a higher-risk trajectory of alcohol use (Liu et al., 2015).

2.4 Postpartum alcohol use in the U.K.

In the U.K., the research on postpartum alcohol consumption is also limited. In the 2009 General Lifestyle Survey exploring women of reproductive age (16-44), the results found women aged 25-44 were more likely to have consumed alcohol on five or more days during the previous week than the 16-24 year old women (Robinson & Harris, 2011). As women are having children later, more births are occurring in this age group. Unfortunately, it is difficult to know specifically how many women within these groups are mothers, and what their circumstances are. Also worth noting is the mean number of alcohol units consumed per week has increased among women over time (from 6.5 units in 1998 to 8.0 units in 2009) and decreased in men from 17.2 units in 1998 to 16.4 units in 2009 (Robinson & Harris, 2011).

Other research has estimated that in the U.K., 22% of children live with a parent who drinks hazardously (around 2.6 million children) and 6% live with a dependent drinker (4children, 2012). In their online survey, the charity 4children (2012) interviewed 575 British parents with children aged 16 and under. Although this survey interviewed parents rather than strictly mothers, the data was weighted to be demographically representative of all British adults and provides some insight into family life. 57% of all parents reported drinking alcohol every week, and 7% drank every day. After the birth of their first child, 23% of parents continued to drink as much as before their baby was born, and 17% stated they increased the amount they consumed. Again, the parents who consumed the highest quantities were from the wealthiest families, who tend to escape social stereotypes around alcohol use and alcohol addiction.

In a further U.K. study (Valentine et al., 2010), 81% of the surveyed parents agreed it was acceptable to moderately drink in front of their children. Generally, the parents agreed it was unacceptable to be drunk when responsible for their children. However, many parents had allowed their children occasional exposure to drunkenness through parties and other family events. Drinking at home was seen as a safe location, and letting children witness 'at home' drinking was considered important for teaching children about using alcohol within safe limits, as a social and pleasurable activity (Valentine et al., 2010). In contrast, exposure to public drinking (e.g. pubs) was discouraged. However, parents were found to be unaware of the significance of their different drinking patterns while on a family holiday, such as public drinking, staying up late and drinking to excess (Valentine et al., 2010).

Interestingly, when questioned Valentine et al. (2010) found the parents were aware of the changes to the drinking culture which had resulted in more drinking amongst mothers and more at home drinking. For instance, looking back to when they were children, 68.8% of the parents questioned thought the amount of alcohol mothers consumed had increased, while 73.4% thought the amount of alcohol consumed at home, compared to the pub had increased. 65.7% of the parents also thought the amount of alcohol parents' drink on any one occasion had increased since they were children (Valentine et al., 2010).

2.5 Limitations and Summary

The current chapter has highlighted the lack of research carried out on the alcohol consumption patterns of women with children, especially mothers with preschool children. The research conducted has tended to focus on mothers who are either breastfeeding, or alcohol use was explored as part of a wider health behaviours survey. With the exception of a few studies, notably Bailey et al. (2008), Liu et al. (2015) and Parackal et al. (2007) most of the literature has only explored mothers' alcohol use up to 6 months to 1 year postpartum. Although this is useful information, children start to sleep more, are weaned from breastfeeding (if breastfed) and become easier for other people to look after, once they pass this age. Yet, little is known about these changes and how the mothering role, including mothering responsibilities, influence mothers' alcohol consumption.

Although the research discussed in this chapter is predominantly quantitative, which comes with limitations, including difficulties assessing alcohol consumption (Sheehan & Ridge, 2001), and the risk of underreporting (Rankine et al., 2013; Watts et al., 2015), these studies do highlight the wider social issues such as class, age and socioeconomic status which impact mothers' drinking. Overall, the literature shows that mothers who are older, more educated and wealthier drink more frequently, consuming more alcohol. However, quantitative studies frequently fail to explore the motivation and reasoning behind alcohol use (Hunt & Barker, 2001). In the next two chapters, the topic of motherhood and gendered drinking will be raised. As chapters three and four will highlight, social, political and historical issues such as gender, class and 'good' mothering ideology, are important to consider when exploring the topic of alcohol use amongst mothers with preschool children, and will form the theoretical basis for the current study.

Chapter 3: Motherhood

"Nobody likes to think that the hand that rocks the cradle might be shaky"

-Curlee (1970, p.247)

The importance of motherhood as a life event and as a transition point during a woman's life course warrants further exploration in relation to health behaviours such as alcohol consumption. This section will provide an overview of the research on contemporary early motherhood and how women experience this transition. This section begins with an overview of motherhood in New Zealand and leads into a discussion about the main issues that impact contemporary motherhood, including the historical movement to medical 'expert' knowledge, changes in gender roles and shared parenting, ideologies about what makes a 'good' mother, and how realistic these ideals are. Inextricably tied in with this topic are the issues of gender, class and ethnicity. Combined, these factors have led up to and currently influence contemporary mothers' drinking behaviours, which will be outlined in chapter four.

The focus of this chapter is to explore the surrounding historical, social and political context of motherhood which has undergone significant changes in the past decade. Terms such as 'mothering' and 'parenting' are commonly used interchangeably, both in literature and everyday language. Throughout this chapter and remaining chapters, the terms 'mother' and 'mothering' will be used instead of 'parent' and 'parenting' when applicable. As Garey and Arendell (2001) argue, using the term 'parent' or 'parenting' rather than 'mother' or 'mothering' serves to obscure the social reality of the historical gendered nature of parenting. Therefore, as this chapter will demonstrate, it is not to ignore fathers and the unique challenges they also face in fathering, but rather to take up a feminist framework that both acknowledges and explores the social, political and historical role of women in families and their traditional responsibility for child raising (Garey & Arendell 2001).

3.1 Contemporary Motherhood in New Zealand

Considerable social and cultural changes have taken place in New Zealand over the last century, which have influenced motherhood. Women are now having children later than

their counterparts 50 years ago. The median age of women giving birth in New Zealand is now 30 years, compared with 25 years in 1968 (Statistics NZ, 2009). In addition, there are increasing numbers of women who have children in their late 30's and even their early 40's. For instance, in 2012, 2523 children were born to mothers aged between 40 and 44, while a further 113 children were born to mothers aged over 45 (Mann, 2013). Today, marriage is less common than 50 years ago. More couples are choosing to cohabitate in de-facto relationships which have led to more babies being born outside of marriage. In 1964, just under 10 percent of births were to unmarried couples, which rose to nearly a quarter of all births by the early 1980s, rising again to nearly 50 percent of all live births in 2010 (Families Commission, 2013). The number of mothers raising children without fathers has also risen from 10.4% in 1976 to 28.1% in 2006 (Families Commission, 2013). Results from the longitudinal Growing up in New Zealand study found only 26% of 15 year olds were still living with both biological parents (Flynn, 2016).

3.1.1 Gendered parenting changes

One particular aspect impacting women during the transition into motherhood is the notion of gender role expectations. Gendered roles in childcare are heavily influenced by socially and culturally available and acceptable roles, discourses and narratives. Caring for young dependent children are highly gendered practises, which are linked to the gendering of public and private spheres (Ribbens McCarty, & Edwards, 2002). Historical accounts argue that traditional style agrarian families used to work the land together with parenting tasks shared amongst both parents. These tasks included childbirth, where the husband assisted (Eberhard-Gran, Garthus-Niegel, Garthus-Niegel, & Eskild, 2010). As the industrial revolution arose, opportunities for work away from the land emerged. These social changes resulted in a gendered division of labour as men entered the public sphere for paid work and women stayed at home with the children (Eberhan-Gran et al., 2010; Woollett & Marshall, 2001). As a result, childrearing became a private pursuit, separate from the public domain (Woollett & Marshall, 2001) which placed women into a position of financial dependence on men (Eberhan-Gran et al., 2010).

Over the last half century, New Zealand and other Western countries have seen a growing movement towards egalitarian parenting relationships in which both mothers and fathers have less gender-differentiated roles (Rogers & Amato, 2000). As mentioned, women have entered the public sphere through work and education (Rahav et al., 2006) which

has provided them with the opportunity to contribute economically to their families (Rogers & Amato, 2000). Likewise, men's roles have also changed. Compared to previous generations, men today are more involved in their children's lives (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000; Craig & Mullan, 2012; Flouri, 2005; Sayer, Bianchi, & Robinson, 2004), with some men choosing to become stay at home fathers (Doucet, 2006; Doucet, 2009). Recent high profile examples include Clarke Gayford, the partner of Prime Minister Jacinda Adern as well as Peter Nunns, the partner of Green Party Minister, Julie Anne Genter (Evans, 2018).

Despite these changes, evidence suggests traditional labour divisions continue to dominate (Lachance-Grzela & Bouchard, 2010), with mothers spending more time with their children than fathers (Craig, 2006; Craig & Mullen, 2011; Mannino & Deutsch, 2007; Sayer et al., 2004). Many heterosexual family groupings revert to a traditional breadwinner model when they have a child, with women becoming primarily responsible for the care of young children (Doucet, 2009; Katz-Wise, Priess, & Hyde, 2010). For example, in 2017 approximately 13,000 New Zealand men were stay at home fathers, compared with 128,000 stay at home mothers (Evans, 2018). Of the 30,576 people who received paid parental leave in 2017, men received 0.6% of the total amount (Evans, 2018). In addition to leave provisions, other factors also contribute to the gender discrepancy, including comparatively low female wages and unaffordable childcare (Chesley, 2011). Research has found amongst families where the father is the stay at home parent, economic considerations were the primary justification for this non-traditional division of childcare (Chesley, 2011).

Childcare and housework are often undervalued by the working partner, as well as society at large, forming part of a broader inequality of power between the sexes (Dixon & Wetherell, 2004; Hochschild, 1989). For instance, an analysis of the New Zealand government's policy for women (Kahu & Morgan, 2007) found that despite its "rhetoric of valuing women's traditional contributions, caregiving and community work are all but invisible" (p. 144). Hochschild (1989) argues male involvement in domestic work is often understood as 'gifts', whereby women's contributions are taken for granted. Furthermore, a number of studies have found women take on responsibility for their partner's fatherhood to such an extent it has been called a new hidden responsibility for women (Fox, 2009; Gatrell, 2007; Vuori, 2009). However, many fathers want equal parenting

opportunities (Chelsey, 2011; Craig & Mullen, 2012), but their participation in childrearing is often impacted by working hours, lack of paternity leave and by mothers quickly becoming more 'expert' through practice (Miller, 2011).

3.1.2   The movement towards 'expert' knowledge

Further contributing to contemporary motherhood and parental gender roles has been the 'medicalisation' of childbirth and childrearing. At the start of the twentieth century, babies were frequently born at home in the presence of supportive female family members (Hrdy, 1999). Mothers were given several weeks to recuperate after childbirth, and females were socialised from a young age into their future roles as mothers. These mothering skills were often acquired vicariously through frequent contact with younger siblings, cousins, nieces and nephews (Hrdy, 1999), as well as via knowledge passed down from older female family members and community (Kedgley, 1996).

During the early twentieth century, the high mortality rate of babies and mothers during childbirth were cause for concern. In the U.K. during this time, infant deaths were associated with maternal inadequacy, which was distinctly class-based due to working-class women's inability to pay for doctors (Davin, 1978). In New Zealand, to overcome mortality rates, a movement began which led to childbirth being encouraged in hospitals (Kedgley, 1996). Thus a discourse of pathology and fear took control of the childbirth process away from women and resulted in pregnancy and childbirth falling under a medical model of disease (Crossley, 2007; Oakley, 2016; Van Teijlingen, 2005).

Kedgley (1996) argues this shift towards hospitalisation and male dominated expert knowledge (e.g. male doctors) ironically created barriers for men (e.g. fathers) who had a vested and legitimate interest in their children's birth. At the time, the only written information available on motherhood were excerpts found in encyclopaedias. However, in 1908 changes started to take place in New Zealand with the introduction of Plunket and the teachings of Sir Truby King, which greatly impacted how mothering took place (Chapman, 2003; Kedgley, 1996).

The aim of Sir Truby King's work was to educate parents on improving nutrition to lower the infant mortality rate. His advice gained credibility amongst New Zealand European/Pākehā mothers as it was written by a local 'expert' and gave women a quick

reference guide on how to do things 'right' (Chapman, 2003). King also encouraged women to develop highly regimented mothering routines to control and train their children to form good habits and standards of behaviour. This advice was contrary to years of evolutionary knowledge, where women kept their children close and responded to their infants cries (Hrdy, 1999). Women who were at odds with this hands off approach were considered emotional, placing their children's character development at risk (Chapman, 2003). Kedgley (1996) argues these teachings along with others which followed closely, contributed to the loss of women viewing themselves as experts, in favour of written and medical authoritative knowledge on motherhood. As a result, there is a contradiction between motherhood supposedly being a normal and natural experience, yet women not knowing how to do it without expert help.

For Māori mothers, the impact of colonisation created greater changes to their child-rearing ability. Traditionally, Māori children were viewed as belonging to their whanau and iwi, who were as equally responsible for raising them (Goodwin, 1996). Māori children are seen as linked by whakapapa (genealogy) to all their ancestors who have gone before and as a result were traditionally treated with great indulgence (Ritchie & Ritchie, 1979). Through colonisation, came urbanisation and numerous losses including loss of cultural knowledge, language and land which resulted in Māori women becoming isolated from their whanau (Goodwin, 1996). Research in the early 1960's found urban Māori mothers were considered less warm, less indulgent, more stressed and very conscious of scrutiny by New Zealand European/Pākehā neighbours in comparison to rural Māori mothers who were still following a traditional pattern of childrearing (Ritchie & Ritchie, 1970).

3.2 The ideology of motherhood

The view of motherhood as a natural and universal experience is in part due to the biological acts of conception, pregnancy and childbirth. Women often describe overwhelming love and an instinctual need to protect their baby (Wall, 2001). They undergo hormonal and physiological changes during pregnancy and childbirth which prepare them for breastfeeding and childcare, including changes to olfactory and aural abilities which allow mothers to respond quickly to their crying baby (Hrdy, 1999). This view of motherhood as 'natural' and 'normal' has often led to motherhood being seen as non-problematic. For instance, beliefs in instinctive, natural mothering remain robust

with many mothers in numerous studies drawing upon this narrative when discussing motherhood (Lupton, 2000; McMahon, 1995). While this is true for some women, for other women, motherhood does not always come so easily and naturally (Johnston & Swanson, 2003; Kedgley, 1996). The difficulties associated with this contradiction will be discussed later in this chapter.

Rather than viewing motherhood as biologically determined, Johnston and Swanson (2003) argue that becoming a mother is a socially constructed process. Although there is a biological element to motherhood, the contexts in which women have their children and conduct their lives as mothers are socially constructed, culturally varied and historically specific (Jordan, 1993; Douglas & Michaels, 2005). Women who have no biological link to their children, either through adoption, fostering or step-parenting are good examples of how mothering is a socially constructed process (Weaver & Coleman, 2005). It is likely through repeat performances of hegemonic femininities and masculinities, mothering has appeared innate rather than socially-constructed (Johnston & Swanson, 2003).

In each cultural group throughout history, there have been cultural ideologies, expectations and specific sets of ideas which guide group members through major life events (Miller, 2003), including motherhood. For instance, in New Zealand we have seen this occur, via the significant changes 'motherhood' has undergone over the last century, which were discussed above. Intertwined within these cultural expectations are authoritative ways of thinking, which are often hierarchical and lead to distinctions being made between those who are regarded as experts (Davis-Floyd & Sargent, 1997; Miller, 2003), such as medical and health professionals, and those who are not experts, including childbearing women. These constructions of expert knowledge are rarely resisted and instead are often co-constructed, so that people of that culture see such social order as natural order, or the way things are (Davis-Floyd & Sargent, 1997).

Our expectations and experiences of motherhood are inextricably intertwined with these cultural ideologies and authoritative knowledge, outlining for us what to expect and the way we should behave. For instance, pregnant women in New Zealand will often take folic acid, not drink alcohol, not smoke, watch what they eat, attend antenatal classes and appointments with a midwife or obstetrician as well as ultrasound appointments

throughout her pregnancy, and more commonly will give birth in a hospital. Although not every woman follows this process, pregnant women who do not conform to these dominant ideologies and expectations, such as those who avoid medical advice, screening tests and clinic visits may be viewed as irresponsible (Rúdólfsdóttir, 2000; Sevón, 2005).

One of the strongest and most entrenched cultural ideologies, is the 'mothering myth'. This is the belief that all women hold a biological drive to have children which they instinctually need to nurture, with the skills and abilities required for this emerging naturally following childbirth (Douglas & Michaels, 2005; Lupton, 2000; Woollett & Phoenix, 1996). Having children is dominantly seen as a normal part of a women's life trajectory, and constructed as a major factor in women 'growing up' and 'becoming a woman' (Woollett, 1991). In Western cultures, women who choose not to have children are often viewed negatively as irresponsible, immature and failing to live up to dominant expectations of femininity (Woollett, 1991). They are often considered selfish and their childlessness may be excused as either a passing phase or a regrettable decision (Cannold, 2005; Letherby, 2002). However, despite this dominant discourse, a growing proportion of couples choose not to have children (Cannold, 2005).

The ideologies of what we consider a 'good' mother also shift over time in relation to social, political and economic demands. Mothers receive a range of conflicting messages from numerous sources including health and education professionals, who are frequently viewed as objective legitimate sources, as well as by other mothers who discuss appropriate child development with each other and monitor one another's mothering skills (Henderson, Harmon, & Houser, 2010). The media, including parenting websites, Facebook groups, mommy blogs, magazines and parenting guidebooks, are commonly used by women for support, advice and validation on how to be a mother. One example in New Zealand is Mumhub, a Facebook support group for mothers with over 24,500 members.

Although research suggests online communities can increase new mothers' confidence (De Choudhury, Counts, Horvitz, & Hoff, 2014; Hall & Irvine, 2009; Youngs, 2001) and perceptions of social connectedness (McDaniel, Coyne, & Holmes, 2012), online communities such as Facebook also provide a platform for women to demonstrate they are fulfilling their maternal roles, by sharing photos and updates of their children

(Schoppe-Sullivan et al., 2016). By doing motherhood in this manner, women may receive positive affirmations they are doing gender correctly (Schoppe-Sullivan et al., 2016), which reaffirms traditional constructions of femininity (Madge & O'Connor, 2006; Na, 2007; Stewart, 2013).

3.2.1 Good and bad mothers

Despite dynamic changes occurring to motherhood over the last century, the expectations and understandings of what comprises a 'good' mother are still prevalent throughout the Western world (Cannold, 2005; Douglas & Michaels, 2005; Hays, 1996; Miller, 2007). Contemporary notions of mothering are often based on white, heterosexual, middle-class and upper-class 'norms', which include delayed motherhood and an emphasis on the importance of education and career prior to having children (Whitley & Kirmayer, 2008). 'Good' mothers are constructed as nurturing, kind, gentle, patient and receptive (Hays, 1996) and have been portrayed in the British media as heterosexual, selfless, fertile, middle-class and aged between 25-35 years old (Hadfield, Rudoe, & Sanderson-Mann, 2007).

Mothers who are considered 'too old' are often portrayed as selfish for delaying conception and constructed as violating the 'natural' order (Shaw & Giles, 2009). Like mothers who are teenagers, single, lesbian, physically or mentally unwell, ill-educated, poor or women of colour, they may be viewed as unmotherly, deviant, abnormal or 'bad' (Johnston & Swanson, 2006). Some of these groups of women are often vilified as irresponsible for giving birth to more children than they can provide for (Collins, 2000). During the 1990s, public concern about babies born with crack cocaine addiction, saw the U.S. government offer financial compensation for tubal ligations to poor, Black mothers in New York city, in response to perceived "maternal inadequacies" (Springer 2010, p. 493). In a similar theme, the National government of New Zealand offered free long term contraception to women on state funded solo-parent benefits in 2012, as part of their welfare reform package (Trevitt, 2012).

Mothers who are perceived to be taking their own needs into account, for example following career paths which cannot incorporate intensive mothering duties, have also been vilified (Hadfield et al., 2007; Turner & Norwood, 2013) and often report feeling selfish or torn (Johnston & Swanson, 2006). Women either have to be entirely fulfilled

by looking after their children at home or experience guilt or ambivalence if they work outside the home (Johnston & Swanson, 2003). Furthermore, parenting books rarely incorporate the needs of mothers and children who fall outside of this distinct normative group (Marshall, 1991). Therefore, the 'good' mothering ideology is a no-win situation.

3.2.2   Intensive mothering

The underlying assumption of the 'good' mothering ideal is an all-encompassing commitment to motherhood, which constructs the mother as the primary and most suitable caregiver for their children (Douglas & Michaels, 2005). This concept known as 'intensive parenting' or 'intensive mothering' is highly class-based, centred around middle and upper-class mothers who can mother in a child-centred manner which is labour intensive, emotionally absorbing, financially expensive and guided by experts, while independent of government support (Hays, 1996). For many women, including those from marginalised groups, intensive mothering is unattainable as it requires a full-time, stay at home mother, which is not an option for a lot of families requiring a second income (Arendell, 2000).

Conforming to this ideology is also considered a no-win situation for middle to upper-class, highly educated women. Harman and Cappellini (2015) found middle-class, heterosexual women from nuclear families, still displayed uncertainty and were compelled to do a lot of everyday work to display 'good' mothering. Likewise, a U.S. based study has also demonstrated the requirements of intensive mothering even set women with privileged status up for failure (Newman & Henderson, 2014). Furthermore, whether a woman believes in intensive mothering or not, research suggests all mothers are subject to pressure to be a perfect mother (Henderson, Harmon, & Newman, 2016). This pressure is so pervasive, it is found to cut across beliefs about intensive parenting, media influence, life stage and employment status (Henderson et al., 2016). Harman and Cappellini (2015) argue motherhood is like a classed based moving target that is never fully achieved, as mothering demands and expectations change and contrast depending on the relevant audience.

However, 'intensive mothering' has also been fuelled by developments in neuroscience and psychology, which have highlighted the importance of the first three years of a child's life, with respect to brain development and the formation of secure attachments (Quirke,

2006; Wall, 2004; Wall, 2010). The focus on the critical importance of early years for later life success, has potentially encouraged conformity to intensive mothering, due to the idea these years can never be recovered (Wall, 2004). Furthermore, Hays (1996) argues that the cultural changes that occurred in the 20th century have seen children move away from being considered helpful family members, into being viewed as vulnerable and helpless, requiring total care from their mothers. As a result, intensive mothering can be seen as heavily intertwined with neoliberalism rhetoric, where future success is dependent on planning and control of many aspects of one's life (Wall, 2010).

3.2.3   Mother blame

Within neo-liberal societies there is an assumption parents have the ability to control and shape their children's lives (Wall, 2010), ensuring they grow up to be responsible citizens (Lister, 2006). If a child grows up and presents with difficulties, including behavioural and mental health issues, the parents (particularly mothers) are often constructed as responsible for 'bad' parenting due to poor individual, autonomous decisions (Coward, 1997), including poor risk management and life planning (Hoffman, 2010). For example, when individuals perpetrate violent crime, it is often the mother and quality of her mothering (not the father) whom the media and experts look towards (Coward, 1997).

Several studies have found mothers are disproportionately blamed for their children's actions, behaviours, health and well-being compared to fathers (Jackson & Mannix, 2004; Singh, 2004). For instance, childhood mental health disorders such as Attention Deficit Hyperactivity Disorder are often blamed on mothers (Austin & Carpenter, 2008; Singh, 2004), while British mothers, rather than fathers are more frequently blamed for providing inadequate or unhealthy school lunches (Harman & Cappellini, 2015). Likewise, some mothers blame themselves if their child takes longer to reach developmental 'milestones' as if they have not provided their child with enough stimulation to ensure optimal development (Lupton, 2009). As a result, intensive mothering may be seen as a means to counteract this risk (Wall, 2010). However, even in neo-liberal societies, mothers who intensively parent are still seen as inadequate risk-managers who are encouraged to rely on expert guidance, which can undermine confidence and increase stress (Lee, MacVarish, & Bristow, 2010).

Although mother-blame affects all mothers, it is important to recognise the impact of class. The economic and racial privilege afforded to middle and upper-class white mothers increases their ability to resist conforming to mainstream mothering practices, without questions about their children's safety (Crane, 2016). Alternative parenting practises, such as vaccination refusal, extended breastfeeding and not enrolling young children in formal school settings are likely to be less tolerated if the mother is poor or a woman of colour (Crane, 2016). Privilege provides middle and upper-class mothers with the ability to relax intensive mothering standards and to engage in nights out with friends, without the scrutiny and threat from child protection agencies that marginalised mothers may experience (Crane, 2016).

3.3 Reality versus ideology

The dominant discourses and ideologies which surround motherhood and shape our identities are often idealised representations rather than realistic accounts. How women position themselves and relate to these ideals is influenced by their social and economic situation and can affect how they feel about motherhood. Many women who had romantic ideals and expectations of motherhood before having children describe a much different lived reality, where they felt overwhelmed and unprepared by new motherhood (Miller, 2007). Studies have also found predominately negative postpartum accounts with many women reporting losses of freedom, money, work identity, intimate relationships, friendships and self-identity, as they adjust from their life pre-baby to their role as a mother (Choi, Henshaw, Baker, & Tree, 2005; Tong & Chamberlain, 2000). Despite other research which suggests negative responses to early motherhood are more normal than not, these losses are rarely recognised (Nicolson, 1999).

Although maternal ambivalence is a common phenomenon, the ideals of 'good' mothering are extremely durable. Numerous studies demonstrate women persistently adhere to discourses supporting 'good' mothering (Cannold, 2005; Hays, 1996; Miller, 2007) and feel compelled to feign happy motherhood in an attempt to live up to cultural expectations of what motherhood should entail (Maume, Sebastian, & Bardo, 2010; Miller, 2007). Therefore, new mothers are often constrained from expressing negative emotions and experiences (Maushart, 2006; Tardy, 2000). The impact of the 'good' mothering ideology on women's wellbeing is documented in the literature. For instance, in Maume et al.'s (2010) study, women with secondary earner status felt pressure to be

'good' mothers, sacrificing sleep to care for and worry about their children, the wellbeing of the family and to enable their partner a full night's sleep. For women who were the primary breadwinner, nearly half were so strongly influenced by intensive mothering ideologies they believed they should bear higher levels of responsibility for their children when compared to men in similar situations (Chesley, 2011).

Furthermore in the U.S., an association has been identified between women who engage in intensive mothering practises and increased levels of stress and depression (Johnston & Swanson 2006; Rizzo, Schiffrin, & Liss, 2013), as well as between mothers identifying as perfectionist parents with negative outcomes like reduced self-efficacy, low self-esteem, depression and anxiety (Henderson et al., 2016; Lee, Schoppe-Sullivan, & Dush, 2012). Attempts to hide perceived failure can have serious consequences for women. Sadly, Mauthner (2002) found 'good' mothering performances were so strong amongst new mothers, those with postnatal depression went unnoticed by health professionals (e.g. midwives, GPs), family and friends for months. Given approximately 1 in 5 women experience some degree of postnatal depression (PND), while even more women experience postnatal anxiety (Beck & Driscoll, 2006), it is likely many women feel a conflict between the myth of motherhood and the reality they experience.

Many families today are also vastly different from generations before. There is a rise in single parenting, dual incomes are often financially necessary and many families do not have traditional extended family support (Lupton, 2000) on a daily basis, for various reasons including distance and employment obligations. As a result, families themselves have become individualised, which places more pressure on parents to solely meet the needs of their children (Lupton, 2000; Lupton, 2009). Unlike previous generations, women are encouraged to leave hospital within a day of giving birth. However, for many women, their early days of mothering at home feel intense and overwhelming as they describe a lack of knowledge and skills (Lupton, 2000; Lupton, 2009).

The explanations given for women who experience difficulties adjusting to motherhood often involve factors such as poor coping strategies, hormones and disorganised attachment, which have the tendency to locate the dysfunction as individually located within the women, while constructing the difficulty as theirs alone (Arendell, 2000; Henderson et al., 2016). This in turn, overlooks the broader issues impacting mothers,

such as family structures and the position and treatment of mothers in society (Beck & Driscoll, 2006), which further reinforce the dominant ideology of motherhood. As a result, the fear of mothering failure is often so strong amongst women, their only option is to work harder at performing 'good' mothering (Sevón, 2007).

3.4 Resisting the ideology

As mentioned, the 'good' mother ideology is so strong, women hold these beliefs regardless of their social, economic or racial status (Arendell, 2000; Harman & Cappellini, 2015; Henderson et al., 2016). The lack of alternative motherhood discourses for women to draw upon when constructing their experiences has meant the dominant motherhood ideology remains strong with little or no resistance to it (Choi et al., 2005; Fox, 2009; Hays, 1996; Miller, 2007). A number of studies have shown that women who do not meet the standards set by the 'good' mother ideology continue to be influenced and accountable to these ideologies, regardless of whether they believe in them (Cannold, 2005; Hays, 1996; Miller, 2007).

Miller (2007) explains that as women develop experience and confidence mothering, they gain the strength to ignore the dominant mothering ideology and instead rewrite their own definitions of 'good' mothering. They do this by seeking to redefine, reframe or actively reject the ideal (Hays, 1996). For example, Hays (1996) found employed mothers justified paid work by stating it made them better mothers and by also placing emphasis on the benefits for their children, rather than themselves. Although on one hand they redefine the ideology, they also remain consistent with the ideology, where women are expected to put the needs of their children before their own. Likewise, Gerson (1985) found some working mothers reframed time with their children as quality over quantity, which also conformed to the 'good' mother ideology.

However, other research does show women are increasingly engaging in alternative discourses which resist the 'good' mother discourse. For example, in Lupton's (2000) research, first time mothers described a love/hate relationship with motherhood. Furthermore, research with Canadian and American mothers found many rejected the intensive mothering ideology, instead emphasising the benefits they receive by working, rather than any benefits for their families (Christopher, 2012). In more recent research, Dow (2016) also rejects the notion of intensive mothering as a universal ideology. In her

study of 24 middle and upper-class, professionally employed, African American mothers, an alternative ideology of integrated mothering was seen. This ideology sat deeply rooted within the social, political and historical context in which African American women have raised their children. However, despite the rise in alternative discourses, they are still considered marginal (Sevón, 2007).

3.5 Summary

This chapter has reviewed changes that have occurred to motherhood in New Zealand, including changing gender and parental roles, changes in family makeup, as well as the challenges New Zealand women face when transitioning into early motherhood. Despite the movement towards shared parenting, women continue to take on the responsibility of being the primary caregiver to their children. However, as discussed, motherhood itself is not just a biological process. Instead how we understand and experience motherhood is socially constructed and heavily embedded within a social, political and historical framework. Dominating 'Western' motherhood has been the 'good' mothering ideology, where 'good' mothering occurs through child-centred, intensive mothering practises only achievable by white 'feminine' women from middle to upper-class backgrounds (Douglas & Michaels, 2005; Hays, 1996).

However, due to its dominance, the majority of women follow this ideology, leading to a no-win situation, with many women failing to receive adequate mental health assistance, due to perceived mothering failure (Mauthner, 2002; Sevón, 2007). The mothering ideology is strongly embedded within hegemonic femininity, including what it means to be female. In the next chapter, both femininities and masculinities will be discussed in more detail, as well as their link to gendered drinking. Understanding how femininities interplay with New Zealand's drinking culture and the 'good' mothering ideology is important, as it helps explore the motivation behind the drinking behaviour of mothers with preschool children. Chapter four also explores the policing of women's drinking, which is even more apparent for mothers who drink.

Chapter 4: Gendered drinking

"Gone are the days when girls used to cook like their mothers. Now they drink like their fathers"

-Alcohol quotes and sayings (*nd.*)

The past three chapters have explored New Zealand's drinking culture, including the general increase in women drinking, as well as those of childbearing age. Chapter two also reviewed the quantitative research on postpartum alcohol use to develop a picture of how many women are drinking after the birth of their children, while chapter three explored the topic of contemporary motherhood and the challenges women face transitioning into motherhood today. This chapter will tie these topics together to both explore alcohol use as a gendered activity, as well as review the limited research on why mothers drink alcohol and how they are perceived by others.

Chapter Four will begin with a brief overview of some of the traditional theories on women's alcohol use, which will follow with the argument for exploring drinking as a gendered activity. To do this, hegemonic femininities and masculinities and their relationship with alcohol will be discussed. This chapter will also explore 'new' femininities and how women negotiate the conflict they experience while drinking, with traditional expectations and policing of hegemonic femininity. This will follow with a brief discussion on what is known about the way mothers use alcohol and how it is perceived. Lastly, a summary will be provided which will introduce the research aims for the present study.

4.1 Traditional theories on women's alcohol use

As the rate of Western women's alcohol use increased, researchers have sought to determine the reason and motivation for this change. A number of theories evolved which are generally based upon alcohol regulation theory. This theory suggests the individual drinks alcohol for psychological relief from tension, stress or other psychological problems including depression (Wilsnack & Cheloha, 1987). Role conflict theory has been the subject of a number of studies and is based upon the premise that women consume alcohol due to the conflict between their role in the workplace (traditionally a masculine domain) and their feminine expectations at home, including

mothering (Wilsnack & Cheloha, 1987). Therefore according to this theory, conflicted women alleviate their distress by increasing their alcohol intake. A similar theory is role overload theory which suggests women with too many roles (e.g. work and home) may become overloaded, impairing her performance in each role, creating scheduling and priority conflicts (Wilsnack & Cheloha, 1987). Again as a means of dealing with the associated stress, increased drinking results (Beckman, 1980).

Role entrapment theory has also been used to explain the increase in alcohol use amongst older, unemployed women whose children have left home. With their only role as a housewife, they feel trapped (Wilsnack & Cheloha, 1987) and stressed, so drink to reduce tension (Beckman, 1980). Likewise, role deprivation theory has been used to describe the drinking behaviour amongst women who are considered to have no social role, such as being a mother or married (Wilsnack & Cheloha, 1987). Each of these theories is inextricably linked to traditional hegemonic femininity and 'good' mothering ideology, whereby assumptions are made that all women want to get married and have children. The idea that a woman is not a mother, loses her mothering role or experiences role conflict from outside sources (e.g. work) is considered a motivating factor to drive these women to use alcohol. Furthermore, these theories also assume stress caused by these role conflicts, is the underlying motivator for drinking.

Although stress has been associated with alcohol use, there are many other factors involved with alcohol consumption including enjoyment and social bonding (Peralta, 2007). So while these factors are important and may influence women's presence within drinking cultures, Lyons and Willott (2008) argue such empiricist accounts often fail to explore the motivation behind the increase in women's drinking. Rather than just focusing on the individual in relation to the substance, Hunt and Barker (2001) argue that the individual needs to be viewed as someone who is part of a larger social and cultural setting, who is creating, influencing and giving meaning to their drinking behaviour. For mothers, this is important as their drinking cannot be seen in isolation from their roles as mothers. In recent years, more and more researchers are adopting a gendered approach to study women's relationship with alcohol.

4.2   Gender as a site for understanding alcohol use

Although gender differences have historically influenced alcohol consumption levels, Peralta (2007) argues an alternative way of exploring alcohol consumption is by viewing it as a means of performing gender. Rejecting the traditional empiricist viewpoint that gender roles and traits are static, Butler (1990) argues that gender is fluid; shifting and changing in different contexts and at different times. Therefore, gender is something we 'do' rather than something we are born with (Butler, 2004). We learn about gender through social conditioning, cultural discourses (rather than biological processes), and engaging in behaviours appropriate and consistent with these available discourses (Measham, 2002). By performing the behaviours, characteristics and practises associated with 'doing' masculinity or femininity, the individual is successfully viewed by others as male or female (Rahman & Jackson, 2010).

Although Butler (2004) does not refer to motherhood specifically as a gendered performance, it is reasonable to assume motherhood is performative, given motherhood is so central to the practises and discourses of femininity (Malacrida, 2009). For instance, motherhood is considered so entwined with notions of femininity that womanhood and motherhood are frequently considered synonymous identities (Arendell, 2000). However, mothering is not experienced similarly by all women. Instead, it carries multiple and often shifting meanings (Arendell, 2000). Therefore rather than a status, and something we just 'be', motherhood is instead something women 'do' and 'become', making it a performance. As discussed in the previous chapter, conforming to, challenging, reframing or rejecting the 'good' mother and intensive mothering ideologies are all part of performing gender.

Gender is also relational (Jay, 1981). What we consider male and female are constructed in opposition to one another in the way other dichotomies are positioned, such as hot and cold. However, by engaging in this practice, we reinforce and maintain these cultural norms and ideologies (including the false impression of gender as static and natural), and as a consequence, these ideologies remain unchallenged (Butler, 2004). Individuals construct masculinity and femininity differently in particular contexts, suggesting multiple femininities and masculinities. Butler (2004) argues rather than being passive, both males and females are social actors who accept, resist and (re)construct these cultural gender discourses.

