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**Exploring women's drinking practices
in the transition to motherhood
through a social class lens:
a qualitative study**

by

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ABSTRACT

Introduction

The transition to motherhood is a salient period in many women's lives, creating changes in daily routines that may shape alcohol drinking practices. When returning to work after childbirth, women renegotiate their professional and personal identities. This study explores stability and change in female drinking practices in the early parenting period (0-3 postpartum years) in women from different social classes (i.e., with different economic, cultural, social resources), and how returning to work influences consumption occasions and meanings.

Methods

Free Association Narrative Interviews were conducted with 21 mothers (eight non-professionals, three with intermediate job profiles, ten professionals,) living in Yorkshire, England, and drinking at least modestly. Participants were interviewed twice about daily routines and drinking practices. Thematic content analysis of interviews was performed. Interpretative hypotheses were tested against transcripts.

Results

Participants presented their drinking as responsible. Through their accounts, they aligned their practices with expectations of 'good motherhood'. Drinking practices shared common meanings (relaxation, socialisation, self-care), and were shaped differently amongst classes (mostly regular and low-risk amongst professionals, sporadic and at increased risk amongst non-professionals). Most participants felt paid work did not influence their drinking. Yet, work-related attitudes and investments contributed to generate different inclinations towards drinking. Drinking practices represented a renegotiation of parental responsibilities. Participants described exerting surveillance on partners' drinking, frequently in a non-confrontational manner.

Discussion

Public health messages concerning alcohol-related risks have successfully tapped into women's feelings of responsibility and parental love. This could influence the intergenerational transmission of drinking practices. While the professionals' controlled consumption seemed associated with their presentation of themselves as responsible mothers/employees, non-professionals' drinking appeared less influenced by work-related expectations. Economic, social and cultural resources promoting different drinking practices amongst classes are discussed. Gender was negotiated through alcohol consumption. Female drinking practices were associated with activities of care and risk management, to prevent harmful effects of alcohol.

I. BACKGROUND

CHAPTER 1. Introduction

1.1. Researching drinking practices in the transition to motherhood

In England, over the last 30 years, female alcohol consumption has become the subject of growing public health concerns (Smith & Foxcroft, 2009). Consistent with the international picture, differences between women and men persist, but there is evidence of a gradual shift in female drinking. Data from the 2017 Opinion and Lifestyle Survey shows that, compared to men, women are more often lifetime abstainers (23% vs. 18%), less likely to consume alcohol in the week before the interview (52% vs. 62%), to drink frequently (8% vs. 12% drink on 5 or more days), and to 'binge' drink' (defined as consuming more than 6 or 8 alcohol units in the heaviest drinking day for females and males respectively; 26% as opposed to 29%) (WHO, 2018; ONS, 2018). However, a prominent trend identified from the 1990s is the convergence of consumption patterns and alcohol related harm between females and males (Smith & Foxcroft, 2009; Meng et al., 2014; Slade et al., 2016). This convergence, found in many other Western countries, has been attributed to an increase in female consumption, mainly due to women's economic and social empowerment (Holmila & Raitasalo, 2005; Plant, 2008; Smith & Foxcroft, 2009). Even if the concern has mainly regarded younger people, this increase has regarded women of all ages Meng et al, 2014). As the 2018 Health Survey for England shows (ONS, 2020a), the proportion of drinkers at increasing or higher risk of harm (from 14 up to 35 units/week and more than 35 units/week) was lower amongst women 16-24 (13%) than in the older age groups (16% and 35-44 and 45-54).

Due to the central place women have acquired in alcohol epidemiology and consumption culture, the study of female drinking is of paramount importance. It is essential to consider female drinking within the broader process of the renegotiation of gender identities. Gender has been described as "the social prescribed and experienced dimension of femininity and masculinity in society" (Bottorff et al., 2011, p.1), and is negotiated by individuals through their daily practices, including alcohol consumption. Long-standing cultural views of femininity have generated expectations of responsibility and moderation regarding women's drinking (West & Zimmerman, 1987; Lyons, 2009). As femininity is still closely associated with motherhood and the sphere of 'caring', women's alcohol consumption raises concerns for potential misbehaviours, loss of morality and shame (Day, Gough & Mcfadden, 2004).

