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1 **Exploring the significance of relationality, care and governmentality in**
2 **families, for understanding women’s classed alcohol drinking practices**

3 **Abstract**

4 In this paper we explore the importance of relationality and care for understanding
5 women’s alcohol use, using a theoretical framework comprising concepts from feminist
6 ethics of care, the sociology of personal life, and feminist approaches to governmentality. A
7 key focus is how care giving responsibilities and expectations in families appear to be
8 particularly significant for creating or constraining possibilities for drinking practices. We
9 draw on findings from a qualitative study about alcohol use and stress with 26 women, aged
10 24-67 years, in the North East of England, UK. We consider how care practices in families
11 feature in the accounts of alcohol use by women with and without children, and how the
12 symbolic and material aspects of social class interact with care to alter the drinking practices
13 women engage in. The interpretation extends scholarship on women’s drinking, by adopting
14 a relational approach to identity and linking private care practices and alcohol use to social
15 and political structures. Public health approaches for preventing or reducing heavy drinking
16 practices are predominantly situated within biomedical or psychological paradigms.
17 Intervention approaches to reduce women’s drinking that draw on our theoretical
18 framework could offer potential for reducing heavy drinking in a more meaningful way.

19 **Key words:** Alcohol, Women, Care, Social class

20

21 Introduction

22 Patterns of heavy alcohol consumption which have the potential to cause health harms are
23 more common in current generations of women in the UK, and in many countries
24 worldwide, than they were four decades ago (Slade *et al.*, 2016). The trend is concerning,
25 partly because women experience many health harms associated with drinking at a lower
26 volume of alcohol than men (Mulia and Bensley, 2020). In the UK, women from lower socio-
27 economic or class groups experience the most alcohol related morbidity and mortality
28 (Smith and Foster, 2014; Office for National Statistics, 2019). Theoretical interpretations of
29 women's alcohol drinking practices grounded in their lived experience are needed to further
30 understand how gender, social class and other social factors shape this phenomena
31 (Staddon, 2015). Such work can help build the case for, and aid the development of,
32 interventions to prevent or reduce heavy alcohol consumption which engage closely with
33 the social contexts of women's lives (Fang *et al.*, 2014; Staddon, 2015).

34 Accordingly, in this paper we aim to advance scholarship that highlights the importance of
35 relationality, social class, and care in families, for understanding women's alcohol drinking
36 practices. We have developed a theoretical framework, which incorporates ideas from
37 feminist ethics of care, the sociology of personal life, and feminist extensions of Foucault's
38 work on governmentality. This is applied to an empirical study of 26 women's accounts of
39 their alcohol use and stress. The paper begins by briefly situating the study alongside other
40 empirical research from the last 20 years that has considered care, relationality, and
41 governance in women's drinking. We then introduce the framework and explain the method
42 and methodology before discussing the findings.

43 **Care, relationality and governance in existing research on women's drinking**

44 The association of care giving, with women's social roles and identities, is widely
45 acknowledged as being important for explaining the historically lower rates of alcohol
46 consumption in most groups of women compared to men, and why women who drink
47 heavily are judged more harshly in many societies (Staddon, 2015). As women's alcohol
48 consumption has increased, at the same time as more engage in paid work and choose not
49 to have children (Office for National Statistics, 2017), some in the media and researchers
50 have attributed the increase to women's perceived growing 'independence' from their
51 familial care giving roles (Smith and Foxcroft, 2009). This suggests gender and care may now
52 be less important for women's identities and understanding their drinking practices than in
53 the past. However, we seek to counter this way of framing women's contemporary drinking,
54 adding to conceptual and empirical research that stresses the ongoing importance of the
55 multifaceted interaction of gender and care in contemporary adult women's lives and their
56 alcohol use (For a review see Muhlack *et al.*, 2018)

57 Studies that have compared the drinking of men and women have reported that
58 parenthood limits women's drinking practices more than men's (Bullers, 2012; Emslie;Hunt
59 and Lyons, 2015). Parenthood also affects women's drinking differently at different stages of
60 the life course (Emslie;Hunt and Lyons, 2015; Waitt and Clement, 2016; Dare *et al.*, 2020). In
61 their pivotal study of Scottish men and women's alcohol use in mid-life, Emslie;Hunt and
62 Lyons (2015) illustrate the importance of gender and care for understanding women's
63 alcohol use. They observe that childcare limited their female participants with dependent
64 children the most, though women with older children still needed to be available to help
65 their children and did not want their children to see them drunk. Similarly, in a study of
66 Australian and Danish women aged between 50 and 70 years, Dare *et al.* (2020) show how

67 some participants were keen to emphasise that they would not drink alcohol if they had
68 responsibility for the care of their grandchildren.

69 Studies that have considered social class differences in alcohol use between mothers of
70 young children point to how the material aspects of social class (i.e., personal resources
71 such as money and availability of support) and subjective aspects of social class (i.e., the
72 meaning and value given to different practices) can also alter the extent to which women
73 engage in certain drinking practices (Brown and Gregg, 2012; Baker, 2017). Drawing on the
74 accounts of young working-class women's drinking in the North-East of England and
75 Australia. Brown and Gregg (2012) argue that drinking with friends outside the home
76 offered space for relief and respite for young working-class mothers. Yet, opportunities to
77 do this were limited by their caring responsibilities, and when they did go out they were
78 judged more for their drinking than young middle-class women.