However, gender performance is not always entirely a choice, as there can be societal retributions for not appropriately performing one's gender (Butler, 1990). Likewise, some ways of doing masculinity or femininity may be constructed as more appropriate or 'normal' than others (Connell & Messerschmidt, 2005). By exploring the ways in which feminine and masculine gender identities are talked about and enacted within social drinking settings, Lyons and Willott (2008) argue we are given an insight into the meaning of drinking behaviour amongst adults.

4.2.1 Hegemonic masculinities, femininities and alcohol use

Hegemonic femininities and masculinities have long influenced how both men and women drink. Men have a long historical relationship with alcohol and as a result heavy drinking is embedded in the construction of hegemonic masculine identities (de Visser & Smith, 2007; Rahav et al., 2006; Willott & Griffin, 1997) and the stereotypes of what it means to be a man. Drinking beer, getting drunk, drinking stamina, heavy alcohol tolerance and public drinking are ways in which men actively demonstrate hegemonic masculinity (Peralta, 2007; Willott & Lyons, 2012), especially in all-male sporting groups (Willott & Lyons, 2012). By constructing drinking stories and using talk which describes their body's ability to tolerate alcohol, alcohol use itself symbolises the embodiment of hegemonic masculinity (Peralta, 2007). Within New Zealand, the rural pub has been found to be a place of male power, whereby discourses associated with hegemonic masculinity are constructed and reproduced on a daily basis (Campbell, 2000). In comparison, alcohol abstinence or low consumption rates are traditionally aligned with homosexuality, weakness and femininity.

Traditional hegemonic femininity in Western societies is a subordinate position to masculinity. As mentioned in the previous chapter, to be considered a 'good' woman, females have been expected to engage in and reproduce hegemonic ideals, which include being caring, weak, submissive, cautious, cooperative and dependent (Lyons, 2009). Feminine respectability has been associated with control over one's sexuality and sexual behaviour, often embodied through marriage and motherhood (Lees, 1989). Holland, Ramazanoglu, Sharpe and Thomson (2004) argue these normative assumptions about traditional femininity can be understood as a form of social control, where women are expected to engage in the reproduction of male privilege and as a result, their own continued subordination.

Hegemonic femininity is valued over alternative femininities. Women who do not conform to these ideals, such as by taking on masculine characteristics, not only threaten the gender order but can be stigmatized or labelled as deviant (Lyons, 2009). The characteristics and practices of these alternative femininities, or pariah femininities as Schippers (2007) defines them, threaten and disrupt the hegemonic relationship between idealised masculinity and femininity. Schippers (2007) argues that because masculinity must always remain superior to femininity that when a woman takes on a masculine trait such as being authoritative, her authoritativeness is seen as 'bitchy' rather than being masculine. Therefore, she remains feminine but is positioned into a deviant, socially stigmatised pariah femininity (Schippers, 2007).

Over time, women who have attempted to enter the masculine domain of the pub have been criticised for subverting their feminine virtues. Alcohol consumption for women has been viewed as problematic, if not pathological, and women's status as mothers and carers is often invoked to reinforce this view (Hey, 1986). This was evident in the moral outrage during the final years of the First World War and throughout the 1920s, whereby modern girls (also known as flappers) who were young, white, single, urban women aged 16–30 years, and usually from upper or middle-classes, began to drink in pubs (Jackson & Tinkler, 2007). In more recent times, moral concerns have occurred with the emergence of the 'ladette', a class-based British term used to describe working-class women who drink like 'lads' (Plant & Plant, 2006).

Numerous studies have demonstrated how hegemonic masculinity is drawn upon to position women's drinking as inferior to men's. Day, Gough and McFadden (2004) analysed U.K. newspaper images and articles relating to women's drinking published between January 1998 and December 2000. Male alcohol consumption levels were constructed both as a norm, as well as a benchmark for females to reach, reflecting the everyday acceptance of alcohol as a masculine pursuit, while positioning women's drinking as inferior and an attempt to be like men. The articles also drew on themes of male biology such as becoming hairy, to warn women who drink of their departure from femininity towards masculinity (Day et al., 2004).

A further discourse was also found, which positioned women drinkers as predators and men as their victims. Discourses of heightened sexuality were drawn on to achieve this,

once again positioning drinking as a deviation from traditional femininity (Day et al., 2004). Women's drinking behaviour was also devalued in Lyons, Dalton and Hoy's (2006) research which reviewed 6 monthly U.K. magazines, 3 marketed at young men, and 3 marketed at young women. The authors concluded the articles in the men's magazines went to great effort to construct men's drinking behaviour as different to women's, often describing women's drinking in derogatory terms (Lyons et al., 2006).

4.2.2 'New' femininities

Although hegemonic femininity has been traditionally aligned with temperance, 'new' femininities emerging over the past half century have advocated both autonomy and empowerment amongst women (McRobbie, 2007). Griffin, Szmigin, Bengry-Howell, Hackley and Mistral (2013) argue this emergence of 'second-wave' feminism has resulted in a cultural shift reflected in discourses such as 'postfeminism' (McRobbie, 2004), 'girlpower' (Griffin, 2000), 'power femininities' (Watts et al., 2015) and 'ladette culture' (Jackson & Tinkler, 2007). As a result, many women today regularly engage in excessive drinking, beer drinking and drinking in public, which have traditionally been defined as masculine pursuits (Lyons & Willott, 2008; Measham, 2008). Montemurro & McClure (2005) found heavy drinking at U.S. bachelorette parties was so inherently normalised and recounted with pride, that abstainers were viewed as bad sports, ruining others fun. Similar results have been found in a New Zealand study, whereby abstainers and those who limit their alcohol use were socially ostracised (Robertson & Tuston, 2018).

Both men and women have constructed female drinkers as independent, empowered, pleasure-seeking, social beings (Lyons & Willott, 2008; Measham, 2002). However, other research has found 'drinking like a guy' has less to do with gender equality and more to do with emphasising (hetero) sexuality, such as giving women more male attention (Rúdólfsdóttir & Morgan, 2009; Young et al., 2005) and increasing social status, social power and respect via the type of alcohol they drink and how they consume it (Rúdólfsdóttir & Morgan, 2009; Watts et al., 2015). For example, drinking wine and cocktails has been normalised and positioned as the 'right' way to do female gender (Nicholls, 2016). However, these 'new' femininities continue to sit alongside more traditional understandings of femininity, which suggests women negotiate a plurality of femininities in different contexts (McRobbie, 2007).

4.3 Policing of women's alcohol use

Although there has been a movement towards gender equality and gender convergence in alcohol consumption rates, women's alcohol use is still problematic and stigmatised. The manner in which women dress, talk and behave are bound up in our cultural expectations of appropriate femininity (Stepney, 2015). This is very evident in night time economies where women's drinking behaviours are heavily scrutinised and regulated (Stepney, 2014). The increase in female drinking and associated behaviour has raised concerns about the breakdown of traditional feminine values such as virtue and nurturance (Lyons, 2006).

Yet as mentioned, the key features of these 'new' femininities are autonomy, liberation, (sexual) empowerment and social progress (Gill, 2007, Hutton & Wright, 2015; McRobbie, 2009). Therefore, women engaging in drinking practises frequently negotiate these conflicting societal messages to the point where Griffin et al. (2003) argue femininity has become "an impossible space to occupy" (p.186). On one hand, McRobbie (2009) argues young women are expected to be independent and confident, but not feminist. Changes to alcohol laws, advertising and the night-time economy have also encouraged women to engage in drinking practises and get drunk alongside men, but they are frowned upon if they drink like men (Griffin et al., 2013; Rúdólfsdóttir & Morgan, 2009; Young et al., 2005).

Bailey, Griffin and Shankar (2015) further describe a hypersexual, heterosexual, femininity frequently seen in the U.K., whereby young women engage in a 'pornified' culture of intoxication, by wearing short skirts, high heels, low cut tops, heavy makeup and fake tan. Yet they must negotiate this with caution, as although encouraged to look and act sexy, they need to ensure it is the right form of femininity, so not to be deemed slutty (Gill, 2007; Griffin et al., 2013; McRobbie, 2007) or 'ladette' like (Jackson & Tinkler, 2007). In a New Zealand study (Hutton, Wright, & Saunders, 2013), young women were found to deliberately choose fashion constraints, such as high heels, to constrict themselves from getting too drunk and being unable to walk. By engaging in this behaviour, women sought to maintain a drinking identity aligned with traditional femininity, including self-control (Hutton et al., 2013).

Women positioned in these troubling roles are often constructed as disrupting the gender order through their rejection of the caring roles that are aligned with traditional femininity (Jackson & Tinkler, 2007). However, the manner in which women negotiate different versions of femininity and the tensions between discourses of traditional and postfeminist forms of femininity has been the focus of various studies (Stepney, 2015). Research amongst British students has shown individuals are aware of the double standards associated with female alcohol consumption (de Visser & McDonnell, 2011; Rúdólfsdóttir & Morgan, 2009). Through drinking narratives, women navigate these tensions by drawing on themes of femininity to justify their own drinking behaviour and present themselves as respectable and responsible (Cullen, 2011; Griffin et al., 2013; Lyons & Willott, 2008; Rúdólfsdóttir & Morgan, 2009). For instance, teenage girls in the U.K. were found to use heteronormative discourses to legitimise their alcohol consumption to avoid the more masculine 'ladette' versions of femininity common in the media (Cullen, 2011).

Women have also been shown to use a process of 'othering' when speaking about the drinking behaviour of other girls or women. They do this by drawing upon a reviled, immoral drunken figure, to compare their own drinking identity and behaviour against (Bailey et al., 2015). The process of 'othering' is highly classed based, as the reviled figure is typically always a working-class or unemployed female and is an identity which breaks with traditional expectations of feminine behaviour and respectability (Bailey et al., 2015). By positioning other women as 'scum' or 'chavvy' for displaying unfeminine drinking, women are able to distance themselves from these troubling and masculine identities (Griffin et al., 2013; Rúdólfsdóttir & Morgan, 2009), allowing themselves to maintain a respectable reputation. For instance, in a study of 24 young, white, middle-class and working-class English women, Bailey et al. (2015) found it was the middle-class women who engaged in 'othering', rather than the working-class women.

In an Auckland based qualitative study of men and women aged 20-29 years (Lyons & Willott, 2008), drinking large amounts of alcohol was viewed by groups of female friends as normal, everyday behaviour associated with pleasure and fun. The participants frequently described themselves using discourses associated with being responsible and caring. Also evident within the discussions was a division between the participants and other women. 'Other' women, especially older women who were considered excessive

drinkers, were positioned as deviant and immoral, breaking traditional forms of femininity. As Lyons and Willott (2008) argue, older age is associated with motherhood, a time traditionally viewed in society as when a woman should be home with her children.

Further evidence of women using different methods to justify their drinking was also found in Rolfe, Orford & Dalton's (2009) study of 24 English women. The women acknowledged they drank alcohol, yet worked hard to present themselves as 'good' women. They attempted to protect their moral status through a number of ways, which included the negotiation and resistance of stigmatising subject positions, by distinguishing their own actions and behaviours with those of 'other' women, and through taking up a discourse of social control. Similar issues of control and self-control were also present in Pini's (2001) research on women who attended London based dance events. The women viewed rave events as a place for publicly "going mad" or "losing it" (p.38), which suggested this form of freedom was not possible in other realms of their lives. To achieve this, the women often engaged in a juggling process between their role as a raver and that of a girlfriend, at times purposely losing their boyfriends at these events so they could escape their regulatory glances.

Stepney's (2015) study of 25 British and 27 Dutch female students also found young women use 'othering' to present themselves as more respectable, compared to other women. Furthermore, like Pini's study, drunkenness also provided the young women with an escape from performing appropriate or inappropriate femininity, including an opportunity for women to stop worrying about how they looked. However, extreme drunkenness usually manifested feelings of regret and guilt later (Stepney, 2015). This form of drunken escape from performing hegemonic gender roles has also been found in research with men. In a study of British men attending European stag weekends, both drunken ritual and hedonism were expected, providing men with a space to temporarily become unrestrained and self-destructive (Thurnell-Read, 2011). This escapism is at odds with masculinity discourses stipulating rationality and self-control (Thurnell-Read, 2011).

More recent research exploring the relationship between femininity, drinking practises and social media such as Facebook, has found women continue to negotiate performances of hegemonic femininity online. Hutton et al. (2016) found young women carefully managed and edited the way their drinking related photos were put up online,

to create 'sanitised' drinking femininities which avoided them appearing 'tragic' or 'trashy'. The same group of young women also engaged more intensively with the process of taking and uploading drinking photos than men, who considered the behaviour feminine (Lyons, Goodwin, Griffin, McCreanor, & Moewaka Barnes, 2016). Likewise, Lennox, Emslie, Sweeting and Lyons (2018) found young women performed a difficult balancing act, choosing drinking images to upload onto social media which demonstrated their sexy, but not too sexy, 'up for it' femininity, while still ensuring they maintained control and respectability. Such studies demonstrate hegemonic masculinity and femininity tensions persist online (Lyons et al., 2016).

4.4 How does the mothering ideology affect alcohol use?

Until the 1980s little was written about women and alcohol use from a social, epidemiological or medical perspective (Waterson, 2000). Since the 1970s, over 3000 medical articles have been written about alcohol and pregnancy, surpassing any other research on women and alcohol (Waterson, 2000). In more recent times, the qualitative research on alcohol use is dominated by studies of specific groups, particularly youth and students, which limits the applicability of findings to mothers' alcohol use. However, what we do know is that motherhood is often considered a time for reduced drinking (Paradis, 2011; Mellingen et al., 2013). Yet, mothers are drinking (Giglia & Binns, 2007; Killingsworth, 2006) despite the often strong social norms against it (Lyons & Willott, 2008; Rúdólfsdóttir & Morgan, 2009).

Mothers have been found to talk about drinking as a 'rational choice', in certain social and cultural circumstances (Waterson, 2000). For some women, the use of alcohol represents 'adult time' or a 'reward' for looking after children all day (Ling et al., 2012) and is scheduled around breastfeeding or children's sleep patterns (Giglia & Binns, 2007). In an ethnographic study (Killingsworth, 2006) with Melbourne mothers, alcohol use symbolised their resistance to patriarchal values of motherhood and aided the construction of new positive identities that "reconciled their role of mothers with their identities as independent, capable women" (p.378). Furthermore, as discussed earlier, a number of studies have shown consumption rates are higher for mothers who are educated, have higher family incomes and work outside the home (Laborde & Mair, 2012; Parackal et al., 2007), indicating how contextual factors such as class and gender, influence mothers' alcohol use.

In a more recent study (Emslie, Hunt, & Lyons, 2015), involving Scottish women aged 30-50 years, alcohol was found to play a key role in the transformation of the self. For mothers, alcohol was used to construct themselves as autonomous adults who were able to create and demarcate a civilised adult space away from their children. Although some of the women would drink alcohol after their children went to bed, for other women this demarcation line was more blurred, with drinking beginning earlier in the day (e.g. dinner time) with their children present (Emslie et al., 2015). Yet, all of the mothers positioned themselves as responsible and constantly on duty, ensuring they met their responsibilities. Emslie et al. (2015) also found alcohol use amongst women with children under five, differed from women with older aged children. Not only was it used as a form of adult time out, but helped construct the women's return to their carefree, youthful self. Alcohol use amongst the women was also encouraged by their partners.

However, the cultural expectations determining 'good' mothering cannot be seen in separation from what it means to be a 'good' woman, which for women has historically meant temperance. Being a 'good' mother starts at conception and inherently involves responsibility and self-surveillance. Failure to meet hegemonic expectations of femininity become even stronger for drinking mothers, who are often met with the harshest criticism (Emslie et al., 2012; Lyons & Willott, 2008). In a qualitative study carried out in the U.K. of 18-22 year old female students, there was a strong belief motherhood required reduced alcohol consumption, with failure to do so being described as irresponsible (Rúdólfsdóttir & Morgan, 2009). Likewise, a South Korean study involving alcohol dependent women, found drinking was positively reinforced until the women married and had children (Kim, Wiechelt, & Kim, 2010).

Not only do these gender performances perpetuate and reinforce these ideologies but it also raises serious concerns for mothers' access to alcohol-related help. Female drinkers with alcohol abuse and dependence disorders have been found to be routinely overlooked by mental health and medical professionals (Weisner & Matzger, 2003), while the under-reporting of women's alcohol use has potentially been a limitation for a number of research studies (Gmel & Rehm, 2004; Raitasalo, Holmila, & Makela, 2011). Therefore, it is likely the more routine drinking behaviours of women, which can also be harmful, are not only overlooked within the academic literature (Waterson, 2000) but have also

been overlooked by health professionals. Qualitative research exploring this topic has also been largely absent.

4.5 Alcohol - the great threat to 'good' mothering

The media has also played a major role in normalising and reproducing hegemonic ideals of power and gender in relation to motherhood (Douglas & Michaels, 2005). In 2007, several segments regarding a new phenomenon of 'cocktail playdates for mums' were aired on American television channels, including Good Morning America, Anderson Cooper and NBC's Today show. The intention of these segments was to report on the growing trend of women getting together to drink wine or cocktails, while their children play. However, academics have criticised the media's attention to this topic, arguing such segments construct mothers as irresponsible and reckless (Lang, 2008), and seek to create a public moral crisis based on the idea of 'good' mothering under threat (Simon, 2014). For instance, these media segments used white, middle to upper-class mothers, rather than working-class or coloured mothers, with camera effects creating a tone of debauchery (blurred backgrounds, camera shots of wine glasses), which constructed these 'good' mothers as weak and easily corrupted by the temptation of alcohol (Simon, 2014).

This notion of 'motherhood under threat' is prevalent in New Zealand media, whereby a review on drink driving media coverage between 2002 and 2012 found an increase in the number of news stories about mothers caught drink driving with children in the car (Neale, Martin, Daubé, Grace, & Panko, 2014). Neale et al. (2014) argue these incidents were often sensationalised, with statistics not matching the perceptions created in the media. Likewise, news headlines on the concept of mothers' drinking, regularly feature within New Zealand and Australian media. Recent examples include; 'Mother reveals how wine o'clock almost ruined her life' (Brennan, 2018), 'Police targeting drinking mums at school drop off and pick up zones' (Little, 2018), 'Wine-swilling moms reveal dark side of playdates' (Steussey, 2018) and 'Why I lied to my GP about my boozing' (Dent, 2018).

This media coverage highlights that moral concern about alcohol use in front of children is highly gendered. A search for talk show topics and media coverage on fathers' drinking indicates the same moral concern for fathers does not exist. Instead, mothers are the sole focus of this coverage and neoliberal rhetoric is frequently drawn upon as an answer to this issue. Women (and society) are deemed responsible for policing their own

behaviours, while also keeping a close and discriminating eye on each other (Simon, 2014).

4.6 Summary

To date, little research has explored the way alcohol is used in the daily lives of women who have transitioned into early motherhood, including how mothers construct meaning about their drinking, how it differs from their drinking in early adulthood and how its use is negotiated with their partners and parental responsibilities. Many of today's mothers are from the cohort of women, who were the binge drinking young women of the 2000s. These women grew up experiencing their early adulthood at a time in New Zealand's history, where significant changes to our drinking culture occurred, including changes in broadcasting and liquor licensing laws, which saw alcohol availability and affordability increase (Kypri et al., 2002). As a result, these women likely engaged in New Zealand's culture of intoxication pre-children, where heavy consumption is viewed as fun, pleasurable, normalised and socially expected (Robertson & Tustin, 2018).

As mentioned, hegemonic femininity is traditionally aligned with temperance. However, 'new' femininities such as 'girlpower' (Griffin, 2000) and 'power femininities' (Watts et al., 2015) have evolved over the past half-decade. Many young women today regularly engage in excessive drinking, beer drinking and drinking in public, which have traditionally been masculine pursuits (Lyons & Willott, 2008; Measham, 2008). Yet, they also adhere to traditional expectations of femininity, such as looking 'sexy', but not 'too sexy', indicating young women engage with a plurality of femininities while drinking (McRobbie, 2007).

Likewise, there has been a movement towards egalitarian parenting practices over the past three decades. However, despite these changes, mothers continue to be the primary caregiver to their children. The transition into motherhood brings with it a realm of challenges for women, including changes in identity, roles and expectations, as well as a reduction in leisure time (Douglas & Michaels, 2005; Lupton, 2000). One of the most dominant expectations impacting new mothers is the 'good' mothering ideology, which emphasises conformity to a form of motherhood that is selfless, all-consuming and child-centred (Hays, 1996). Conforming to this ideology is in complete contrast to the 'new' femininities women engage in pre-children, whereby autonomy, freedom and fun are

encouraged (McRobbie, 2007). The 'good' mothering ideology also impacts a mother's ability to seek mental health help (Mauthner, 2002; Weisner & Matzger, 2003).

Although the literature suggests women will reduce their drinking when they become mothers (Paradis, 2011), there is no understanding of what this has meant for women who may have drank alcohol in ways not seen in previous generations. Today's mothers are exposed to alcohol and alcohol-related product advertising (Johnston, 2011), social media posts and memes encouraging alcohol use and may drink alcohol with their mother's groups. Yet, the research on mothers' drinking has been limited in focus to fetal alcohol syndrome, alcohol abuse and alcohol dependence, which has meant the more routine drinking behaviours, which can also be harmful depending on the frequency and amount consumed, are often overlooked (Waterson, 2000).

The role based theories put forward to explain the relationship between parenthood, gender and reduced alcohol consumption (Wilsnack & Cheloha, 1987) are often limited to viewing gender as static, connecting the person with the substance, rather than seeing the individual as an actor within a social and cultural setting, who is creating, influencing and giving meaning to their drinking behaviour (Hunt & Barker, 2001). Furthermore, the research is also limited by the quantitative methodologies used, which includes potential underreporting of drinking, due to strong social norms against mothers' drinking (Gmel & Rehm, 2004; Raitasalo et al., 2011), and information obtained on a superficial level, which fails to obtain an understanding of what is happening contextually.

The values and norms that guide how we parent, how we drink and identify ourselves within drinking contexts are often theorised as if they are internally written into us. Instead, as the previous chapters have highlighted, social order is influenced and embedded in historical, political and social contexts. The few qualitative studies undertaken on mothers' drinking have shown their drinking is heavily intertwined with issues of gender, class, ideology and identity, including their identity and roles as mothers (Emslie et al., 2015; Killingsworth, 2006; Waterson, 2000). Yet, to date, no qualitative studies have explored the drinking behaviour of New Zealand women who have transitioned into early motherhood, to understand the meanings surrounding their alcohol use. From a health and mental health perspective, the growing normalisation of routine alcohol use in our daily lives is concerning. Without a clearer understanding of

how alcohol consumption fits into the lives of New Zealand mothers, there is a risk that this group of New Zealanders will remain overlooked, which is particularly problematic given their caregiving roles to their children, and their reduced ability to seek help if their drinking does become problematic (Bloomfield et al., 2006).

4.7 The present study

As the previous four chapters have highlighted, our understandings of gender roles, drinking behaviour and motherhood have been met with significant changes over the last century. New Zealand mothers aged over 24, have experienced their late adolescence and early adulthood during a historical time frame (1990s to 2000s), where both female drinking rates increased (Ministry of Health, 2007) and heavy alcohol consumption amongst young people became normalised (Lyons & Willott, 2008; McEwan et al., 2013). Yet as discussed, very little is known about how this cohort of women who have transitioned into early motherhood, currently use alcohol.

The present study will focus on a group of these women and will adopt a social constructionist theoretical approach, which will be discussed in more detail in chapter five. Social constructionism takes into account the social, historical and political influences on motherhood and alcohol use, which have been discussed in the previous chapters. The purpose of the study is to explore the way these mothers' talk about their pre-motherhood and current alcohol use, including how they accept, resist and negotiate dominant meanings around motherhood and alcohol.

4.7.1 Aims

The specific research questions the present study seeks to answer are:

1) How do mothers of preschool children talk their current alcohol use?
2) How do mothers of preschool children talk about their alcohol use during late adolescence to early adulthood?
3) How do mothers of preschool children talk about negotiating their drinking in regards to both the relationship with their partner and their parental responsibilities?

4) Are there differences in the ways mothers of preschool children construct their drinking, compared to how they construct the drinking behaviour of their partners?

5) How do these mothers talk about other mothers' drinking behaviours and how do they relate this to their own drinking practises?

Chapter 5: Methodology

This chapter begins with an overview of social constructionism and Foucauldian discourse analysis, the chosen theoretical orientation and methodology for the present study. This is followed by a detailed account of the research design process, beginning with a discussion of the rationale for using focus groups, followed by information on the recruitment process, participants and an overview of the focus group compositions. Next, a detailed explanation of the procedure is provided, followed with a discussion on ethical and cultural considerations. The data analysis process is then outlined, which includes a discussion on the transcription process and Willig's (2001) six stage process, which was used to analyse the data. The chapter concludes with the researcher's reflection on the research process.

5.1 Epistemology and Theoretical Orientation

To meet the aims of this study and understand how alcohol is used and talked about amongst mothers with preschool children, a methodology engaging the perspective of the participants was required. The current study sought to understand how alcohol fits into the lives of mothers and the meanings behind their drinking, both before and after having children. As outlined in the previous four chapters, both alcohol use and motherhood have been heavily influenced historically, socially and politically. Therefore, social constructionism using Foucauldian discourse analysis was considered the most appropriate qualitative method for this research. This method takes into consideration issues of gender, class and power, which are heavily embedded within women's drinking cultures.

5.1.1 Social Constructionism

The reason for choosing social constructionism for this present study is that it is a theoretical approach to knowledge which rejects the empiricist notion of one ultimate fixed 'truth' in favour of multiple systems of understanding (Burr, 2003). Positivist empirical research is based upon the assumption that 'truth' is an objective reality, which can be perceived or revealed through direct unbiased observations. Social constructionism takes a critical stance towards this form of taken for granted knowledge,

arguing the world does not present itself objectively to the viewer (Cromby & Nightingale, 1999).

Instead, social constructionists believe both knowledge and meanings about the world are constructed within and via shared social activities and processes (Burr, 2003; Cromby & Nightingale, 1999). Therefore, different people construct various meanings about the same objects of interest (Crotty, 1998). For instance, we can expect multiple understandings of maternal alcohol use, rather than one fixed key piece of knowledge. Mothers are likely to construct various meanings around their alcohol use, depending on the context. However, underlying all social processes is language, which is considered a central component in our construction of knowledge (Gergen, 1999).

Traditionally, language has been viewed within an empiricist paradigm as a passive communication medium, in which objective reality can be mapped out through the use of words. However, social constructionists consider language to be much more active than just a mirror reflection of the world (Gergen, 1985). Instead, it is viewed as action orientated, with inherent constructive properties of language occurring through our shared social practises, where words develop their meanings (Gergen, 1999). Concepts such as 'jealousy' and 'hate' are seen as constructions talked into being, rather than inherently located within an individual (Burr, 2003).

Not only do we understand the meaning of these concepts through language, but we also come to understand our own relationship with these concepts through language and interactions within our social world (Burr, 2003). As Burr (1995: p. 7) states, "When people talk to each other, the world gets constructed". For instance, what we know about alcohol has become knowledge through how it is talked about. However, language is not limited to spoken words and includes all forms of social exchanges, such as signs, body language and written text (Burr, 2003). As language requires social interaction to create meaning, it is performative in nature. It is this performative function of language which becomes the research focus for social constructionists (Burr, 2003).

Given knowledge is not produced in isolation, social constructionists also argue our understandings of the world are historically, politically, socially and culturally specific (Burr, 1995; Gergen, 1973). What we know about the world is grounded and shaped by

the particular time, place and context in which we live. Consequently, our understandings of knowledge can differ across various cultural groups at any one time. Therefore, the social practises, rules and customs of a society are created and reproduced through our shared use of language (Willig, 2001). Constructions make available certain ways of seeing the world and certain ways of being in the world (Willig, 2001). However, these ways of knowing the world can be regarded as provisional truths, open to negotiation and change in light of new evidence (Burr, 2003). As these constructions take a variety of forms and change throughout time, place and social context, multiple truths may exist. Therefore, particular constructions generate, validate and sustain certain types of practices, while also excluding others (Willig, 2001).

As mentioned earlier, traditional empirical research has often been limited to studying the individual's relationship with alcohol (Hunt & Barker, 2001). For instance, a common example is one where the responsibility of alcohol addiction has often been viewed from a positivist realm as something inherently located within the individual. In comparison, a social constructionist approach to studying drinking cultures restores the location of the individual to their social environment, which provides greater access to understanding the processes of how this knowledge is both constructed and reproduced. Given social exchanges are inherently embedded within historical, cultural and political contexts, it follows that our understandings of drinking cultures and gender identities are heavily dependent upon these contexts and will vary historically and cross-culturally.

5.1.2 Foucauldian Discourse Analysis

Foucauldian discourse analysis was chosen as the most suitable method of analysis for the present study. As the previous chapters have outlined, alcohol use amongst women, particularly those who are mothers, is fraught with varying degrees of social acceptance. Foucauldian discourse analysis, which is based on the theories of French philosopher Michel Foucault, is a form of discourse analysis which not only seeks to understand the meaning of a given discourse, but also focuses on the power relationships within society, through the use of language (Hall, 2003). To understand how language creates and sustains social and psychological realities is to consider how language is organised into a number of discourses.

The term discourse refers to a set of meanings, metaphors, representations, images and statements that in some way together produce a particular version of events (Parker, 1990). They manifest in any form of language which can be read for meaning, such as conversational speech, written material, visual images or even embodied in clothing or hair (Burr, 2003). Discourses do not have their origin in private experience, such as the manifestation of a person's beliefs or opinions. Instead, the meaning of any word, phrase, or other signifier utilised within language, is dependent upon the context of the discourse in which it is used, and its representation of the discursive culture in which people inhabit (Willig, 2001).

Although they are located in time and are ever-changing, discourses develop different layers and connections to other discourses through the way in which they are constructed (Burr, 2003). Therefore, there can be numerous discourses surrounding any one object, each representing or 'constructing' it in a different way (Davies & Harré, 1990). For example, the notion of mothers' drinking has numerous discourses associated with it, including a health discourse, child protection discourse and reward and relaxation discourses. Each of these discourses encompasses a different conceptual framework and varying implications, which may be associated with diverse forms of action (Willig, 2001). Foucauldian discourse analysis explores how these constructions make available certain ways of seeing and being in the world. Discourses offer up subject positions which are locations within networks of meaning that speakers may take up, resist or impose upon others (Parker, 1990).

Subject positions within discourses refer to how people may be described or referred to. For instance, stay at home mother, working mother and consumer are varying subject positions. Furthermore, a subject position enables, and or constrains what may be said, done and felt from that location (Willig, 2001). Once a subject position is taken up, an individual or group will come to experience the world from the vantage point of that position (Burr, 2003). Although some subject positions are temporary, others such as a 'teenage mother' or 'solo mother' are enduring and significantly contribute to the representations people have of who they are, what is possible or not possible to do from that position, and the appropriate values they should hold (Davies & Harré, 1990). For instance, the subject position of a 'solo mother' is laden with rules and understandings of what this entails. From this position, a 'solo mother' may strive to achieve 'good'

mothering (e.g. the ideology of white, married, middle-class mothering), but may consistently fall short due to a lack of resources, status, spare time and societal judgment.

Foucault (1980) argues that particular discourses shape and create meaning systems, which when taken up by individuals and institutions gain status. These discourses are then promoted and distributed as both knowledge and the 'truth' within that specific historical and social context (Parker, 1990). This knowledge then works to create particular versions of the social world, and dominates how we define and organise ourselves and our social world, including what is considered acceptable and unacceptable, normal and not (Hall, 2003). These dominant discourses privilege those versions of social reality that legitimise existing power relations and social structures (Willig, 2001). They are often so entrenched into everyday common sense and taken for granted knowledge, that they can be difficult to see and challenge (Hall, 2003). However, this does not mean the individual has no choice or ability to change their positioning. Individuals may engage in practises to resist contradictory or uneasy subject positions. It is via this form of marginalisation and subjugation that alternative discourses arise, which offer opportunities for hegemonic practises to be resisted, challenged and contested (Parker, 1990).

The goal of Foucauldian discourse analysis is to identify these discourses by exploring the variations, contradictions and alternative constructions of knowledge present in everyday language use, and determining what they seek to achieve (Parker, 1990). In the present study, Foucauldian discourse analysis enables an exploration of how women with preschool children constitute particular subject positions through the images, metaphors and concepts that certain discourses provide them. It will allow the researcher to investigate how participants draw on different discourses to make sense of their social world, and the ways in which they navigate, resist or negotiate the multiple and possibly contradictory, subject positions made available to them.

5.2 Research Design

5.2.1 Friendship Focus Groups

The present study used friendship focus groups as a method for data collection. Focus groups are particularly advantageous for qualitative research which seek to elicit participants own understandings and meanings on the set topic, as they are characterised by social interaction amongst participants and with the group moderator (Wilkinson,

1998). They are also commonly used in health-related research, enabling a space for shared experiences and realities to be constructed (Bloor, Frankland, Thomas, & Robson, 2001; Carpenter et al., 2008; Morgan, 2004). Given people have a shared understanding of New Zealand's drinking culture and drinking practises, it was important to understand how the mothers in the present study gave meaning to their current and late adolescence/early adulthood alcohol use, in a collaborative social manner.

The use of friendship focus groups provides a number of benefits for exploring context-embedded behaviour. Firstly, if participants recruit their friends for the focus group, they are more likely to have a history of drinking together on social occasions. As a result, the researcher can experience the dynamics of interaction, which occur within an established social framework, and are more likely to represent those which would occur in a naturalistic setting (Wilkinson, 1998). Familiarity also increases the likelihood of established rapport amongst participants, enabling them to openly share their stories, disclose and discuss their personal experiences in a research setting (Carpenter et al., 2008) and engage in group dynamics such as drawing on shared discourses, constructing knowledge together and positioning people in a similar manner (Wilkinson, 1998).

However, familiarity is also linked with informality, which can result in freer debate. Friendship focus group participants are likely to question, challenge and contradict one another in a manner resembling every day social interactions (Crossley, 2002). For instance, participants are encouraged to respond to one another's contributions (Kitzinger, 1995; Willig, 2001), enabling statements to be developed, challenged or qualified, creating rich and meaningful data with both depth and breadth (Willig, 2001). Focus groups have been considered relatively safe environments for candid disclosure of behaviours and thoughts, which participants might find difficult revealing to group 'outsiders' (Barbour & Kitzinger, 1999). They have also been found to facilitate disclosure of less socially desirable opinions and viewpoints (DiMatteo, Kahn, & Berry, 1993, as cited in Wilkinson, 1998). These benefits are particularly useful for the present study, as alcohol use amongst mothers is a topic which remains controversial.

Power imbalances can operate during any research data collection process which is important to recognise (Wilkinson, 1998). However, the structure of a friendship focus group involving a single researcher and multiple participants may aid in the reduction of

inherent power imbalances within research relationships, by helping the group to retain more power (Wilkinson, 1998). Although a researcher outside the friendship group (e.g. not a friend) may cause the focus group setting to feel contrived and work to suppress the open sharing of experiences, Kitzinger (1994) argues this may serve to balance out any researcher-participant power relationships. For instance, due to the cohesion of the group, participants can focus on issues which are most significant to them.

Despite the benefits of friendship focus groups, an important aspect for the researcher to reflect upon is the group of participants and the degree of associated disclosure (Willig, 2001). Due to the very nature of group discussions, some participants may limit or suppress more personal sense-making, particularly if they have contradictory views to the group consensus and the topic is of a personal nature. Alcohol use by women of childbearing age is often frowned upon (Lyons & Willott, 2008), so may limit the ability for participants to openly share their experiences in a group setting.

However, in the present study friendship focus groups were chosen over individual interviews, as participants in friendship groups can feel less pressure to defend their responses (Morgan, 2004). Although motherhood is fraught with various contradictory discourses (Lyons & Willott, 2008), these challenges may be managed by spending time building rapport, trust and familiarity with participants before discussions begin. Furthermore, during the friendship focus group discussions, participants can be asked to talk about subjects in a general manner, including their opinions on other people's experiences, rather than being asked directly about themselves.

5.2.2   Recruitment

Potential participants were identified through word of mouth and snowballing techniques. Women who the researcher knew through various children's social activities and play groups were approached to determine if they were willing to participate. If interested, the purpose of the study and inclusion criteria were discussed with them. They were then asked to organise a group of 3-6 women (including themselves) who also met the criteria, to participate with them. Once a group was identified, the main group organiser (the person known to the researcher) was emailed an information sheet (Appendix A) to forward to the other group participants. When consent was obtained

from all the participants, the researcher liaised with the main group organiser to arrange a suitable time and place for the focus group session to take place.