Qualitative evidence has described women's attempts to rework the normative boundaries regulating female drinking, and pointed out the diversification of practices through which women present their identity (Lyons & Willott, 2008; RÚdólfssdóttir & Morgan, 2009; Staddon, 2015). Despite these attempts, female drinking continues to be rooted in meanings and values that relate to maternal identities. Thus, to avoid potential social sanctions, women tend to present their consumption as respectable and, as such, socially legitimated (Lyons & Willott, 2008; Emslie, Hunt & Lyons, 2015).

Gendered norms regulating female drinking intersect with shifts in women's personal biographies (Emslie, Hunt & Lyons, 2012). These may be marked by expected or unexpected events, which have been defined as "transitions" (Van Genneep, 1960; Kralik, Visentin & Van Loon, 2006). Female alcohol consumption has been explored in relation to commonly experienced transitions (such as entering the labour market or starting a relationship), including the transition to motherhood (Wilsnack & Wilsnack, 1992; Colell, Bell & Britton, 2014; Plant et al., 2008). Even though femininity does not equate to motherhood, becoming a parent remains an important transition for many women (Brunton, Meg & Oakley, 2011). There is a wealth of research on women's alcohol consumption in relation to reproductive health and the parental role. Much of it has a biomedical approach, and has investigated women's drinking during pregnancy, frequently highlighting the problematic aspects of female consumption (e.g., the consequences of maternal drinking on foetal and infant development) (Staton-Tindall et al., 2013; Rossow et al., 2016). Because of their focus, these studies have mainly involved samples of risky drinkers, thus offering a limited perspective on parental alcohol consumption.

This study, instead, explores parental drinking from a different angle. Rather than focusing on alcohol use in pregnancy and problematic drinking, this research aims to explore the changes in female alcohol consumption in the early parenting period (identified in this research as the time from 0-3 years after giving birth), in the general female population. The early parenting period is an important life phase to investigate, as women's lives are at the centre of several personal and environmental transformations, concerning personal identity, bodily self, the professional sphere and relational aspects, all of which may influence their views both about alcohol and their consumption practices (Hollway & Featherstone, 1997; Thomson et al., 2011; Sevón, 2012).

Motherhood and mothering, as well as drinking practices, are socially located (Gillies, 2007; Thomson et al., 2011). Hence, the consideration of social class has a primary place in this study (Savage, 2015). There are many traditions and approaches to the study of class, which have been employed in public health and alcohol-related studies to explain the development and persistence of health inequalities (IAS, 2016). While in positivist epidemiology, class tends to be conceived statically as an individual and

measurable attribute (Forbes & Wainwright, 2001; Savage et al., 2015); research drawing from sociological theories considers class more dynamically. In the Bourdieusian tradition, class is seen as a process of the development of collective and individual identities, shaped by material, social and cultural resources (Bourdieu, 1979, 1986). In this perspective, class identities are negotiated in daily lives, and become manifested through people's health practices, gestures, cultural taste and speech patterns (Bourdieu, 1979; Williams, 1995; Abel & Frohlich, 2011). Bourdieu's theories, and their subsequent reappraisals, have a prominent place in this research, as they shed light on material, cultural and affective aspects of class, such as values, public representations, and feelings (Skeggs, 1997; Bottero, 2004; Reay, 2005). These factors may influence the orientations that women from different backgrounds have towards paid and unpaid work, health and alcohol consumption, and allow for capturing how class is filtered at the biographical level. Exploring the interaction between gender, class and alcohol consumption entails both the choice of an interpretative research paradigm (see Section 1.3) and the adoption of a theoretical framework suitable to provide a nuanced description of female drinking.

The theoretical framework employed in this research is social practice theory (Reckwitz, 2002; Shove, Pantzar & Watson, 2012). Alcohol-related studies have referred to social practice theories to analyse the composite nature of drinking (involving materials, competences and meanings) and the change in alcohol use occurring both at the individual and social level. Hence, drinking practices are negotiated through the interplay between forces at the macro-level (public policies and health messages, contextual elements) and those at the micro-level (identity construction, beliefs, enactment of the practices, personal resources) (Lovatt et al., 2015; Ally et al., 2016; Meier, Warde & Holmes, 2017).