79 Studies also indicate that women can position their own heavy drinking as respectable by
80 comparing themselves to other women who are perceived not to be meeting their care
81 responsibilities (Killingsworth, 2006; Emslie; Hunt and Lyons, 2015; Dare *et al.*, 2020). Here
82 not having care responsibilities can legitimise people's own heavy drinking by setting up
83 others' drinking, or sometimes their younger selves drinking, as disrespectful. In an
84 ethnographic study of playgroups in Melbourne, Australia, Killingsworth (2006). found that
85 mothers used talking about previous drinking practices as a way to display their pre-
86 motherhood 'self', but also as a way of situating themselves as 'good mothers' and 'in
87 control'. Women who mentioned that they 'liked a drink' were careful to reveal that they
88 had not drunk during pregnancy and were not drinking heavily at the present, as these
89 practices might be seen as incompatible with 'good motherhood'. Likewise, Dare *et al.*

90 (2020) show how their participants normalise their heavier drinking at the present stage in
91 their life course by stating they had drunk less when they had the primary care giving
92 responsibilities for their dependent children.

93 Many empirical qualitative studies also identify that drinking alcohol can be a way women
94 (and men) create and maintain social connections (e.g. Nicholls, 2019; Thurnell-Read, 2021).
95 Not all these studies use the language of care, but arguably they illustrate that care is being
96 given and received in certain drinking practices. Drinking alcohol can facilitate emotional
97 support, a form of care, outside the family home when it may be missing in more intimate
98 relationships (ANONYMISED; Barnes and Ward, 2015).

99 These studies, and others, situate women's drinking in gendered, social and cultural
100 contexts and highlight the importance of care giving for how women with children, in
101 particular, govern their drinking. They also indicate some dimensions of how social class
102 may alter the extent to which women's care giving roles may constrain their drinking
103 practices. Yet, there is still scope for consideration of how other dimensions of relationality
104 and care practices in families, limit all women, not just women with children, throughout
105 the life course, and how these care dynamics can affect women unequally through their
106 class positions. The theoretical framework we apply here provides a lens to develop
107 sociological understanding of these often-hidden aspects of women's private drinking. It
108 helps to convey how women's relationality and their roles as people who are positioned to
109 give care, while also expecting and needing care in family relationships, are important for all
110 women, and are shaped by social, economic and political structures.

111 **Feminist approaches to care and governmentality**

112 Ethics of care ideas are an important area of feminist theorising, exploring varied ways we
113 can think about the importance of care to both women's lives and social relations. There are
114 different approaches within this body of scholarship, this paper draws on sociological
115 approaches that emphasise the socio-economic and political contexts within which care
116 practices exist (Barnes *et al.*, 2015).

117 Feminist ethics of care scholars such as Tronto (1993; 2013) and Sevenhuijsen (1998) and
118 Williams (2001) have connected interactional care practices to wider structures of inequality
119 and their reproduction. Tronto (1993) has argued that all people are interdependent,
120 needing care throughout their lives. Therefore, care should be recognised as a central
121 concern and as a matter of social justice for men and women. Ethics of care work
122 emphasises the relational nature of identity: highlighting how people gain and maintain
123 their moral identities within and through their interactions with others (Sevenhuijsen, 1998;
124 Barnes *et al.*, 2015). Autonomy is also framed as relational, stressing the importance of the
125 social and relational contexts people are embedded in for making their lives possible
126 (Barnes *et al.*, 2015). For Tronto (1993; 2013) a key concern in Western societies is the
127 political privatisation of care, that is the way political systems and government policies in
128 areas such as social care continue to frame private households as primarily responsible for
129 care giving. In practice this has meant that adult women often take most responsibility for
130 care in families, while not being provided with the care that would support their relational
131 autonomy. Tronto (1993) and Williams (2001) illustrate how the public value given by
132 political systems in Western Societies to paid work above unpaid care, unequally effects
133 women's everyday lives.

134 Empirical studies from within the sociology of personal life signal the complexities of how
135 care is negotiated in women's daily lives and personal networks. Finch and Mason's (1993)
136 seminal UK based work, although now over thirty years old is still relevant. They
137 investigated how adults in families negotiate their care responsibilities to each other. A key
138 finding was that people's decisions about assistance in families were made based on both
139 material and subjective considerations. In making decisions about assistance, people were
140 observed to balance their own, and their family members' dependence and independence.
141 Yet, Finch and Mason point out that in these care practices '*People's identities are being*
142 *constructed, confirmed and reconstructed – identities as a reliable son, a generous mother, a*
143 *caring sister or whatever it might be*' (1993:163). This work on care emphasises that in any
144 relationship where care is not offered, but is expected, people's sense of self and identity
145 can be damaged (Lawler, 2000; Smart, 2007). More recent work on relational care in
146 families illustrates how the way it shapes identity is influenced by class. In a study of
147 intergenerational familial care from the perspective of Irish women who both give and
148 receive care, Conlon *et al.* (2014) show that care is important for all women, but direct care
149 giving appears to constrain working-class women's lives the most, while middle-class
150 women seem to have more freedom to negotiate 'caring about' instead of doing the direct
151 care giving.

152 Another way to think about identity dynamics embedded in care comes from Foucault's
153 work on governmentality, which has been used to understand how power works to govern
154 people through their identity positions in the social practices and intimate aspects of their
155 lives (Foucault, 1976; Foucault, 1977). He argues that governmentality works through
156 normalised ideas or discourses about the ways people should behave and 'pathologizes'
157 people who are different. People internalise these ideas, such as notions that unpaid care is

158 less valuable than paid work, which become part of their subjectivities, the way they act and
159 how they think about their actions (O'Grady, 2004). Self-surveillance works through self-
160 policing where deviation from normalised practices leads to private recrimination.