All participants were given the option of holding discussions in a quiet and private location they felt most comfortable with. All seven focus groups were held in the homes of participants. To reduce barriers in participation, childcare was offered to every group if they had difficulty finding alternative care. Childcare was arranged for two of the groups which was provided through a reputable nanny agency located in Wellington, who ensured all babysitters were vetted and police checked. The children and nannies were set up in an adjacent room to the group discussion so the participants could freely check on their children when required.

5.2.3 Participants

The participants invited to take part in the study were from the greater Wellington region. To participate the women were required to have at least one child under five years of age, speak fluent English, be aged between 24 and 40 and each participant must have consumed alcohol (a minimum of one standard drink) at some stage in their late adolescence or early adulthood. The purpose of these requirements was to capture groups of women who experienced their late adolescence and early adulthood during a historical time frame (1990s to 2000s) where both female drinking rates increased (Ministry of Health, 2007) and heavy alcohol consumption became normalised (Lyons & Willott, 2008; McEwan et al., 2013). The lower age limit was set at 24, to ensure participants experienced at least late adolescence, if not early adulthood childless, increasing their ability to freely engage in drinking activities if they desired.

Seven focus groups were recruited, which included 30 heterosexual women aged between 28 and 41. Two of the women were single and the other 28 women were either married or were in long term de-facto relationships. The age of two participants was higher than the target age range (both aged 41). However, they were included in the focus group discussions as they met all other criteria and were core members of their friendship groups. In addition to their preschool child, two of the 30 participants had other children older than five. All seven focus group sessions took place between mid-November 2013 and June 2014. Data collection stopped after seven focus groups were obtained, due to the emergence of discourses. It was believed the rich pool of information collected,

indicated data saturation and it was not necessary to conduct further focus groups. The following descriptions of the focus groups are as accurate as possible. All identifying information has been omitted or changed to ensure participant anonymity and confidentiality. An overall summary of these participants is listed in Table 1.

Group 1 was comprised of five women who all knew each other from University. Two of the group members were related. However, all of the women considered themselves to be 'good' friends. All five women had a tertiary qualification, as did their respective partners. Four of the women were currently in heterosexual relationships. The fifth participant was raising her children alone. Group 1 previously socialised frequently (at least weekly), which included drinking alcohol together at restaurants, bars, each other's homes or at various social events (e.g. concerts). Since having children, any drinking they did together was mostly limited to barbecues or social occasions at each other's homes. Group 1 was held on a weekend morning in the living room of one of the participant's homes. The children were looked after by their partners and other family members.

Group 2 was held on a weekend afternoon at one of the participant's homes. Their children were looked after by their fathers (also friends) at another location. April, Linda and Margo had met through a Plunket group when their children were aged between 2-4 months. All three women lived near each other and had formed strong friendships, meeting up at least once a week. On these occasions, they would drink wine together. During the friendship group discussion, the participants shared a bottle of wine, provided by a group member. All three participants held tertiary qualifications or had received another form of higher education.

Group 3 met through playgroups and parent groups, forming their own playgroup which met weekly. Two of the participants knew each other prior to becoming parents. This friendship group was held on a weekday morning at the home of one of the participants. Childcare was arranged for their children in another room of the house. Although this was necessary, interruptions from the children impacted the flow of the discussion, as well as the transcription process. As a whole, group 3 were invested in natural, organic and sustainable parenting practises. Two of the women were tertiary educated. All four participants had drank alcohol with one another at various social events.

Table 1

Demographic, Family and Employment Details of Focus Groups and Participants

Group	Pseudonym	Age	Ethnicity	Age of Child/ren	Employment status	Relationship status
1	Whitney	30	NZ European	2 year old & 3 year old	SAHM	Single
	Madonna	34	NZ European	14 months	PT work	Married
	Cher	32	NZ European	2 year old & 3 year old	SAHM	Married
	Christina	30	NZ European	4 months	SAHM	Defacto
	Mariah	29	European/Fijian Indian	16 months	SAHM	Married
2	April	39	NZ European	19 months	FT work	Defacto
	Linda	41	NZ European	17 months	Casual work	Married
	Margo	38	Australian	19 months	PT work	Married
3	Rose	30	NZ European	1 year old	SAHM	Defacto
	Camelia	30	NZ European	1 year old	PT work	Defacto
	Juniper	31	NZ European	1 year old	PT work	Married
	Eliza	32	NZ European	1 year old	PT work	Married
4	India	30	NZ European	3.5 year old	SAHM	Married
	Carreen	40	NZ European	4 year old	PT work	Married
	Suellen	37	NZ European	15, 13, 10 and 4 year old	PT work	Defacto
	Melanie	34	NZ European	3 yr old, 1 yr old & pregnant	SAHM	Defacto
	Scarlett	34	NZ European	3 year old	SAHM	Single
5	Chloe	28	NZ European	1 year old	FT work	Married
	Kim	29	NZ European	5 months old	SAHM	Defacto
	Kylie	28	NZ European	9 months old	PT work	Defacto
6	Jane	36	NZ European	5 yr old and 2 yr old	PT work	Married
	Charlotte	34	NZ European	3 yr old and 5 month old	PT work	Married
	Lizzy	38	NZ European	5 yr old and 2 yr old	FT work	Married
	Kitty	31	NZ European	2 yr old and 7 month old	SAHM	Married
	Lydia	33	NZ European	3 yr old and 1 yr old	PT work	Married
	Mary	39	NZ Italian	3 yr old and 5month old	SAHM	Married
	Georgiana	41	NZ Italian	9 yr old and 8 month old	SAHM	Married
7	Cheryl	32	NZ European	3 month old	SAHM	Married
	Kasey	30	NZ European	9 month old	SAHM	Married
	Rochelle	33	NZ European	20 month old	FT work	Defacto

Note. SAHM is a stay at home mother. PT refers to part-time employment. FT refers to full-time employment and Casual work refers to employment on a casual basis with no fixed hours.

Group 4 were comprised of five friends who lived in a semi-rural location within the Wellington region. They all knew each other through various parent coffee groups or activities for children. Two of the children were present at the time of the discussion but

were asleep for the majority of the time. Although all of the women had at least one preschool child, one woman also had other children who were older than five. All group members had attended university or another form of higher education. Group 4 drank alcohol with one another during different social occasions.

Group 5 consisted of three women who knew each other through a shared friend. They had only recently met, so had not socialised with one another outside of child-related activities. Consequently, they had never drank alcohol together as a group. However, each group member had consumed alcohol since having children. One participant regularly socialised at bars on the weekends. All three women held tertiary qualifications. Group 5 was held on a weekend morning and their children were looked after by their fathers or other family members at other locations.

Group 6 was comprised of seven tertiary educated women who lived in close proximity to each other. Although a limit was placed on six participants per group, the group coordinator invited the 7th participant on the day, so they did not feel excluded. As a result, the group went ahead with seven participants. Group 6 knew each other through various children's and adults' social events. Several participants knew each other prior to having children. Various members of this group would drink alcohol with one another regularly on a Friday, or at other social occasions. This group was held on a Friday afternoon, and the participants drank wine (provided by them) during the discussion. The children were looked after by nannies in an adjacent room. During the discussion, various participants left the room to check on their children briefly.

Group 7 was made up of three friends who had known each other for 10 years, since attending University together. Prior to having children, they would often socialise and drink together, going out to pubs/bars, different events, dinners and trips away. Since having children, they mainly socialise at each other's homes. All three participants continued to consume alcohol after having children. Group 7 was held on a weekend morning at one of the participant's homes. Family and friends minded the children at different locations. All three friends held tertiary qualifications.

5.2.4 Procedure

Prior to the start of each focus group, time was spent getting to know the participants in an informal manner. This time was used for introductions, building rapport and encouraging active participation. Snacks and non-alcoholic drinks were provided. All participants were given the information sheet (Appendix A) again to read and time was spent reiterating the purpose of the study, informing participants of their rights and discussing issues of confidentiality. Questions from participants were encouraged and answered. All group members were given the opportunity to choose a pseudonym for themselves, their partners and their children. Those who opted not to do this were informed by the researcher that this would be done for them.

Permission was also obtained from the participants to audiotape and videotape discussions. The use of video recording equipment, in conjunction with audio recording, overcame the potential difficulty of identifying the speaker within the group during the transcription process. Participants were reminded there were no right or wrong answers and recording equipment could be turned off at any time they requested. All participants signed a consent form (see Appendix B) and a confidentiality agreement (see Appendix C).

An open-ended semi-structured format (see Appendix D) was used to guide the focus group discussions. This allowed the interviewer to have an element of control over responses, while also providing the ability for the interviewer to follow up on ideas and experiences that would be restricted in a formal sequence of questions (Bell, 1997). The discussions began with questions relating to how the participants knew each other and moved into questions about their experiences transitioning into motherhood. This was designed to help encourage active participation, and allow participants to become more comfortable talking in a focus group setting, before moving on to the second half of the questions, which were related to their alcohol use before and after having children. Impromptu follow up questions were also used when required, to obtain further information.

Halfway through each discussion, participants were reminded they were being recorded. They were advised again of their right to refuse to answer any question and their right to ask for recording equipment to be switched off at any time. Several focus group

discussions were interrupted at different times for participants to check on their children. The original planned procedure (see Appendix D for the interview schedule), was to show participants the NBC Today show's video segment on 'Cocktail playdates', approximately three quarters of the way through group discussions. The initial rationale for watching this video clip was to encourage conversation on the topic of mothers using alcohol with other mothers. However, during the first discussion group it became apparent it was not needed as the groups were freely discussing the topic amongst themselves and time was also limited.

In six of the seven groups, the atmosphere was relaxed during the discussion groups, which was likely the result of familiarity amongst participants. The participants in group five had only met more recently, so they were still getting to know one another. As a result, there was less group cohesion and they were not as relaxed speaking about the topics as other groups were. Group dynamics were evident with some members of each group more dominant than others and it was necessary to create opportunities for those individuals less forthright to discuss their thoughts. Children were present during three of the focus group discussions, which resulted in a number of interruptions. However, this was a necessary compromise that allowed these women to take part.

Each focus group took between 1.5-2 hours. This included 15 minutes to set up and talk beforehand, and 10 minutes afterwards to check how participants felt about the overall discussion and to address any new questions they had about the research process. At the end of the discussion, each participant was given an envelope containing an information support sheet (see Appendix E) and a $30 supermarket gift card to thank them for their time. Two participants from different focus groups approached the researcher after the discussion to ask for several lines of their conversation to be omitted from the transcript. Small portions of some transcripts were also omitted as they contained a large amount of personally identifiable information.

During one of the focus groups, a participant became upset due to the sensitive nature of what she was discussing. She shared her difficulties growing up with a family member who experienced alcohol dependency. She was asked if she would like to turn the camera off and take a break, but she declined and wanted to continue with the discussion. The researcher contacted her the following day to check how she was feeling. She reported

being okay with what she had discussed and reported no ongoing issues as a result of her disclosure. A referral to another service was not required.

5.2.5 Ethical Considerations

The research was planned and carried out with respect to the principles outlined in Massey University's Code of Ethical conduct (2010) for research, teaching and evaluations involving human participants. Ethical approval was then sought and obtained by MUHEC Southern B Ethics Committee (see Appendix F).

A number of key ethical issues were considered in designing and conducting this study. Alcohol use is associated with violence, traffic accidents, personal injury, risky sex, health conditions, workplace absenteeism and relationship difficulties (McEwan et al., 2013). It is also associated with relationship conflict and violence, poor parent-child interactions, child abuse and neglect (Jester et al., 2000). For mothers, admitting alcohol use can be additionally risky as they may face judgment and criticism relating to their mothering abilities. Therefore, given the impact disclosure presents, careful consideration was given to protecting participants' privacy and confidentiality.

All participants were fully informed of the research purposes both in writing and verbally, prior to obtaining consent. All participants were given the opportunity to read the information sheet (see Appendix A) via email before agreeing to participate and were given a second copy in person to read before the discussion took place. They were advised of their right to withdraw without penalty up until the end of the day their discussion took place and their right to request recording equipment to be switched off at any time.

To ensure confidentiality and anonymity of participants, written informed consent (see Appendix B) and a focus group confidentiality agreement (see Appendix C) were signed before discussions began. Participants also chose pseudonyms and were advised all personal information identifying them, such as suburbs, workplaces and family member's names were to be changed or omitted during the transcription process. They were also informed that all identifiable data would be stored in a locked filing cabinet, or on password encrypted computers, only accessible by the researcher and her supervisors. Each participant was given the opportunity to ask questions before focus groups began and were reminded they could do so at any time throughout the discussions or afterwards,

should any concerns arise. All focus group sessions were held in participants' private homes which ensured discussions could not be overheard or observed by others.

The second consideration concerned the risk of harm to participants. It is possible participants may have been directly impacted by, or have supported someone close to them, through an alcohol-related incident. It is also possible participants' family members and friends have been impacted by their drinking behaviour. Although it was predicted that participants talk about drinking related behaviour more generally in their peer groups, there was a risk that talking about drinking behaviour for research purposes may stir up upsetting memories and emotions, or raise participants' concerns about their drinking behaviour. Furthermore, alcohol use and alcohol-related disorders are often comorbid with other mental health disorders such as depression and anxiety. Likewise, motherhood can also trigger postnatal depression. Therefore, it was possible participants may have a mental health difficulty that they are struggling with.

To minimise this risk, all participants were advised before the discussion groups began that the conversation could be stopped at any time for a break. At the end of each focus group, each participant was given a hand out (Appendix E) which listed a number of support groups and their contact details (e.g. Alcoholics Anonymous, Relationships Aotearoa). They were advised that if the topic had raised any issues for them, they could contact the agencies listed on the hand-out, or alternatively, they could contact the researcher at any time. Although the researcher was not contacted, an appropriate referral would have been made to another service if it were necessary (e.g. Massey University Psychology Clinic).

Two of the seven groups chose to drink wine during their focus group sessions, which was purchased by them. Given the potential risk associated with intoxication, these risks were discussed before group discussions began. This included reviewing informed consent and the possibility they may make statements and share experiences they may have not shared if they were not drinking. All of the women understood the risk but felt their drinking would be at low levels (e.g. 1-2 glasses each). The participants who drank consumed no more than two glasses of wine each. One of the participants used her alcohol use to reinforce the positive effects of alcohol, by stating its relaxant properties

allowed her to actively engage in the group discussion, rather than worrying constantly about her child.

Although participation offered no direct benefit to participants, all seven groups reported enjoying the experience. They described benefitting from the opportunity to meet up with their friends, have their children looked after by others and voicing their views and discussing their experiences of early motherhood, including past and present alcohol use. Furthermore, depending on their individual interests they may have gained insight into their use of alcohol in their home and social settings.

5.2.6 Cultural Considerations

Focus groups were open to participants of any cultural background that met participation criteria. It was expected women from some cultural groups may have been excluded from the study, on the grounds they did not drink during adolescence and/or early adulthood. Although there is a need to research cross-cultural issues involving motherhood and alcohol use, it was beyond the scope of this study. Information about culture and ethnicity were collected to describe the sample of participants. However, it did not form a basis for analysis. Cultural advice was obtained from Dr Simon Bennett at the Massey University Psychology Clinic, Wellington. Unfortunately, no participants in the present study identified as Māori. However, several of the participant's partners were Māori. The lack of Māori participants was a result of the makeup of the friendships groups and use of the snowballing technique, within parent and child activities with little Māori presence.

5.2.7 Equipment

A Sony audio voice recorder and Sony video camera with tripod were used to record the group discussions.

5.2.8 Transcription Process

The videotape was first used in the transcription process as it allowed for greater ability in determining which participant was speaking. The video files were imported into a transcription software called Transana (v.2.43b), which enabled the video files to play in a separate window while the text could be simultaneously typed in an alternative window. Once the friendship focus groups were transcribed verbatim, both the audiotape and videotapes were listened to repeatedly and carefully to gain a thorough understanding of

the content and to ensure accuracy. Each transcript was anonymised by changing names to pseudonyms and altering all identifying information.

A simple transcription notation style based on Silverman's (2001) approach was used to transcribe the conversations (see Appendix G). This approach was considered sufficient for purposes of a detailed analysis (Bloor et al., 2001). This style identified silent pauses by placing numbers (indicating seconds) in parentheses. Equal signs were used to signal where there were no gaps between lines and left brackets were used to indicate where speakers overlapped one another. Any form of stress on particular words such as amplitude and pitch were highlighted by underscoring the text. Furthermore, talk that was louder than the surrounding conversation was capitalised. For practical reasons, participants were not given the opportunity to read and edit their transcripts. Friendship focus group discussions were co-constructions, therefore if an individual altered their talk within a group transcript, the overall discussion was likely to change.

5.3 Data Analysis

New Zealand's drinking culture and the notion of motherhood are both highly contextual, ever-changing and influenced by historical and socio-political frameworks. As a result, Foucauldian discourse analysis was considered the most appropriate method of analysis for this study. As mentioned earlier Foucauldian discourse analysis examines not only the way language is used to construct meaning about being and seeing the world, but it has an inherent relationship to power relations and institutions. Although there are varying methods of performing Foucauldian discourse analysis, Willig's (2001) six stages were used for this study. These guidelines enable the researcher to identify discourses used within the text, determine the subject positions they contain and their implications for subjectivity and action.

The first stage of the analysis involved becoming familiarised with the data set. As the process of transcribing was done in full by the researcher, this assisted with this process. Once transcription was completed, it was checked against both video and audio recordings several times for accuracy. The next stage of the process began by first identifying the discursive constructions within the transcripts that related to the topics of alcohol use and motherhood. To do this, the transcripts were read and reread numerous times to identify themes, which were separated out into smaller more manageable

segments. The researcher searched for statements which constructed drinking and motherhood as a discursive object; looking for the different ways this was achieved in the text. For instance, transcripts were initially highlighted according to themes such as 'motherhood', 'pre-child alcohol use', 'current alcohol use' 'partners' alcohol use' and 'other mothers' alcohol use'.

Time was then spent re-reading the text within each theme to locate the various discursive constructions within their wider discourses. For instance, within the theme of motherhood, the notion of reward frequently came up. During this stage, attention was paid to identifying consensus, opposition and contradictions. For example, drinking was constructed as a form of relaxation within the home but was constructed by some participants as risky when used in the presence of other mothers. Particular attention was also paid to missing information and the use of common sense language, which can often represent dominant discourses and taken for granted forms of knowledge (Willig, 2001). For instance, missing in the women's talk was the role the fathers played in the day to day care of their children, potentially indicating that traditional gendered parenting divisions continue.

The next step involved looking at the action orientation of the text to obtain an understanding of what the participants were trying to achieve, by constructing the objects in a particular manner at that particular time in the talk. The researcher evaluated each discourse and noted on the transcripts where these discourses were fulfilling certain functions or being used to promote one version of events over another. For instance, every group of women worked to construct themselves as responsible, self-monitoring mothers, even when consuming alcohol. By drawing upon the 'self-monitoring' discourse, the notion their drinking may be harmful to their children was not considered, as one cannot be responsible and irresponsible at the same time.

Consideration was also given to how these discourses were both used and varied over the course of the transcript. The questions that were asked here explored what was being achieved by constructing the object (e.g. drinking) this way, what function does it play and how does it relate to other constructions in the text (Willig, 2001). For example, looking at how the women drew upon, shared and co-constructed discourses as well as how they reinforced or challenged one another's constructions helped to determine how

the discourses reinforced, justified, privileged, limited or suppressed certain meanings and practices.

As mentioned earlier, every discourse contains subject positions which are used to position others or themselves. These subject positions entail possibilities and limitations on what might be said or done within that position and play a role in people's subjectivity. Consequently, once a subject position is taken up within a discourse, the world is inevitably experienced from that perspective. To determine the subject positions located in each discourse, the researcher considered how the discourse situated both the speaker/group and those the speaker/group were talking about, including the subjective experience of those located in each subject position. For example, the 'reward' discourse offered up the subject position of the 'deserving drinker'. From this vantage point, the groups of women positioned themselves as entitled to drink, which legitimised their alcohol use, as they had worked hard fulfilling their mothering responsibilities. In contrast, the 'undeserving drinker' was a subject position where women did not fulfil their mothering duties and therefore their alcohol consumption was constructed as selfish and irresponsible.

The final two stages of the analysis involved exploring the relationship between the various discourses and the implications these have for practice and subjectivity. Consideration was given to how the various discourses drawn upon by the groups of women interacted with one another, either in contradiction or amalgamation. For example, the women drew upon a 'developmental age and stage' discourse to describe their past, pre-child drinking. Adolescence and young adulthood were constructed as an appropriate time for fun, experimentation and excessive alcohol consumption. By drawing upon this discourse as a group, participants were not only able to justify their past use and excessive consumption of alcohol, but also use this discourse to further position themselves as 'developmentally normal' adults who can responsibly drink, while fulfilling their maternal responsibilities.

5.4 Reflexivity

The role of a social constructionist researcher is not one of a witness or discoverer, but rather as a collaborator of knowledge (Willig, 2001). It follows that as a researcher, my own life experience, values and circumstances, including the broader social context in

which the research project evolved, will have inevitably influenced the research. From my choice of topic, the recruitment of participants and subsequent interaction during focus group discussions, through to the data analysis, including the constructions of the data set, I too was a participant in constructing knowledge about alcohol use amongst mothers with preschool children. Therefore, reflexivity is an essential part of this study in order for my interpretation to be transparent.

As mentioned in the preface of this thesis, I developed an interest in this research topic due to my own experience of transitioning into motherhood, the gendered roles associated with motherhood, as well as my experience of group alcohol use with other mothers I associate with. Although I engaged in regular binge drinking in my late teens and early twenties, from my mid-twenties onwards, my drinking behaviour changed. I would drink on a social basis, but would not consider myself a frequent or heavy drinker. When I fell pregnant, I stopped drinking completely and very infrequently drank alcohol while breastfeeding.

As a mother, I found alcohol use took on new meaning. I saw drinking as something associated with freedom and my identity before having children. Most of my alcohol use since having children has occurred with other mothers, sometimes in the presence of children. On occasion, I have experienced peer pressure to drink more alcohol, similar to the peer pressure I experienced before becoming a mother. I began to question the taken for granted nature in which alcohol is used amongst women with preschool children and was curious to know whether this occurred only within my social realm or further afield amongst other mothers. I also questioned how mothers felt about this and how it relates to their own understandings of their alcohol use before having children.

Despite the challenges I mention in the preface regarding post-birth gender roles, my actual experience of becoming a mother felt 'natural' to me. I acknowledge this 'feeling' is socially constructed and not universal. Moreover, I am very aware my ability to have this experience was based on many factors, including my knowledge and training as a clinical psychology student (with an interest in early development and attachment), as well as being in the privileged position of being a 33 year old, NZ-European, middle-class, postgraduate student who was able to stay at home and study with my baby. However, I still struggled with a number of issues including anxiety about being responsible for my

child, gender role changes, changes to my identity, maintaining friendships with childless friends, lack of sleep and establishing breastfeeding, to name a few.

While my own experiences have triggered my interest in this study, they have also helped with the research process. As a first time mother when this study began, my first son was eighteen months old when I began holding focus groups, and was over two years old when I finished data collection. Having a child, belonging to parent groups and attending child related activities proved useful for data collection. Finding mothers with free time to participate was not an easy task. For the wonderful mothers who agreed to participate, setting up focus groups was challenging as both mothers and children's routines and childcare arrangements needed to be negotiated. Furthermore, as an academic researcher hosting group discussions with mothers on a controversial topic such as alcohol, I was aware fear of judgement may concern participants. I believe my own experience of motherhood, allowed me to better connect with the research participants.

Before group sessions began, I was able to engage and share in group talk on motherhood, which I believed built rapport and encouraged active participation. I sensed being a mother, gave me some legitimacy in terms of understanding their experiences. During introductions, I chose to disclose that I knew groups of mothers who drink, including my own parent's group. Although I tried to remain neutral in my opinion of this, I was aware disclosure of this information may sway groups to agree with this form of drinking. However, by not sharing my experiences, I believed participants may have felt reluctant sharing their stories with me or worried about disclosing drinking, for fear of judgement. Despite my initial concerns, some group participants actively challenged this form of drinking behaviour and outright disagreed with it, which was helpful to see.

My experience of motherhood also helped with the planning and design of the focus group sessions. I knew organising groups of mothers would be challenging, so childcare was offered to facilitate participation. I understood focus groups with mothers would be different from the focus groups I had run in the past, with young adults. Discussion groups were interrupted frequently by children's needs, despite organised childcare, which made transcribing more challenging. I was also aware of participant's tight time frames to complete group discussions, so despite the semi-structured interview style, I had to ensure I redirected groups who went off topic. As I knew some of the mothers in

several groups, I also had to assume the position of the naïve enquirer when asking about their social drinking.

During analysis, I was pregnant and then a mother again to my second baby son. Although having my second son was easier as I knew what to expect, he has had a number of health and developmental issues, which brought their own specific mothering challenges. With a five year gap between my children, I became more aware of the significance of the first time transition into motherhood, the increase in freedom as your child gets older and the abrupt changes in roles and ongoing mothering challenges that occur when you have more children. As I read, analysed and interpreted the transcripts, I was very aware of my own mothering experience, my clinical psychology training, my interest and passion for gender equality and previous honours research on youth alcohol use. As a result, these factors influence what information I chose to focus on and how I interpreted the information.

Although there has been a movement in clinical psychology towards cultural awareness and lived experiences, there is still an emphasis on the diagnoses of mental health disorders. While I have come to accept diagnoses can be helpful at times, I recognise their limitations, as well as the power they hold in keeping the status quo. For example, diagnosing mothers with 'postnatal depression' while potentially helpful for treatment, often fails to recognise wider social, political and cultural factors, such as identity loss, gender role differences and the devaluation of unpaid domestic labour. Therefore, with this in mind, I recognise my analysis of the current study focused more on the wider social, political and power indifferences occurring contextually within the mothers' talk, rather than determining specific amounts consumed and whether the women met criteria for alcohol use or abuse disorder.

As I read the transcripts and analysed the data, I was also aware that by choosing the current topic, I gave weight to the argument that mothers' drinking is an issue. At times this has been uncomfortable for me, as fathers' drinking continues to receive virtually no media or research exposure. While I do not agree with the specific media outrage on mothers' drinking, nor believe it be a national crisis, I have concerns about New Zealand's drinking culture and the normalisation of alcohol in daily life. My eldest child is now at school and my exposure to parent events involving alcohol use has increased. Likewise,

drinking wine is also a frequent occurrence during my new mother's group catch-ups with my second son. My concern is that while alcohol has positive social benefits such as helping mothers bond, as its use becomes more normalised it becomes expected behaviour. As I start my clinical psychology career, this raises health and mental health concerns, given mothers' drinking behaviours are frequently overlooked by health professionals.

5.5 Summary

Chapter three has provided an overview of the methodology of this study, including the theoretical orientation of social constructionism and an overview of Foucauldian discourse analysis. An outline of the research process, including recruitment of participants, procedure, ethical and cultural considerations, the transcription process, data analysis, as well as reflexivity were also discussed. The following four chapters will provide an examination of the women's talk on alcohol use. Chapter six will explore alcohol use during late adolescence and early adulthood. This will be followed by two chapters of analysis on the women's current drinking behaviours. Chapter nine will review their talk on their partner's drinking behaviour and drinking negotiations. Incorporated into these chapters will be their talk about other mothers.

Chapter 6: Drinking before baby

The aim of the current study was to explore the way mothers of preschool children talk about their current alcohol use, their past alcohol use in late adolescence/young adulthood, other mothers' alcohol use and their partner's alcohol use. The goal was to develop an understanding of how these mothers with preschool children accepted, resisted and negotiated meanings on alcohol use in early motherhood and how their drinking was negotiated with their partners and parental responsibilities. As discussed in chapter five, seven friendship focus groups, involving 30 mothers aged between 28 and 41 were held and transcribed. Foucauldian discourse analysis was used to analyse their talk. Across the next four chapters, the results from this study will be presented. In this chapter, the women's alcohol use during late adolescence and early adulthood will be discussed.

This chapter begins with a brief introduction to the women's drinking before they had children. Two dominant discourses were found in their talk on past drinking behaviour, during late adolescence and early adulthood. The 'work hard, play hard' discourse will be discussed first, which includes examples of how these women took up the subject position of a 'fun and successful, previous binge drinker'. Following this, the 'developmental age and stage' discourse will be addressed. This will include a discussion on the two subject positions identified within this discourse, of the 'developmentally normal drinker' and the 'undeveloped drinker'. Lastly, a summary will be provided, which will review the implications of these findings.

6.1 Women's drinking before they had children

All of the women consumed alcohol in their late adolescence and early adulthood, which for many involved regular binge drinking. After the age of 25, the women continued to drink socially but were less likely to binge drink. The conversations on drinking pre-children were the most lively and animated part of each discussion. Many of the women engaged in the talk, sharing their personal experiences. This topic encouraged active participation, deeper conversation and stimulated conversation for group five, who as a new friendship group were quieter and less forthcoming. The groups all described their

previous drinking in young adulthood as fun, liberated and sometimes irresponsible. These findings are not only consistent with the pleasurable discourse identified in studies where alcohol use is viewed as social and fun (Hebden et al., 2015; Lyons & Willott, 2008; Measham, 2002), but also with research whereby shared drinking stories were found to aid group cohesion, maintenance of group friendships (Peralta, 2007) and identity construction (McCreanor et al., 2005). Two notable discourses were drawn upon by each group when describing their past drinking behaviours. The 'work hard, play hard' discourse and the 'developmental age and stage' discourse will be discussed below.

6.2 The work hard, play hard discourse

The women drew upon a 'work hard, play hard' discourse to describe their past ability to work hard throughout the week, maintaining employment, study and extracurricular activities (e.g. attending the gym), while also making time for hard partying, which included binge drinking, heavy alcohol use and late nights. The 'work hard, play hard' lifestyle has been identified in previous studies (Parker & Williams, 2003; Szmigin et al., 2008; Tan, 2012) and is associated with calculated hedonism and determined drunkenness, which were discussed in chapter one. The women described their youth drinking as fun, irresponsible (at times) and liberating. Yet, their excessive drunkenness within the night time economy occurred in a hedonistic, yet controlled manner. Partying took place in social situations and locations during particular time frames (generally weekends), which were celebrated and justified, by maintaining other commitments throughout the week. Their past drinking was also aligned with 'new' femininities (Gill, 2007; Hutton & Wright, 2015; McRobbie, 2009), whereby the women engaged in drinking behaviours traditionally aligned with masculinity (e.g. having self-agency, autonomy and excessive drinking), while also adhering to feminine practises such as consuming wine and cocktails, which are considered feminine drinks (Nicholls, 2016).

The women, now 'older and wiser', positioned themselves as 'fun and successful, previous binge drinkers'. Similar to Peralta's (2007) findings, the women shared drinking stories, expressing amazement and pride at their previous ability to drink heavily and cope with daily life, such as tertiary study and work. Humour was often used when recounting their drinking stories and very few had regrets. For those who did, their regrets were described as minimal, such as wasted money. The participants constructed their current situation as mothers, as exhausting and their drinking behaviour as far removed from their previous

binge drinking identities. Likewise, the hegemonic masculine aspects of the 'work hard, play hard' drinking lifestyle, such as having autonomy and freedom were no longer available to them as mothers. Therefore, the liveliness of their talk and wistfulness when recalling their experiences suggests that although they no longer wish to engage in this lifestyle, the freedom associated with it is still desired. This aspect of freedom will be discussed more in chapter seven. The 'work hard, play hard' discourse was also inextricably linked with the 'developmental age and stage' discourse, which will be discussed in detail later in this chapter.

6.2.1 The fun and successful, previous binge drinker

All participants positioned themselves as 'fun and successful, previous binge drinkers', who were previous consumers within New Zealand's youth culture of intoxication. They had actively engaged in socially normal and expected, determined drinking (linked to the 'developmental age-stage' discourse), which was fun, liberated and associated with freedom. The women took up this subject position to present themselves within their groups as hardworking, socially normal and fun, pre-baby. This was particularly important for those who did not know each other before having children. In comparison, the participants constructed their current identity as mothers, as overwhelmed and exhausted, which they positioned in stark contrast to the freedom they associated with their earlier pre-child 'work hard, play hard' identities. The shared involvement of all participants in the discussion on past drinking and the dominance of the women positioning themselves as 'fun and successful, previous binge drinkers' (with no alternative position taken up), demonstrates how strong and engrained the youth binge drinking culture is within New Zealand. It is likely that any participants with alternative or opposing views, may have found it difficult to share these within each group discussion.

Extract 1: Group 7

Kasey: I just can't believe how much I used to drink [compared to now.
Cheryl: [I know
Kasey: Like when I was doing my uni training, I was in a flatting situation, just like
           these girls (1) and um yeah Thursday night would be like a good night to go
           and then not so much Friday night as I had work on Saturday. But Saturday
           night BOOM, back into it. Big night out, I was gutted when the lights came on
           at the pubs at three [a.m.
Rochelle: [Mmm {nodding}
Group: {Laughter}
Kasey: Now that would be my idea of hell on earth [{laughs}
Rochelle: [Mmm {laughs}

In extract 1, Kasey's talk about her past drinking during her University years is lively, with very little pause. She draws upon the 'work hard, play hard' discourse to describe going out regularly on Thursday and Saturday nights. Kasey indicates these were big nights involving heavy alcohol consumption. By using the term "BOOM, back into it" and describing herself as "gutted" when the lights came on (e.g. the pub began closing), she highlights her enthusiasm and enjoyment for these nights and her disappointment when they ended. Likewise, her statements "can't believe how much" (I) "used to drink", highlight a sense of pride and amazement in her past drinking ability. The group's laughter creates a common sense of fun and amusement, indicating a shared understanding about what these nights out entailed.

Kasey successfully positions herself as a 'fun and successful, previous binge drinker'. Her outright comparison between her drinking behaviour then and now also alludes to changes in her drinking attitude and her energy levels. Amongst the group, Kasey is performing the role of someone who was able to appropriately party when she was younger (e.g. not a mother), but also construct herself as someone who is now more responsible, mature and worthy of being a 'good' mother.

Extract 2: Group 4

Scarlett: You were a free spirit, you had no responsibilities [other than work …You
            could, you could sleep all day if you wanted to the next day
India: [Yeah
Scarlett: I'd go to the gym and sweat it out
Carreen: Did you?
Scarlett: I'd go out until two or whatever time and I'd always go to the nine o'clock
            pump every Saturday morning [and then I'd come back ( )
Carreen: [You probably had alcohol pouring out of your
            pores ( )
India: [Wow
Melanie: [( )
Scarlett: [I'd go to the gym more probably if I'd been drinking
Carreen: My god
Scarlett: Loved it, loved it, I was a gym junkie big time …Work hard, play hard, exercise
            hard {laughs} pre-child

Likewise, group four (extract 2) construct their drinking in young adulthood as a time of little responsibility, with autonomous freedom to choose how they spent their leisure time. Scarlett draws upon the 'work hard, play hard' discourse, proudly relaying her past ability of going to the gym hung-over, the day after a big night out. The group's responses of astonishment and awe (e.g. 'wow" and "my god") further co-construct this discourse, allowing Scarlett to take up the position as a 'fun and successful, previous binge drinker',

who was able to drink in a socially expected way, yet engage in other commitments. Research indicates that adults see drinking as less problematic if one can maintain their work commitments (Ling et al., 2012), which overlooks people who are able to function despite having serious alcohol-related issues (e.g. 'functioning alcoholism').

Although Scarlett claimed she had "no responsibilities", all of the groups worked and/or studied. The ability to attend the gym hung-over also alludes to Scarlett's past drinking being seen as less problematic, despite engaging in excessive drinking. Therefore, it is likely their responsibilities were seen as less intense in comparison to their current responsibilities associated with motherhood (e.g. responsible for their child's life). Once again, their past binge drinking behaviour and liberated fun is constructed as distinctively different from their lives now with children. Furthermore, it also indicates how time consuming motherhood is, as she no longer has the ability to live her previous lifestyle.