The social practice framework appears suitable for this research as it allows for considering female drinking practices in detail and through multiple perspectives, and is thus inclusive of meanings and practicalities, and can account for the tensions underpinning mothers' drinking. Mothers' drinking practices are addressed by powerful public health messages, encouraging a careful regulation of alcohol consumption to protect children's wellbeing. Such messages are further strengthened by the culturally rooted idea that mothers are primarily responsible for the care of children (Hays, 1998; Lupton, 2011). On the other hand, it has been argued that health messages and social expectations do not lead to a complete conformity. Through the enactment of everyday practices, individuals engage in a conscious or unconscious process of infringement and reinterpretation of social norms (Lupton, 1995). Motivation to renegotiate the public health messages may derive from perceptions of conflicting information, bodily changes, or a desire to derive pleasure from a given practice (Lupton 1995). Thus, the social practice framework accounts both for the normative maternal drinking

practices, and for those which are contradictory. Through all of them, women express both personal and social identities.

Building upon these premises, the present study aims to explore the way in which women of different social classes negotiate their drinking practices in the transition to motherhood, focusing on the early parenting period. A scoping review on the topic was conducted and corroborated the importance of considering female drinking in relation to participants' life circumstances and highlighted the importance of discussing women's drinking practices at the interface between paid and unpaid work.

1.1. Study rationale

There are only a few qualitative studies investigating female alcohol consumption in the early parenting period in the general population of mothers, and the influence of social class in shaping their drinking practices has been, in most cases, overlooked. Also unexplored is the way in which returning to paid labour after childbirth may influence women's drinking.

The study of female alcohol consumption in the early parenting period has been the subject of growing attention from the '1990s. Most research in this area has adopted a quantitative methodology, and focused on two themes: 1) shifts in women's consumption patterns and drinking trajectories and 2) female drinking and acquisition of social role(s). Regarding the first theme, prospective cohort studies and cross-sectional analyses consistently found that the transition to motherhood is associated with a decrease in consumption, marked especially around childbirth (e.g., Matusiewicz, Ilgen & Bohnert, 2016; Borschmann, Rohan Becker et al., 2019). Although many women resume their consumption a few months after delivery, the proportion of consumers, and the volume of alcohol consumed, decreases (e.g., Alvik, Haldorsen & Lindemann, 2006; Tearne, Cox & Giglia, 2017). Hence, becoming a mother has been characterised as 'protective' for alcohol consumption (Borschmann, Rohan Becker et al., 2019). Studies analysing parental drinking trajectories over extended time periods (e.g., 5 to 6 years after childbirth) suggest the growing awareness of the necessity to contextualise changes in consumption during the life-course, considering different sub-populations of drinkers. These analyses also examined the association between female drinking and socio-economic circumstances (Jagodzinsky & Fleming, 2007; Baker & Graham, 2014; Liu, Mumford & Petras, 2016). For example, while greater income and participation in the labour force tended to be associated with an increased likelihood of consumption, education showed inconsistent associations with drinking. However, the contribution of these studies is mostly descriptive and does not provide theoretical insights into the reasons underpinning the shifts observed in women's drinking, nor explain how they occur.

In relation to the second theme, a group of studies has proposed explanatory theories about the changes in female drinking following the transition to motherhood. Motherhood has been conceived as an acquisition of a social role, and considered in relation to other roles (typically, being in paid labour or in a partnership). According to the social role hypothesis, the simultaneous enactment of different roles would limit parental drinking because a more structured daily life might restrict time and resources previously allocated to alcohol consumption and increase social control on parents' drinking (Knibbe, Drop & Muytjens, 1987; Wilsnack & Cheloha, 1987; Cho & Crittenden, 2006). Conversely, the multiple burden hypothesis assumes that combining several roles may mean conflicting expectations (Goode, 1960; Cho & Crittenden, 2006), resulting in more stress and an increased use of alcohol as a coping strategy (Kuntsche, Knibbe & Gmel, 2009; Kuntsche et al., 2011). Finally, the opportunity perspective emphasises the importance of drinking contexts and situations. Since the way we perform our social roles is adapted to each situation, parental drinking could be more influenced by the presence of a favourable environmental and temporal circumstances, such as nearby drinking venues or the availability of childcare support, rather than more stable factors such as social expectations or coping strategies, and might be in part shaped by the characteristics of the drinking occasion itself (Paradis, 2011; Paradis et al., 2011). Even though these studies have offered an important explanation of parental drinking, roles are conceived in a simplified and standardised manner. However, the role of mother intersects with many other important expressions of self, including being a friend, or a citizen. In addition, the quantitative methodology does not capture the cultural orientations and gendered norms influencing parental drinking.