161 Some feminist scholars have adapted Foucault's work on governmentality by bringing
162 gender to the fore of these dynamics of self-regulation. They emphasise that self-
163 surveillance and self-policing is more debilitating for women than men because of the
164 emphasis women place on putting care for others first (Ussher, 2004). Various scholars also
165 argue that governmentality does not affect women equally, and there are differences
166 between women in terms of their levels of self-surveillance and self-policing (Skeggs, 1997;
167 Lawler, 2000; O'Grady, 2004). Skeggs' (1997) work in particular has highlighted the
168 importance of social class for understanding different women's self-surveillance in relation
169 to care practices. She argues working-class women can engage in harsh self-surveillance in
170 relation to caring and familial relationships, especially care giving in motherhood, as a way
171 to claim value and maintain a moral identity, partially because they can be seen to lack
172 value in wider society. This work points to how middle-class practices that are valued by
173 wider society can alter the practices working-class women believe they can, or want to
174 engage in (Skeggs, 1997; Lawler, 2000).

175 Together, the concepts we are drawing on - interdependence, relational autonomy, self-
176 surveillance, and self-policing - help us to explore the usefulness of care for understanding
177 women's alcohol use. They enable us to consider how different material and subjective
178 aspects of care giving and care receiving are important contexts shaping the drinking
179 practices of women with and without children. In particular, how women connect self-
180 regulating expectations of care in family relationships to their alcohol use. Ultimately, our

181 focus is how the social, economic and political shaping of relationality and care come to
182 impact women's private drinking practices and are linked to the creation and maintenance
183 of different women's gendered moral identities.

184 Method and Methodology

185 The paper derives from a study which aimed to understand women's alcohol use in relation
186 to everyday stress, from the perspectives of women with a wide range of drinking practices,
187 but not currently seeking treatment or with recognised alcohol dependence. We adopted a
188 social constructionist approach to stress, taking the position that the experiences women
189 feel are stress emerge from socially created discourses about how they should be (Wiklund
190 *et al.*, 2010). We used qualitative, one-to-one face-to-face semi-structured interviews to
191 explore the aspects of the phenomena of drinking and stress that may be of particular
192 concern to women themselves (DeVault and Gross, 2007).

193 Sampling concentrated on ensuring diversity of participants across the sensitizing concepts
194 of paid work, motherhood and social class. The lead author carried out the data collection
195 between May 2014 and June 2015. Participants were recruited in-person in community
196 groups, or virtually through the social media site Facebook. Interviews were held face-to-
197 face in participants' homes, workplaces or at community venues. To be eligible to
198 participate the women had to have consumed alcohol in the past year. The interview topic
199 guide focused on exploring women's experiences of stress in their everyday lives, their
200 experiences of alcohol use through their lives, and times when they related their drinking to
201 stress, if at all. Each interview last around one hour. The interviews were audio-recorded
202 with a digital recording device and transcribed verbatim. Women's names and other
203 possibly identifying details have been changed to preserve their anonymity.

204 The initial stage of analysis used inductive techniques of analysis (Rapley, 2011). We
205 compared and contrasted the accounts, and identified a preliminary coding framework, and
206 from here we identified three overarching themes in the data: Care, Self and Control. Data
207 collection was carried out alongside this stage of analysis. We stopped at 26 interviews as it
208 was considered there was enough diversity in the sample and sufficiently rich data to meet
209 the aims of the study (Sandelowski, 1995). In the next stage of analysis using techniques of
210 abduction (Timmermans and Tavory, 2012) we came to the theories and concepts
211 introduced above to develop the interpretation here.

212 The study was given ethical approval by our University Ethics Committee. The researcher
213 was a middle-class woman in her late thirties, with young children, who also drank alcohol.
214 She has reflected on her positionality, and some of the relational ethical issues raised during
215 the fieldwork elsewhere (ANONYMISED).

216 Insert Table 1

217 The final sample of 26 women was varied in terms of their social class, age, parenting and
218 paid work status (see Table 1). Their drinking practices were explored qualitatively, and they
219 self-identified as drinking at a range of levels from irregular consumption to regular heavy
220 consumption. We have used an area deprivation score as an indication of class positionⁱ.
221 When we refer to women as working-class, we are referring to women who live in the most
222 deprived areas, and when we refer to middle-class women, we are referring to women who
223 live in the least deprived areas. The women were less diverse in terms of ethnicity, as all
224 were white. However, we felt the women were similar in demographics to other women in
225 the North East of England where the research was carried out. Our interpretation focuses on
226 the following dynamics 1.) Negotiating care giving responsibilities in women's accounts of

227 their drinking practices 2.) Care giving expectations and boundaries in women's accounts of
228 their drinking practices.

229 Negotiating care giving responsibilities in women's accounts of their drinking practices

230 When the women spoke about their alcohol use their interdependencies and relational
231 autonomy were tangible. Drinking alcohol with others out of the home, or at home, was
232 often presented as an opportunity for relational support (ANONYMISED REF). However,
233 these practices were navigated around their familial care responsibilities. This was most
234 evident in the women with dependent children but was also present in the accounts of the
235 women with adult children and the women without children.

236 The women who were mothers of dependent children drank at different frequencies and
237 quantities to each other, but almost without exception their accounts suggested they
238 engaged in self-surveillance and self-policing, to ensure that their drinking practices did not
239 affect their performance of their roles as responsible mothers who put their children first.