Extract 3: Group 5

Kim:	I think with Uni too is I, you know, well I only spent four years there, but a lot of it was based around drinking and yeah it would be the same, Wednesday, Thursday, Friday, Saturday, Sunday, you know it would be. We used to go on a Friday, well on a Wednesday night to what used to be, no what was called North bar
Group:	Yeah
Kim:	And then, I'd get home at five o'clock in the morning and go back to school at nine
Chloe:	So much energy
Kim:	I know ( ) Now I'm so tired
Group:	{laughs}
Kim:	It was really different to now

Group five (extract 3) also drew upon a 'work hard, play hard' discourse to construct their past drinking as heavy, frequent and vastly different to their current drinking behaviour. Kim positions herself as a 'fun and successful, previous binge drinker' by outlining her previous ability to engage in late night drinking sessions and still get up the next morning to attend university. Given this group did not know each another pre-baby, this may have been important to convey to one another. Kim's current identity as a mother is positioned as completely different (e.g. "now I'm so tired", "it was really different") to her previous drinking identity. Her comments are met with group humour, likely indicating not only a shared knowledge and acceptance of their past drinking exploits but changes in their (drinking) identities since becoming mothers.

Extract 4: Group 7

Kasey: It was fun, it was really fun
Cheryl: Yeah I wouldn't want to do it again, but it was fun
…
Cheryl: There's no way I could do that now. We must have had so much stamina, like
            what's happened. {laughs} [I couldn't do that now {laughs}
Rochelle: [I know
Cheryl: I'd go up and go to an a.m. lecture after only a few hours' sleep
Kasey: Yep
Cheryl: I don't even know how

The construction of the 'work hard, play hard' discourse continues in extract 4, with Cheryl's talk on her previous stamina and ability to party hard, yet attend University classes with little sleep. Like Kasey (extract 1), Cheryl states "there's no way I could do that now" and "wouldn't want to", which serves to position her as a 'fun and successful, previous binge drinker', who has outgrown binge drinking behaviour. Therefore, if she is no longer a binge drinker, then it is likely that her current drinking is more responsible, which aids in her construction as a responsible mother. Cheryl's comments are met with group agreement.

In the above extracts, motherhood is constructed as utterly exhausting. Not once do the women (in any group discussion) demonstrate the same level of appreciation or awe towards their current stamina in raising their children, including breastfeeding and regularly getting up at night, as they did with their past ability to drink heavily, party all night and then attend the gym, work or university the next morning. The differentiation between then and now illustrates how motherhood is completely removed from the party lifestyle. Unlike the short, but regular bursts of fun and enjoyment the binge lifestyle provides, motherhood is constructed in contrast as relentless, involving a very different kind of sleep deprivation.

6.3 The developmental 'age and stage' discourse

The participants also constructed heavy drinking as entirely normal behaviour, reflecting New Zealand's social norms, past and present. While there were slight differences as to how much and how often the women consumed alcohol, as a whole they described their drinking behaviour during late adolescence and early adulthood as determined binge drinking, for the sole purpose of getting drunk. Using an age-stage lifespan framework, all of the groups drew upon a 'developmental age and stage' discourse, to construct their past heavy, binge drinking behaviour as part of an expected social and developmental

trajectory, forming part of their drinking 'careers' (McEwan et al., 2013). According to this discourse, consumption of alcohol was viewed as evolving, across various drinking stages. An age and stage lifespan framework has previously been used amongst young adults (Barclay, 2010) and middle age adults to justify acceptable drinking patterns across the lifespan (Muhlack et al., 2018).

The women constructed adolescence and young adulthood as a time period characterised by overindulgence, immature tastes, a lack of viable alternative activities and the novelty of drinking and getting drunk. Research indicates that by engaging in excessive consumption and experimentation, young people are able to mature into adults, by learning their drinking likes and dislikes, as well as their drinking limitations. Therefore, it follows that an adult must transition through this stage, in order to develop the skills needed to become acculturated into New Zealand adult life.

Furthermore, like other research illustrates (Emslie et al., 2012; Lyons et al., 2014; Rolfe et al., 2006) increasing maturity allowed the women to position themselves as 'older and wiser' with acquired drinking tastes, recognition of personal limits and a wider range of social choices and activities, beyond getting drunk every weekend. As a result, this discourse served to legitimise heavy youth alcohol consumption as transitory, natural and developmentally expected, with the women legitimising their past drinking behaviour as a normal part of growing up. Using this discourse, the women positioned themselves and others as either 'developmentally normal drinkers' or 'underdeveloped drinkers'.

6.3.1 The developmentally normal drinker

The subject position of a 'developmentally normal drinker' situates the women's past drinking behaviour as conforming not only to within group norms, but to broader understandings of normal lifespan development and cultural expectancies. As mentioned, young adults begin their drinking careers with the ultimate goal of becoming a functioning adult who can handle their liquor. The inability to successfully experience this developmental phase may result in that person engaging in maladaptive drinking practises later in life. The most significant impact of this construction was that it provided an account which legitimised excessive drinking behaviour as normal, developmentally appropriate and a transitory part of human development. All of the participants positioned themselves as 'developmentally normal drinkers', who through excess drinking

had learnt responsible and sensible drinking, including how to regulate their consumption and what the repercussions were the next day. By constructing their earlier lives as a fun time where they learnt these alcohol self-regulation skills, they were able to construct their current selves as 'older and wiser'. Therefore, having outgrown binge drinking, they present no risk as mothers, where this form of drinking would be deemed unacceptable.

Extract 5: Group 4

Suellen: No. Ah (2) I'm kind of glad that I did go hard out like that
Melanie: Yeah
Suellen: Because now (2) I don't want to [because I've done it
Melanie: [That's a good point

One particular example of the 'developmental age and stage' discourse is in extract 5. Suellen, with Melanie's help, constructs her past drinking as developmentally appropriate. Suellen described feeling pleased she did "go hard out", with her drinking. This is met with agreement by Melanie. The term "hard out" refers to heavy partying and frequent binge drinking. Suellen positions herself as a 'developmentally normal drinker', which enables her to construct her current self as more responsible than in the past, and her current drinking as less problematic. Although not stated explicitly, it also implies Suellen and her friends may have been at risk of having 'alcohol-related difficulties' if they did not binge drink when they were younger, during the developmentally appropriate time frame.

Extract 6: Group 2

April: = and then you would be, hit the clubs where you just carry [on and then you
            will just, um yeah. So I thought that was the night where I thought oh god, I've
            got to stop drinking like that, Um BUT IT'S KIND OF ACCEPT, you know
            it's kind of
Linda: [Mmm
Linda: Normal
April: Norm, yeah it, it, that kind of age and if you know, yeah it's just being. You
            know where we worked it was completely acceptable and people got <u>pressured
            to drink</u> and if you weren't drinking then you most well go <u>home</u> kinda. And
            that, I mean that's a very, um, you know people still say that at this age, um

Group 2 (extract 6) also drew upon the 'developmental age and stage' discourse to construct their previous binge drinking experiences as a normal and expected stage of development (e.g. "Norm, yeah it, it, that kind of age"). Although April draws upon this discourse, she also challenges New Zealand's culture of intoxication, by sharing her concerns, where after a heavy night drinking she questioned her drinking behaviour.

Likewise, she also raises the issue of peer pressure to drink, which occurred in her previous workplace. However, despite her personal concerns she constructs herself as complying with the dominant culture of intoxication, where her concerns were overridden by societal expectation that she must drink to be 'developmentally normal' and to have a place in the night time economy, alongside her colleagues and peers (e.g. if she was not going to drink, "you most well go home").

Research has found social ostracising of non-drinkers and limited drinkers does occur (Robertson & Tustin, 2018). Although not stated, it is likely that if April chose not to drink with her workmates, there may have been implications, such as loss of workplace solidarity and networking opportunity. However, by taking on the position of a 'developmentally normal drinker', April is able to reflect upon New Zealand's drinking culture and recognise the continuation of drinking peer pressure, even amongst people her age.

Extract 7: Group 3

Juniper: I feel like the kind of personality I had, had to (1) go crazy. You know I was so, growing up in a small town and so much energy and so much personality and I had to (1) release it somehow.
Rose: Mmm
Juniper: I think that's how I did it. That was the real, only thing to do. When I started <u>travelling</u> and really having proper adventures you know, yeah that was taking its place
Rose: Mmm
…
Juniper: So um, I was glad I got it out of the way early on, (1) um yeah

Similarly, Juniper constructs heavy drinking amongst young adults as developmentally appropriate. Her statement, "that was the real, only thing to do" implies a factual truth associated with drinking while growing up in a small town. Juniper positions her friendship group as 'developmentally normal drinkers' who have got this form of drinking out of their systems, therefore indicating they are responsible drinkers, with the ability to self-regulate. Juniper defines the next developmental phase of life after binge drinking as one involving travel and having "proper adventures". Therefore, binge drinking is constructed as 'fake', not realistic and juvenile. The idea of travel and having a life before having children is also associated with 'good' mothering. Again, like binge drinking, there is a common social perception amongst women that they are likely to find mothering easier and have fewer regrets if they have travelled, achieved an education and had a career before having children (Whitley & Kirmayer, 2008).

Extract 8: Group 6

Georgiana: It was good fun
Kitty: [(I survived)
Lydia: [Good fun
Mary: It was a rite of passage
Lizzy: I look at um how much my body was put through. I don't, I realise now [(1)
             that I, I don't have a high alcohol tolerance
M/G: [
             {Laughs}
Georgiana: [Really?
C/M/K: [( )
Lizzy: I, but back then I was always the one that drank until I vomited. [Not the one
             til I pass out=
Jane: [Ergh
Lizzy: =and yeah time and time again, I'd just be stumbling home [and there would
             have to be the vomit and then ( )
Charlotte: [Oh my god
Lizzy: So yeah (1) [that, that wasn't great all those. My poor body was put through
             hell.
Intrvwr: [Yeah
Kitty: But you didn't realise it
Lydia: [I didn't, I didn't regret it though
Lizzy: [( )

Group six (extract 8) used statements such as "good fun", "rite of passage" and "(I survived)", in addition to discussing Lizzy's habit for vomiting, rather than passing out, to construct their earlier drinking experiences as fun and one of testing limits. For example, Lizzy describes her previous drinking self as unaware and unable to recognise and regulate her drinking limits. However, the group's supportive responses such as "you didn't realise it", co-construct understanding and acceptance of their young adulthood as being a normalised time for learning their drinking abilities.

Therefore, the group take up the position of being older and wiser with the ability to reflect on being 'developmentally normal drinkers', having learnt about their drinking limits from these experiences. For example, Lizzy now recognises she has a low alcohol tolerance. Interestingly, Lydia mentions having no regrets, which was common across all group discussions. Furthermore, the group actively engaged in this segment of the conversation, talking over one another, which made it difficult at times to clearly hear what each individual said. As only two of the women were friends prior to having children, the group's talk on youth drinking enabled them to co-construct pre-child similarities together.

6.3.2 The undeveloped drinker

Corresponding to the 'developmentally normal drinker' is the polar subject position of an 'undeveloped drinker'. Within the 'developmental age and stage' discourse, individuals who did not engage in binge drinking during their young adulthood, are constructed as boring, missing out on drinking associated fun, and are at risk of maladaptive drinking behaviour in later life. Given these negative connotations, understandably none of the participants positioned themselves as 'underdeveloped drinkers'.

Extract 9: Group 3

Camelia:	But I think, I think the binge thinking, the binge drinking I mean, lots of people grow out of it
Juniper:	Yeah
Camelia:	And the people that do grow out of it are the ones that have tested their limits, been there done that, gotten sick of it and moved on.
Group:	Yeah
Camelia:	Um so I think, I think often the binge phase, you know when you're kinda eighteen or twenty two or twenty five or whatever, I feel like that it's sometimes a time in your life when you do just test your limits. [And in all spectrums, not just drinking
Group:	[Yeah
Juniper:	[Yeah
Intrvwr:	[Yep
Camelia:	Um so I feel like that is something people tend to need to get off their chests
Juniper:	Yep, yep

Group three (extract 9), drew upon the 'developmental age and stage' discourse to construct heavy drinking amongst young adults as developmentally appropriate. The group's comments such as "lots of people grow out of it" and "binge phase", indicates binge drinking behaviour occurs during a defined stage of life. Like toilet training and puberty, one develops the skills necessary to grow out of the phase and move to the next stage of development. This phase of limit testing is also reinforced by Camelia's comment that it occurs "in all spectrums, not just drinking", which further normalises not only binge drinking behaviour but other risk taking behaviours as expected, normal and age appropriate behaviour for young adulthood.

Although Camelia does not specifically refer to her or her friends drinking behaviour, she continues to position her friendship group as 'developmentally normal drinkers'. Her statement that it "is something people tend to need to get off their chests", indicates heavy drinking is necessary and has to be exorcised. It is assumed (and was talked about in the overall discussion) that her group engaged in excessive binge drinking behaviour

at the socially appropriate time, matured out of it and were now wise enough to reflect upon and offer their educated opinion on the topic. As a result, her group implicitly co-construct people who do not proceed through this phase when expected, as 'undeveloped drinkers', who risk social disapproval for either being older, immature, socially abnormal, binge drinkers or teetotallers with social and/or developmental difficulties (e.g. repressed their "need" to drink).

Extract 10: Group 5

Kim:	And I think too like, about all the fun times we had when we were drinking
Group:	Yeah
Kim:	The random stuff we used to do and, that I probably wouldn't do if I wasn't drunk and
Intrvwr:	Yeah
Kim:	Yep. Cause my brother doesn't drink [and he always used to give me crap when I got home or the next day if I was really hangover=
Intrvwr:	[Oh doesn't he?
Kim:	=You're going to kill your liver blah, blah, blah. But I think about all the good times that I've had when I've been drinking that you haven't. Not that you have to drink to have fun=
Intrvwr:	Yeah
Kim:	=But I see it [as I've had a great time when I have been drinking and you haven't ever had that cause you've never drunk
Kylie:	[Yeah
Chloe:	[Yeah

Likewise, Kim (extract 10) positions her brother, who does not drink, as an 'undeveloped drinker'. He is constructed as different, restricted and someone who has missed out on normal social development. Although Kim makes the statement "Not that you have to drink to have fun", she follows this by the disclaimer "but", which is followed with a statement about her brother missing out on the fun that can only occur from drinking. There is an importance placed on drinking as it opens up experiences you would not obtain otherwise in young adulthood. Although she does not refer to motherhood specifically, she is positioning herself as a 'developmentally normal drinker', which as seen in the other extracts, helps construct these women as 'good' mothers.

6.4 Summary

Overall, the mothers co-constructed their drinking behaviour during late adolescence and young adulthood as occurring within 'work hard, play hard' lifestyles involving pleasure, reward and excitement. They all engaged in drinking behaviour traditionally aligned with masculinity, which included determined drinking, testing limits and learning about drinking tastes and dislikes. The women also had the freedom and autonomy to engage

in late night partying where, when and with whom they wanted. All of the groups became more lively and talkative when discussing this topic, and it became clear that conveying to one another their previous success as fun binge drinkers was important, allowing them to co-construct pre-child similarities, including being social and fun, particularly amongst those who did not know each other prior to having children.

Furthermore, late adolescence and young adult binge drinking behaviour were constructed by the women as a normal, expected part of these women's developmental trajectories and one with very little regret, if any. As this chapter has highlighted, there was no alternative position to being a 'fun and successful, previous binge drinker'. This combined with their rejection of the subject position of an 'undeveloped drinker', shows how normalised and expected binge drinking is amongst young adults. Despite their current status as hard working mothers, with greater responsibility (e.g. children) and having lived through what they often described as high risk drinking experiences, the discourses they draw upon contribute to the widespread acceptance of heavy drinking within New Zealand.

Through the 'work hard, play hard' and 'developmental age and stage' discourses, the women were able to contrast their past drinking with their current drinking lives and behaviour. They were able to position their current selves as far removed from their past identities as fun, but reckless binge drinkers, to being women responsible enough to engage in 'good' mothering. However, their liveliness, yet wistfulness when recalling past drinking experiences, indicates that certain aspects of their past 'work hard, play hard' drinking lifestyles are still desired, which will become more evident in chapter seven. Furthermore, the next chapter will also discuss how their drinking behaviour has become more routine, ritualised and is used as a form of escape from the all-encompassing role and drudgery of motherhood, briefly allowing them to recapture a particular (previous) version of their selves.

Chapter 7: Relaxation, reward and (re)identifying as an adult woman

The purpose of the next three chapters is to explore how mothers with preschool children talk about their current alcohol use and how this relates to their relationships with their partners and children, as well as their mothering responsibilities. This chapter will primarily focus on three specific, but related discourses which were frequently drawn upon within the women's talk on their everyday routine drinking. These include the 'relaxation' discourse, the 'reward' discourse and the 'adult time out' discourse. In the following chapter, discourses related to the policing of mothers' drinking will be discussed, which will be followed by discourses related to their partner's drinking in chapter 9.

Chapter 7 will begin with a brief overview of how these women use alcohol, to help locate their talk within the context of their daily lives. The all-consuming role of motherhood, which was intertwined within every discourse, will then be discussed. Following this, the 'relaxation' discourse will be reviewed to explore how the women constructed alcohol as a relaxant. Examples will be provided which outline how the women positioned themselves as 'wound up, good mothers'. This will be followed by a discussion on the 'reward' and 'adult time out' discourses, including examples of the subject positions of the 'deserving drinking mother' and the 'freedom seeking mother'. Lastly, a summary will be provided which will review the implications of these discourses.

7.1 Drinking patterns amongst the mothers

Over half of the women in the current study reported having a small amount of alcohol during pregnancy. However, all of the women reported drinking alcohol since giving birth. In contrast to their alcohol use before having children, the women described a number of physical and social restraints that had significantly changed their drinking behaviours. These included pregnancy, breastfeeding, a lack of free time, being responsible for their children, lack of childcare and judgement from others. Moreover, their alcohol consumption was more likely to occur at their home or the homes of their

family and friends. This is consistent with research which shows drinking at home is the most likely place for adults with children to drink (ALAC, 2011; Ling et al., 2012).

All seven groups described using alcohol at the end of the day to unwind and relax after their children had gone to bed. Furthermore, just over 75% of the participants had experienced at least one 'big night out' drinking, since having their children. These 'big nights out' were defined as events such as weddings, concerts, music festivals, food and wine events, as well as going out to bars and clubs. On these occasions, either their partner, family or babysitters looked after the children and the women consumed alcohol at rates which would meet binge drinking criteria (e.g. more than four standard drinks). For breastfeeding mothers, their alcohol use was scheduled around breastfeeds, with some women using mobile apps and websites to calculate the metabolic rate of the alcohol they consumed, to determine when they could next drink.

7.2 The all-consuming role of Motherhood

Throughout all seven discussions, the women consistently constructed motherhood as labour intensive, time consuming, all-encompassing, exhausting and overwhelming. This 'all-consuming' construction of motherhood was both dominant and consistent with hegemonic expectations of motherhood, whereby a 'good' mother is one who is selfless, hardworking, nurturing, caring and engages in intensive mothering practises which are emotionally absorbing and child-centred (Hays, 1996). In similar results to Killingworth's (2006) study, each group openly discussed the challenges they experienced transitioning into early motherhood which included; loss of work identity, trying to stay professionally relevant, difficulties establishing breastfeeding, the intensity of being on call and on duty 24/7, lack of sleep, no time for oneself or with their partners and social judgement on their mothering choices.

As a result, all of the drinking related discourses discussed below (and in the next chapter) are heavily intertwined with this notion of all-encompassing motherhood. For these women, alcohol use was associated with their pre-child adult identities where alcohol represented fun, frivolous, independent and social times. However, unlike their talk on their pre-child use, alcohol was used as a form of a brief escape from the monotonous, all-consuming role as mothers and likened to a survival strategy to cope with the daily demands that motherhood entailed.

7.3 The relaxation discourse

Alcohol use was constructed using a 'relaxation' discourse made up of three bio-psychosocial concepts (biological/physiological, psychological and social) as a means of helping the women relax, relieving feelings of muscle tension, stress and thoughts of anxiety, which aided their ability to engage in their role as mothers. Numerous research studies have confirmed the relaxant properties of alcohol (Hall, 1996; Wright, 2013) and its (mis)use as a coping tool amongst people experiencing stress (Beckman, 1980; Wilsnack & Cheloha, 1987). By drawing upon the 'relaxation' discourse the women were able to construct their alcohol use as a useful and necessary strategy to help alleviate these issues. Within this discourse was the subject position of a 'wound up good mother', which all of the women took up.

7.3.1 The wound up, good mother

All of the women aligned themselves with 'good' mothering ideals, by talking about their engagement with intensive mothering practises. These included always being available, child-focused and worried about their children. However, the women also outlined the tension, stress and worry they experienced by engaging with these 'good' mothering principles. By constructing themselves as 'good' mothers and drawing upon the 'relaxation' discourse of alcohol as a relaxant, the women positioned themselves as 'wound up, good mothers'. As mentioned, this subject position legitimised the use of alcohol as necessary for alleviating motherhood related physiological and psychological stress. Furthermore, by taking up this subject position, the women promoted alcohol as a useful aid for coping with their mothering role, to the point where alcohol use actually helped demonstrate to the group the effort they were putting into being 'good' mothers.

Extract 11: Group 1

Mariah: No I, it, for me, even my midwife, she said you know how to sleep. She goes
             glass of bubbles in the bath, relax, go to bed…
Whitney: ( ) my mum she would, I, I, I was a mess and I would, she'd, she'd prescribe
             me a glass of wine [once a week or something. She'd say [yeah just, just
Mariah: [Yeah
Mariah: [One
  …
Cher: But that, yeah (1) it's more relaxation
Mariah: [Yeah
Madonna: [Yeah
Christina: [Oh yeah
Whitney: [Well it was

Madonna: I did that, I would have a drink at night, but it would kinda scare me a little bit, because I would have this drink and it was really nice, but I kinda just <u>feel</u> like everything <u>unclench,</u> [like I kinda realised how quite [wound up I was.
Intrvwr: [Really?
Cher: [Yeah
Christina: [Wound up, yep
Group: Yeah

In extract 11, group one drew upon the 'relaxation' discourse, constructing themselves as mothers who were stressed, wound up and in need of alcohol to help alleviate bodily tension. Alcohol use is constructed as medically advised (e.g. advice from a midwife) and maternally advised (e.g. Whitney's mother handing down maternal wisdom). As a result, their alcohol use becomes legitimised through this 'expert and historical knowledge'. This is further supported by Whitney's use of the medical term "prescribe", which implies alcohol is a medicine associated with improving health. However, the group outline limitations to their drinking (e.g. "a glass", "a week"), which under current alcohol guidelines, is considered safe and responsible consumption (McEwan et al., 2013). Mariah's interruption with the comment "one" also demonstrates the importance placed on constructing their group's drinking behaviour as safe and limited. This form of self-policing of their own drinking will be discussed in chapter 8.

Furthermore, Madonna not only positions herself as "wound up" (a position co-constructed by the group), but uses terminology to construct herself as cognitively unaware of how tense she actually was. This statement reinforces how focused she is on her child, rather than herself, providing further justification for alcohol use as a muscle relaxant. Likewise, her statement positions her own drinking identity away from problematic drinking identities who are cognitively aware of their need for alcohol. Madonna's talk on being slightly scared when feeling her body "unclench", was met with group agreement. As a result, the group have co-constructed themselves as greatly impacted by the stressors of early motherhood and although not alluded to, their talk aligns the group with the notion of being 'good' mothers. For instance, they would not feel this level of tension unless they were doing their mothering roles well.

Extract 12: Group 6

Lizzy: The thing that I've found is different is, I'd always, since I've had the children, I'd always make sure there's a bottle of (1) Sav, [cause that's what I have, in the fridge so that if a friend is calling around=
Mary: [{Laughs}
Georgiana: [Yeah exactly

Lizzy:	=whether it's um, four thirty before they're going to go home and do dinner, [or they're coming around for dinner, just so you can automatically say do you want a wine?
Mary:	[Yes, yes
Mary:	Yes
Lizzy:	And I would want that wine myself
Mary:	Yes absolutely
Charlotte:	[Yes
Georgina:	[Yes
Lizzy:	So that's always been something, (1) since having children. [Yeah so more often
Intrvwr:	[What do you reckon that's about?
Lizzy:	Oh um, just exhausted by the end of the day [and it's just having some wind down=
Georgiana:	[( ) having some wine with a friend
Lizzy:	= cause you're knowing that you're getting into monster hour as well
Mary:	[Yeah
Charlotte:	[Yeah, and there's also like this little thing in your mind, if I have this wine it will be (easier)

Group six (extract 12), also drew upon the 'relaxation' discourse while discussing the reasons why they drink alcohol and how their drinking has changed since having children (e.g. always having it available). Their group talk supported the widespread availability and acceptance of everyday drinking in New Zealand. For instance, Lizzy expressed both her desire for wine and an increase in routine, wine consumption since having children. Motherhood is constructed as all-encompassing and "exhausting" and wine offers these mothers the ability to "wind down", helping them cope with "monster hour", which is the late afternoon and dinner period where children are hungry, tired and tend to become behaviourally challenging.

Extract 13: Group 2

Linda:	…and the kids are being looked after by their fathers. Normally I would have still, ninety (1) percent of my brain would still be with Bruno and I'd be going {acting worried} you know, I don't enjoy myself away from him because I, you know. [And I hate to say it but actually two glasses of bubbly I settle into this conversation=
Intrvwr:	[Mm
Linda:	= and I'm still checking my phone and I'm still thinking, but much more of my relaxation in my mind is in this room [and with me and you people, as opposed to half my brain being down the road
A/M:	[Mm
Intrvwr:	Mm
Linda:	So it just, it takes the edge off that worry that I think as a mother is constantly there. So that I do get why mothers, some mothers go, it's four o'clock I'm having a glass of wine and you read about them, and they, in the fifties especially it's like they booze their way through the evening cause it does make it easier… Your patience improves, your humour improves. Everything improves.

Likewise, group two (extract 13) also drew upon the 'relaxation' discourse to describe their drinking. Linda positions herself as a mother aligned with 'good' mothering ideals. For instance, she describes being child-focused (e.g. "ninety percent of my brain would still be with Bruno"), and not wanting to be away from her son, both traits of a 'good' mother. However, Linda also constructs the role of mothering as all-encompassing and one of constant worry. By drawing upon the 'relaxation' discourse and positioning herself as a 'wound up, good mother', she justifies the use of alcohol amongst mothers.

Linda continues to maintain her performance as a 'good' mother, while consuming two glasses of wine during the focus group discussion (purchased by them). She describes "checking her phone" (in case her husband messages) and states she is "still thinking" (e.g. self-monitoring), which constructs her as child-centred and responsible, despite drinking alcohol and being aware of its relaxant effects. Linda also uses the 'relaxation' discourse to legitimise their alcohol use during the focus group discussion. For example, she alludes to alcohol helping her relax, take her mind off her son and be present and engaged with the group discussion, which is met with group agreement.

Linda also draws upon psychological concepts such as "patience" and "humour", which are commonly referred to as 'good' traits to have when in a relationship and parenting children. By suggesting alcohol use improves these concepts, while also referring to historical accounts from the 1950s of mothers "boozing their way through the evening", alcohol is constructed as a proven coping tool that aids 'good' mothering. Her statements that "everything improves" (implying all aspects of mothering ability), "takes the edge off" and "does make it easier", further justifies alcohol use as a coping strategy. Therefore, motherhood is again constructed as all-encompassing and stressful.

Extract 14: Group 3

Camelia:	= yeah it just marks the end of your day and it's, it's SOMETHING like, okay well once I've done the dishes I'll sit down and have a drink. [(1) Make it as a kind of a
Group:	[Yeah
Juniper:	And, yeah and physically you're so [wound up from carrying them and blah, blah, blah =
Rose:	[Yeah ( )
Juniper:	= and to just have that muscle relaxant
C/E/I:	[Yeah
Rose:	[Mm, yep, yep (1) I have had a couple of days where I've been like, <u>is it past midday</u>? [And I've had a beer with lunch or something
Group:	[{Laughter}
Group:	Yeah