Only a handful of qualitative studies have investigated mothers' alcohol consumption in the early parenting period. Studies found that, amongst women, to whom the main role in childcare is traditionally attributed, drinking is expected to be controlled (Killingsworth, 2006). When consuming alcohol, they balance risks and rewards in relation to their responsibilities and tend to regulate their consumption and state of intoxication in relation to the drinking contexts (Wolf & Chávez, 2015; Emslie, Hunt & Lyons, 2015). Such research has interpreted female drinking as a practice enacted so as to be consistent with parenting responsibilities. Consuming alcohol symbolises time out from care and work commitments, allowing women to reconnect with their previous, carefree selves, a means to manifest agency, and create occasions of self-care (Killingsworth, 2006; Emslie, Hunt & Lyons, 2015; Jackson et al., 2018). Only a few studies have explored how social class could shape mothers' drinking practices (Waterson, 2000; Killingsworth, 2006; Baker, 2017). They suggest that social circumstances are significant in framing mothers' attitudes towards drinking and that, amongst disadvantaged mothers in particular, stressors may lead to an increase of consumption as a coping strategy. Their contribution,

however, needs to be supplemented and updated, by discussing similarities and differences amongst sub-subgroups, and by adopting a theoretical framework offering more nuanced interpretations of female drinking. An important theme not addressed in qualitative research concerns how returning to paid labour after childbirth may influence women's drinking. Even though not all women return to work after their maternity leave, this stage is experienced by a growing number of British mothers (ONS, 2017). In such a context, parental drinking needs to be discussed in light of women's transformed identity, issues of work-family life balance, and gender relationships.

1.2. Research aims

The research questions addressed in this research are:

How are drinking practices renegotiated in the early parenting period by women belonging to different social classes?

How do mothers belonging to different social classes rework their drinking practices following their return to paid work after childbirth?

The first research question concerns the shifts in consumption practices occurring after childbirth amongst women from different social classes. This means analysing and discussing participants' drinking practices in their entirety, considering: when, where, what, with whom, how much and how frequently alcohol is consumed, the place of drinking in relation to other practices, bodily manifestations and 'meanings' of practices. As drinking practices are expressions of biographies and daily routines that are socially and culturally located, they may be shaped by participants' economic resources (allowing the accessibility or not to given practices), cultural capital (connected with meanings of consumption, aesthetic appreciation, approaches towards alcohol), and social networks (encouraging or inhibiting given practices). Investigating female drinking practices in the transition to motherhood entails also exploring how participants' presentation of alcohol consumption is filtered through their parental identity, including affective aspects, as well as feelings of apprehension, responsibility and societal expectations.

The second research question regards if and how returning to work may influence the drinking practices of women from different social classes. Women's participation in the labour market is frequently accompanied by an engagement in caring and domestic duties more intense than that of men (Oláh, Hobson & Carlson, 2017). This 'double presence', differentiated on the basis of women's professional choices and investments, may shape the characteristics of drinking practices, as well as women's orientation towards alcohol. In this context, social class may emphasise the aspects of discipline in consumption, or those associated with sociability. Finally, given that both parenthood and

the return to work after maternity leave tend to be followed by a strengthening of gender identities, women's drinking practices need to be discussed within the framework of gender relationships (Fox, 2009; Hammond, 2016). In relation to this, as the research unfolded, an emerging theme regarded the way in which drinking practices were renegotiated within the family, and inter-generationally transmitted.

1.3. The study

In order to analyse the pragmatic aspects and meanings associated with women's alcohol consumption, data were collected adopting a biographical-narrative approach, the Free Association Narrative Interview method (FANI, Hollway & Jefferson, 2013). This method allowed for the collection of participants' life stories, thus placing women's transition to motherhood and their drinking practices within life and consumption trajectories. This captured not only details about their current consumption, but also about memories, values and "practical knowledge" regarding drinking acquired during the socialisation process

The FANI method can be located in the broader field of psychosocial studies, characterised by the attempt of "researching beneath the surface and the purely discursive" (Hoggett & Clarke, 2009, p.3). This purpose is reached by conceiving the subjects as psycho-social, that is, "simultaneously, the products of their own unique psychic world and a shared social world" (Hollway & Jefferson, 2013, p.XIII); and by bringing into the research field a psychoanalytic sensibility, in order to consider the role of defences and unconscious communications in the research setting (Hoggett & Clarke, 2009; Clarke, 2006b). Thus, the method is particularly suitable to explore topics that are likely to generate defences or anxiety, such as maternal alcohol consumption. Following the FANI method, each woman was interviewed twice, with the exception of one participant who declined to participate in the second interview. The first interview, partly biographical, included the completion of a timeline of significant life events and a first exploration of the themes of the topic guide (e.g., daily routine, health habits, drinking experiences, changes in alcohol consumption in the years leading up to motherhood and after becoming a parent). The second interview, roughly three weeks after the first one, had a semi-structured format and aimed to further discuss some topics or clarify possible incongruences.