240 To illustrate, Penny, a middle-class, married woman, who worked full-time, like many of the
241 other women with dependent children emphasised that she had reduced her drinking when
242 she had children to be able to perform responsibilities expected of her. She mentioned she
243 had not wanted her drinking to affect her ability to '*make (the children's school packed)*
244 *lunches the next day*'. However, she also said that when her children were younger, she
245 would drink at home in the evening when she came home from her paid work, and while
246 her husband was at work:

247 The kids were young, the pressure of getting them to bed, getting their homework done,
248 getting them turned around and bathed and in bed at a reasonable time . . . I probably did
249 have a glass of wine when I was cooking the tea, because it might well have been that I was
250 on my own more.

251 Penny's account suggested her gendered circumstances contributed to her drinking alone,
252 but if she could meet her responsibilities, she felt it was legitimate to drink alcohol when
253 she was at home with her children to help make herself feel better.

254 In contrast, some working-class women in the study appeared to engage in harsher-self-
255 surveillance and self-policing of their drinking than the middle-class women, particularly in
256 relation to their care giving roles (Schmidt, 2014). This was most visible when they spoke
257 about drinking at home alone. Indeed, some of the working-class mothers said drinking at
258 home with no one else there was not something they felt they wanted to do. To illustrate,
259 Laura a single mother with four dependent children said she did not want to drink at home
260 alone (without another adult) in case her children became ill. Notably, Laura compared her
261 options to drink at home alone as a full-time parent, to her sister who drank heavily when
262 she came home from doing two paid jobs:

263 . . . when she comes in, obviously she has a bath, cracks open a can, and that's her de-
264 stressing. But I mean, maybe if I was to work two jobs, I might be the same, but I can't, I
265 can't get in, have a drink and say, "Well, I'm stressed, I've been at work all day", because I
266 haven't. And you can't say, "Well, I've had the kids all day", because they're yours anyway.
267 Here subjective notions of the value of paid work compared to the lack of social value
268 attributed to being a working-class single parent appeared to affect what Laura felt she
269 could do for herself when she is alone. Although Laura does not say whether her sister had
270 children, her account suggests she felt it was more respectable for her sister to drink
271 because of paid work, while her own care responsibilities were not a reason to say that she
272 drank because of stress, or to feel that she could drink on her own. Laura also explained
273 how the cost of childcare prevented her from going out to drink with her sister. Overall, her
274 account suggested her gender and class, meant she did not drink at home and her ability to

275 access particular self-care practices to manage stress may have been more limited than
276 Penny and other middle-class participants.

277 There were three women - Pauline, Sharon and Diane - who had solely adult children in the
278 sample. Compared to the women with dependent children, all these women appeared to
279 have more time for drinking with others outside the home. Nonetheless, their care
280 responsibilities for their adult children, and sometimes other family members, still appeared
281 to influence their drinking practices. Both as something that was appropriate, but also the
282 opportunities they had to consume alcohol as part of their own self-care. All three of the
283 women's accounts indicated how they were navigating their paid work and care giving roles.
284 Sharon, a middle-class woman who worked full-time said a recent period of caring for her
285 adult daughter and grandson, when her daughter was in hospital, had restricted her from
286 going out to meals and for drinks with her partner. This period of her life, which she
287 described as stressful, was explained in the following way:

288 There was obviously no time to do . . . the normal release mechanisms . . . I needed to take
289 my daughter back into the hospital at seven in the morning or something. And then she
290 didn't want me to leave her, so I was tied there!

291 Sharon said that during this phase of intense care giving she had needed to navigate care
292 alongside her paid work responsibilities, where she was also concerned about letting her
293 colleagues down.

294 Sharon's account suggested that while she prioritised caring for her daughter and grandson,
295 she could sometimes find this hard. Yet, not taking responsibility for her daughter and
296 grandson's care here would have had tangible material consequences. Moreover, choosing
297 to drink rather than give care in this situation had the potential to damage Sharon's identity
298 as a mother and grandmother who cared for her family at times of crisis. Governmentality is

299 suggested here because as a woman in a family, she was allocated the private responsibility
300 for care. Sharon did not have the option to go out to drink as she would normally, if she
301 wanted to maintain a moral identity in this important family relationship.

302 Pauline the only working-class women with solely adult children in the sample did not speak
303 about paid work and care limiting her drinking. She did not drink at home '*I don't like sit and*
304 *drink wine, one after the other*' and rarely went out to drink. However, in contrast to Sharon
305 her account illustrated the increased challenges and constraints of balancing care giving and
306 paid work with limited financial resources. She mentioned a stressful period in her life when
307 she had not been able to take time off from paid work to care for her sister, when her sister
308 was terminally ill. Thus, comparing Pauline to Sharon we see what while Sharon was
309 constrained by her gender, her financial circumstances and flexibility in her paid work role,
310 meant she was able to take time off work to care for her daughter.

311 Amongst the research participants, care giving responsibilities appeared to constrain the
312 women without children the least but care was still conspicuous in their accounts. It was
313 notable that within their discussion of heavy drinking two women without children, Nina
314 and Hannah described that meeting their responsibilities to extended family could limit
315 their drinking at times. Nina, a professional middle-class woman, said a regular practice of
316 drinking heavily with friends at the weekend was an important way she gained support and
317 relaxed at the end of her week at work. However, she mentioned she could still meet her
318 responsibilities to her family if she needed to:

319 . . . My family live away, my sister and my parents and things, so if I was going down [to visit
320 them] on the Saturday, I would still go out on the Friday, but I would probably leave at like
321 9pm. . . . I know that if I need to be sensible, I'm sensible, but if I've got no need to be, then
322 I'm not!