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Juniper:    ()
Rose:       Yeah
Juniper:    It's past midday
Rose:       It's past midday, I'll have one of those. [ If it's one of those days or () times
Group:                                                  [ {Laughter}
```

Juniper (extract 14) also positioned herself as a 'wound up, good mother'. Although her talk focuses on the physical side of feeling "wound up", the concept also refers to a psychological state of tenseness. The term "carrying them" indicates being child-focused (e.g. a 'good' mother), and although not stated is aligned with attachment parenting practises, which this group engaged with. While there is group agreement about the benefits of alcohol as a relaxant, the time of day alcohol use occurs is important. Rose mentions consuming alcohol at lunchtime. Her questioning of whether it was "past midday" before drinking, legitimises her alcohol use, as drinking from midday is considered socially acceptable in many Western countries where people have alcohol with lunch.

If she drank in the morning, her drinking would be associated with problematic drinking (e.g. alcohol addiction). However, Rose's comments are met with significant group humour, suggesting this drinking behaviour is out of the ordinary for mothers. Although Rose is trying to be humorous, their humour may relate to the fine line she is balancing within her talk. On one hand, she positions herself as a 'wound up, good mother' aided by the effects of alcohol to help her cope with her mothering role. However, her desire to drink, coupled with her midday drinking, is what potentially aligns her with problematic drinking identities, who need alcohol earlier in the day to cope.

7.4 The reward and adult time out discourses

In addition to the 'relaxation' discourse, the women strongly drew upon two further distinct discourses to discuss alcohol use in their daily lives. These will be discussed together. All of the women drew upon a 'reward' discourse to construct themselves as selfless, hardworking mothers who deserved a glass or two of alcohol (primarily wine), as a reward at the end of their mothering day. In doing this, the women aligned themselves with traditional femininity and motherhood, positioning themselves as 'good' mothers who engaged in intensive, selfless, emotionally absorbing mothering practises (Hays, 1996). The women also drew upon an 'adult time out' discourse, where alcohol was constructed as a means of providing brief escapism (time out) from their all-

encompassing identities as mothers. Throughout the conversations it was clear that drinking alcohol was not necessarily about the taste, but rather the context and act of drinking. Alcohol use demarcated time and space for the women to (re)identify as adult females, reminiscent of their earlier carefree, pre-child selves, in separation to their identities as mothers. The contrast between these two identities and how women negotiate these together, will be discussed throughout the chapter. These results also support Emslie et al.'s (2015) findings, whereby Scottish mothers used alcohol for time out and transformation across the life span, allowing the mothers a brief chance to reconnect with their earlier carefree selves.

Using these discourses, several subject positions were taken up by the women. Firstly, all of the women took up the position of a 'deserving drinking mother'. The alternative position of a 'non-deserving (adult) drinking mother' was not taken up by any of the participants. The women also positioned themselves as 'freedom seeking mothers', to describe their nights out, away from their children. Although no women positioned themselves as 'non-freedom seeking mothers', this alternative subject position was used to describe 'other' mothers. However, for the women positioning themselves as 'freedom seeking mothers', their female adult identities and mothering identities conflicted with one another at times. Furthermore, in some of the extracts provided below, the women continue to draw upon the 'relaxation' discourse alongside the 'adult time out' and 'reward' discourses when discussing their alcohol use.

7.4.1   The deserving, drinking mother

All the women worked hard to take up the position as a 'deserving drinking mother', by drawing upon and describing their daily behaviour, which conformed to 'good' mothering ideals, thus legitimising their alcohol use. Within these extracts, the women take up the subject position of a 'deserving drinking mother' to demarcate time and space away from their role as mothers, re-identifying with their earlier pre-child identities. Interestingly, absent from the group discussions was any talk of being undeserving.

Extract 15: Group 3

Rose: And just that it does mark like we're off duty, [or we're like, we've got a
              moment, to do some adult things=
Group: [Yeah
Rose: = [I think it's that adult
Camelia: [Something when it's only you yeah
Group: Yeah

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...

Eliza: And I think it puts a stamp on the end of your day. You know, [like, this is, this is where my day ends, even if it doesn't.

Group: [Yeah

Rose: I've done it…. A Celebration, a little victory at the end of the day {laughs}.

Eliza: [() {laughs}

Juniper: [Aiden's, Aiden's asleep, it, it's done, [you know, I can have a glass of wine.

Group: [Yeah

Eliza: Mm

Juniper: It's a huge, such a psycho, it's much more psychological [thing than anything else

Eliza: [Psychological, (1) it's a little ritual

Juniper: Yeah

In extract 15, group three construct alcohol use as both adult time (separate from their role with their children) and as a reward for their daily input. Once again, mothering is constructed as intensive, highlighted by Rose's use of terms such as "celebration" and "victory". These terms draw upon themes of hard work, constructing motherhood as similar to a battle, which she has hard fought and won, thus making her a 'deserving, drinking mother'. Alcohol has historically and traditionally been used to mark celebrations, so Rose's choice of the word "celebration", also helps justify her drinking. The group add their support with their own related comments.

Eliza's statement that "this is where my day ends even if it doesn't", supports the construction of motherhood as intense and all-consuming (e.g. night feeds and wake ups). However, with group support it also positions these women as regaining some individuality, by scheduling in time for themselves, separate to the intensity of their mothering roles (e.g. "Something when it's only you"). Camelia uses the term "when it's only you", with no reference to her partner. Within the context of this extract, her comment likely refers to time out from the intense mother-child relationship, rather than a reference to drinking alone.

The term "little ritual" also implies there is a routine element to their drinking. All of the groups engaged in ritualised drinking, drinking alone and had a psychological component to their drinking, which are often perceived as problematic drinking behaviours (Macfarlane & Tuffin, 2010; Norlun & Osthus, 2013). Their talk on routine and ritualised drinking also contrast with their previous drinking behaviours during late adolescence/early adulthood, where alcohol use was constructed as fun, social, reckless and irresponsible.

Extract 16: Group 7

Rochelle: But if there's something in the fridge and then like my partners out or whatever
            and I've put um, Carter to bed, and everything's done I'm like <u>oh yes</u>, I can sit
            down and relax. And then it's not even really that I feel like drinking. It's more
            just the process of y<u>es,</u> I'm sitting here having a wine and you know the days
            over and I can just chill out …but sometimes I'll have, that's only like one glass
            of wine then (1), yeah I'll have a cup of tea or something {laughs}
Group: {Laughter}…
Rochelle: And it's only cause it's already usually in the fridge open or something, yeah

Rochelle (extract 16) also draws upon the 'relaxation', 'reward' and 'adult time out' discourses to discuss her ritualised "process" of having a glass of wine at night to relax. Although she is amongst friends she has a drinking history with (including before and after having children), she works hard to position herself as a 'deserving, drinking mother'. She does this by drawing upon constructions of 'good' mothering (e.g. her son is in bed and "everything's done"), demonstrating success in her mothering role. Despite drinking alone (a potential problematic drinking trait), her comment "it's not even really that I feel like drinking" positions her away from being a problematic drinker who wants and needs alcohol.

Rochelle has wine readily available in her fridge, again indicating the common acceptance and availability of alcohol in everyday life (Griffin et al., 2009; Lyons & Willott, 2008; McEwan et al., 2013). However, she indicates to the group the limitations she places on her drinking, such as having "one glass" because it is "usually in the fridge" already "open". Again, these statements position Rochelle away from problematic drinking identities (e.g. those who cannot stop), while also removing some ownership of drinking from herself (e.g. Rochelle did not open the bottle of wine). Furthermore, her "cup of tea" statement, further justifies her drinking and her responsible use of alcohol. Drinking tea is aligned with maturity, and had Rochelle ever consumed "a cup of tea" after binge drinking with friends in her younger adult life, it would be viewed as completely out of context. The group's humorous response is likely an indication of their awareness of how much their drinking habits have changed, as well as Rochelle's over-justification for having one glass of wine.

Extract 17: Group 4

Scarlett: We're not having bottles, [we just treat ourselves.
Suellen: [<u>A treat</u>
Suellen: Yeah
Scarlett: It's like a little yeah, to make us feel like we're still doing something for
            ourselves, [cause it's limited.

Suellen:	[Yeah, yeah cause it is an adulty thing [(1). Which you don't get aye.
Intvwr:	[Yeah
Carreen:	That's true, that's a good point, an adulty thing.
Suellen:	Yeah, yeah
Scarlett:	And cause we're, yeah when you're a mum, you're (1) NEVER selfish, you're always thinking about other people before yourself. So you know, it's quite nice to go, <u>do you want to have a wine?</u> Cause it feels like you can.

In extract 17, Scarlett aligns her group with 'good' mothering ideology, by positioning herself and her friends as selfless, caring and considerate mums. As a result, their alcohol is legitimised as a reward for their hard work. Scarlett also alludes to the all-encompassing intensity of motherhood, with very little time for themselves. It is now common to see expert advice encouraging mothers to take time out for themselves, yet women struggle to do this. Therefore, the term "make us" within Scarlett's statement aligns with this notion of self-care, by implying that drinking alcohol helps force them to have time out from mothering. Furthermore, the statement we are "not having bottles" (e.g. drinking more than one bottle of wine), highlights how the group co-construct themselves as sensible, responsible drinkers rather than problematic drinkers. Likewise, the term "treat" also suggests this form of drinking does not occur often, which provides the drinking occasion with more validity. In this extract, Scarlett also draws upon the idea of group drinking solidarity with other mothers, in an attempt to gain a sense of their pre-child, adult female identities (e.g. "do you want a wine?").

Extract 18: Group 4

Suellen:	Yeah I'll tell you what I do like, I feel like an adult and a woman is holding a delicate wine glass. I know that might sound weird
Group:	No
Suellen:	But it makes me feel like a female and I'm an adult
Melanie:	[It's very feminine
Carreen:	[From experience ( )
Scarlett:	[As an adult you feel like you're finally doing something for yourself
Suellen:	Yeah

Group four (extract 18) continue their discussion with Suellen using the term "delicate", to describe the wine glass she uses when drinking wine. Not only does research suggest women associate drinking wine with doing 'female' gender (Nicholls, 2016), but the term 'delicate' is traditionally aligned with hegemonic femininity, whereby women are seen as delicate beings. Similarly, the fragility of a wine glass is an item that cannot be associated with children and their rough and tumble play. Therefore, her choice of terminology, demarcates a glass of wine from their everyday mothering practises, further (re)constructing their separate feminine adult identity. Once again, Scarlett constructs

mothering as intensive and her group as deserving, solidifying their need for adult time out, represented by alcohol use.

In the above extracts, alcohol use is constructed as helping these women feel "adult". Although mothering in itself requires adult behaviours and responsibilities, it is likely their loss of identity, rather than their physical abilities as mothers, that the groups are making reference to. Use of this term indicates the intensity of the mother-child relationship in our current social context, where mothers are expected to be all giving and loving towards their children, at the expense of their own needs. As a result, alcohol use indicates a connection with their co-occurring identities as individual adult females, representative of their lives pre-children.

Extract 19: Group 5

Chloe: I quite like the taste of alcohol. I think when we go out now, (2) mmm I guess
            it's cause we like to think we are rewarding ourselves, cause we're parents and
            we probably have cocktails and shots
Group: Yeah
…
Kim: They had this most amazing cocktail list. And I would never usually spend
            nineteen dollars on a cocktail. <u>I was like who cares,</u> [I never get out
Group: [{Laughter}
Kylie: I had a margarita last night. [It was yummy {laughs}
Kim: [Yum
Kim: Yeah, but I sort of do think of it as a treat. [I deserve this because I work really
            hard during the day with Carl and then I go to work and then I'm allowed to
            have this drink and
Chloe: [Yeah
Group: Yep

In comparison to young adult drinkers, who purchase alcohol on a cost effective basis for getting inebriated (McEwan et al., 2013), group five (extract 19) discussed purchasing expensive cocktails and shots. Cocktails are traditionally considered 'feminine', classy (Nicholls, 2016) and expensive drinks. By drinking cocktails the group were able to distinguish themselves as different from other drinkers, particularly young adults, who drink cheaper drinks, at greater frequency. The women drew upon the 'reward' and 'adult time out' discourses to position themselves as 'deserving drinking mothers'.

Although not directly discussed, the limited frequency in which they drink at bars and the cost of their cocktails, would likely limit the number of drinks consumed on a night out, giving weight to their identities as responsible, 'good' mothers. Chloe is the only participant to use the term "we", referring to both herself and her partner in this extract.

She draws upon the 'reward' discourse to justify both her and her partner's drinking as a reward for parenting, not just mothering. Kim's statement of "I'm allowed" also positions herself as not only deserving, but also responsible, in that she has the ability to police herself.

Extract 20: Group 7

Cheryl: Yeah one or two glasses is fine
Rochelle: Mm
Kasey: And it's nice, and it's a social thing and I think, (1) you know mums joke a lot about WINE TIME and WINE O'CLOCK and oh I need a wine after my day and I think yeah
Rochelle: Yeah mums medicine
Kasey: Yeah it is kinda true. I think, I think mums do need (1) that break. Like it's all very well for dad to have a stash of beer in the fridge. Why can't mum have a wine with her friends? You know
R/C: Mm

Group seven (extract 20) demonstrate their support for mothers' drinking together during playdates. The group co-construct motherhood as all-encompassing and overwhelming, with Kasey drawing upon an 'adult time out' discourse and Rochelle drawing upon the 'relaxation' discourse, likening alcohol use to mothers' medicine. By comparing alcohol to medicine, their use is justified and motherhood is positioned as requiring intervention (e.g. medicine in the form of alcohol) to alleviate the stress involved. Kasey also draws upon social knowledge of "wine time" and "wine o'clock". Although Kasey acknowledges the humour in these phrases, she also constructs them as having some 'truth'.

As mothers with social media accounts, the group were exposed to social media posts and memes about mothers' drinking. The frequency in which women are exposed to this talk, as well as their alignment with the messages of these drinking posts is concerning as it not only lends support to alcohol use amongst mothers as a coping strategy, but also promotes the social acceptability of alcohol use within mothering circles. By drawing upon a gendered comparison, comparing the availability and acceptability of fathers' drinking, Kasey further legitimises alcohol use amongst mothers, including her friendship group. Within her talk, she also constructs herself as a 'freedom seeking mother', which will be discussed below.

7.4.2 The freedom seeking mother

Some of the participants constructed themselves as needing and enjoying time away from their all-encompassing identities as mothers. Through their talk, they positioned themselves as 'freedom seeking' mothers, who engaged in alcohol use, typical of their earlier, pre-child drinking identities. Nights out were well planned and organised in advance, with their children in the care of their partners or babysitters. Unlike the 'deserving, good mother' subject position, the 'freedom seeking mother', while still deserving, was a position not necessarily aligned with hegemonic expectations of motherhood. The opposing subject position of the 'non-freedom, seeking mother' (which was aligned with hegemonic femininity) was not taken up by any of the participants, but rather given to 'other mothers' who limited the ability of the 'freedom seeking mothers' to have fun. As the following extracts will demonstrate, the participants' talk at times conflicted with their roles and identities as mothers.

> *Extract 21: Group 1*
>
> Madonna: And I did that from quite early, but none of my antenatal group did. So it really frustrated me that we always had to do stuff with the kids and no one would go out for a glass of wine, cause they would be like oh no I do this feed here and I do this dream feed. Whatever and I just kind of found it like, well don't you want your freedom? But they don't [so, or they didn't work out yeah =
> Christina: [Yep
> Madonna: = So I found that kinda annoying, like can you just not be a mum for a bit but
> Christina: And I think you need to not be a mum for a bit

In extract 21, alcohol is constructed as a form of escapism from their mothering identities and in contrast to what motherhood represents. This sense of "freedom" is aligned with their pre-child drinking identities where alcohol use was fun, liberating, pleasurable and irresponsible. Madonna's talk alludes to motherhood as a form of entrapment, like a prison sentence. It is constructed as all-consuming, causing them to lose their own identities as individual adult females. Christina's statement "need to not be a mum" further supports this all-consuming, sense of entrapment. The word "need", rather than 'want', indicates that brief escapism from motherhood is necessary for the mental sanity of these mothers, similar to other needs such as food, water and shelter. Alcohol is therefore constructed as a means of briefly reconnecting with their carefree adult, childless identities, despite being mothers.

Madonna also positions other women in her antenatal group as 'good' mothers who engage in intensive mothering practises, by putting their babies first. Interestingly, her use

of 'othering' is disparaging. She constructs herself at odds with the intensity of mothering, and as someone who needs time out. While there are many forms of time out and self-care that do not involve alcohol, such as engaging in hobbies and socialising with friends, alcohol use provides a brief form of escapism, which is in stark opposition to the hegemonic expectations of motherhood.

Extract 22: Group 6

Mary:	=There were six of us mums with kids and we had our first date, our first day of freedom and it, it was a fantastic day
Lizzy:	Yeah
Mary:	I think I drank too much because you gave me your last (red)
Lizzy:	I had my last glass, and I thought oh no, if I have that last glass I'd be over my limit. I knew. See Mary, [I didn't know she was really drunk.
Mary:	[My judgement was really impaired {laughs}
Lizzy:	And I said I'm going to throw this out and she said you can't throw that out, good wine. So I said well you have it then. And that, that was her undoing.
Mar/Li:	{Laughter}
Lizzy:	So funny

Likewise, group six (extract 22) also position themselves as 'freedom seeking mothers', who enjoyed a day out drinking wine together (without their partners and children) at a wine festival. Unlike the determined drunkenness young adults often engage in, Lizzy positions herself as a sensible drinker, who chose the number of drinks she consumed based upon knowing her limits. However, Mary's failure to self-regulate her drinking is constructed as humorous, rather than problematic, which is likely the result of no children being present. Mary's ability to engage with her individual adult drinking identity and the story they construct as a group is similar to drinking stories shared amongst young adults. Therefore, it is likely this experience socially bonded the group members who attended.

Extract 23: Group 1

Cher:	That's funny you say that, we went out one night, a special night and Axl and I were so excited and we went to a pub. The new one on Diva road and there was a mother with a baby and I, I was the one, literally was like take your fucking child home =
Group:	= {Laughter}=
Cher:	=This is my night. Don't let that cry, get out of here, [I was so angry at this mother
Group:	[{laughter}
Christina:	[Yep
Mariah:	[Mm
Madonna:	Yeah
Cher:	Cause she was ruining my special night
Madonna:	Your child free night
Cher:	My child free night. [I had really become that person like
Whitney:	[That time with your husband.
Group:	Yeah
Cher:	Never thought I would be, but I was

In extract 23, Cher talks about a night out she had with her husband, which did not go to plan. She draws upon the 'reward' and 'adult time out' discourses to position herself as a 'freedom seeking mother', who is excited about having child free time and time alone with her husband. The new pub likely represents a novel experience for Cher, in comparison to the routine nature of daily motherhood. Visiting pubs are also aligned with her pre-child identity, which as a young adult she had the freedom to do. Terms such as "special night", "this is my night" and "my child free night" helped construct the night as having significant importance for Cher. Her ownership over the night and how it should evolve, highlights her desperate need for time for herself and her husband, and to reconnect with her individual adult (drinking) identity, reminiscent of her earlier pre-child self. This desire is supported with her individualised language use (e.g. "my night") rather than language inclusive of her husband.

The baby's presence at the pub realigns Cher with her identity as a mother, which she is trying to escape from. Her language differs from language traditionally associated with motherhood. For instance, she states "don't let that cry", with the term "that" referring to the baby in a detached, impersonal manner, similar to an inanimate object. Furthermore, her statement "take your fucking child home" involves swearing and aggression towards the 'other' mother, which again are behaviours not consistent with 'good' mothering ideology. Group support is shown through laughter and supportive comments. However, Cher acknowledges her awareness and shock at her behaviour change from her role as a mother.

Extract 24: Group 1

Mariah: I think what, I went to a, I had a hens night, organised one. Went out and was like <u>yes</u>, the baby's with mum and dad, ya know, that sort of thing. Let, let's have fun dancing and everyone was just standing there texting [and stuff =
Cher: [Ohh
Mariah: = and I was just like, I'm so infuriated because I just wanted to get out, because I'm, I don't get out very much so let's just [()
Christina: [Try and make the most of it
Mariah: But everyone was kinda like arghh because I think they can do [it anytime
Madonna: [All the time
Mariah: And they can do it all the time so it's not a novelty. Whereas for me I feel ripped off because [I'm out, I'm [(something), I can sleep in the morning [because =
Intrvwr: [Yeah
Madonna: [()
Cher: [Yeah
Mariah: = my baby's with my mum and dad you know, but um
Cher: It's like a treat now. [Exactly ()
Mariah: [It is a treat, that's the thing, you're looking forward to it but everyone else took it like arghh [you know

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Intrvwr:                                    [ Yeah
Whitney:   Has anyone had one of those experiences where because you don't get out
           much? I don't get out much I have to make the most of it. [ So ( ) inappropriate
           =
Christina:                                                            [ Yep
Whitney:   =Like drunk far too much [ and then, excuse me I don't get out much you see
Christina:                          [ {Laughs}
Group:        {Laughter}
```

Mariah (extract 24) also conveys her disappointment about a night out that fails to meet her expectations. Motherhood is again constructed as intense and time consuming with the group co-constructing nights out as a "treat" and a "novelty", by drawing upon the 'reward' and 'adult time out' discourses. As these terms suggest, night outs are rare and the women want to make the most of them. Mariah positions herself as a 'freedom seeking mother', who was looking forward to "dancing" with her friends. Research shows young women construct dancing as a form of liberation and escapism (Pini, 2001). So it is likely, Mariah's disappointment is not just from the lack of dancing, but rather what dancing represented. Mariah still claims the position of a 'good' mother, which she ensures she conveys to the group by describing her organised childcare.

Whitney shares her own experience of drinking too much on these occasions and questions her friends to see if they also engage in similar excessive drinking. Although Christina answers with a "yep", her response is likely to show support and understanding towards Whitney's experience, rather than agreement. In another section of the group discussion, Christina acknowledged she is yet to have a night out post-baby. Of the group members, Whitney was the most upfront about her enjoyment of drinking. Although the group's laughter at her comment indicates acknowledgement of Whitney's humorous position on drinking, no one actively agrees or disagrees with her. Therefore, it is possible the group are either uncomfortable with Whitney's position towards excessive drinking as a mother or reluctant to share their own excessive drinking stories.

7.5 Summary

Across all group discussions, the women constructed motherhood as all-encompassing. Unlike their drinking in young adulthood, where alcohol use was fun and frivolous, the mothers used alcohol in an everyday routine manner, as a 'reward', 'relaxant' and means of achieving 'adult time out' from their mothering roles. The women often engaged in ritualised drinking, drinking alone and spoke of their need for alcohol to alleviate

motherhood stress. Although these forms of drinking are traditionally considered problematic (Macfarlane & Tuffin, 2010), none of the women acknowledged concern for their drinking or fellow group member's drinking. Instead, their focus was on justifying their drinking to one another.

All of the women aligned themselves with 'good' mothering ideology, by positioning themselves as 'deserving, drinking mothers', achieved by constructing themselves as hardworking, selfless, caring mothers who put their children's needs first. The 'good' mothering ideology was so dominant, no women took up the alternative position as an 'undeserving, drinking mother'. However, for 'freedom seeking mothers', their identities as mothers were inconsistent with their individual adult drinking identities, indicating these women not only navigate multiple femininities, but that alcohol use amongst mothers is not fully acceptable.

For instance, on one hand, the women conformed to idealised femininity, performing 'good' mothering. Yet, they also engaged in new (riskier) mothering femininities. Drinking wine and/or cocktails enabled them to (re)identify and reconnect with features of their pre-child adult identities and lifestyles, which included feeling autonomous, having self-agency, enjoying drinking and occasionally getting drunk. These traits, while traditionally masculine are now common and accepted traits within 'new' young femininities (Gill, 2007; Hutton & Wright, 2015; McRobbie, 2009), yet have remained undesirable traits within 'traditional' motherhood (Lyons & Willott, 2008; Simon, 2014). The dominant historical association of alcohol with non-feminine behaviour may help explain why these mothers constructed their alcohol-related experiences as 'adult' and separate from their mothering identities and why they placed so much importance on performing 'good' mothering. They were able to navigate these multiple identities (e.g. traditional mothering with 'new' femininities) by adhering to feminised drinking through the consumption of wine and/or cocktails (feminine drinks) and by placing restrictions on their drinking to meet mothering responsibilities.

Furthermore, within their discussions on everyday drinking, there was minimal talk about the role the fathers played in their alcohol use (with the exception of Chloe and Kasey). This may indicate the taken for granted role women play as the primary carer to their children, including outside of their partner's work hours. Overall, this chapter has

demonstrated that the groups of mothers spent a great deal of time justifying, explaining, rationalising and providing detail and context to their drinking experiences. Their desire to protect their status as 'good' mothers continues in the next chapter, whereby the policing of mothers' drinking, including the 'self-monitoring' and 'surveillance' discourses, are discussed.

Chapter 8: The policing of mothers' drinking

Throughout all seven discussions, the mothers engaged in policing of both their own drinking and others' drinking. Within this theme, two distinct but interwoven discourses were apparent. Firstly, the 'self-monitoring' discourse, which was used by all the women to describe the way they would self-monitor their own drinking behaviour individually and as a group. The second discourse drawn upon by the women was the 'surveillance' discourse, which involved their experience of being watched, judged and policed by other adults while drinking. Once again, both of these discourses were strongly aligned with hegemonic expectations of motherhood and were more frequently used when describing their drinking as a group, or in other social situations at home or in public.

8.1 The self-monitoring discourse

The 'self-monitoring' discourse was heavily intertwined with the women's identities as both responsible drinkers and responsible mothers. For instance, the women could not be a responsible drinker without also constructing themselves as a responsible mother. The women defined 'self-monitoring' as their ability to know their drinking limits, reflect on their limits and adjust their corresponding drinking behaviour accordingly. Yet, like other research conducted on adults, the definition and boundaries of these limits were subjective to the participants (Ling et al., 2012; Lyons et al., 2014). Two subject positions were present within this discourse: the 'responsible, good drinking mother' and the 'irresponsible, bad drinking mother'. All of the groups of women constructed themselves as self-monitoring drinkers, positioning themselves as 'responsible, good drinking mothers'. Only one participant took up the subject position of an 'irresponsible, bad drinking mother', when discussing one particular drinking occasion she had experienced.

8.1.1 The responsible, good drinking mother

As mentioned, all of the women positioned themselves as 'responsible, good drinking mothers', who actively engaged in self-monitoring of their drinking, including amounts consumed, against their own personal drinking limits. The definitions of self-monitoring and 'good' mothering were subjective to the participants, however, were aligned with 'good' mothering ideology and intensive mothering practises, again being all-consuming

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and child-focused. Furthermore, the majority of participants were middle-class and used the process of 'othering' to position themselves as more responsible, in comparison to other groups of women. The 'other' mothers they referred to, were often women from lower socioeconomic backgrounds (e.g. working-class or unemployed) and/or had problematic drinking identities and did not conform to 'good' mothering practices. These findings are consistent with research which shows no matter how hard working-class mothers try, they are limited in their ability (e.g. finances, resources etc.) to engage with the principles of 'good' mothering ideology (Arendell, 2000; Johnston & Swanson, 2006).

Extract 25: Group 7

Rochelle: Yeah I think if it's just sort of in the afternoon and you know there's a couple of you there, you open a bottle of wine. One bottle of wine between like, three or four people isn't (1) going to be that bad.

Kasey: Mm, mmm

Rochelle: Um, and, (2) yeah if it's just in the afternoon your kids are still getting home and going to bed, and they're still in their little routine and stuff, it's fine. It's when people are drinking like, I've seen some pretty maggoty people and they drink, you know they, they will have a full on party.

C/K/I: Mm

Rochelle: And the kids are like asleep on the couch and stuff and [there's people drinking and smoking all around them.

Kasey: [Mm, mmm

Rochelle: And it's that kind of environment [which that, that it's really bad.

K/C: [Mm

Rochelle: But just like if we got together and had a <u>wine</u> between us, there's nothing wrong. Our kids are, aren't being exposed to anything

Kasey: Mm

Rochelle: Um

Kasey: Yeah basically we're drinking responsibility so

Rochelle: Yeah, yeah and we're not up til all hours of the night um sort of thing. And no one's sort of drinking a bourbon and coke while they're still breastfeeding [like some people I've seen do and stuff you know

Kasey: [Mm

Intrvwr: Yeah

Rochelle: Um. Yeah, there's two extremes, there's people who actually sort of care about their kids and they're not just pay checks. Um and then there's the other (1) end of the scale so

In extract 25, Rochelle draws upon the 'self-monitoring' discourse to describe the limitations her friendship group place upon themselves, when drinking together with their children present. For instance, Rochelle states that they share a bottle of wine, implying they consume 1-2 glasses of wine each. She also highlights their drinking occurs in the afternoon, during daylight hours and not at night time (aligned with the night-time economy of binge drinking), which justifies the social acceptability of their drinking behaviour. Use of the term "just" minimises their drinking and emphasises the restricted, short time frame it occurs within, which in turn restricts overconsumption. Rochelle uses

the process of class-based 'othering' to describe an extreme version of parenting, in which she compares their drinking behaviour against. She constructs irresponsible drinking parents (mothers) as lower/working-class (beneficiaries), who see their children as "pay checks" and are unable to meet 'good' mothering expectations, such as meeting children's needs (e.g. bedtime routines) and caring for their wellbeing (e.g. exposure to drunkenness and cigarette smoke).

Many of the women who breastfed, talked about using apps and website calculators to determine wine drinking times, to minimise the transference of alcohol to their babies through breast milk. It is likely that Rochelle's reference to bourbon (a spirit rather than wine) represents the drinking choice of problematic drinking identities, i.e. a person who drinks hard liquor. By engaging in 'othering', Rochelle positions her friendship group as middle-class women who are aligned with hegemonic practises of motherhood. Unlike the 'other' group, they have the right tastes and drink the right drink (e.g. wine, a feminine drink), care about their children, put their children's needs first and are 'self-monitoring, responsible drinking mums'. In turn, this not only justifies their position on drinking, but likely functions to make them feel better about their own drinking. For instance, by constructing problematic drinking identities in this manner (e.g. working-class, drinking spirits, not putting their child first) and placing significant emphasis on being 'good' mothers, who are not lower-class, then it follows that any way the participants drink is more acceptable than these 'other' mothers.

Extract 26: Group 6

Georgiana: Um and (2) or (1) yeah I tend, I tend to only drink with other people. My
              husband doesn't drink. He's allergic to alcohol [and, (1) and [um so
Intrvwr: [Oh okay
Mary: [He's annoying {laughs}
Georgiana: So I know, which does limit me, but I do understand what you're saying Lizzy
              [that if I've had=
Lizzy: [Mm
Georgiana: =friends over and there is some left in the fridge. (1) Um well it's a shame to
              waste it isn't it
Li/K/G: Yeah
Georgiana: So I will finish it off
Intrvwr: Yeah
Georgiana:[Yeah
Lydia: [( ) Wickham's away and you know, seven o'clock the kids are in bed and
              there's half a bottle in the fridge, [I'd go and have a glass
Georgiana: [Yeah
Intrvwr: [Yeah
Georgiana:[Yeah same
Lydia: I wouldn't open a bottle ( )
Lizzy: [No, same ( )

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Georgiana: [ No I wouldn't open a bottle by myself ( )
Mary:       Yeah I wouldn't open a bottle unless I've had a bad day.
Lizzy:      Yeah I've opened a bottle, in the earlier stages. [ I've gone and opened a bottle
            and thought=
Charlotte:                                                    [ Yeah
Lizzy:      =No I want [ my glass of Sav
Charlotte:             [ Yeah
Mary:       Usually I drink when we have people over for dinner or we have Friday in with
            my husband, or you know every so often. Well actually not every night but
            every second night now. But when I first had Lucas I was having half a glass
            every night because I was so stressed out
Intrvwr:    Mm
Mary:       So it was like {does drinking hand action} yeah, so it's got a little bit less but I
            drink
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In extract 26, group six drew upon the 'self-monitoring' discourse to construct themselves as 'responsible, good drinking mothers'. Throughout the extract, the women are seen imposing restrictions that limit how they present their own drinking within a group setting. They use terms such as "half a glass" or "a glass" of wine and discuss how they do not open bottles themselves. For these women, the opening of wine bottles likely represents problematic drinking behaviour or may impact their ability to self-regulate their drinking, as they talk about not letting wine go to waste. However, there are also contradictions and challenges seen within their talk. Georgiana initially states that she tends to only drink with other people, yet follows by acknowledging drinking leftover wine by herself. Likewise, Lydia states that "I wouldn't open a bottle" which Lizzy agrees with. However, after Mary acknowledges opening bottles of wine on bad days, Lizzy shares her experience of opening bottles in her earlier stages of motherhood.

This example highlights how fraught the concept of alcohol use amongst mothers is, as well as the difficulties researchers have obtaining 'factual' statistics on alcohol consumption rates. Women perform 'good' mothering on a constant basis in group settings, despite being amongst friends. It is not until someone challenges this ideal (e.g. acknowledges having bad days mothering), that other women may feel more comfortable sharing their experiences, deviating from idealised motherhood (Simon, 2014). Once again the 'relaxation' discourse is drawn upon by Lizzy and Mary to justify the use of wine for relaxing after a stressful mothering day.