To access and compare a variety of life experiences, a purposive sample of 21 British participants from different socio-economic backgrounds, defined according to the National Socio-Economic Classification, were recruited using diverse recruitment strategies. Women taking part in the study were preferably first-time mothers, drinking at least one drink per month, having been back at work for at least several months and up to two years after maternity leave. The final sample, composed of

women aged 23 to 40, included ten professionals, eight non-professionals, and three with an intermediate job profile.

1.4. Thesis structure

The thesis is divided in three parts. The first part includes the present introduction (Chapter 1) and the literature review (Chapters 2 and 3). Chapter 2 explains and discusses the themes and concepts underpinning the research. Chapter 3 presents a scoping review of studies investigating female alcohol consumption in the general population in the early parenting period, and circumscribes the research questions. The second part of the thesis (Chapter 4) presents the rationale underpinning the choice of a qualitative methodology and of a biographical, narrative method. The research journey, the sampling and recruitment strategies, and the methods used for the data analysis are described.

The third part of the thesis includes the research findings (Chapters 5-9) and the discussion. Chapters 5 and 6 set the scene for the presentation of the main findings. Chapter 5 contextualises interviewees' drinking trajectories in their backgrounds and introduces the typology of research participants. Chapter 6 explores several individual accounts of participants' paths to motherhood and changes in drinking practices, up to the early maternity period, in their entirety. Chapters 7, 8 and 9 bring together participants' accounts. Chapter 7 examines interviewees' accounts of their alcohol consumption from pre-conception up to the breastfeeding period, and argues that participants' accounts were constructed so as to present themselves as conscientious mothers and responsible drinkers. Chapter 8 extends the analysis of interviewees' drinking practices up to the early maternity period. The first part describes common aspects of drinking practices reported by participants, regardless of class: age- and role- related expectations regarding drinking, transformations in the bodily selves and their effects on consumption, drinking as an expression of leisure, need of socialisation and of stepping out of the routine. The second part of the chapter focuses on social class differences in drinking practices, which appeared more marked in the early parenting period. I will argue that, even if participants' did not perceive appreciable variations in their drinking after their return to work, paid work was one of the factors contributing to shape the class differences in drinking. While the restrained consumption of professionals appeared connected to the need for presenting themselves as good mothers *and* employees, non-professionals expressed a lower attunement with the expectations related to work, and described episodes of risky drinking. Finally, Chapter 9 presents alcohol consumption as a gendered family practice. In all social classes, participants' occasions of consumption within intimate relationships contributed to renegotiate interpersonal bonds and parental responsibilities. Female drinking practices could be associated both with caring activities, promoting personal and family

wellbeing, and with actions of risk management, aimed at preventing the negative consequences of drinking. Finally, I discuss the main findings in light of the literature, pointing out what this study has added to the current knowledge. I examine my study's strengths and limitations, the implications of my findings and ideas for possible future research directions.

CHAPTER 2. Literature review

Introduction

The aim of this chapter is two-fold: to delimit the field of investigation (first part) and discuss the concepts and theoretical perspectives adopted in this study (second part).