323 Likewise, Hannah, also a middle-class woman, said that although she drank regularly and
324 heavily most evenings after work, on the days she needed to visit her sister and nieces her
325 drinking practices were shorter:

326 I suppose other nights you've got to go and see nieces, you've got to go and see your
327 parents, . . . things like that.

328 Their accounts suggest that though the women without children were not limited as much
329 by their care responsibilities as the women who were mothers, showing they cared about
330 family members, was still important for how they came to present themselves as a
331 responsible woman and a 'sensible' moderate drinker. Class differences in how the women
332 with adult children spoke about care were less evident than they were with the women who
333 were mothers.

334 Overall, the material and moral dimensions of care giving or 'caring about' in families was
335 present in all the women's accounts and appeared to regulate their alcohol use, or modified
336 their drinking practices, in different ways. The findings challenge notions that some women
337 can act independently of their familial roles and suggests care remains important because of
338 continued interdependences within the relationships women are embedded in. Care is also
339 important for how women present and maintain a moral and gendered identity.

340 Care giving expectations and boundaries in women's accounts of their drinking
341 practices.

342 A key tenet of ethics of care approaches is that as well as being positioned as care givers
343 women themselves need care throughout their lives (Barnes, 2012). The women's accounts
344 illuminate this as their own needs for care and their expectations of care receiving in
345 families was a prominent theme in their discussions of stress and alcohol use. This also

346 further illustrates their relational autonomy and is another dimension of how the self-
347 regulating expectations of care in families shapes drinking practices.

348 In their accounts of stress several women spoke unprompted about feeling let down when
349 family had not offered the care they expected. These unmet expectations often featured in
350 the examples women gave of drinking very heavily in relation to periods of significant stress.
351 Indeed, this perceived lack of care was often privately presented as more important than
352 the original concern or stressor. For example, Helen a middle-class woman without children,
353 explained a heavy drinking occasion when she had been made redundant as related to her
354 father not offering the support she expected rather than the redundancy itself:

355 My Dad had actually visited on that day, and he hadn't been very sympathetic to me about
356 my situation, and kind of just told me to get my act together, so I was feeling really sorry for
357 myself and em obviously like really stressed out em, so yeah . . . I drank em a lot of wine.

358 Similarly, Tara, a working-class woman with dependent children, discussed a one-off heavy
359 drinking occasion when she had been planning to move to a new house because her
360 children were being bullied by neighbours. She explained how disappointed she had been
361 when her mother changed her mind about helping her move because she was offered the
362 opportunity to go on holiday:

363 . . . I felt so upset that she was going to let us stay there longer . . . because she would rather
364 go to Menorca, than see everything her daughter, and her kids, her grandkids were going
365 through . . . I went home and I got really, really, really drunk, on my own, listening to music,
366 getting really drunk.

367 The example points to Tara's governmentality in her family, and her relationality, as she was
368 constrained both by her care giving and her care receiving roles. It is possible that with few
369 financial resources she relied particularly heavily on her family for support, while a middle-
370 class woman with more financial resources may have had more options. It may also be that

371 she was hurt and felt let down by her mother because this relationship was important to
372 her own identity as a daughter who was cared for in a family relationship.

373 A noteworthy feature of this case is that governmentality seems absent in Tara's mother's
374 decision to go on holiday instead of helping her family (though we do not have the account
375 her mother would have given). Suggesting families do not always enact governmentality in
376 the way that is expected, but women themselves continue to be led by normative
377 expectations of the care in these relationships (Smart, 2007). The account also illustrates
378 that while some of the working-class women explained they did not drink much at home, a
379 few women's accounts suggested that their material circumstances and a lack of relational
380 support had contributed to heavy drinking at home at times.

381 Although there were many examples of care in nonfamilial relations across the women's
382 accounts. Our interpretation points to the boundaries around expectations of care receiving
383 in both non-family and family relationships (Weeks;Heaphy and Donovan, 2001). Feeling
384 that they could not ask for care in certain relationships could sometimes limit women from
385 getting the relational support they needed. Indeed, a few women's accounts suggested this
386 relational context had led to them feeling that alcohol was the only thing they had to make
387 them feel better. Dawn described a period of heavy drinking alone soon after she
388 discovered that her husband had been having an affair. She mentioned that her parents
389 lived abroad and could not easily offer support. She was pregnant and had a young child,
390 these responsibilities meant she could not leave the house:

391 . . . I had one friend who knew (about separation from partner), erm so I relied on her quite
392 a lot. Which probably she had her own issues going on, . . . So, I was like, "I can't go and
393 throw more stuff at her I've already thrown so much at her." So, it was the bottle of wine
394 that came sort of came to my rescue, of sorts.

395 Here Dawn conveys that she could not turn to one close friend, who she was able to talk to
396 about her situation, because she felt she had already overstepped the expectations of this
397 relationship. She suggests that feeling that she could not gain relational support, because of
398 the boundaries around care receiving, contributed to her feeling that drinking alcohol alone
399 was the only thing she could do to make herself feel temporarily better. Dawn later
400 indicated the relational support she received when her father immediately travelled from
401 abroad to help her when he heard about her situation. Although the governmentality in
402 both her care giving and care receiving roles is present here, to some degree, Dawn's
403 account suggested that her material circumstances offered a level of protection because her
404 father had been able to travel a long distance to be with her. She said, she felt this support
405 had contributed to her reducing her drinking during this period.