Extract 27: Group 4

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Scarlett:   The reason they sort of say don't drink alcohol full stop, it's for those (1)
            crazies out there that take it too far. [ So it's probably the same with cocktail
            playdates=
Carreen:                                           [ Mm
```

Scarlett:	=like for us we don't take it too far. [We know we don't take it too far=
Suellen:	[Mm we know our limit, yeah
Scarlett:	= there'll be people out there that would be like sweet, we're allowed, you know it's accepted. But (1) yeah, but for us, (1) we know, we know our limits. But it, but then it's not even about limits, it's the fact that we prioritise our child, children
India:	Mm
Scarlett:	We know personally that our children, child will always come first and that we're never get (1) blotto, if that makes sense.

Likewise, group four (extract 27) also drew upon the 'self-monitoring' discourse. Both Scarlett and Suellen talk of knowing their limits, yet in the overall discussion they provide no definition of what their limit is. The group use 'othering' to compare their friendship group against "crazies out there who take it too far". Scarlett's statement positions her peer group as non-crazy, 'responsible good, drinking mothers', who know their drinking limits and are able to regulate these. Scarlett's statement about prioritising their children indicates they are responsible, child-centred mothers, and therefore naturally will, without a doubt be responsible drinkers.

Her comment also shows the dominance of the mothering ideology, where responsibility in all aspects of life (including drinking) is a by-product of adhering to the principles of 'good' mothering. The use of the term "we" rather than "I" throughout the extract (e.g. "we don't take it too far") is group inclusive, reflecting a shared and accepted generalised knowledge of how the group view themselves as responsible, making good friendship choices. Once again, the group's positioning of themselves as 'responsible, good drinking mothers', both justifies and constructs their drinking as non-problematic.

Extract 28: Group 2

Linda:	I think if we were glued to our phones and sculling wine, but I suppose what I'm saying is, I've been in the situation where (3) there is rampant alcohol consumption [um, (1) very late at night, with toddlers up and not in bed =
Margo:	[Mm
Linda:	= and I'm talking one thirty in the morning, I've been to some of those parties and I've seen it… So (2) I've, I've, I've seen some of that (2) no, no regard drinking. Whereas while I'm drinking, even like this, and I'm going to have to go and, Chester's in control of Bruno but I'm going to help take Bruno home. [I'm still now going, (1) How I'm feeling?=
Margo:	[Mm
Linda:	= How I'm talking? How are we talking? [Am I aware? =
Margo:	[Being aware of
Linda:	= and because we talk like this all the time and we do talk about how much we're drinking when we are together, especially sort of our families are socialising quite a bit. I think that's a good thing, I think the day we stop talking and just keep drinking then we're in trouble. The fact that we [are always talking about
Margo:	[Yeah

Linda:	How much have you had? How much [are you driving? [How are we feeling?
Intrvwr:	[Mm
April:	[Mm, I think
Linda:	How many bottles are?
April:	Yeah and I think yeah, and I think in our PIN groups when we're having drinks, if someone, if one of the mums started knocking them back and getting drunk, we would probably be like oh, oh hang on a minute

Group two drank alcohol together the most regularly, every Friday afternoon and some weekends. They defined their ability to self-monitor through their cognitive reflections and shared conversation about their drinking. Linda's statement "the day we stop talking and just keep drinking, then we're in trouble", draws upon the theory behind psychological therapy, where if you talk about your problems, they do not bottle up and become problematic. Group two also draw upon 'good' mothering ideology to position themselves as 'good' mothers and therefore responsible drinkers.

The process of 'othering' occurs with the group comparing themselves with mothers who break the rules of 'good' mothering, by not prioritising their children (e.g. "on their phones"), having children "up very late at night" (e.g. breaking routine and not meeting sleep needs) and with "no regard drinking" (e.g. no self-monitoring). The term "sculling" is associated with youthful determined drinking, where young adults scull alcohol in order to get drunk fast, again in contrast to how 'good' mothers drink. April's statement that "in our PIN groups when we're having drinks…if one of the mums started knocking them back and getting drunk, we would probably be like oh, oh hang on a minute" contrasts with another segment of their discussion where the group talk about drinking to levels which contradict April's comments, without any group concern.

8.1.2   The irresponsible, bad drinking mother

The alternative subject position of an 'irresponsible, bad drinking mother' was only taken up once, by Whitney (group one) when describing a particular drinking occasion. This was contrary to the rest of her talk, where she constructed herself and others in her peer group as 'responsible, good drinking' mothers. Moreover, as shown in extract 29 below, the rest of her peer group worked hard to challenge her attempts at constructing herself as irresponsible and tried to realign her and her drinking behaviour with the rest of the group's position as 'responsible, good drinking mothers'.

Whitney: Probably the worst I've been drunk would have been (2) um …and I had an
           eight month old baby in the house and a nearly two year old in the house and I
           was so (1) <u>drunk</u>. I was spewing in my toilet, [we had a house full of people
Madonna: [Mm there were a lot of people
           there, she wasn't [(alone) {laughs}
Whitney: [They were all drunk…They were all drunk and no one was
           looking after the chil, we <u>all were hammered</u> and then I got up and kept
           drinking like that was
Christina: You weren't, were you feeding at that stage?
Madonna: [You'd finished feeding by then
Whitney: [No I pretty much weaned like …
Christina: See to me I don't see [there's a problem in that
Whitney: [There were so many drunk adults in my house, [they
           were all sleeping in the beds and their rooms
Madonna: [But the
           kids were asleep
Christina: But it's amazing, is something can happen, say how quickly people [can
           actually sober up and actually (1) deal with that situation.
Madonna: [Will sober
           up
Cher: If you want to know the truth in that situation you were mourning, so it wasn't
           like oh everyone come to my house and let's get on it

Whitney (extract 29) describes herself as drunk and physically sick (vomiting), as a result of consuming too much alcohol. She also describes the social setting as out of control, with two young children present, with "so many drunk adults in my house", "sleeping in beds and their rooms" (e.g. kids rooms). By engaging in this talk Whitney positions herself as an 'irresponsible, bad drinking mother', while also positioning all the adults present as irresponsible too as "no one was looking after the chil (children), we were all hammered". However, her friends are uncomfortable with Whitney taking up this position. It is likely their concern stems from her deviation from traditional expectations of 'good' mothering. Throughout the extract, Whitney is interrupted by group members working to justify her drinking behaviour.

Madonna interrupts her to state other adults were present, which is based on the common notion that children are more likely to be safer when there are more adults around to watch out for them. However, Whitney quickly reinforces the irresponsibility of the situation by stating how drunk everyone was. Christina makes the next attempt at challenging her position by stating Whitney was no longer breastfeeding. This further constructs someone who breastfeeds while drunk as irresponsible (e.g. transferring alcohol to the child through breast milk). However, breastfeeding is also a behaviour physically representative of motherhood. It indicates full dependence of the baby on its mother for life and conforms to 'good' mothering ideology. As Whitney breastfed

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(making her a 'good' mother) and has since weaned, Christina outlines she has no problem with the situation.

Again Madonna tries to reconstruct Whitney's position by mentioning the children were asleep, so although not stipulated this would mean her children were not visually exposed to the social situation taking place. Likewise, Christina also challenges Whitney again by stating people "sober up if there is an emergency". Cher makes the statement "If you want to know the truth in that situation you were mourning". Her knowledge of the "truth", legitimises Whitney's drinking behaviour on this occasion. Given it was a memorial celebration, Cher is able to use the process of 'othering' to position Whitney in contrast with true problematic drinkers, who purposely invite people around to party for no particular reason. This again legitimises Whitney's drinking experience, as occurring due to a one-off, exceptional situation (e.g. death and mourning), which serves to bring her back to the group's position as 'responsible, good drinking mothers'.

Extract 30: Group 1

Christina: But there's ( ) behind yours, likes there's not, it's not that you live in South Auckland and I am generalising right now. But this is the thing, you're not having everybody over

Whitney: It was a real, real, real contrast to what my house normally is like in that, was, something that was really interesting. Through the tangi, I wasn't allowed alcohol in the house, even though their normal, [their normal [practice would be to sit and drink there.

Cher: [Yep

Christina: [Yep

Whitney: But I, I was approached by the family and I said nah, because in our house with Robbie like that, it was our haven and it was our, pretty much an alcohol-free zone [it was

Intrvr: [Mm

Christina: [Yep

Whitney: We drank in the house, but we didn't get drunk in the house

Mariah: [Yep

Christina: [Yep

Whitney: And he would go out and get <u>wasted</u> =

Madonna: = But not at home =

Later in the discussion, (extract 30) Whitney works to reconstruct herself as a 'responsible, good drinking mother', with the support of her friendship group who use class-based 'othering' to position Whitney as different to problematic drinking identities. 'Other' problematic drinking mothers are defined as those living in South Auckland, an area recognised as lower socioeconomic, with higher than average rates of child poverty and abuse, unemployment and welfare dependency (Huakau, 2014). By using this extreme

example, Whitney's self-confessed out of control drinking occasion is legitimised, as it is positioned as not as bad as what happens in South Auckland.

It is through this class-based positioning, that Whitney finally re-aligns herself with the group's position as 'responsible, good drinking mothers'. She begins to re-construct her self-proclaimed out of control party as a one-off experience and different from her typical daily life. She draws upon her very tragic experience of losing a family member, but chose to break from Māori custom at their tangi, by not allowing alcohol in her home, when it was expected and would have been legitimised. Whitney's talk of being strong enough to do this constructs her as putting her children's needs first, and as such constructs herself as a 'good' mother. However, her statement about her home where "it was our, pretty much an alcohol-free zone", is interesting as in the next line she states we "drank in the house, but didn't get drunk in the house". Therefore, technically her home is not an alcohol-free zone, but rather one typically free of drunkenness, a drinking behaviour not compatible with being a 'responsible, good drinking mother'.

Extract 31: Group 1

Madonna: I wouldn't want to go to a playgroup with my daughter now and where all the mothers are drinking

Intrvwr: You wouldn't like that?

Madonna: I'd hate that. I'd just hate it, I, that people would be loosened up, that they wouldn't be watching the kids. I just wouldn't feel safe

Cher: It's bad enough when you go to playgroup and there's mums who don't care about their kids [and they're not drinking, let alone drunk mums

Madonna: [Yeah and that's upsetting

A small minority of participants positioned 'other' mothers who drink together during playdates as 'irresponsible, bad drinking mothers'. In extract 31, the group are discussing playdates involving alcohol use and both Madonna and Cher make their disdain known for the idea. Although Madonna mentions not feeling "safe", it is possible her concern stems not just from the possibility of children getting harmed, but from the challenge to her mothering identity. If she were to drink with them, she may find herself associated and positioned with 'irresponsible, bad drinking mothers'. Likewise, Cher's concern centres on irresponsible, 'bad' mothering, which alcohol use would exacerbate.

8.1.3 Contradictions to the position of a responsible, good drinking mother

Although all of the women drew upon a 'self-monitoring' discourse and positioned themselves as 'responsible, good drinking mothers', there were occasions where the line between responsible alcohol use and their mothering responsibilities were blurred. Several women disclosed occasions where they drank more heavily or miscalculated breastfeeding times and breastfed their babies with alcohol in their system. However, unlike Whitney, none of the women took up the position of an 'irresponsible, bad drinking mother', instead they continued to position themselves as 'responsible good drinking mothers'.

Extract 32: Group 2

Linda: And um that week, I remember that first, that's the first time Bruno ever had what I call his Sauvignon milkshake, was, he was on such a regular feeding pattern then. Um, that I feed him and I put him next door in the lounge cause we had this sort of glass thing and I wanted to see him. I was watching a movie with mum and I had a <u>big large glass of Sav with mum</u> watching TV, and then Bruno woke up about an hour later absolutely starving and I just went <u>shit</u> he can't be starving, and mum said it might be a growth spurt. He was literally {gnawing noise} gumming at my arm, and I was like please take the bottle and he wouldn't take the bottle and I was like <u>oh shit,</u> [couldn't do anything else=

Group: [{ Laughter}

Linda: = and I went, I've just had <u>a large glass of wine</u> about an hour ago and I looked up online and they said that's exactly when it's in your system. And I went, I don't know what to do. He wouldn't take anything else, [so I just had to latch him on

April: [Mm, I'd

Linda: Slept like a log [{laughs}

Margo: [{Laughs}

Linda (extract 32) describes a situation where she breastfed her child, with more alcohol in her system than she felt comfortable with. Instead of making a single statement that she had been drinking and had to breastfeed her son, Linda works very hard within the group setting to construct herself as a responsible mother. The context of the situation is low key, where she is watching a movie with her mother, rather than partying with friends. Linda's awareness of her son's regular feeding pattern, which she timed her alcohol use for in between, constructs her as placing her child's needs first ('good' mothering). She continues her performance as a 'good' mother, by talking about his bottle refusal, seeking online advice and describing the glass door he was sleeping behind (so she could see him), which are all intensive mothering practises.

It was clearly important for Linda to demonstrate to the group that she was caught off guard by her son waking earlier than expected. Her use of terms such as "absolutely

starving" and drawing upon parental advice that it "might be a growth spurt", along with body language (arm gnawing) help her construction of being caught off guard, adding further weight to her argument for why she had to breastfeed him. Although not stated, it is likely Linda is trying hard to balance her own needs as an adult woman wanting time for herself, with that of the intense situation that is early mothering. Also evident in this extract is the group's use of humour. Linda uses humorous exclaimers such as "oh shit" and terms such as "sauvignon milkshake" and "slept like a log" in excitable language. The group respond with laughter. This humour helps deflect the conversation away from the possibility of the group positioning Linda as an 'irresponsible, bad drinking mother'. Instead, her retelling of the experience and the group's response, become similar to the way in which research has shown young adults retell their drinking stories, where group cohesion and friendships are built (Peralta, 2007).

Overall, her talk demonstrates to the group her ability and willingness to follow an intensive mothering ideology of being child-centred and selfless. For instance, she could have just breastfed him instead of taking numerous steps to reduce the risk. It also highlights the vast amount of justification and explanation Linda provided to the group, on the surrounding context for both her drinking and breach of traditional expectations of 'good' mothering. Despite the amount of planning that went into the situation, Linda's good intentions and the unanticipated wakening of her baby, Linda works hard to present herself to the group as a responsible mother while drinking. Her level of justification amongst friends she frequently drinks with indicates that society still frowns upon mothers' alcohol use, particularly while breastfeeding.

Extract 33: Group 2

April:	… we went up to Rotorua to a friend's wedding when Lucy was about nine weeks, and um I had EXPRESSED. I'd done all the EXPRESSING and um and I was driving, so I was only going to be having two drinks as it was just <u>down the road</u>. And um, um my sister was looking after Lucy. And I said, first I said she's done about three poo's today so she's not going to poo. Mm
Margo:	{Laughs}
April:	Um but anyway she woke up and then she heated (1) the milk up. But then she wouldn't take it, so it had to be tipped. So um yeah when I got home, oh then she woke up, ( ) then I'd popped home. That's right I'd had one drink and I popped home. <u>Did I have to feed her then? I think I had to feed her then</u>, and um I fed her didn't I? Oh shit, then went back, went back to the wedding and had another drink and went home and about two, three in the morning she woke up again and did I have? No, maybe I gave her the milk the first time. Might have been, might have only been one feed. Anyway I had to feed her with having (2) one or two glasses of wine. I think I only had one and a half in the end anyway. But yeah I was <u>thinking oh shit</u>. Um and the next morning she

<div style="margin-left: 2em;">

	got up and she came into the bed and <u>vomited and I was thinking oh my god</u> <u>it's her first hangover</u>. [{laughs}
Linda:	[{Small laugh}
April:	You feel so guilty, [and I mean it probably not but you're just like
Margo:	[( )
Margo:	Yeah

</div>

Likewise, April also shares her drinking experience of attending a wedding, consuming alcohol and breastfeeding her baby. Like Linda, April also works hard to present herself as a 'responsible, good drinking mother' who tried to avoid the situation occurring. April expressed milk, which her baby refused, she had her sister (a family member rather than a stranger) babysit, went home during the wedding to check on her baby and drove, which signified to the group the additional limits placed on her drinking (e.g. unlikely to drive drunk, reduced time to drink). The elaboration of her experience and her confusion mingled with her attempts to remember particular detail, show just how important it is for April to outline the 'factual' details required to present herself as a responsible mother. For instance, how many total drinks she consumed was important enough to warrant the statement "one and a half in the end".

April's level of detail also highlights the vast level of responsibility she has for her child's wellbeing, to the point where her enjoyment of her night out is likely influenced by whether her child would burden her sister (e.g. defecates her nappy). Furthermore, there is no mention of her partner's parental role in her discussion. April also uses humour when she jokes that she may have given her baby "her first hangover". However, she also quickly follows this by describing her guilt, a concept aligned with 'good' mothering ideology (e.g. guilt as an ever-present emotion), which allows her to position herself as a responsible 'good' mother, despite her 'mistake'.

<div style="margin-left: 2em;">

Extract 34: Group 3

Camelia:	= I've, I've done that before you know, where I've had a couple of beers and then he's woken up at night and then I've just felt like this big (1) gap [between the state that I'm in and the state that he's in. =
Juniper:	[({quietly})
Eliza:	[Yeah
Camelia:	= And he'd, he's needing me but I can't, I feel, I feel bad for not being
Intrvwr:	Yeah
Camelia:	Being a present person.
Juniper:	Yeah.
Intrvwr:	So you feel a bit of guilt?
Camelia:	Yeah that's mama guilt though. [It's like you feel guilty about whatever you do.
Intrvwr:	[Yeah

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Camelia:    Go for a haircut you feel guilty about it.
Group:      {Laughter}
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Similarly, Camelia also drew upon the construct of guilt while describing a night out, where she came home and woke to her child overnight. She outlines the mismatch between her state (having consumed beers) with the needs of her child, which she feels guilty for. Again this expression of guilt, which is an expected maternal emotion ('good' mothering ideology) serves to compensate for the situation. By feeling guilty, she is able to protect her status as a 'responsible, good drinking mother'. However, what is interesting in this example is that Camelia then jokes about feeling guilty regardless of what she does, including getting a "haircut". A haircut would solely be for Camelia, taking time away from her child, where she cannot meet their needs. Her comment not only highlights the predicament whereby mothers are always expected to feel guilty, but it also downplays the impact of alcohol. The group's laughter likely shows both their understanding of the mother guilt phenomenon but also some resistance, as if the group are acknowledging the ridiculousness of this concept.

8.2   The surveillance discourse

The 'surveillance' discourse was drawn upon by the women to construct not only their awareness of the public scrutiny they face when consuming alcohol as a mother, but also the public scrutiny they experienced for many mothering choices, such as breastfeeding, choice of nappy type and how long they stay at home with their child for. As mentioned, this discourse fell under a greater theme, whereby the policing of motherhood was deemed an everyday societal practice. The subject position of a 'socially judged, drinking mother', was taken up by all of the participants, who felt their drinking (and mothering) were under constant public judgment. Many of the women adjusted their drinking practises accordingly, often drawing upon the 'self-monitoring' discourse discussed earlier.

Several women resisted the 'surveillance' discourse and the subject position of a 'socially judged, drinking mother'. These mothers attempted to challenge this position by constructing themselves as standing up to this judgment, by refusing to modify their drinking in response. However, these women still engaged in 'self-monitoring', which highlights the inescapable level of societal control, including self-policing that occurs for mothers who drink. As with the other discourses discussed, the 'surveillance' discourse

was also inextricably linked to the dominant 'good' mother and 'intensive parenting' ideals where 'good' mothering is constructed as child-centred, all-loving and labour intensive (Hays, 1996).

8.2.1 The socially judged drinking mother

The women all described their transition into motherhood and the impact this had on their drinking experiences. They all noticed a significant change from being adults without children, who actively engaged in New Zealand's drinking culture, with freedom (and expectation) to drink, to becoming mothers who experienced intense public scrutiny from the moment they fell pregnant. Some of the women spoke of feeling socially invisible in drinking situations and all of the women positioned themselves as 'socially judged, drinking mothers'. However, as mentioned above some of the women reacted by placing constraints on their drinking, while others attempted to challenge this wider 'surveillance' discourse.

Extract 35: Group 4

Melanie: Yeah, I'd be worried about being judged, maybe you wouldn't be
Scarlett: Ahh to be fair if I went out, I would definitely not have more than two (1) in
            public

Extract 35, is an example of how some of the women modified their drinking due to perceived social judgement. Melanie and Scarlett draw upon the 'surveillance' discourse and position themselves as 'socially judged drinking mothers', with Scarlett outlining the limitations she places on herself while drinking in public.

Extract 36: Group 1

Madonna: … Just thinking about [drinking, like when you're out socially now, like the
                babies, she's a year old=
Cher: [(Oh really)
Intrvwr: [Mm
Madonna: = and I'm not breastfeeding and I'm not pregnant so I can have a drink if I
                want. But no one asks me anymore like it's, [it's, I'm almost invisible, like
                we've got juice for you and I'm like, I'm not fucking five.
Mariah: [Yeah
Christina: [Yeah {laughs}
Madonna: {Laughs} Give me beer
Cher: Out of a sipper cup
Madonna: Yeah, yeah, I know it's just, <u>well you know, you're the responsible one now</u>

Furthermore, group one describes their awareness of the transition to motherhood and the movement towards being publically censured by others. Madonna draws upon the

'surveillance' discourse, positioning herself as a 'socially judged, drinking mother'. She outlines to the group that she is not pregnant, nor breastfeeding, which are contemporary public health concerns associated with mothers consuming alcohol. By mentioning this, Madonna constructs her desire to drink as one where she has taken her child's health into consideration (e.g. a responsible mother). However, she constructs the role of a responsible mother as socially invisible ("I'm almost invisible"), within New Zealand's adult drinking culture (e.g. we've got juice for you"). This highlights the broader societal belief whereby mothers should not drink. However, Madonna's response of "I'm not fucking five", positions her as someone willing to fight to ensure her adult, individual identity is not stripped from her, or engulfed by her mothering identity. Once again, highlighting the loss of individual identity some women experience when becoming mothers.

Extract 37: Group 7

Kasey: I definitely feel we get judged more
…
Rochelle: I went to a birthday party and they had lots of bubbles and stuff there. And my friends mum's like, oh did you want a glass of bubbles? And I was like yes please that would be nice. Like it was at two in the afternoon or something. (1) And then she's, she goes oh are you still breastfeeding? And I said nah not anymore. Cause I had literally just given up a couple of weeks before, cause I got quite sick
Intrvwr: Yeah
Rochelle: Um and I was on like IV antibiotics and stuff. So I was like oh and he was only, I was only feeding him in the morning anyway cause he ate so much food. So I, I said nah I've given up. So I'd feed for eight months, no nine months and she goes <u>oh that's early</u> and I was like, [um pardon
Kasey: [Oh, judgey, judgey
Rochelle: And she goes that's early and then like walked off. And I was like, oh my gosh. She didn't even say like, why did you stop now or <u>anything. She just totally said</u> [that was early
Kasey: [Oh my gosh
Rochelle: And I was like, I thought nine months [was a good effort
Kasey: [That is a <u>good</u> effort
Rochelle: And it's not like he's a puny little baby he's massive like, yeah. I was like you rude bitch.
Intrvwr: Did you get your bubbles?
Rochelle: Yeah I had my bubbles
Group: {Laughter}
Kasey: () {Laughs}
Rochelle: () ruined my whole day I was like, you didn't even ask why. I could of told her that I had a lung infection. And, (1) and, and I was only feeding him once a day because I'd started doing shift work, so I wasn't always there at night time so

However, the 'surveillance' discourse was also drawn upon to describe the judgement the women felt about all aspects of motherhood and not just their alcohol use. In extract 37, Rochelle discusses her experience of being offered a glass of bubbles (sparkling wine) at

a party and receives judgement from another older women for giving up breastfeeding. As a result, Rochelle proceeds to justify to her friendship group why she gave up breastfeeding, which continues over four sentences. Although supported by her friends who celebrate her achievement of breastfeeding to nine months, this extract sadly highlights the everyday public scrutiny mothers experience and the impact this can have on women (e.g. feeling compelled to justify their decisions). However, knowing that every aspect of their mothering behaviour was under public scrutiny made it easier for other groups of women to challenge public judgement.

8.2.2 Challenging the subject position of a 'socially judged drinking mother'

The no-win situation of being judged regardless of their mothering choices, saw a number of women challenge the 'surveillance' discourse while drinking. These mothers described how they continued to take their children into situations where they knew they may receive judgment such as glares and comments. These situations included taking their children to pubs and bars, which have traditionally been reserved for adult use and aligned with alcohol consumption. By engaging in this behaviour, the women attempted to resist 'good' mothering ideology, including public concern about how they should act as a mother. As the extracts will show, the women deflected perceived criticism back on to the person perceived as giving it. In doing this, the women were able to position the people with moral concerns as old fashioned or unknowledgeable, while locating their own behaviour outside of the drinking stigma attached to mothers' drinking. However, as the examples will highlight, the women were never able to fully resist 'surveillance'. Instead, they engaged with other forms of self-policing, including restricting alcohol use, aligning with 'good' mothering ideology and using other discourses which continued to justify and explain their alcohol use.

Extract 38: Group 4

Melanie: Cause we've definitely been judged actually=
Intrvwr: Yeah
Melanie: =Thinking of it, like going to watch my uncle's horse race in the middle of the day. Going to a TAB slash pub [and all the old cronies in there going, <u>oh you're starting them young aren't ya</u> and stuff
Suellen: [Right
Suellen: Yeah, yeah, yeah, yep
India: Yeah
Melanie: Yeah, but little do they know that why we're here [and I'm not actually drinking and
Suellen: [Yeah
Suellen: Yeah, yeah for sure
Melanie: [Yeah

India: [But in saying that, we've, we've been to the local hotel um, quite late probably
            about seven and we've been looked at quite funny with Charles out and about,
            when he was
Melanie: Is that the hotel?
India: Yeah, and we weren't even drinking alcohol. We were there just to have dinner.
            So sometimes it not about the alcohol

For example, Melanie describes taking her children to a traditional pub (with betting facilities attached) to watch a horse race her uncle was involved in. She positions herself as 'socially judged', by others in the bar. However, amongst her friendship group, she attempts to deflect this judgment by returning the criticism, calling them "old cronies". Melanie uses the term crony in a slang, derogatory context, constructing the pub patrons as groups of old men, out of touch with modern society, including the reason she is in the pub with her children. By positioning the pub patrons as "old cronies", she resists being positioned as an irresponsible mother. However, Melanie still justifies her presence in the pub, by making it clear she was "not actually drinking", despite being in a licensed establishment.

Likewise, India also shares her experience of facing public judgement when taking her son out for dinner to the local hotel (traditional pub). Although both women autonomously decide to enter these traditional drinking domains, India also makes it clear to her friendship group that she was not drinking. Therefore, India alludes to her mothering ability being questioned, by having her son present in a drinking establishment. By drawing upon the widespread judgment and no-win situation these women find themselves in, their mothering choices are legitimised. However, given there is no comment by either Melanie or India as to the role their partners played, despite their presence in both situations, it also highlights the distinct role these women play in their children's lives.

Extract 39: Group 4

Suellen: But no I wouldn't feel judged
Intrvwr: You don't?
Suellen: No because I've got such a full-on life that I if I get the time to sit and have a
            few drinks while looking after him, I will so do it
Group: {Laughter}
Scarlett: Because I deserve one
Carreen: Yeah we do
Intrvwr: Yeah
Scarlett: And because we're not breastfeeding. [When I was um breastfeeding, cause I
            fed up until she was two, I hardly touched the alcohol
Int/Su: [Yeah

Intrvwr: Yeah
Scarlett: Pretty much didn't drink for two years

Similarly, Suellen and Scarlett also challenge public judgement, by drawing upon the 'reward' discourse to resist being positioned as 'socially judged, drinking mothers'. Suellen is aware of social monitoring, but constructs herself as hardworking, (e.g. "full on life") and busy (e.g. "if I get the time"), therefore deserving of a drink. Scarlett positions herself as a self-sacrificing 'good' mother, by outlining how she breastfed for two years and rarely drank alcohol during this time. Once again breastfeeding is constructed as the ultimate sacrifice. Although Suellen and Scarlett attempt to resist the dominant 'surveillance' discourse, they still draw upon the 'reward' discourse, which legitimises their drinking, indicating the level of justification required by 'good' mothers to drink.

Extract 40: Group 5

Chloe: Um we used to just lie him on the bar when he couldn't roll or anything and
            that, that was (1) he'd just sit there. We'd just drink with our baby on the bar
            and it was fine… Yeah (2) we, we'd often get um real weird looks. You'd know
            what they were thinking but
Intrvwr: You didn't care?
Chloe: Um, um, I, I did care when we first started, (1) just incorporating him into you
            know, our lives and just taking him out everywhere. I did care.
Intrvwr: Yeah
Chloe: Um but then I just stopped caring, I thought you know, look they don't know.
            They don't know, they don't know me, they don't know my partner, they don't
            know what's it'. They may not have necessarily have been parents before…It
            was like actually, I don't care. In, in a way, I almost feel sorry for them that
            they've got to sit there and get all worked up internally about {laughs} seeing a
            baby in a bar

Of all the participants, Chloe actively sought to challenge the 'surveillance' discourse. Unlike the 'good' mothering practises of being child-centred and selfless, Chloe constructs herself as a mother who incorporates her baby into her existing social life. This includes taking him to bars where she would drink with friends on a Friday or Saturday night. Unlike the other participants, she used the term "we" instead of "I", to include her partner as an active person in the social scenarios described. Her use of the term "we" also alludes to shared parenting practises and responsibilities, highlighted by her comment on her partner also experiencing judgment (e.g. "They don't know my partner"). Interestingly, Chloe's talk indicates that she likely engages in less traditional mothering, with her husband engaging in more non-hegemonic fathering responsibilities, indicating a more egalitarian parental relationship.

Despite the recent increase in family friendly pubs and restaurants being established in New Zealand (e.g. Southern Cross in Wellington), as well as an increase in mothers' drinking during afternoon playdates, it is still unusual to see babies or small children in bars and clubs on Friday and Saturday nights. Although Chloe breaks social norms by taking her baby out, and is aware she is being positioned as a 'socially judged drinking mother', she challenges the 'surveillance' discourse. Like Melanie, she questions the reliability of those judging her, including their lack of parental experience. Her comments suggest those judging her are younger adults, with no children, which is consistent with Lyons and Willott's (2008) research findings, whereby young people viewed alcohol consumption amongst women of childbearing age as norm-breaking. However, to justify her resistance Chloe engages in discursive work, including laughter, repeated emphasis on questioning the reliability of those judging her, as well as an emphasis on positioning herself as not caring what others think.

8.3 Summary

As this chapter has demonstrated, all of the women drew upon 'self-monitoring' and 'surveillance' discourses within their group talk. Their drinking, whether at home or with others, was subject to intense scrutiny and policing from themselves and others. Unlike their talk on their young adult drinking behaviour, where they engaged in "fun", determined drunkenness, their current drinking talk was full of strict rules they abided by. It was evident their current drinking was heavily intertwined with their role and responsibilities as mothers and their subsequent mothering identities. It was okay to drink at home by themselves, or with other people present, but their drinking had to be justified and their limitations outlined. For instance, the women engaged in a significant amount of discursive work, frequently using terms such as "just one glass" "only one glass", "only once a week" and "we weren't opening bottles" (of wine) to explain, justify and legitimise what was described as frequent, routine, low levels of alcohol consumption.

Furthermore, it was important for the women to present themselves to their peer groups as 'good' mothers and sensible drinkers, despite the majority of these women having a drinking history with one another. Likewise, it was also important that all the women in the friendship groups complied with 'good' mothering ideology. Although my presence as an interviewer, may have increased their desire to construct themselves as 'good' mothers and sensible drinkers, I too have a drinking history with some of the participants.

Therefore, it is likely this identity construction work would have occurred, regardless of my presence.

Moreover, research shows the dominant ideology of 'good' mothering is so strong, that women regardless of whether they believe in it, or can meet the requirements of this ideology, still succumb to this discourse (Arendell, 2000; Harman & Cappellini, 2015; Henderson et al., 2016). By presenting themselves as 'good' mothers and engaging in these policing discourses, the women were able to remove themselves away from problematic drinking identities and position their own drinking as sensible and responsible. However, performing 'good' mothering was done on a continual basis throughout discussions, rather than being a given fixed status. All of the women were aware of feeling watched and judged by society, not just regarding their alcohol use, but across all aspects of motherhood. Their mothering skills and identities were constantly being balanced with their own individual adult identities, so as not to face the possibility of societal judgment, even amongst close friends.

The level of scrutiny worked as a double-edged sword. On one hand, some of the women reduced their alcohol use in public to prevent being judged. However, for others, judgement legitimised their drinking, as they described getting scrutinised regardless of what choices they made. Intoxication has been found to give young adults brief respite from performing hegemonic femininities and masculinities (Pini, 2001; Stepney, 2015; Thurnell-Read, 2011). Given the participants constant 'good' mothering performances, scrutiny from themselves and others, level of justification required for drinking (potentially unlike any other group in society) and the hard work involved in caring for small children, it is not surprising these women often looked forward to drinking at the end of the day. Alcohol, at least for a short time helped them relax, unwind and briefly escape surveillance. Missing from this chapter was again talk amongst the women about the role their partners play in family life. Although this may be representational of the dominant roles these mothers have in raising their children, the next chapter will explore their partner's drinking in more detail.

Chapter 9: Analysis of men's drinking

The past two chapters have explored how the mothers talked about alcohol use in their daily lives. As discussed, these women drew upon discourses of 'reward', 'relaxation' and 'adult time out', to justify their drinking in a way unlikely seen in any other group within society. Their drinking and mothering were subject to intense scrutiny from society and amongst themselves, which resulted in the women also drawing upon 'self-monitoring' and 'surveillance' discourses. In this chapter, the women's talk on their male partner's alcohol use and the impact this had on their family life is explored. There was wide variation amongst these women when describing their partner's drinking. However, a consistent underlying theme throughout this chapter is the notion of masculinity and men's long association with alcohol use as part of what it means to be a man.

This chapter will begin with an introduction to the reported drinking patterns of the women's partners. This will be followed by a discussion on the 'masculinity' discourse, which includes examples of how the women constructed men's drinking as a masculine practice. A further discourse of 'consideration' will also be discussed. Within this discourse were two subject positions, the 'considerate drinking father' and the 'inconsiderate drinking father'. Again examples of how these women positioned their partners are provided. Lastly, a summary will follow, which will discuss the implications of these discourses for women.

9.1 Drinking patterns amongst the fathers

All of the women reported that their male partners consumed alcohol. However, there was wide variation amongst the amounts consumed. Several women stated their partners drank rarely for various reasons, including financial and cultural reasons. Furthermore, a number of women reported their partners consumed alcohol once or twice a week, while other women's partners drank daily. Some of the men were reported to drink heavily on occasion. Many of the women acknowledged a gender disparity when it came to access to alcohol. Men had greater access to social occasions involving alcohol, such as workplace drinks. Several of the women questioned the acceptability of fathers' drinking with little to no judgement from others, while their drinking as mothers came under intense public and media scrutiny. Although alcohol consumption rates amongst their

partners varied quite significantly across the participants, all of the women reported that their partners supported their drinking (e.g. the women's drinking) and at times encouraged it. Yet as this chapter will show, gender differences as to how this occurred were apparent.

9.2 "It's a guy thing" – The masculinity discourse

Throughout the group discussions, the women drew upon a 'masculinity' discourse, where men's alcohol use was constructed as part of their masculine identities. This included their access to alcohol (e.g. beer availability at home), as well as a taken for granted assumption that they could routinely drink (just being "a guy"). As mentioned, these men all worked outside the home, so had increased access to alcohol through workplace and Friday night drinks with friends and colleagues. Consuming regular amounts of alcohol or large amounts of alcohol on occasion, was seen as part of their masculine identity, which was consistent with other studies (Campbell, 2000; de Visser & Smith, 2007; Peralta, 2007; Rahav et al., 2006; Willott & Griffin, 1997; Willott & Lyons, 2012).

Extract 41: Group 7

Cheryl:	Yeah and um, last night was the first night that he's gone out and got really trashed. The other nights, (1) usually he'll go out for a few drinks at the clubrooms on a Saturday night and he'll be home around like nine thirty, ten
Intrvwr:	Yeah
Cheryl:	But yeah last night he didn't get home til half past three. And didn't even know what he was doing. [Um (1) so that=
Rochelle:	[{smirks}
Cheryl:	=and he's. (1) He was very apologetic about it and said that it's not going to happen again
Kasey:	{laughs}
Cheryl:	I don't believe that
Kasey:	Prize giving
Group:	{laughter}
Cheryl:	Cause he's got his one hundred games coming up in two months as well so
R/K:	Mm
Cheryl:	Yeah, um (2) when I was pregnant he, (1) he (1) wasn't as bad as he used to be. Like he was a lot more considerate and again he'd just go to the clubrooms and come home ten, eleven, twelvish
Intrvwr:	Yep
Cheryl:	Not getting written off. So it's, (1) it only the odd occasion where he's (1) drinking too much. But he'll have (1) during the week, (1) um, Friday night work drinks or he'll come home and have two or three beers at home.
Intrvwr:	Yeah
Cheryl:	Um, but it's only ever Friday and Saturday that he drinks. No other days during the week. Yeah but our fridge always has beer in it as well.
Intrvwr:	{Laughs}
Kasey:	It's a guy thing aye
Cheryl:	Yeah, mm

Rochelle: Ours probably doesn't cause I have to do the grocery shopping. [My husband
would just get drunk. It's a waste of money.
Group: [{Laughter}

In extract 41, Cheryl describes her husband's excessive drinking the night prior to the
focus group discussion, which the group had prior awareness of. Cheryl begins by
outlining her frustration with her husband's drinking antics and her disbelief when "he
was very apologetic about it and said that it's not going to happen again". The group
knowingly laugh at his apology, particularly as Cheryl states he has a prize giving event
coming up. This indicates the group's expectation and awareness of excessive alcohol
consumption at men's sporting events, which Willott and Lyons (2012) argue is common
practice amongst male sports teams. As the conversation continues, Cheryl begins to
defend her husband's alcohol use, by minimising the frequency of his drinking and his
consumption levels.

Ensuring the group position her husband as a non-problematic drinker, appears to be
important for Cheryl. However, she still ensures the group know their fridge "always has
beers in it", which Kasey defines as masculine. Rochelle too, ensures her husband is
positioned as 'masculine', by letting the group know he would heavily drink (a masculine
trait), if he had daily access to beer. However, Rochelle is able to police her husband's
drinking, by controlling the alcohol purchased while shopping. This behaviour allows her
husband to remain masculine (e.g. he wanted to drink), while allowing Rochelle to
perform hegemonic femininity by caring about her husband's health.

Extract 42: Group 6

Charlotte: I was going out the other week [and my husband was expected home at
quarter past six so I could go out=
Mary: [( )
Charlotte: =and he got home about twenty past six but he'd managed to stop and buy
beers at the supermarket on the way home
Intrvwr: Yep
Charlotte: And I said you've got like three beers in the fridge already
Jane: Ohh but that [might not be enough
Charlotte: [Yeah and I said well I'm going out and what if something
happens to the kids and you've got to drive the car. He said <u>oh nothing's going
to happen</u>
Lizzy: [{Laughs} ( )
Mary: [{Laughs} Oh he's such a male {laughs}
Jane: Yeah, yeah

Group six (extract 42) also drew upon the 'masculinity' discourse to construct the drinking behaviour of Charlotte's husband as typical for men. Charlotte describes her frustration with her husband due to him prioritising his purchase of beer, over being home in time to watch the children. She also expresses concern for his alcohol consumption levels while in sole charge of their children, using the example of driving a car, as a guideline for appropriate drinking. Although her statement indicates drink driving campaigns have created social awareness, her husband's response that "nothing's going to happen" shows gendered differences between these women and some of their partner's drinking behaviours. Throughout a number of group discussions, the women describe how they restrict their drinking to ensure they can still drive their children if needed.

The group respond to Charlotte with laughter and sarcasm. Despite group concern for the situation, Mary's comment that he is "such a male", further legitimises men's alcohol use, as well as the traditional belief that women are better caregivers than men. Although it is important to note that only a few women described their partner's risky drinking while fathering, this drinking behaviour may undermine trust within their relationships. For instance, men may want the same level of responsibility for their children, yet engaging in excessive drinking may cause women to not trust their husband's ability to responsibly watch their children. As a result, it is possible that this limits some women's ability to have time away from their children, as well as impacting the movement towards equal parental responsibility.

Extract 43: Group 1

Mariah: When, when I was pregnant I said to Freddie will you stop drinking, not to [not drink
Cher: [Yes
Mariah: And he said why do I want to do that? And I was like <u>to support me</u>, [to be with me
Cher: [Yeah
Mariah: And then he goes fuck that [and you know so I, I was the designated sober driver [the whole time and I, =
Madonna: [Yeah
Cher: [All the time
Mariah: = I'd see him drinking and I'm like, not that I want to drink it's just cause he had the choice [to do it or not
Christina: [Yep, yep
Madonna: Mm
Mariah: And I'm like now, you know and even <u>now</u> it's kinda like you can drink and so. (1) But that's the thing if I drink and I go, you don't drink, he'd be like why, [why can't I drink? You know=
Madonna: [Mm, mmm

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Mariah:	=I will say okay you don't drink, but then I'll still feel responsible you know
Group:	Yep
Mariah:	He doesn't, he doesn't, like, if he doesn't drink and I drink, then I'll still be like, I can still hear him, you know, like, I'll be like in the bedroom and like I can hear it, you know. Are they okay? You know. He's struggling, should I get up and help? Should I, you know?
Madonna:	Mm

In extract 43, Mariah talks about asking her husband to stop drinking to support her during pregnancy. Clear gender roles are evident, where her pregnant body is constructed as her responsibility, while her husband's access and right to alcohol use is constructed as normal and expected, therefore part of his masculinity. For instance, his response of "why do I want to do that" and "fuck that" suggests Mariah's request is ridiculous. His reported questioning of the reasons why he cannot drink when Mariah tries to negotiate her own use, suggests her husband may see his masculine identity being challenged, through control of his access to alcohol. Mariah positions herself as a responsible, 'good' mother, engaged in intensive mothering practises, where she is unable to let go and enjoy her time out. She describes feeling responsible for her child, even when her husband is not drinking and he is watching their child.

It would be interesting to know whether her trust in his ability to parent would increase if her husband actively chose (rather than was asked by Mariah) to not drink. As with a number of these examples, the men choosing to drink or expecting to drink while watching their children may undermine the women's confidence in their ability to responsibly watch their children. Furthermore, it is the women in many of these examples who negotiated with their partners as to who was drinking, rather than the other way around. This behaviour shows how engrained alcohol use is within masculinity, whereby women have to negotiate or argue for their ability to drink.

Extract 44: Group 4

India:	And men kind of get to relax a little easier [( )
Carreen:	[and if, if they were to go out and have a guy's playdate and a few beersies then um, I don't know about you, (1) but I'd be a bit worried for the kids' sake. {laughs} They're just a little too relaxed {laughs}
India:	Yeah
Carreen:	Oh man, whereas mums they can have some winesies, but they're um, [(1) you know ( )
India:	[Yeah
Suellen:	That's a good point
Melanie:	Yeah that's a good point. [But they do find it more relaxing I think, when they're out and they have a drink=
Carreen:	[We're actually more

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Melanie:    =because they don't feel like they have to watch them every second.
Carreen:    [ Yes
Suellen:    [ Yeah
Scarlett:   They're so more relaxed aye
Melanie:    Yeah. Like they just don't watch them every second.
…
Carreen:    So, [ men just a bit more kind of relaxed
Melanie:         [ Yeah
Melanie:    Yeah definitely
Carreen:    Yeah, so yah go women with their cocktail
Group:      Yeah
Scarlett:   [ We're still ( )
Melanie:    [ They're still drinking but they're still more responsible
```

Group four also drew upon the 'masculinity' discourse to construct men's drinking as more relaxed, carefree and not traditionally associated with children. As a result. this group co-construct alcohol use during men's playdates with their children as risky. Men are considered too relaxed for them to responsibly watch their children while drinking. However, this group of women use their construction of the men's shortcomings to position their own drinking during playdates as far more responsible and less risky for the children involved.

9.3   The considerate family man discourse

The groups of women drew upon a 'consideration' discourse when describing their partner's drinking, within the context of family life. This discourse centred on the men's ability to be considerate and respectful to their family's needs. Intertwined within this discourse, were aspects of femininity and masculinity and the negotiation of gender roles. For instance, the traditional masculine role of being a responsible, financial provider was frequently drawn upon by the women. Yet, other aspects of traditional masculinity were challenged, particularly the men's responsibility towards their children. As discussed earlier, alcohol use is firmly embedded within hegemonic masculinity (Campbell, 2000; de Visser & Smith, 2007; Peralta, 2007; Rahav et al., 2006; Willott & Lyons, 2012). Recent research suggests men transitioning into 'new' fatherhood often experience conflict between feeling pressure to conform to traditional expectations of masculinity (e.g. being the financial provider), while navigating non-hegemonic forms of masculinity in the way of egalitarian parenting and emotional caregiving (Kings et al., 2017).

Consistently across all groups, the mothers constructed themselves as responsible, while the men's drinking was constructed as falling into one of two subject positions; either the

'considerate drinking father' or an 'inconsiderate drinking father'. As the extracts will demonstrate, the men positioned by the women as 'inconsiderate drinking fathers' engaged in behaviour aligned with traditional hegemonic masculine traits of being a man's man and at odds with the movement towards shared parental responsibility. In comparison, the men positioned as 'considerate drinking fathers' were more aligned with modern, equal parenting.

9.3.1   The considerate drinking father

The 'considerate drinking father' was constructed by some of the women to describe their partner's drinking behaviour. Unlike traditional hegemonic masculinity, where women are deemed solely responsible for their children, this subject position was aligned with post-modern parenting ideals, of equal parenting and equal responsibility towards their children's care. However, even within this subject position, aspects of traditional hegemonic masculinity were still important, including financial dependability. As the following extracts will show, the women drew upon these traditional expectations of masculinity to construct these 'considerate drinking men' as responsible and dependable. Likewise, the women reinforced their own traditional motherhood roles by taking up the role of rule-maker within the domain of the home.

> *Extract 45: Group 1*
>
> Cher: Yes but Axl's really good, like he's going out poker tonight
> Madonna: He has, yeah
> Cher: He knows he can't leave until eight o'clock. Like yeah, he's really good about
>   being home until seven thirty until the girls are down and then he'll go out and
>   Axl's really um, at the moment he's really conscious about money. So he
>   doesn't go out <u>drinking</u> because we can't afford it. He would rather drink a
>   couple of beers and come home [and drink at home.
> Group: [Mm
> Group: Yeah

Cher (extract 45) draws upon the 'consideration discourse' to position her partner Axl as a responsible, 'considerate, drinking father'. She describes him as "good", financially responsible and considerate towards his parental duties, e.g. waiting until the girls are in bed before going out. Yet, Cher positions herself as in charge of the home domain. Her comment that "he knows he can't leave until 8pm", implies Cher is in control and the enforcer of this requirement. She positions her husband as rule-abiding. Although Cher works part-time, she takes on the traditional feminine role of primary caregiver for their children, including outside of traditional paid work hours. Interestingly, there is no question or discussion on Axl's alcohol consumption levels and what this entails. Instead,

he is positioned as a good, responsible considerate drinker who follows traditional masculine expectations of being financially responsible for his family.

Extract 46: Group 1

Madonna: Richie's been really quite interesting like um, he would always tell me if there's work drinks or something. Um, he always let me know and say that's he going, and so I know I'm doing bath or whatever that night. Um, but a few times where he's had the opportunity like some of, cause he works in advertising so they have quite big Christmas do's or client nights

Christina: [Mm

Whitney: [Mm

Intrvwr: Oh yeah

Madonna: Where you can drink a lot and it's all free and cause we're on a bit of a budget as well cause were doing a ( ) renovation. [But a few times he's had the opportunity to go to those =

Intrvwr: [Mm

Madonna: = and then he will text me at half past nine and he'll be like 'I'm coming home' and I'll be like 'oh are you not having a good night', like this is your FREE NIGHT out, with free alcohol and all the rest of it and he's like, 'I just wanted to be with you guys'

Group: Oohhh

Christina: That's really nice.

Madonna: And that, that's a big shift but I, I guess I wouldn't have said of him in those early days, cause he was kinda like nothing in my life is gunna change [unless you kinda tell me otherwise.

Christina: [Mm

Likewise, Madonna (extract 46) also positions her husband as a 'considerate drinking father' who is financially responsible. She does this by discussing her husband's decision to limit his drinking on an occasion with access to free alcohol, in favour of coming home early to his family. Although not outlined, her comments suggest her husband enjoys being with his family and engaging in his paternal responsibilities. Otherwise, he would have engaged in brief drunken escapism on a night out. Her positioning of him as a considerate drinker (and partner/father) is given more weight through her comparison with his early parenting identity where he stated he was not going to change unless she told him otherwise. This is an interesting change, as it implies he has gone from assuming Madonna is in sole charge of parenting to taking on more of a selfless role, consistent with equal parenting. However, as mentioned, his reported statement lends support to the notion of women still being primarily responsible for their children and as a result chief decision makers within the home.