406 In comparison, Abbey, a working-class woman with adult and dependent children also
407 described a period of heavy drinking at home in the evenings, while caring for her
408 dependent children, after her partner had suddenly left her. A dominant topic in Abbey's
409 interview was that that she had little contact with her own parents, indeed she said she felt
410 she had '*nobody to turn to*'. Her discussion of a conversation she had with her daughter,
411 who was living away from home with her boyfriend during this period, suggested her
412 expectations of who she can legitimately receive care from, contributed to her managing
413 alone:

414 "Mam, you've lost a hell of a lot of weight." She says, "I'm worried about you." I gans (said)
415 "I'm fine." I says . . ., " I'm okay, as long as you and Paul's fine, that's the main thing . . . I'm
416 going to bed now", but I didn't, I stopped up (stayed up) even more, drinking, and drinking
417 till I finished the... I had to drink the full bottle.

418 Lawler (2000) notes that while care giving is part of the mothering role, asking for care is
419 not. In her family Abbey's daughter was one possible means of support, Abbey conveyed

420 that she did not want to accept help or even talk to her adult daughter about her own
421 problems, perhaps because it was not compatible with the identity she wanted to maintain
422 in this relationship. It could also be related to other factors such as the social stigma of
423 heavy drinking (Staddon, 2015). This not feeling that asking for help was consistent with
424 presenting her gendered moral identity contributed to Abbey trying hard to self-manage
425 alone. At the time of the interview Abbey said she had reduced her alcohol use and was
426 trying to manage it alone by herself.

427 As with other women in the sample, self-regulation, self-policing and the political
428 privatisation of care are suggested in Abbey and Dawn's accounts; the expectation that
429 women should continue to engage in self-regulation in their familial roles, regardless of
430 their material circumstances and relational support. They also point to women's own needs
431 for care and how difficult it can be to get this support. Like other women in the study Dawn
432 and Abbey had people they could have approached for support, but they did not always ask
433 for it because it was not what was expected in these relationships. Indeed, here we see how
434 socially constructed relational circumstances, which unequally constrain what women can
435 legitimately do, particularly when alone and unsupported, might contribute to some women
436 feeling that alcohol is the only thing they have in these contexts to make them feel better.

437 Discussion and conclusions

438 By focusing on care giving and receiving in families in women's accounts of alcohol use and
439 stress, and applying a framework including feminist ethics of care and feminist approaches
440 to governmentality, we have illustrated the importance of these practices for the
441 development and maintenance of women's gendered identities. Where data was available

442 we have also indicated how material and subjective dimensions of class can differently and
443 unjustly effect various aspects of the phenomena.

444 The concept of interdependence from feminist ethics of care theory (Tronto, 1993) helps to
445 exemplify that women are embedded in different relational networks not just as care givers
446 but also as people who need and expect to receive care. The 'everydayness' of care
447 interactions in families was ever present in the participants' accounts. This resonates with
448 other empirical studies which indicate people negotiate their care responsibilities in
449 families, with other areas of their lives such as paid work, to create a moral gendered
450 identity in the location they are in (Finch and Mason, 1993; Ribbens McCarthy; Edwards and
451 Gillies, 2000; Conlon *et al.*, 2014). Feminist ethics of care scholars emphasise how care
452 giving roles are always important but shift and change at different times in the life course
453 (Barnes 2012). While , a strong body of contemporary sociologically informed work has
454 illustrated that gender and care remain important for understanding women's drinking
455 practices (e.g. Brown and Gregg, 2012; Emslie; Hunt and Lyons, 2015). A key novel
456 contribution of our work and framework is we show how care giving in families is important
457 for how all women, including women with and without children, govern their drinking.
458 Moreover, our analysis indicates that even when women do drink heavily, relationality and
459 care are part of their experiences.

460 The concept of relational autonomy, which recognises that people need care to support
461 their wellbeing, and that autonomy is limited by the resources people have access to
462 (Barnes *et al.*, 2015), is valuable for exploring various aspects of women's accounts of
463 alcohol use and stress. They need relational support both in their everyday lives and at
464 times of crisis, but their capacity to gain relational support is related to different gendered

465 and classed dynamics of care. The political privatisation of care (Tronto, 1993), and the self-
466 regulating expectations of care in families (Ribbens McCarthy; Edwards and Gillies, 2000;
467 Smart, 2007) means women often manage care giving alone, and are governed in where
468 they can seek relational support. While these gendered relational contexts govern all
469 women, the symbolic and material contexts of class appear to make it more difficult for
470 working-class women to access care to support their autonomy, because of the material
471 resources they have access to and because of the emphasis they put on care to claim value
472 (Skeggs, 1997).

473 The study was conducted prior to the COVID-19 pandemic. Survey data collected during the
474 2020-2021 lockdowns in the UK and other countries suggests that heavy drinking occasions
475 that are harmful to health may have increased in women, particularly in women in midlife,
476 during this period (Miller *et al.*, 2021). Moreover, the expectations of women to provide
477 unpaid care while lacking care in return, and the additional burdens experienced by
478 working-class women, may have been exacerbated during the pandemic (Gulland, 2020).
479 Some scholars have argued that post-pandemic is an opportune time to consider how we
480 respond to home drinking and inequalities in alcohol use (Callinan and MacLean, 2020). This
481 study and the theoretical framework could contribute to that endeavour.

482 The strengths of the study should be considered alongside the limitations. Social class is a
483 complicated concept with different dimensions, and we recognise the area measure of class
484 we used is unrefined. Nonetheless, we did observe differences between the women using
485 the measure that was adopted. Another limitation is that the participants were white, and
486 mostly heterosexual. Future research should focus on exploring the themes we highlight

487 here in black and minority ethnic populations and in lesbian, gay, bisexual, trans* or queer
488 people.

489 A key implication of our interpretation for policy and practice is that women's relationality
490 and care should be the starting point for interventions to help to reduce health inequalities
491 in alcohol use. Using this theoretical framework highlights that interventions to prevent /
492 reduce heavy alcohol consumption should enable women to gain care and support, and
493 address their material circumstances (Fang *et al.*, 2014). Because of the focus on the
494 importance of care in all women's lives and their own need for care, drawing on ethics of
495 care theory would also ensure that interventions do not unequally focus on women with
496 young children as care givers, and ignore the needs of women themselves (Bell;McNaughton
497 and Salmon, 2009). Theoretically grounded interventions, which target the social factors
498 which lead to unequal contexts of care, 'stress' and alcohol use, hold promise for developing
499 approaches to reduce heavy drinking that engage with what really matters to women.

500 References

501 ANONYMISED.

502 Baker, S. (2017) 'Patterns and Perceptions of Maternal Alcohol Use among Women with Pre-School
503 Aged Children: A Qualitative Exploration of Focus Group Data', *Journal of Addiction Research and
504 Therapy*, 8(5).

505 Barnes, M. (2012) *Care in Everyday Life: An ethic of care in practice* Bristol The Polity Press.

506 Barnes, M., Brannelly, T., Ward, L. and Ward, N. (2015) 'Introduction: the critical significance of care',
507 in Barnes, M., Brannelly, T., Ward, L. and Ward, N. (eds.) *Ethics of Care: Critical Advances in
508 International Perspective*. Bristol: Policy Press, pp. 3-20.

509 Barnes, M. and Ward, L. (2015) 'Older women and alcohol', in Staddon, P. (ed.) *Women and alcohol:
510 Social Perspectives*. Bristol Policy Press, pp. 103-117.

511 Bell, K., McNaughton, D. and Salmon, A. (2009) 'Medicine, morality and mothering: public health
512 discourses on foetal alcohol exposure, smoking around children and childhood overnutrition', *Critical
513 Public Health*, 19(2), pp. 155-170.

514 Brown, R. and Gregg, M. (2012) 'The pedagogy of regret: Facebook, binge drinking and young
515 women', *Continuum: Journal of Media and Cultural Studies*, 26(3), pp. 357-369.

516 Bullers, S. (2012) 'An Exploratory Study of Gender and Changes in Alcohol Consumption: A
517 Qualitative Approach', *Sociation Today*, 10(1).

518 Callinan, S. and MacLean, S. (2020) 'COVID-19 makes a stronger research focus on home drinking
519 more important than ever', *Drug and Alcohol Review*, 39(6), pp. 613-615.

520 Conlon, C., Timonen, V., Carney, G. and Scharf, T. (2014) 'Women (re) negotiating care across family
521 generations: Intersections of gender and socioeconomic status', *Gender & Society*, 28(5), pp. 729-
522 751.

523 Dare, J., Wilkinson, C., Traumer, L., Kusk, K.H., McDermott, M.-L., Uridge, L. and Grønkjær, M. (2020)
524 "'Women of my age tend to drink": the social construction of alcohol use by Australian and Danish
525 women aged 50–70 years', *Sociology of Health and Illness*, 42(1), pp. 35-49.

526 DeVault, M.L. and Gross, G. (2007) 'Feminist Qualitative Interviewing: Experience, Talk, and
527 Knowledge', in Hesse-Biber, S.N. (ed.) *Handbook of Feminist Research: Theory and Praxis*. USA: SAGE,
528 pp. 173-198.

529 Emslie, C., Hunt, K. and Lyons, A. (2015) 'Transformation and time-out: The role of alcohol in identity
530 construction among Scottish women in early midlife', *International Journal of Drug Policy*, 26(5), pp.
531 437-445.

532 Fang, M.L., Gerbrandt, J., Liwander, A. and Pederson, A. (2014) 'Exploring promising gender-sensitive
533 tobacco and alcohol use interventions: results of a scoping review', *Substance Use and Misuse*,
534 49(11), pp. 1400-1416.

535 Finch, J. and Mason, J. (1993) *Negotiating Family Responsibilities*. London: Routledge.

536 Foucault, M. (1976) *The Will to Knowledge: The History of Sexuality Volume 1*. London: Penguin
537 Books.

538 Foucault, M. (1977) *Discipline and Punish: The Birth of the Prison*. London: Penguin Books.

539 Gulland, J. (2020) 'Households, bubbles and hugging grandparents: Caring and lockdown rules during
540 COVID-19', *Feminist Legal Studies*, 28(3), pp. 329-339.

541 Killingsworth, B. (2006) 'Drinking stories' from a playgroup: Alcohol in the lives of middle-class
542 mothers in Australia', *Ethnography*, 7(3), pp. 357-384.

543 Lawler, S. (2000) *Mothering the self: Mothers, Daughters, Subjects*. Psychology Press.

544 Miller, E.R., Olver, I.N., Wilson, C.J., Lunnay, B., Meyer, S.B., Foley, K., Thomas, J.A., Toson, B. and
545 Ward, P.R. (2021) 'COVID-19, Alcohol Consumption and Stockpiling Practises in Midlife Women:
546 Repeat Surveys During Lockdown in Australia and the United Kingdom', *Frontiers in Public Health*, 9.