Extract 47: Group 3

Rose: Hans drinks less than me, but he likes his craft beer. So he will like to have [one good beer

Intrvwr: [Nice beer

Intrvwr: Yeah

Eliza:	Yeah my Jacobs the same, he will definitely drinks less than me and um, like's a good craft brew. [(1) Um and he, he doesn't like getting drunk, um
Intrvwr:	[Yeah
Eliza:	(1) Or it's not really in his, his culture, um (1) you know. As I said he didn't grow up drinking but [um, also he, he said the other night he wouldn't want to get drunk =
Intrvwr:	[Yeah
Juniper:	[Yeah
	[{Rose leaves room with her baby crying}
Eliza:	= um partially because we're co-sleeping and um. (2) [Ah well now it wouldn't be a problem. But in the beginning he didn't, he didn't want to drink =
Intrvwr:	[Yeah
Eliza:	= because you know, he was too scared of rolling over and hurting her. [Yeah and you know
Intrvwr:	[Yeah

In extract 47 above, group three co-construct their husbands as light drinkers and as a result, position them as 'considerate drinking fathers'. They do this by constructing their partners as modern men who prefer "craft" beer over other forms of beer. Although they overlook the alcohol content and serving size of craft beers (which potentially can be stronger and of larger serving size), it suggests these men prefer quality over quantity. The consumption of craft beer is also associated with middle-class men, so this extract also positions these women and their partners as middle-class. Eliza also positions her husband as a 'considerate, drinking father' who factors in the needs and safety of his co-sleeping child.

Extract 48: Group 4

India:	But um, yeah like me and my husband will take turns we go out to events, so one of us will stay sober [and one of us will have a drink.=
Intrvwr:	[Yeah
India:	=So if it's his side of the fence, usually he has a few drinks and I'm the sober driver or whatever
Suellen:	Do you guys stay at home and have some wine [or beer at home?
India:	[Um, we do, we have our date night {laughs}
Suellen:	Yeah, yeah, cool
Suellen:	That's nice.
India:	Got to keep doing that so {laughs}
Scarlett:	Yeah
Melanie:	I've never had one of those
…	
Carreen:	Oh you take turns, so you don't rock, paper, scissor it you actually take turns? You had the last one at so and so's birthday.
India:	We just base it on what's, what's going on in the weekend. Like he goes on call every four weeks, so if it lands on when he's on call, then it's, I'll have to not drink
Carreen:	[Yep
Suellen:	[Don't you (1) crave to drink with him [and be on the same page as him, cause that's what I'd like if I , I, was going to drink I'd like
Melanie:	[Yeah, yeah ( ) I was just thinking about that
India:	That's what our, our date nights are about anyway. So you know we don't, I mean it's not like we have to drink

Scarlett:	Yep
India:	And if we want to drink it's just cause we want to relax
Carreen:	How long have date nights been about? Was that sort of like an idea that somebody gave since you got married or?
Melanie:	[( ) married
India:	[Um since we had, um since, well I didn't drink obviously when I was pregnant or when Charles was little and I was breastfeeding. But um, someone said like you've got to have time with your partner, with your husband cause you get so wrapped up with your children you kind of forget you know… So yeah, so yeah that's what we do, ( ) date night, ( ) some of our date nights don't involve alcohol and some did. It just depends, usually in the summer we might have like a couple of wines, or a couple of bottles each, or but Charles is in bed asleep so yeah.
Intrvwr:	Yeah
Melanie:	Oh so your date nights at home, you don't go out?
India:	Well yeah, cause we can't really afford to go out. So if we go out it's more like for bir, like for his birthday, I always take him out cause he's worked so hard, cause he's the only working person

India (extract 48) also draws upon the 'consideration' discourse to construct her husband as someone willing to take turns drinking, so they both get equal drinking opportunity. Her response is met with a lot of questions (if not interrogation) by her friendship group. On one hand, India positions her husband as a 'considerate, drinking father', willing to fairly negotiate both of their needs. However, the group question the success of their negotiations as India and her husband are not drinking together. Although India positions her and her husband's choices as more modern, e.g. shared access and opportunity, she has to work hard to defend her position.

This example shows how women's choices as mothers, can be subtly critiqued by others, including friends. Yet, their critique also highlights a potential lack of negotiation on alcohol use amongst New Zealand couples. Furthermore, despite constructing her and her husband's relationship as more equal, she too draws upon traditional hegemonic expectations of fatherhood in relation to her husband's paid job. For instance, she mentions that he works "so hard" and is the "only working person". Although she supports, recognises and wants to reward his hard work, it is also a traditional gendered issue where 'paid' work is acknowledged and unpaid work often lacks recognition (Kahu & Morgan, 2007).

9.3.2 The inconsiderate drinking father

The subject position of an 'inconsiderate, drinking father' was aligned with traditional masculinity, whereby the women constructed these men as more dominant, having first right and access to alcohol, while assuming childcare needs would be taken care of by

their partners. Women who positioned their partners as 'inconsiderate drinking fathers' constructed themselves as powerless or victims of their drinking, having to negotiate and argue to get their needs and their children's needs met. Yet as the following extracts will show, the women fought to regain power within the domestic sphere.

Extract 49: Group 6

Jane: Yeah I find Friday nights are annoying.
Intrvwr: Yeah
Jane: Like he can come home at like midnight
Georgiana: Yeah see that would piss me off
Lydia: Yeah Friday nights annoy me
Jane: And, and it can, can be. He will just tell me at like seven thirty that he's not
            coming home to midnight.
Lizzy: [That would annoy me too
Georgiana: [That would annoy me as well.
Mary: ( ) doesn't care
Lizzy: No Darcy doesn't do that
Kitty: Phillip wouldn't do that
Mary: His balls would be ( )
Group: {laughter}

In extract 49, several members of group six drew upon the 'consideration' discourse to position their partners as 'inconsiderate drinking fathers'. These men were constructed as having the freedom to engage in after work drinks, regardless of how the participants felt, or their parental responsibilities. For instance, rather than calling Jane to discuss staying out late, her husband tells her he is "not coming home to midnight". As a result, Jane positions her husband as having more power than her, which frustrates her. Although she works part-time she has taken on the role of primary caregiver for their children, and therefore there is an assumption that outside work hours her role continues.

This is important to note, as it indicates a loss of freedom for Jane. The ability to engage in after work or Friday night drinks is taken away from these women, due to their role as primary caregivers. Unlike their partners, they cannot spontaneously leave their children and go out drinking, without childcare arrangements being made in advance. Within this extract, the other group members outline their frustration with Jane and Lydia's experiences. However, in doing so they are inadvertently positioning their own husband's as 'considerate, drinking fathers'. Mary's statement that "his balls would be ( )" if her own husband did that, is a reference to cutting off his masculinity, indicating the power she holds in their domestic relationship, where she would not allow her husband to treat her that way.

In recent years there has been a movement towards equal parenting (Kings et al., 2017). Although the division between paid and unpaid labour is a challenge for families, a number of parents share the responsibility of their children outside of work hours. This includes negotiating time out, away from their children. In this extract, there appears to be an assumption on the part of the men involved that because the women are already home, it is assumed they will look after the children while they drink. Their lack of communication and negotiation, shows that traditional gender roles are still prevalent and the role of unpaid domestic duties (including childcare) is still undervalued.

Extract 50: Group 6

Mary: Um I don't. I would <u>never</u> let him get away with that
Kitty: See Phillips pretty terrible. If he gets really drunk and he's hangover he will just
            (1) watch TV all day (1) and it, it REALLY ANNOYS ME. And like he knows
            it annoys me cause I tell him <u>fifty million times</u>, every time I walk past, that he
            should get up and so he just <u>doesn't.</u> I think that's one of the reason he's
            <u>doesn't</u> drink a lot because he hates me nagging him [the next day=
Intrvwr: [Yeah
Kitty: =cause I will just nag him. Cause I can, (1) he, he it's. It just annoys me. That
            annoys me more than him going out. I'm quite happy him going out. But I'm
            not happy for him to just <u>sit</u> the next day and <u>not</u> do anything
Lizzy: [No exactly
Jane: [( )
Georgiana: [No that's fair enough. [Who likes seeing anyone being a sloth
Jane: [( ) Bingley came home and Charles was a baby still in
            our room and he turned all the lights [and moved stuff around
Group: [{sighs}
Kitty: See that, it's, that's the stuff that annoys me more than the actual [drinking
Jane: [Yeah. Got
            up in the middle of the night to go to the toilet and tried to get out of the door.
            It was so, oh god he was so drunk. [I was so angry=
G/Li/Ly: [( )
Mary: [{laughs}
Jane: =yep and the next day I had to go and say you're getting up and you're coming
            with us. I was so angry and he had to do everything that day.

Group six continue their discussion in extract 50. Both Kitty and Jane co-construct their husbands as 'inconsiderate, drinking fathers', with the support of the group. Rather than just their alcohol use being constructed as problematic, it is their husband's lack of consideration and responsibility towards their paternal duties that is constructed as the main issue. The men are positioned as unable to regulate their alcohol intake, engaging in binge drinking behaviour representative of their lives prior to becoming fathers. For example, Jane constructs her husband as having a lack of consideration for her hard work mothering and getting their baby to sleep, by coming home drunk, making noise and turning lights on in the room their baby is asleep in.

Although Kitty and Jane position themselves as having no control over the amount their husband's drink, they convey to the group their power battle to compensate for this. These women show their control over the domestic domain by constructing themselves as having the ability to demand their hung-over husbands participate in family duties regardless of any ill effects. As a group, they co-construct this non-negotiated drinking behaviour as inconsiderate and selfish, challenging dominant expectations where paid work is valued over unpaid domestic work. For instance, it is highly unlikely these men would attend work hung-over and fail to engage in their expected work responsibilities. Yet, they are able to do this with their non-negotiated paternal responsibilities. Kitty takes up the devalued, derogatory position of being a "nag" to get her husband to actively do his fair share. Again her behaviour and derogatory choice of language shows the power imbalance in their parental responsibilities. Mary is again quick to assert her authority for not standing for that behaviour in her relationship with her own husband.

Extract 51: Group 2

Margo: I was like <u>oh come on</u> cause I, cause he'd gone, cause Beervana starts in the
           afternoon. I thought well I'll look after her this afternoon, maybe some of
           tomorrow morning, but I might have a couple of hours where I can, [just
           check my emails, whatever on Sunday afternoon.
Linda: [Yeah
Margo: He was just toast for Sunday. I was like <u>okay</u>. I was, I was, well I was kind of, it
           was a combination of <u>really cheesed off</u> but also I can KIND OF
           UNDERSTAND WHERE YOU'RE COMING FROM cause I kinda wish
           that was me. Just not quite as hung-over.

Likewise, Margo described her husband drinking more than expected at a beer festival, which consequently meant he was unable to engage in his expected paternal duties the next day. Unlike the participants in group six, Margo positions herself as more understanding of her husband's behaviour, acknowledging her own desire for time out. She constructs herself as reasonable, having tried to negotiate fair and equal down time between them as a couple. Yet, her husband's alcohol use has taken that opportunity away from her. From the discussions, it is evident there are gendered differences in drinking. For instance, none of the women reported engaging in binge drinking to excess, resulting in them being unable to actively engage in their mothering responsibilities the next day. Unless their children were being looked after by others, all of the women reported that their next day maternal responsibilities were constantly in the back of their minds while drinking, which regulated their alcohol intake. Once again, this example highlights the dominant caregiving role women are still engaged in, even outside standard paid work hours.

Extract 52: Group 1

Whitney:	…and when we were talking about when I'd go out and leave Robbie, and then I'd be sitting there and going, (1) 'why aren't you checking up on me, why don't you want to know what time I'm coming home … And are, are my children ( ). ( ) off there worrying [about what was happening there, whereas when he went out
Madonna:	[( )
Madonna:	He went out
Whitney:	He was <u>out</u>
Group:	Mm {laughter}
Whitney:	(I'd be like) ring, ring, ring, ring. It was like a private joke with his friends, cause he has a stupid ringtone on, [that [they knew it was me
Christina:	[Mm
Cher:	[Knew it was from you, yeah
….	
Whitney:	And I really resented it [and it would be, um. This was the bit that yeah.
Group:	[Mm
Christina:	And I think there is times that you really do, like [I mean Justin
Whitney:	[They switch off and then, then he's like I need this time, with my friends and I need this time (1) for me. [And I was like
Christina:	[Yeah
Madonna:	Where's my time?
Christina:	Yeah
Whitney:	You're fucking kidding me [and I was like fine, have your time, communicate with me
Group:	[Yeah

In extract 52, Whitney described the gender differences between her and her husband's nights out. Whitney constructed herself as unable to let go of her mothering responsibilities, "whereas when he (her husband) went out, he was <u>out</u>", which indicated her husband's ability to switch off completely. Although Whitney's inability to switch off and her concern for her children was associated with 'good' mothering and intensive mothering ideals, it also indicated the greater responsibility for child-rearing that women take on. It also raised the question about the level of demand placed on mothers that they struggle to have time off, including time off from their mental load.

The group co-construct Whitney's husband's night out as aligned with traditional 'boys club' masculinity. Elements of power and control are seen with her husband giving her a specific ringtone so he and his friends knew when Whitney was calling. Whitney's attempts to contact him during his nights out became a "private joke" amongst his friends. Although this likely indicates his desire to have time to himself with friends, the example highlights his failure to communicate with her, his unreliability and his disrespect towards her on his night out, by positioning Whitney as the 'nag' within his friendship group.

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Madonna: There's been quite a few situations where like, we will like go somewhere and Johnny will, yeah he's quite quick getting those first [two beers in, so then he can't drive

Cher: [{coughs}

Mariah: Yeah

Christina: [Ohhh

Madonna: [And I'll be like eat some fucking pizza, {laughs} like something because I'm having a drink as well like

Group: Yeah ( )

Whitney: That's sneaky

Madonna: Sneaky ( ), he will just go <u>bang, bang</u>

Christina: But they always think that

Madonna: Yeah he kind of assumes. [I'll go for my glass of wine and he'll be like (you're) driving =

Cher: [( ) {coughs}

Mariah: = Yes

Madonna: And I was like 'who's driving?' [And he's like <u>I HAD TWO BEERS</u> and I'm like

Mariah: [I think now ( ) ….

Mariah: I will have to consciously say to him [who is driving?

Madonna: [Who is driving?

Cher: [Who is driving?

Christina: [Yeah

Mariah: [Before, cause before he would had the same sort of thing. He would just <u>drink</u> and then go well <u>I'll have to drive then,</u> you know

Christina: Yep

Mariah: So ( ) so I just, I've had to say to him, Freddie no it's my turn type. [My turn now to =

Madonna: [You're driving

Mariah: = one more and then you're driving, [you know. Like and he'll be like <u>ohh</u> ( )

Group: [Yeah

Group one also co-constructed Mariah and Madonna's husbands as 'inconsiderate, drinking fathers', by answering each other's sentences. Both Madonna and Mariah drew upon their husband's assumptions that they have the first right to consume alcohol. In this extract, it is the women, not the men that negotiated for time to drink. For instance, Madonna indicated Johnny's resistance to being sober or limiting his drinks by stating, "he's quite quick getting those first two beers in, so then he can't drive", while Mariah had to proactively negotiate for her turn to drink. Mariah knew these negotiations needed to occur before her husband Freddie started drinking. She also indicated having to police his drinking to ensure he is capable of driving (e.g. "one more and then you're driving"). By constructing their relationship in this manner, Mariah continues to position herself as the responsible one, who even on a night out with friends is still unable to relax and enjoy the moment as she needs to police her husband's drinking. Interestingly, in this extract, there is no reference to their children and instead their negotiations involve who is going to drive.

9.4 Summary

This chapter has highlighted the wide variation of reported drinking behaviour amongst the participants' partners, from very little to regular consumption of beer on a daily basis. Despite some of the men being positioned as 'considerate, drinking fathers', gender differences were still apparent both in the home regarding childcare responsibilities and with access to alcohol. Although some of the women had returned to full-time or part-time work, it was evident that they still assumed primary responsibility for their children outside paid work hours. In comparison, the men, due to their exposure in the public domain, had greater opportunity and access to situations involving alcohol, such as work place drinks.

As mentioned, drinking alcohol is firmly embedded in masculinity and what it means to be a man (Campbell, 2000; de Visser & Smith, 2007; Peralta, 2007; Rahav et al., 2006; Willott & Lyons, 2012). Although their alcohol use was negotiated with their partners on many occasions, some of the participants drew upon the 'consideration' discourse to position their husbands as 'inconsiderate drinking fathers'. This subject position highlights the continued belief that women are primarily responsible for their children's care and that unpaid duties in the home are often devalued (Kahu & Morgan, 2007). Unlike the women, these men were reportedly able to drink without consideration for their fathering role and responsibilities the next day.

Therefore, despite research showing new fathers desire egalitarian relationships and want to engage in non-hegemonic fathering responsibilities such as emotional caregiving (Kings et al., 2017), alcohol use (particularly heavy drinking), may provide a means for some men to resist these 'new' fathering roles. For instance, it is possible the 'inconsiderate drinking fathers' in the current study achieved this by continually repositioning their female partners as the more responsible carers. As a result, some of the women were concerned about leaving their children with their partners, due to the men's expectation to drink and the potential risks involved for their children.

Likewise, the women also drew upon hegemonic femininity, whereby the home was seen as their domain and as a result, they made and enforced the rules within it. Some of the women also engaged in policing of their partner's drinking, taking up a traditional feminine caring role, watching over their health. Although these women's roles reinforce

hegemonic expectations, they also provide the women with some power and control in a situation (e.g. motherhood) where they often felt overwhelmed and powerless. However, engaging in active fathering is a relatively new concept historically. It is not surprising there is conflict and negotiation between the traditional role and expectations of being a man (e.g. access to alcohol and being a financial provider for the family) with their newfound responsibilities as 'modern' fathers who are expected to engage in intensive caregiving (Kings et al., 2017). Moreover, the everyday acceptance and routine nature of mothers' drinking is potentially hidden under the guise that they are still responsible, feminine, 'good' mothers.

Chapter 10: Discussion

The purpose of the study was to explore the way women who have transitioned into early motherhood talked about their alcohol use, including how they accepted, resisted and negotiated dominant meanings around motherhood and alcohol. The aims included exploring how mothers with preschool children talk about their current alcohol use, other mothers' alcohol use and their pre-child alcohol use during late adolescence to early adulthood. In addition, further aims were to explore how their talk on their drinking differed from their talk on their partner's drinking and how they negotiated their drinking with one another and their parental responsibilities. Seven friendship focus group discussions, involving 30 women in total, were held and then transcribed. Foucauldian discourse analysis was used to determine the key discourses the women drew upon. The purpose of this final chapter is to review these main findings and discuss the study's relevance to the wider literature on mothers' and women's drinking cultures.

This chapter will begin by reviewing the women's talk on their drinking in late adolescence and early adulthood, including how their talk differed with their talk on their current drinking. Included within this is a discussion on the 'work hard, play hard' and 'developmental age and stage' discourses, which the women used to construct late adolescence/young adulthood as a normal and socially expected time for excessive drinking. The 'relaxation', 'reward' and 'adult time out' discourses used to describe the mothers' current drinking will then be discussed, including their relationship to the 'good' mothering ideology and co-existing femininities. A discussion on the social control of mothers will follow, including use of the 'self-monitoring' and 'surveillance' discourses, in addition to the mothers' resistance to 'good' mothering ideology. Next, the women's talk on 'other mothers' will be reviewed, which will be followed by a discussion on the discourses of 'masculinity' and 'consideration' which the women used to describe their partner's drinking in relation to parental responsibilities and drinking negotiations. The limitations of the study and a personal reflection will also be outlined, followed by suggestions for future research, a discussion on the wider implications and a final conclusion.

10.1 Then and now: the normalisation of alcohol use

All of the participants drank alcohol, which was not surprising given both the recruitment criteria (e.g. late adolescence/early adulthood alcohol consumption) as well as the social context in which they live. Changing gender roles, increased alcohol advertising and availability (McEwan et al., 2013), including alcohol and alcohol-related products (Johnston, 2011) and social media posts targeted at mothers, combined with neoliberal values of self-responsibility, autonomy and 'assumed' equal gender rights are well established (McRobbie, 2007). Given the majority of participants were middle-class, they had easy access to alcohol, readily buying it with other grocery items. As such, alcohol use was a normalised practise and their talk reflected the everyday commodity value of alcohol, in which drinking was seen as a ritualised, routine practise (McEwan et al., 2013), similar to drinking a cup of coffee. Consistent with Ling et al.'s (2012) and Baker's (2012) research, the women commonly drank at home, using their own self-defined drinking limits.

The women's talk on their past alcohol use in young adulthood reflected the wider literature on youth drinking cultures. The women drew upon both a 'work hard, play hard' discourse and a 'developmental age and stage' discourse to construct young adulthood as a normal time for heavy drinking and associated risk taking behaviour. Consistent with other research, learning drinking limits, drinking tastes and managing their drinking behaviours were seen as normal for this age group (Griffin et al., 2009; Lyons & Willott, 2008; McCreanor et al., 2008; McEwan, 2009; Willott & Lyons, 2012), making up part of a person's developmental drinking trajectory (McEwan et al., 2013). The participants' talk on youth drinking also aided their gendered performances as responsible, drinking mothers.

Being older and wiser, they were able to reflect upon their past drinking experiences, positioning themselves as 'previous, successful binge drinkers' who were 'developmentally normal'. By constructing their current drinking selves as responsible, sensible and mature, both their youth drinking and current drinking behaviours were legitimised. These findings are similar to previous research findings, including Muhlack et al.'s (2018) review of 13 studies on midlife drinkers. In their study, drinking was deemed acceptable, if appropriate to one's age and stage of life and their ability to meet their responsibilities. Likewise, adults in mid-life have also been found to position themselves

as mature drinkers who through drinking experience, have built up drinking tolerance and accumulated knowledge for managing their drinking limits (Emslie et al., 2012; Lyons et al., 2014; Rolfe et al., 2006).

Moreover, the mothers' previous youth drinking exploits, including regular drunkenness, vomiting, and risky drunken behaviours, were recounted with pride and humour amongst the groups. These findings support previous studies which show the process of sharing and (re)telling drinking stories and drunken exploits helps maintain group cohesion, identity and solidarity (McCreanor et al., 2005; Peralta, 2007). However, for the current participants, this form of storytelling also helped with the identity construction work of the mothers who did not know each other prior to having children. By sharing their prior drunken experiences in a lively manner with one another, they sought to ensure their fellow group members would recognise them as fun, social and normal, prior to having children. These findings support McCreanor et al.'s (2005) claim that alcohol is a branded commodity which young adults increasingly use as a way of signalling their identity and place in the world.

Furthermore, the mothers' discussion on their youth drinking behaviour was aligned with the key features of 'new' femininities, whereby their talk reflected autonomy, freedom and empowerment, which have been traditionally aligned with masculinity (Gill, 2007; Hutton & Wright, 2015; McRobbie, 2009). Consistent with other research (Griffin et al., 2009; Guise & Gill, 2007; Lyon & Willott, 2008; Measham & Brain, 2005; McEwan, 2009; Rúdólfsdóttir & Morgan, 2010), as young adult females the women had consumed wine, spirits and ready to mix drinks, engaging in pleasurable controlled intoxication and determined drunkenness, choosing where, when and how much they drink. Given their past drinking behaviour was remembered and constructed so wistfully, it is likely that aspects of their past identities, including engaging with 'new' femininities through New Zealand's night time economy, were still desired. As young women they were independent, autonomous and engaged in 'work hard, play hard' lifestyles. Therefore, signifying their identities as 'previous, successful binge drinkers' likely also represented their loss of individual identity and increased gendered expectations that came with their new role as mothers.

Overall, both their past drinking and current drinking were considered normalised practices, appropriate to the age and stage of their life. However, their drinking as mothers was constructed by the women as routine, ritualised, limited and for taking "the edge off" motherhood, which contrasted significantly with their previous youth drinking which was social, fun, liberated and heavy. As mothers, the majority had consumed alcohol during children's playdates, or with other mothers. They also commonly consumed alcohol in the evening after their children were in bed. These findings are consistent not only with the Scottish mothers in Emslie et al.'s (2015) study, but with research on middle-aged adults, including men, who regularly engage in evening alcohol use to relax and unwind from their responsibilities (Muhlack et al., 2018).

10.2   Good mothers and co-existing feminine drinking identities

Intertwined across all the discourses was the 'good' mothering ideology. Previous studies indicate the dominance of this ideology, whereby women hold these beliefs regardless of their racial, economic or social background (Arendell, 2000; Harman & Cappellini, 2015; Henderson et al., 2016). Given the strength of the 'good' mothering ideology and the expectation that 'good' mothers are selfless, nurturing, child-centred and responsible (Hays, 1996), the women spent considerable time and discursive work throughout the discussions, defining how they met these standards. For instance, the women made frequent references to being selfless, meeting their children's needs, and putting their children first. Furthermore, all of the women drank wine and/or cocktails, which research shows are positioned as not only feminine drinks, but the right way to do 'femininity' (Nicholls, 2016).

In addition to conforming with traditional idealised values of 'good' mothering and femininity, the women talked about the stress and responsibility associated with early motherhood. For instance, the women constructed motherhood as overwhelming, exhausting and all encompassing. The discourses of 'reward', 'relaxation' and 'adult time out' were frequently drawn upon to describe their alcohol use. All of the women spoke of feeling "wound up", constructing themselves as physically tense and worried about their children. Not only is this form of tension consistent with 'good' mothering (e.g. always being child-centred) and intensive mothering practises, it also provided a reason for their alcohol use.

By drawing upon a 'relaxation' discourse, they were able to position themselves as 'wound up, good mothers', which justified and legitimised their alcohol use through the associated worry and tension involved in caring for their children. However, research has demonstrated that mothers are not the only group to use alcohol in this manner. The relaxant properties of alcohol are well known (Hall, 1996; Wright, 2013) and it is frequently used as a coping tool amongst people experiencing various life stressors (Beckman, 1980; Wilsnack & Cheloha, 1987). Although the women alluded to using alcohol to cope with early motherhood, they distanced themselves from 'other' women who drink to cope, such as those with alcohol dependence issues. This notion of 'othering' will be discussed in more detail later in the chapter.

Furthermore, all the women drew upon 'reward' and 'adult time out' discourses to take up the position of 'deserving, drinking mothers'. Again by constructing themselves as selfless, hardworking, 'good' mothers, they were able to legitimise alcohol use as both a reward and for 'me time' at the end of their mothering day. Much of the women's talk centred on constructing motherhood as a form of entrapment, alongside an intense mother-child relationship and identity, and the loss of their own individual adult identity. Consistent with previous literature (Chapman, 2003; Kedgley, 1996; Rúdólfsdóttir, 2000; Sevón, 2005), the women spoke of their awareness of this occurring from pregnancy, whereby their bodies fell under public scrutiny and sanctioning for all aspects of mothering, not just alcohol use. By positioning themselves as 'deserving, drinking mothers', the women were able to legitimise alcohol use as a brief form of escape from gendered parenting.

The women described alcohol as a means for allowing them to feel like an "adult" again, particularly reminiscent of their earlier desired, carefree, pre-child selves. Despite their role as 'mothers' which in itself requires adult behaviours, their talk of needing to feel "adult" again, suggests the women's individual identities have been engulfed by their mothering identity. As mentioned, femininity associated with mothering is all about caring for another. Alcohol use is a threat to 'good' mothering, as drinking encourages independence, which betrays the social contract a woman enters into when having her child, which is to always put her child above her own self-interests (Simon, 2014). The expectation that 'good' mothers put their children's needs above their own at all times (Cannold, 2005; Douglas & Michaels, 2004; Hadfield et al., 2007; Hays, 1996; Miller,

2007), reinforces gendered power structures, wherein mothers do not have independence, autonomy and freedom.

As a result, drinking alcohol briefly in the evening, allowed these mothers to reconnect with their individual pre-child identities and engage in 'new' femininities, involving desired aspects of hegemonic masculinity (such as autonomy, fun and freedom), not readily available to them as mothers. These results support Emslie et al.'s (2015) findings for which they coined the term 'metaphorical transformation' to describe the manner in which midlife women used alcohol as a rapid and convenient way of achieving time out from traditional feminine expectations. They noted this was particularly evident amongst mothers with preschool children, who used nights out to transport them back to their earlier, carefree selves. For the current participants, alcohol represented a way of achieving a sense of empowerment, allowing the women to reconnect with feelings reminiscent of their young adult identities.

Furthermore, the 'reward', 'relaxation' and 'adult time out' discourses have been found in other research on mothers (Baker, 2012), alongside literature exploring mothering identities (Killingworth, 2006). In Baker's (2012) study, mothers with preschool children used alcohol as a form of pleasure, relaxation and reward for coping with the demands of early motherhood. Research also indicates mothers use alcohol to assert their identity beyond the roles and responsibilities of being a midlife women and the inextricable mother-child relationship (Emslie et al., 2015; Simon, 2014), including amongst mothers with no paid working identity (Baker, 2012) and amongst working mothers seeking to balance multiple identities (Killingworth, 2006). The desire amongst women to assert their identities beyond motherhood may explain the importance participants placed on positioning themselves as 'previous, successful binge drinkers' and their use of alcohol to obtain "adult" time in the evening.

Moreover, several participants positioned themselves as 'freedom seeking mothers' and some spoke of their failed nights out drinking. However, it was evident their desired goal for these nights was to recapture the freedom, autonomy and respite from gendered roles, which research also shows occurs within young female drinking cultures (Pini, 2001; Stepney, 2015). Therefore, through their talk, the women demonstrated the way in which mothers negotiate different femininities in their daily lives. Despite the conflict between

these femininities at times (e.g. Cher's night out of freedom threatened by a baby's presence), they often occurred simultaneously, such as when the mothers drank alcohol with children present. These findings support other studies on drinking mothers (Emslie et al., 2015), young mothers (Baker, 2009) as well as young drinking women (who are not mothers), who have been found to constantly negotiate a plurality of femininities, including in the night time economy (Bailey et al., 2015; Griffin, 2000; Griffin et al., 2013; Jackson & Tinkler, 2007; Lyons & Willott, 2008; McRobbie, 2007; Rúdólfsdóttir & Morgan, 2009; Watts et al., 2015; Young et al., 2005).

The performative nature of gender (Butler, 1990) and classed display of motherhood were also continually performed and accomplished by the mothers. For instance, the participants would go to great lengths to perform the role of a 'good' mother, even amongst 'good' friends they have drinking histories with. Their construction of motherhood, running a home and balancing work (if they worked) also indicated the pressure these women experienced to be effective and successful. Alcohol was used as a form of resistance against the strongly embedded, socially desirable version of femininity that is expected with motherhood (discussed later this chapter), alongside their desire for their earlier experiences of different versions of femininity, where they had more independence and agency.

10.3 Social control

In addition to being deserving, all of the women drew upon discourses of 'self-monitoring' and 'surveillance', to continue to present their drinking as responsible, mature and sensible. The women drew upon the 'self-monitoring' discourse, to position themselves as 'responsible, good drinking mothers' by frequently referring to limiting and managing their alcohol intake. Their definitions of self-monitoring and 'good' mothering were subjective to the participants, yet were aligned with 'good' mothering ideology and intensive mothering practises. By drawing upon the 'self-monitoring' discourse, the mothers were able to meet their own desire to drink, while justifying their alcohol use through claims of self-control.

The women drew on the 'self-monitoring' discourse frequently in their discussions, spending considerable time explaining, rationalising and justifying their drinking. This suggests that an association between alcohol use and 'bad' mothering persists, despite the

increase in mothers' drinking in recent years (Habgood et al., 2001). Furthermore, it was considered that if one was a responsible, 'good' mother, then it followed that she would be a responsible drinker. All of the women placed importance on constructing themselves as responsible and discursively this enabled them to justify their drinking. Although it could be argued that claims of self-monitoring provided a form of empowerment for these women (e.g. allowed them to continue drinking), it also operated as a form of regulatory discipline. At all times, the participants knew their self-management was supplemented by public surveillance.

Surveillance by others extended outside the domestic sphere, to include friends, wider family and the public. The women all drew upon the 'surveillance' discourse, positioning themselves as 'socially judged, drinking mothers' who were aware of public scrutiny for all aspects of motherhood, including their alcohol use. Although many of the women adjusted their drinking in adherence, other women resisted, instead drawing upon other discourses, to continue to position themselves as 'good', responsible mothers. Previous studies also show how women of all ages and life stages draw upon traditional femininity and discourses of social control to legitimise their drinking (Cullen, 2011; Griffin et al., 2013; Hutton et al., 2013; Lyons & Willott, 2008; Pini, 2001; Rolfe et al., 2009; Rúdólfsdóttir & Morgan, 2009).

Given the post-feminist, neoliberal context in which these women live, self-monitoring and public surveillance form an intrinsic part of contemporary motherhood. Post-feminism emphasises individual autonomy, empowerment and choice, which are not only connected to the logics of neo-liberalism (Gill, 2007), but to the 'new' femininities which are predicated on the belief that gender equality has been achieved or significantly diminished (McRobbie, 2007). Neoliberalism has contributed to a shift away from state control, whereby health difficulties, including alcohol issues, are placed upon an individual to monitor themselves (Jackson & Tinkler, 2007). Yet, on the other hand, the protection of the (unborn) child supersedes the mother's individual rights.

As the current study shows, despite positioning themselves as 'good' mothers, the strong dominance of the 'surveillance' and 'self-monitoring' discourses suggests all mothers (including good, white, middle-class mothers) are potentially risky and require monitoring. Should their own individual ability to self-regulate fail, surveillance by others

will ensure they experience judgment for being 'bad' mothers (Simon, 2014). Therefore, despite claiming the role of 'good' mothers, the participants were never free from the gaze of others (including their focus group friends) and were only ever one or two moral actions (mistakes) away from being judged as a 'bad' mother, which was evident by the level of justification they engaged in.

However, resistance to 'good' mothering was also seen. Using the 'surveillance' discourse, the women were able to locate their drinking experiences within the context of 'good' mothering, while actively resisting the 'good' mothering ideology. For instance, a number of the women took their children into bars and traditional pubs despite knowing they would be judged. The mothers also placed emphasis on individualised, unfair judgement from people who did not "know them" or "their situation", suggesting these women locate their selves and their situation outside of the stigma associated with drinking mothers. Similar forms of resistance and positioning against social stigma has been found in young mothers, who experience stigma due to their age (Baker, 2009).

Likewise, the 'self-monitoring' discourse was also drawn upon to show resistance. Several women shared 'risky' stories of breastfeeding with more alcohol in their system than traditionally recommended, while continuing to highlight their 'good' mothering ability, placing emphasis on being caught off guard by their hungry babies. Their talk resembled the shared drinking stories seen in young adult drinking cultures (Peralta, 2007), which the mothers recounted with humour for group entertainment. Although research suggests alcohol transference through breast milk is likely to be minimal (Haastrup et al., 2014), the mothers expressed guilt for breastfeeding under the influence of alcohol, thereby indicating their love and care for their babies. Dubriwny (2012) suggests there has been a rise in 'risky' mother discourses as a form of resistance to the dominant ideology of 'good' mothering. These women occasionally breech traditional expectations (e.g. briefly putting themselves first, complaining about motherhood), but legitimise this through expressing overwhelming love for their child (Dubriwny, 2012).

10.4 Other mothers

A further aim of the current study was to explore how mothers with preschool children talk about other mothers. The women's construction of themselves as responsible 'good' drinking mothers was dependent on their construction of other 'bad' drinking mothers.

The dichotomous figures of the 'good' mother and the 'bad' mother worked together to construct 'good' mothering. Without a recognisable 'bad' mother, the mothers in the current study had no one to revile and no one to use as a baseline from which to compare and distance their own status as 'good' drinking mothers. The other mother, like the 'other women' identified in previous studies on gendered drinking (Bailey et al., 2015; Griffin et al., 2013; Lyons & Willott, 2008; Nicholls, 2016; Rúdólfsdóttir & Morgan, 2009; Rolfe et al., 2009), was highly class-based and helped legitimise the women's drinking. The women constructed 'bad' drinking mothers as lower or working-class women, who broke the rules about 'good' mothering, including not being child-centred, not meeting their children's needs and being selfish. Similarly to Ling et al.'s (2012) research, 'othering' was used by the mothers to compare their drinking with women who were long term and/or heavy binge drinkers with complex needs.