547 Muhlack, E., Carter, D., Braunack-Mayer, A., Morfidis, N. and Elliott, J. (2018) 'Constructions of
548 alcohol consumption by non-problematized middle-aged drinkers: a qualitative systematic review',
549 *BMC Public Health*, 18(1), p. 1016.

550 Mulia, N. and Bensley, K.M. (2020) 'Alcohol-related disparities among women: Evidence and
551 potential explanations', *Alcohol research: current reviews*, 40(2).

552 Nicholls, E. (2019) 'I feel like I have to become part of that identity': Negotiating femininities and
553 friendships through alcohol consumption in Newcastle, UK', *International Journal of Drug Policy*, 81,
554 p. 102524.

555 O'Grady, H. (2004) 'An Ethics of the Self', in Taylor, D. and Vintges, K. (eds.) *Feminism and the Final
556 Foucault*. USA: University of Illinois Press, pp. 91-117.

557 Office for National Statistics (2017) *Families and the labour market, England: 2017*. [Online].
558 Available at: <https://www.ons.gov.uk/releases/familiesandthelabourmarketengland2017> (Accessed:
559 16/02/2018).

560 Office for National Statistics (2019) *Alcohol-specific deaths in the UK: registered
561 in 2019*. [Online]. Available at:
562 [https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulle
563 tins/alcoholrelateddeathsintheunitedkingdom/registeredin2019#alcohol-specific-deaths-and-
564 deprivation](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2019#alcohol-specific-deaths-and-deprivation).

565 Rapley, T. (2011) 'Some Pragmatics of Qualitative Data Analysis', in Silverman, D. (ed.) *Qualitative
566 Research: Fourth Edition*. London: Sage, pp. 331-346.

567 Ribbens McCarthy, J., Edwards, R. and Gillies, V. (2000) 'Moral tales of the child and the adult:
568 narratives of contemporary family lives under changing circumstances', *Sociology*, 34(4), pp. 785-
569 803.

570 Sandelowski, M. (1995) 'Sample Size in Qualitative Research', *Research in Nursing and Health*, 18(2),
571 pp. 179-183.
572 Schmidt, L.A. (2014) 'The equal right to drink', *Drug and Alcohol Review*, 33(6), pp. 581-587.
573 Sevenhuijsen, S. (1998) *Citizenship and The Ethics of Care: Feminist Considerations on Justice,*
574 *Morality, and Politics*. Abingdon: Routledge.
575 Skeggs, B. (1997) *Formations of Class & Gender: Becoming Respectable*. Great Britain: Sage.
576 Slade, T., Chapman, C., Swift, W., Keyes, K., Tonks, Z. and Teesson, M. (2016) 'Birth cohort trends in
577 the global epidemiology of alcohol use and alcohol-related harms in men and women: systematic
578 review and metaregression', *BMJ Open*, 6(10).
579 Smart, C. (2007) *Personal Life: New Directions in Sociological Thinking*. Cambridge: Polity Press.
580 Smith, K. and Foster, J. (2014) *Alcohol, Health Inequalities and the Harm Paradox: Why some groups*
581 *face greater problems despite consuming less alcohol*. Institute of Alcohol Studies.
582 Smith, L. and Foxcroft, D. (2009) *Drinking in the UK An exploration of trends*. Joseph Rowntree
583 Foundation
584 Staddon, P. (ed.) (2015) *Women and Alcohol: Social Perspectives*. Great Britain: Polity Press.
585 Thurnell-Read, T. (2021) "If they weren't in the pub, they probably wouldn't even know each other':
586 alcohol, sociability and pub based leisure", *International Journal of the Sociology of Leisure*, 4(1), pp.
587 61-78.
588 Timmermans, S. and Tavory, I. (2012) 'Theory Construction in Qualitative Research: From Grounded
589 Theory to Abductive Analysis', *Sociological Theory*, 30(3), pp. 167-186.
590 Tronto, J. (2013) *Caring Democracy: Markets, Equality and Social Justice*. USA: New York University
591 Press.
592 Tronto, J.C. (1993) *Moral boundaries: A political argument for an ethic of care*. Oxford: Routledge.
593 Ussher, J.M. (2004) 'Premenstrual syndrome and self-policing: Ruptures in self-silencing leading to
594 increased self-surveillance and blaming of the body', *Social Theory and Health*, 2(3), pp. 254-272.
595 Waitt, G. and Clement, S. (2016) 'Women drinking alcohol: assembling a perspective from a Victorian
596 country town, Australia', *Gender, Place and Culture*, 23(8), pp. 1121-1134.
597 Weeks, J., Heaphy, B. and Donovan, C. (2001) *Same Sex Intimacies: Families of choice and other life*
598 *experiments*. London: Routledge.
599 Wiklund, M., Bengs, C., Malmgren-Olsson, E.-B. and Ohman, A. (2010) 'Young women facing multiple
600 and intersecting stressors of modernity, gender orders and youth', *Social Science and Medicine*
601 71(9), pp. 1567-75.
602 Williams, F. (2001) 'In and beyond New Labour: towards a new political ethics of care', *Critical Social*
603 *Policy*, 21(4), pp. 467-493.

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ⁱ The participants' post codes were used as an indicator of social class, by matching their home post codes to the Index of Multiple Deprivation Scale (Department for Communities and Local Government, 2010). The scale combines six domains (health and disability, educational skills, employment, geographical access to services, housing, income and training) to measure deprivation in small geographical areas (ward level). We inferred social class – working-class for the most deprived (at the top of the scale 1-5) and middle-class for the less deprived (at the bottom of the scale 6-10)