In their study, Ling et al. (2012) refer to the perception of excessive alcohol intake as based in relation to how a person looks and behaves, rather than the quantity or frequency of consumption. While social appearance was apparent in the current study, with the women making references to other mothers' mothering ability, type of drink consumed (e.g. spirits were constructed negatively) and whether smoking or breastfeeding occurred while drinking, the quantity and frequency of consumption were still important. These findings indicate the continued social unacceptability of mothers' excessive alcohol consumption. Research on young mothers, who are often vilified, also shows how 'othering' can be used, alongside multiple co-existing femininities to justify 'good' mothering ability (Baker, 2009). However, class distinction is not always explicit within talk and can often be alluded to. In the current study, location (e.g. South Auckland) was also used to define class, which is similar to Griffin et al.'s (2013) and Nicholls's (2015) studies which show class locality within England (e.g. geographical north/south class divide) as a feature of 'othering'.

In recent years there has been a rise in media awareness of mothers drinking alcohol (e.g. wine) together during playdates or other child related activities (Simon, 2014). In the current study, the majority of the participants were comfortable drinking with other likeminded mothers from similar social backgrounds, and did so regularly. However, the social impact of stepping outside 'good' mothering guidelines was also seen. The threat of the other 'bad' mother was always present and some of the women described concerns

about drinking with other mothers, who break from traditional expectations of 'good' mothering (e.g. not watching their children). Likewise, Whitney's friendship group were also uncomfortable with her claiming the position of a 'bad' mother, in response to breeching 'good' mothering by having a drunken party at her home. Although Whitney tried to resist her friend's attempts to re-align her with 'good' mothering, the group eventually succeeded in reframing this occurrence as a one-off, justifiable event. Therefore, the 'drinking mother' identity, which may seem postfeminist, continues to constrain women's mothering practises, if only by the threat that any single act could become the next unacceptable 'bad' mothering behaviour.

10.5 Fathers' drinking and shared parental responsibilities

Hegemonic femininities and masculinities have long influenced how both men and women drink. Given women's drinking is relational to men's drinking (Lyons & Willott, 2008), a further aim of the current study was to explore how the women talked about their partner's drinking, as well as how the women negotiated their drinking in regards to both their relationship with their partner and their parental responsibilities. All of the women were in heterosexual relationships, so all of their partners were men. This resulted in the women drawing upon a 'masculinity' discourse to construct their partner's drinking. The women referred to their partners drinking beer, rather than other forms of alcohol and many of the men reportedly had beer constantly available in their fridge. These findings support numerous research studies which show the predominance of this discourse, whereby men's beer drinking is seen as part of what it means to be a man (Campbell, 2000; de Visser & Smith, 2007; Peralta, 2007; Rahav et al., 2006; Willott & Lyons, 2012). In addition, performing one's class was also a factor for some of the women, who made reference to their partners drinking craft beer, which is representative of being middle-class.

It was also evident that there was a lack of unprompted talk by the women on the role their partners played in daily life with their children, including childcare responsibilities, end of day drinking behaviours and drinking negotiations between parents. Only one participant included her husband in most of her conversations about alcohol use. Although their lack of talk could reflect the taken for granted knowledge that men's drinking is embedded within masculinity and considered a normalised male practise, the focus group setting may also explain this finding. For instance, the women may have felt

uncomfortable talking about their partners in the presence of the researcher or with each other, given they socialise together. In addition, the women were constantly performing 'good' mothering and by sharing potentially negative experiences about their partners, they may have feared judgment. Furthermore, a number of participants expressed enjoyment for having the opportunity to talk about themselves. Having the focus on themselves is likely a rare event for these mothers, particularly given their overwhelming mothering identities, which may also explain the shortage of talk about their partners.

Despite the women constructing fathers' alcohol use as 'masculine', their reports on their partner's drinking behaviour varied widely. Some of the men rarely drank, while others drank daily in a routine manner. Yet, when describing their drinking behaviour in relation to family life, all of the women took up a 'consideration' discourse, which centred on the men's ability to be considerate and respectful to their family's needs. The men positioned as 'considerate family men' engaged with post-modern parental ideals, including equal parenting and equal responsibility towards their children's care. However, gender divisions were still apparent.

The 'considerate family men' were still positioned as financially dependable (a traditional masculine trait) and the women reinforced their own traditional mothering roles, by taking up the position of rule maker within the home domain. It is likely this position provided the women with some power in an often devalued and powerless role (e.g. motherhood). In comparison, the 'inconsiderate family man', was aligned with traditional masculinity, whereby power differentials were evident within their talk. Inconsiderate family men were constructed by the women as more dominant, with greater freedom and access to alcohol outside the home. At times their drinking was not communicated nor negotiated, so they would stay out late and not help with the children the next day. During nights out they would mentally switch off from their responsibilities, being incommunicable.

The current findings indicate a taken for granted assumption that women still remain the primary carer for children, which is consistent with previous research (Craig, 2006; Craig & Mullen, 2011; Doucet, 2009; Katz-Wise et al., 2010; Lachance-Grzela & Bouchard, 2010; Mannino & Deutsch, 2007; Sayer et al., 2004), including outside 'paid' work hours and on weekends. The women with 'inconsiderate drinking partners' constructed

themselves as powerless to their drinking, having to negotiate and argue to get their needs and their children's needs met. These findings indicate that despite living in a time of assumed equal gender rights, gender equality in the home has not occurred (Lachance-Grzela & Bouchard, 2010; McRobbie, 2007).

However, none of the women reported engaging in drinking behaviour similar to the men who were positioned as 'inconsiderate'. Instead, the women discussed how their drinking was impacted by their mothering responsibilities and inability to switch off from these. While it is possible some of the women have engaged in 'inconsiderate' drinking behaviour but feared sharing this publicly, other research also indicates mothers' nights out are impacted by mothering responsibilities. In their study on Scottish mothers, Emslie et al. (2015) found that mothers still felt responsible for their children and struggled to switch off during their nights out drinking. Furthermore, in the current study, some of the men drank alcohol while watching their children, during the mother's nights out. The women reported these men were consuming enough alcohol to be unable to legally drive their children in an emergency. Despite their concerns, the 'masculinity' discourse was drawn upon to excuse this behaviour, as men being men.

Although not specifically discussed, it is possible the men's drinking while in sole charge of their children, had a restrictive effect on the women's ability to freely enjoy and engage in their own nights out. As the women described struggling to relax and let go of their mothering responsibilities and worries, it is not known how much of this is related to knowing their partners were at times drinking at home. Moreover, it was also evident that while some of the women's partners encouraged their drinking, other women had to negotiate who was drinking and who was driving on joint nights out. Although the women may have not reported their partners' attempts to negotiate, for some of the women it was often assumed that the men would drink, or would take liberties to quickly drink before negotiations occurred.

A number of women also took up the role of caring for and managing their partner's health, monitoring his alcohol use and choosing how much alcohol to buy. This caring role forms part of idealised femininity, which was reinforced by the women. Similar to the position of domestic 'rule maker', it is likely that the caring role provided the women with power and control in a situation (e.g. motherhood), where they often felt

overwhelmed and powerless. For instance, within this position, the women could exercise their power when their partners engaged in 'inconsiderate' drinking behaviours. They described making their hung-over partners get out of bed, forcing them to engage with their children. These findings are similar to research which shows women's invisible labour includes helping men be responsible fathers and encouraging them to take an active role in their children's lives (Fox, 2009; Gatrell, 2007; Vuori, 2009).

Although there was discrepancy amongst the women when describing their partner's drinking and paternal responsibilities, the wider implication is that there are varying standards of fatherhood. Despite societal changes occurring (Rogers & Amato, 2000), 'good' fathers have been positioned by women as secondary characters, holding less important roles in raising children (Lupton, 2000). Similar to previous research, participants in the current study made reference to paid work being valued over unpaid work (Kahu & Morgan, 2007) and were on constant call for their children in a way the fathers were not (Paradis, 2011). One plausible explanation for these findings is the impact of the 'good' mothering ideology, including the notion of sacrifice, which may serve male interests and male power, as it places the responsibility of caregiving work on to women (Dubriwny, 2012). The current results suggest alcohol and (heavy) drinking is one way in which some men may maintain power while resisting new post-feminist fathering roles. It is possible that drinking, while continuing to reposition their female partners as responsible carers, was an effective way to resist these changes.

10.6 Limitations and reflections

Despite the contribution this study makes to the scarce qualitative research on alcohol use in early motherhood, it is important to note the limitations of this study. Recruitment was challenging due to the nature of the research. Some of the difficulties included finding groups of women willing to give up their time to participate, coordinating groups around work, other commitments, breastfeeding and children's sleep patterns, as well as reluctance by the mothers to use babysitters for young children. Even with babysitters provided for two of the seven groups, the presence of children disrupted conversation flow and influenced the depth and breadth of active participation. However, providing the option of babysitters onsite was necessary for inclusive participation.

A further limitation was the demographic uniformity within the sample pool. The word and mouth, snowballing recruitment process, is likely to produce a sample bias (Heckathorn, 2002) which was evident in this study. The participants were predominantly middle-class, tertiary educated, heterosexual, married or in a de facto relationship. Although research shows this cohort of mothers are the more likely to consume higher rates of alcohol, more frequently (Giglia & Binns, 2007; Maloney et al., 2011; McLeod et al., 2002; Parackal et al., 2007; Wilson et al., 2017), further research exploring the drinking behaviour of working-class mothers and single mothers within New Zealand is also needed.

Similarly, the ethnicity of participants was also fairly homogenous with 26 of the 30 participants identifying as Pākehā/New Zealand European. Two mothers identified as New Zealand-Italians, one identified as Australian of European descent and one as European-Fijian. Although several participants were in relationships with men from Māori, Asian and Pacific Island backgrounds, the voices of Māori, Asian and Pacific Island mothers were missing from this study. Mothers from these cultural groups are likely to have their own unique mothering and drinking experiences, which would likely influence the results. Also missing were the voices of lesbian mothers, who too would offer a different gendered perspective on how alcohol is used when performing motherhood.

Friendship focus groups were chosen to address the power imbalance that can occur between the researcher and participants (Wilkinson, 1998). Unlike researcher-participant interviews, it is thought friendship groups aid the open sharing and co-construction of knowledge, as participants have an established and shared social history (Carpenter et al., 2008; Crossley, 2002; Kitzinger, 1995; Willig, 2001). Six of the seven friendship groups in this study actively engaged in conversation, at times challenging one another. The seventh group had only recently formed and lacked a shared social history. This was evident in their interaction whereby conversation at times resembled an interview rather than a group discussion. It is likely this group were not as actively free in openly discussing their experiences and co-constructing meaning together.

Furthermore, alcohol use amongst mothers is becoming more socially acceptable, but is still fraught with social stigma (Lyons & Willott, 2008; Rúdólfsdóttir & Morgan, 2009;

Simon, 2014). All but one participant positioned themselves as 'responsible, good drinking mothers' and all of the women positioned themselves and their friendship groups as 'previous, successful binge drinkers', with no alternative position drawn upon. These findings may be a result of the focus group situation, as often in a group setting, it is hard to position oneself on the outside and resist dominant discourses or discuss problematic drinking within a group setting.

Although I tried to stay impartial within the discussion groups, my role as a mother and as an academic student, as well as my ethnicity, age and professional and personal knowledge of motherhood and alcohol use, contributed to the focus group discussions and my interpretation of their talk. My personal experience of motherhood (including drinking with other mothers) helped guide the research. As an 'insider' with knowledge of motherhood, the women may have opened up more with me, sharing their understandings in a taken for granted manner, which may not have occurred with a different researcher, without this knowledge. Yet, my presence within the focus group settings may have caused some participants to hold back due to fear of judgement. It is possible a younger researcher, who is not a mother may have elicited different talk.

Throughout this research process, I have had to negotiate my growing academic understanding and awareness of alcohol (e.g. health and mental health risk factors) with my own lived experience as a mother with preschool children. Therefore, I too have occupied multiple subject positions (e.g. researcher, drinking mother, new mother) and engaged in multiple femininities. Despite my concern and resistance towards the normalisation of alcohol use in New Zealand, I also acknowledge my susceptibility to the dominant discourses and pro-alcohol messages obtained through social media and by engaging with my friendship groups where alcohol is a normalised and socially expected activity. Likewise, a continuing concern while conducting this research, was that by studying mothers' drinking, I too was reinforcing the dominant public perception that alcohol use amongst mothers is more problematic than alcohol use amongst fathers.

10.7 Future research

Given the scarcity of research conducted on mothers' alcohol use, there are a number of avenues for future studies. The majority of participants had children under four years of age. To expand on the current study, future research could explore how mothers' drinking

behaviours and maternal responsibility, change as their children age. Likewise addressing the limitations of the current study would also be useful, by researching mothers from wider social and cultural backgrounds, including lesbian mothers to obtain a broader understanding more representative of the wider New Zealand mothering population. Also missing from the current study was any talk on whether there is a relationship between alcohol use and the mothers' sexuality, including whether alcohol is being used to reduce any post-baby body image issues and/or help mothers sexually re-engage with their partners. Although I contributed to this lack of talk by not addressing this topic during the focus group discussions, it is possible this information would be more easily obtained in individual interviews rather than a group setting, due to the personal nature of the topic.

Furthermore, research is also needed on exploring how mothers engage with and make meaning from the internet and social media, particularly news articles, quotes, memes and Facebook groups on mothers' drinking, which encourage and normalise alcohol use amongst mothers. Likewise, research exploring the role of the alcohol industry, including how it targets mothers (Johnston, 2011) and how they are growing their market share within this population would also be useful. Furthermore, recent media coverage indicates the difficulties mothers face giving up alcohol (Brennan, 2018; Dent, 2018). Understanding how women manage sobriety in the face of social encouragement to drink would be useful information for health policy and prevention campaigns.

New Zealand clinical psychologists are trained using a dominant western approach (Drewery, 2005) and have the power to reinforce dominant normative gender standards, even unintentionally. Research exploring psychologists' understandings and expectations around gender and alcohol is needed and could help shape the way in which they work with clients. For instance, useful topics for research include how psychologists talk to women about their alcohol use. Is this consistent? How do ethnicity and socio-economic status influence assumptions and understanding of 'good' and/or 'bad' mothering and alcohol use? And how much do wider political and social features such as alcohol availability and normalisation feature within the assessment and therapeutic processes? The current study has highlighted how influential 'good' mothering ideology is, including limiting mothers' mental health access (Mauthner, 2002; Weisner & Matzger, 2003). Future research also needs to explore how mental health help can become more

accessible so women, including mothers, feel safe enough to disclose any alcohol and mothering difficulties they are having, without fear of judgment.

Although a number of studies have explored alcohol use amongst midlife men, including fathers (Parke et al., 2018), it would be useful to research alcohol use from the specific gendered perspective of fatherhood. There are some notable similarities between mothers' and fathers' drinking, including drinking at night to relax and unwind (Parke et al., 2018). However, as discussed men's drinking is heavily embedded in masculinity and the maintenance of male friendships (de Visser & Smith, 2007; Emslie et al., 2012; Peralta, 2007; Rahav et al., 2006; Willott & Lyons, 2012), while parenting is traditionally aligned with femininity. Studying alcohol use within the gendered context of parenthood, including how men negotiate their own drinking with their partners and paternal responsibilities, as well as how they view mothers' drinking would provide useful information. Given that children's future drinking as adults and age of their first drink is influenced by parental drinking (Caswell et al., 2002; Latendresse et al., 2008; Ryan et al., 2010), finding ways to reduce their exposure to alcohol in the home is needed. Likewise, insight on how to encourage men to take up a more equal role within the home would likely benefit the mental health of mothers.

10.8 Implications

10.8.1 Public policy and health promotion implications

The normalisation of alcohol use amongst mothers, as well as heavy alcohol use amongst young adults, raises a number of implications for this study. As mentioned in chapters one and four, mothers are targeted by advertising and social media campaigns which normalise alcohol use as an everyday coping mechanism for motherhood. Furthermore, women continue to take on the majority of childcare (Craig, 2006; Craig & Mullen, 2011; Mannino & Deutsch, 2007; Sayer et al., 2004) and gender equality in the home has yet to be achieved (McRobbie, 2007). Given the ease of availability and the commodity value of alcohol, combined with the alcohol industry's success in aligning drinking with reward and relaxation for daily coping (Emslie et al., 2015), it is understandable that the mothers in the current study accepted alcohol use as a routine, everyday behaviour.

Although there are positive features to drinking, including providing mothers with a way to relax, unwind and as a social outlet to drink with others, which may collectively

encourage resistance to 'good' mothering ideology (Simon, 2014), the concern with normalisation is women may see alcohol use as a way to 'do motherhood'. This can create social, health and identity problems for mothers, including those who do not want to drink, or struggle with alcohol-related issues. Given their primary caregiving role, it is unlikely mothers can avoid the rows of alcohol at the supermarket. Likewise, the use of alcohol during playdates and mothers' groups compounds this issue and may isolate mothers wanting to avoid alcohol.

Another implication of the research is the impact of 'good' mothering ideology on the drinking behaviour of mothers. Douglas and Michaels (2004) define motherhood as a "psychological police state" (p. 6), which was evident in the research, whereby the mothers' drinking was self-monitored, policed and sanctioned using idealised femininity and 'good' mothering ideology. Although sanctioning limited the amount of alcohol mothers consumed, the implications were multifaceted. Women were resisting 'good' mothering ideology by drinking, yet drawing upon 'good' mothering traits to justify their use. The level of surveillance and pressure mothers felt to perform 'good' mothering likely results in encouraging daily routine drinking, as a means of briefly escaping gendered policing.

Like Ling et al.'s (2012) study, where professional adults considered their own drinking acceptable if they could maintain employment, claiming 'good' mothering and being able to function as a mother, were seen as crucial indicators by the participants that their drinking was within acceptable levels. Unfortunately, these beliefs overlook the risk of mothers who have alcohol-related difficulties and/or are 'functioning alcoholics'. Similar to research on midlife adults (Muhlack et al., 2018) and younger adults (Bailey et al., 2015; Griffin et al., 2013; Lyons & Willott, 2008; Rúdólfsdóttir & Morgan, 2009), the participants projected the unacceptability of 'bad' drinking behaviour on to others, including lower-class drinking mothers. This creates the idea that problematic drinking belongs to 'others' and not themselves, while also deflecting attention away from their own drinking. Therefore, finding ways to address this would be useful for health promotion work.

Despite the health risks (such as cancer) involved in drinking, the more everyday routine drinking behaviours of middle-aged adults have been overlooked (Muhlack et al., 2018).

Current public health campaigns are not adequately curbing New Zealand's drinking culture, including the use of alcohol amongst mothers and the associated risks (e.g. risk of FASD). Drinking at home, which these mothers did, is often seen as less problematic than public drinking (Ling et al., 2012). Therefore, the challenge for public health campaigners is to disrupt these culturally embedded messages by giving consideration to the increasing amounts of alcohol availability, advertising, associated product advertising and social media posts and memes, which all serve to legitimise both youth drinking and drinking amongst mothers.

Alcohol is still widely available for purchase, alongside everyday items such as milk and bread, despite the concerns raised in the New Zealand Law Commission (2010) review on alcohol in our lives. Recent feedback from the government inquiry into mental health and addiction (2018), recommended strengthening alcohol reforms particularly around advertising, promotion and ease of access. New Zealand women, alongside their international counterparts, have been sold the message that alcohol is a commodity appropriate for many aspects of their lives. Alcohol has been marketed and used for celebrations, victories (particular at the end of the mother day), as a relaxant, a way to spend time with their partners, a means of coping, a way to obtain 'me time', a form of escape to previous ways of feeling about oneself (e.g. feeling adult, independent), as well as providing a form of resistance to traditional 'good' mothering ideology. Therefore, in addition to current alcohol regulations, more needs to be done to target these pro-alcohol messages which are promoted and shared amongst mothers, particularly online through social media sites such as Facebook.

Furthermore, there has been little public commentary on how we can reconceptualise motherhood and parenting to distribute responsibilities more equally between mothers and fathers (Dubriwny, 2012). Women continue to remain primary caregivers and struggle negotiating their previous identities with their new identities as mothers (Lupton, 2000). Societal structures need to change to allow men access to equal paternity leave, the ability to engage in flexible working hours and the opportunity to take on responsibility for unseen, unpaid work, traditionally done by women. Likewise, women are currently paid less than men and experience career and financial disadvantage as a result of caregiving, such as obtaining less retirement savings than men (Groom, 2018). Combined, it could be argued that the traditional masculine realm is still valued over the traditional feminine realm. If caring duties were to become more shared, mothers may not feel so

wound up at the end of the day, alcohol may become less appealing as an end of day reward and other forms of "time out" may take the place of alcohol, as a respite from the responsibilities and performance of motherhood.

10.8.2 Implications for clinical psychologists and other mental health professionals

Given alcohol use influences and maintains many psychological 'disorders' including anxiety and depression, it is important to consider the implications for clinical psychological practice. Feedback from He Ara Oranga, the recent government inquiry into mental health and addiction (2018), suggests a shortage of alcohol and drug treatment availability in New Zealand. Due to funding and entry criteria, many psychologists working in these facilities see clients who meet stereotypical expectations, such as being young, male and heavy drinkers. Although it is socially expected that men drink, and drink more than women, problematic alcohol use amongst midlife women, particularly mothers does occur (e.g. Kerre Woodham, Lotta Dann) and may be unintentionally overlooked by psychologists. The impact 'good' mothering ideology has on women's access to mental health help, including for alcohol-related issues, should also not be overlooked.

Negative societal discourses of motherhood, including the social stigma of not being a 'good' enough mother and conditions such as postnatal depression, bring women into the mental health system (Mauthner, 2002; Weisner & Matzger, 2003). However, the way in which mothers constantly engage in self-surveillance and perform 'good' mothering can impact their presentation within mental health services. For instance, they may mask their underlying difficulties for fear of judgment or their underlying difficulties may be overlooked by health professionals who only see their self-policed, gendered performance of 'good' mothering (Mauthner, 2002; Weisner & Matzger, 2003).

Part of a psychologist's role is to provide case conceptualisations to clients (and at times other agencies) determining the contributing and maintaining factors for the difficulties a person is experiencing (Sadock & Sadock, 2008). Although it is important to understand why, when and how much mothers' drink, the current study has highlighted the importance of psychologists understanding the effects of pervasive alcohol availability and advertising. Included in this is the everyday commodity value of alcohol and the impact this has had on normalising regular and routine drinking behaviour. The way

psychologists and other health practitioners talk with women and mothers is also important to consider. As mentioned, psychologists may be seen as 'experts' and can influence the reproduction of normative standards of behaviour (Drewery, 2005), which is an important consideration given the mothers consistent performances as 'good' mothers indicated that gendered power relations are still evident.

Psychologists are bound by a code of ethics requiring them to attend to these social power relations. While psychologists may attempt to assume a neutral position when engaging with their clients, it is also important they continually reflect upon the dominant discourses they reproduce and resist within their own talk and therapeutic practises (Drewery, 2005). Their self-reflections need to include how their talk may restrict or enable women and mothers to openly share their drinking, mothering and relationship difficulties. This includes psychologists exploring their own understandings of what they consider 'good' and 'bad' mothering and how this influences the conceptualisations of clients. Likewise, they also need to reflect upon clients' language use, including what the client is constructing or doing through their talk. For instance, Whitney stated her home was "alcohol-free", but later made the important distinction that rather than being alcohol-free they did not get intoxicated at home.

Understanding a client's motivation and having a sound conceptualisation are also important for determining effective 'treatment' (Sadock & Sadock, 2008). As this study has indicated, the performance of 'good' mothering is so dominant, that any assessment and treatment plan needs to address a women's mothering identity, role and responsibilities. For instance, understanding how alcohol is used by mothers desiring a brief escape from their mothering identity and responsibilities is important information, particularly for therapy. With this information, psychologists can explore alternative ways to achieve a sense of escape from gendered performances, help encourage stress reduction and work towards addressing wider gender and power relations both inside and outside the home.

10.9 Conclusion

This is the first known New Zealand study to explore the way alcohol use is talked about amongst a group of women who have transitioned into early motherhood. The findings of this research contribute to wider understandings of alcohol use in New Zealand,

including the culture of normalised heavy alcohol use amongst young people as well as the growing trend of normalised alcohol use in the lives of mothers. Results from this study not only highlight the continued gender disparity in child raising and responsibility for children amongst New Zealand women, but also demonstrates the overwhelming nature of early motherhood, the loss of identity women experience, the strength of the cultural ideal of 'good' motherhood and the lengths women go to perform 'good' mothering. Alcohol provided mothers with a form of relaxation, reward and time out at the end of their mothering day to escape gendered role expectations and reconnect and (re)identity with their individual, autonomous, carefree, pre-child selves. Although the women faced public surveillance for drinking, they navigated multiple femininities, balancing their desire for drinking with fulfilling their responsibilities as 'good' mothers. It is my hope that this study will provide the beginnings for more discussion, study and insight into studying not only mothers' alcohol use, but ways to support and encourage gender equality within the parenting domain.

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Appendix A: Participant information form

'Cocktail playdates'- an exploration of alcohol use by mothers of young children

Who is conducting this research project?

My name is Michelle Pedersen. I'm undertaking this research project as partial fulfilment towards my Doctorate in Clinical Psychology, at Massey University. This project is being supervised by Dr Antonia Lyons an Associate Professor for the Wellington School of Psychology, Dr Christine Stephen an Associate Professor for the Palmerston North School of Psychology, and by Dr Paul Merrick an Associate Professor and registered Clinical Psychologist for the Auckland School of Psychology.

What is this research about?

The aims of this research project are to gain further knowledge and insight into the drinking behaviours of mothers in the early stages of parenthood and explore how this differs from their experiences before having children. The project will also look at how mothers negotiate their alcohol use in relation to their partner, friends, family and parental responsibilities and also explore how they view their partners drinking behaviour (if applicable) and any feelings associated with this.

Who can take part?

I am inviting groups of mothers who know each other to participate in a videotaped group discussion about alcohol use in their lives. The groups will include between 3-6 participants. Mothers need to be aged between 21 and 40, and have a child/children under 5 to participate in this study. All participants must have drank alcohol (any amount) between the ages of 18-25 and speak fluent English. To say thanks for their time and contribution, all participants will be given a $30 supermarket or petrol voucher.

What will happen in the study?

In each of the discussion groups, people will talk about their experiences of transitioning into parenthood and how their drinking activities relate to this. I will ask some broad questions to help get the group started. Participants will then be asked a series of questions relating to their alcohol use prior to and after having a baby as well as some questions about how they view their partner's drinking behaviour (if they have a partner), as well as any feelings associated with this. Discussions will be video and audio taped. A laptop will also be set up so I can show you a brief video clip that might be relevant to the discussion. The discussion will take between 1–2 hours and non-alcoholic drinks and snacks will be provided.

Although it is anticipated that the discussion groups will be relaxed, fun and engaging, the topic of alcohol use can be a sensitive issue. There is a risk that during discussions, participants may become concerned about their own, their partner's or someone else's drinking behaviour. Likewise, the discussion may also raise other current life issues that participants might find upsetting. To minimize the risk involved in taking part, I will ask all participants to sign an agreement maintaining the confidentiality of what is said in the groups. I will also remind everyone not to provide any information that they do not want recorded. Before the discussion begins, participants will be asked to choose their own pseudonyms (eg. select a different name) and all other identifying information (e.g. employers, town names, names of friends, etc) will be omitted or changed in the transcript of the group discussion.

Where will the research take place?

The discussion groups will be held either in rooms at Massey University's Wellington campus, or somewhere mutually convenient, and at a time mutually agreeable to all participants.

What about my children?

If any participant is unable to find childcare for their child/children, I will arrange for an experienced childcare worker/s to mind them while the discussion takes place. If the discussion is held at Massey University, a room with toys and activities will be set up close to the room the discussion will take place in. The number of caregivers provided will be based on the amount of children requiring care. Government recommended ratios for age will be followed. Childcare will be sourced from a reputable company, who will ensure that the childcare worker is qualified and has passed both police and reference checks. Discussions will also be flexible, with breaks given for participants who need to breastfeed or to check on their children.

What will happen to the information collected?

The recordings of the focus group discussions will be transcribed into text by the researcher. The recordings, transcriptions and any associated notes will be used solely for the purposes of the research project. Recordings and transcriptions will be stored securely and only the researcher and supervisors will have access to the data. No identifying information will be used in transcripts, analysis, findings or reports. Once the project is completed, the data collected from this project will be securely stored for five years, at which time it will be destroyed.

What are my rights as a participant?

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question or opt out during any part of the discussion;
- ask any questions about the study at any time during participation;
- withdraw from the study any time without reason or penalty during the focus group discussion;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- ask for the audio or video recorder to be turned off at any time during the discussion;
- be given a summary of the project findings after the research has concluded. I'll ask you to give me your email address if you are interested in receiving this.

Is there any risk to me?

It is anticipated that no risk or harm is likely to occur as the result of participating in this project. However there is a possibility that the discussion on alcohol could raise issues or concerns for some participants. In the event that participants experience distress or concern relating to this discussion, information about services that are available for support or assistance will be provided.

Project Contacts

You may contact me or my supervisors at any point if you have any questions about this project, or to discuss concerns or give feedback. Contact details are provided below:

Michelle Pedersen: ███████████████████   or   ████████

Supervisors:	Associate Professor Antonia Lyons, a.lyons@massey.ac.nz	School of Psychology, Massey University 04 8015799 Extn: 62164
	Associate Professor Christine Stephens, c.v.stephens@massey.ac.nz	School of Psychology, Massey University 04 8015799 Extn: 62164
	Associate Professor Paul Merrick, p.l.merrick@massey.ac.nz	School of Psychology, Massey University 09 414-0800 Extn: 41231

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 13/46. If you have any concerns about the conduct of the research, please contact Dr Nathan Matthews, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 80877, email humanethicsouthb@massey.ac.nz

Appendix B: Focus group participant consent form

MASSEY UNIVERSITY

**COLLEGE OF
HUMANITIES
AND SOCIAL
SCIENCES**
TE KURA PUKENGA TANGATA

'Cocktail playdates'- an exploration of alcohol use by mothers of young children

FOCUS GROUP PARTICIPANT CONSENT FORM

- I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

- I agree not to disclose anything discussed in the Focus Group.

- I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: **Date:**

Full Name - printed

Appendix C: Participant's confidentiality agreement

MASSEY UNIVERSITY

**COLLEGE OF
HUMANITIES
AND SOCIAL
SCIENCES**
TE KURA PUKENGA TANGATA

'Cocktail playdates'- an exploration of alcohol use by mothers of young children
PARTICIPANT'S CONFIDENTIALITY AGREEMENT

I .... (Full Name - printed) agree to keep all information discussed within the focus group on exploring alcohol use by mothers of young children confidential.

I will not retain or copy any information involving the project.

Signature: ....

Date: ....

Full Name - printed

'Cocktail playdates'- an exploration of alcohol use by mothers of young children

Interview questions and prompts schedule for discussion groups

Introductions

Starting with the researcher, each participant will give their name, age, what they do, where they come from and what ethnic group they identify with.

Participants will be reminded of confidentiality and each will be asked to choose a pseudonym. Participants will be reminded that they can ask for either the video or audio recorder to be switched off at any time, and have the right to withdraw without question or penalty up until the end of the discussion.

The topic will then be introduced by the researcher – and participants will be offered a chance to ask questions, and reminded that questions are welcome anytime throughout the discussion.

Motherhood

How do you know each other?
How often do you see each other and what things do you do together?
How many children do each of you have?
How has the transition into motherhood been for you?
What things have you found the most rewarding?
What things have been the most difficult for you?
Are you currently in a relationship?
(If so), how has your relationship been since having your children?
How do you organise parenting responsibilities between you and your partner?

Prior to being a mum

What was your alcohol use like before you became a mum?
Who did you drink with and where would you typically drink?
How often and how much would you drink?
What type of alcohol did you like drinking?
Do you have an example you could give me of a typical drinking occasion back then?
Did you ever consider yourself a binge drinker?
How do you feel about your drinking back then?

Changes since becoming a mum

Do you currently drink alcohol? What and when do you drink?
How do you think your drinking has changed since becoming a mum?
Do you drink together as a group?
(If so), what do you tend to do when you're drinking together? Can you think of a typical example?
Where else and who else do you drink with?
How much alcohol do you typically drink? What changes that amount?

(Follow up if not covered) Would you say you drink more alcohol or less alcohol now?
(Follow up if not covered) Would you drink more often now, or less often?
What type of alcohol do you like drinking?

(Follow up if not covered) Has the type of alcohol you drink changed since becoming a mum?

What do you enjoy about drinking alcohol?
Is there anything you don't enjoy about it?
How does your use of alcohol fit with your religious or cultural background?
Did you drink alcohol when you were pregnant?
Do any of your wider group of friends and extended family drink and how do you feel about that?

Participants will now be advised that they will be asked a series of questions relating to their views on their partner's drinking (if applicable) and how they feel about this. Participants will again be reminded about the importance of maintaining confidentiality and will be advised again that they can ask for either the video or audio recorder to be switched off at any time, and have the right to withdraw without question or penalty at any stage.

Relationship with partner

Do your partners drink alcohol?
Can you describe a typical drinking occasion for your partners?
How does their drinking differ from yours?
How do you feel about your partners drinking?
How do you think your partner feels about your alcohol use?
Where are your children when you drink?
Do you ever worry about them seeing you or your partner drinking?

Participants will then be shown a short video clip about alcohol use during playdates and will be asked to talk about the content they have seen.

What do you think about what you saw in that video clip?
(If not already covered) Do you ever get together with your kids and other mums and have a drink?
What do you think about the general idea of cocktail playdates, or playdates involving alcohol?
They mention in the video clip that no one questions the idea of dads taking their children to a sports game and drinking beer. What do you think about that?
They also mention in the video clip that mums might not be so ok with the idea if their nanny or someone else watching their children drunk alcohol. What do you think about that?
How do you feel about your own children drinking one day?
Do you think you or your partner will have any influence on this?

Information and support contacts

Thank you for taking the time to participate in this research project. Your time, effort and opinions are sincerely appreciated. If you have any further questions for me regarding this research project please do not hesitate to contact me on 022 6753668 or via email; michellepedersen13@gmail.com. On completion of the project you will be given the opportunity to view a summary of the research findings.

If today's discussion has raised any issues for you that you would like to discuss further, prompted you to think more about any of the issues we talked about regarding alcohol use or parenting, or made you feel upset in any way, please consider contacting one of the following information or help services:

Alcohol Drug Helpline:
Freephone: 0800 787 797
10am – 10pm daily

Al-Anon
Freephone: 0508 425 2666
Email: nz-al-anon-gso@xtra.co.nz

Lifeline
Lifeline is a telephone counselling service available 24 hours a day – seven days a week.
National Helpline: 0800 543 354
24/7 Service 365 days a year

Parent help
Parent Help is a parenting advice service available 24 hours a day – seven days a week.
National helpline: 0800 568 856
parenthelp@xtra.co.nz

Plunket
Plunket helpline: 0800 933 922
Available 24 hours a day, 7 days a week.

Relationships Aotearoa
0800 735 283 or 04 472 8798
reception@relationshipsaotearoa.org.nz

Appendix F: Ethics Approval

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA

8 August 2013

Michelle Pedersen

WELLINGTON 6022

Dear Michelle

Re: HEC: Southern B Application – 13/46
"Cocktail playdates" – an exploration of alcohol use by mothers of young children

Thank you for your letter dated 31 July 2013.

On behalf of the Massey University Human Ethics Committee: Southern B I am pleased to advise you that the ethics of your application are now approved. Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Nathan Matthews, Chair
Massey University Human Ethics Committee: Southern B

cc   Dr Antonia Lyons   Prof Christine Stephens
     School of Psychology   School of Psychology
     WELLINGTON   **PN320**

     Dr Paul Merrick   A/Prof Mandy Morgan, HoS
     School of Psychology   School of Psychology
     AUCKLAND   **PN320**

Appendix G: Transcription Notation Guide

[	C2: quite a [while Mo: [yea	Left brackets indicate the point at which a current speakers talk is overlapped by another's talk
=	W: that I'm aware of = C: = Yes. Would you confirm that?	Equal signs, one at the end of a line and one at the beginning, indicate no gap between the two lines.
(4)	Yes (2) yeah	Numbers in parentheses indicate elapsed time in silence in seconds
_____	What's up?	Underscoring indicates some form of stress, via pitch and/or amplitude.
WORD	I've got ENOUGH TO WORRY ABOUT	Capitals, except at the beginnings of lines, indicate especially loud sounds relative to the surrounding talk.
{laughter}	{laughter}	Any other significant behaviour – laughter, sighing, intake of breath, etc.
( )	Future risks and ( ) and life ( )	Empty parentheses indicate the transcribers inability to hear what was said.
(word)	Would you see (there) anything positive	Parenthesized words are possible hearings.

Adapted from Silverman (2001).

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