The first part of the chapter discusses why studying female drinking is important, given increasing levels of consumption occurring in many Western countries, including England (Section 2.2.1). This has been attributed to the changes that have occurred in women's daily lives, which have led to a renegotiation of gender identities. Gender in this study is seen as relational (Section 2.2.1) and negotiated by women and men through their daily practices, including alcohol consumption (Section 2.2.2). As female identities are still associated with motherhood, women's drinking is expected to be controlled and responsible, and tends to be socially sanctioned if it does not conform to this ideal (Section 2.2.3). However, in the Western world, women have reworked the normative boundaries of their drinking practices, which have diversified (Section 2.2.4). The changes in female drinking at the societal level are intertwined with those occurring at the individual level. Alcohol consumption shifts over the life course and is influenced by life events, defined as "transitions" (Section 2.3.1). Alcohol-related research has analysed how some common life transitions, such as entering a paid job (Section 2.3.2), starting a relationship (Section 2.3.3) or becoming a mother may influence women's drinking (Section 2.3.4). Following the concerns about the effects of alcohol on infant development and growth, research has focused mainly on alcohol use in pregnancy and on populations of risky drinkers (Section 2.3.4). I will make a case, instead, for the importance of investigating the changes in female consumption in the early parenting period (conventionally identified as the time from 0-3 years after giving birth), considering different types of alcohol drinkers. In this phase, women renegotiate their daily routines, identities and relationships (Sections 2.4.1, 2.4.2). An important stage is the return to work after maternity leave, experienced by a growing number of British women (Section 2.4.3). In such a context, female drinking needs to be discussed in light of women's transformed identity, issues of work-family life balance, and likely future drinking trajectories.

The second part of the chapter is dedicated to theories of social class and social practice, concepts with a prominent place in this research. As motherhood and mothering are socially and culturally located, social class has a primary role in the investigation of female drinking (Section 2.5.1). In public

health- and alcohol-related research, the debates on social class and how it is conceptualised and measured have been connected to the theme of health inequalities (Section 2.5.2).

There are many traditions and approaches to the study of class, all of them offering valuable contributions regarding its influence on health. While in “mainstream” epidemiology class is conceived as an individual and measurable attribute (Section 2.5.3), sociological studies - and in particular those adopting a Bourdieusian theoretical stance - have highlighted the importance of looking at class more dynamically. In this perspective, class is a process of development of collective and individual identities, shaped by material, social and cultural resources. The different distribution of capitals influences the orientations that people with different backgrounds have towards health and alcohol consumption (Section 2.5.4). Finally, other disciplines, such as social epidemiology, have tried to explain health gaps by making use of social theories, and have identified multiple pathways connecting class and inequality (Section 2.5.5). I observe that the positivist paradigm, prevalent in epidemiology, is not suited to address my research questions, as it offers a limited insight on the ‘cultural’ aspects of class and drinking. Bourdieu’s theories of capitals and habitus allow, instead, a more nuanced exploration of class and alcohol consumption, and how they are filtered through other identity dimensions, such as gender (Section 2.5.4). The need to overcome reductionist perspectives has become manifested in public health research also through the discussion of the limitations of behavioural approaches (Section 2.6). As an alternative, some public health theorists have proposed viewing health as a practice negotiated within the context of daily life (Section 2.6.1). I will argue that the theories of practice (Section 2.6.2) and their application to alcohol-related studies (Section 2.6.3) create the possibility to elaborate an in-depth and multifaceted description of the occasions of alcohol consumption, and capture their specificity and meanings (Section 2.6.4).

2.1. Women’s drinking patterns in England: epidemiology and trends

Alcohol consumption is a common practice in England (Gordon, Heim & Macaskill, 2012). A nationally representative survey estimated that 57% of the British population over 16 years of age (i.e., 29.2 million people) drank alcohol each year. In line with global trends, more women were found to be lifetime abstainers than men (23% compared to 18%); were less likely to have consumed alcohol in the week before the survey (52% compared to 62%), to consume alcohol frequently (8% compared to 12% drank on 5 or more days), and to ‘binge’ drink (defined as consuming more than 6 or 8 alcohol units in the heaviest drinking day for females and males respectively; 26% as opposed to 29%) (WHO, 2018; ONS, 2018). In England, alcohol consumption also represents an important public health problem. From the early 1950s to the early 2000s, alcohol intake in England has risen, along with concerns around binge drinking in young people, intoxication in public settings and alcohol-related

crimes (Smith & Foxcroft 2009; OH, 2012). Recent data shows an increase in the volume of alcohol sold off-sales in the period May 2018-April 2019 (from 6.3l to 6.5l per person; NHS, 2019), and in the number of alcohol-related hospital admissions. The ONS (2020b) has estimated that in 2018-2019 there were 358,000 hospital admissions directly attributable to alcohol, 6% higher than 2017-2018 and 19% higher than 2008-2009.

There is growing evidence, however, that this picture is changing. Data on alcohol sale and taxation indicate that per capita consumption in people over 15 has fallen from a peak of 11.6l of alcohol in 2004 to 10.8l in 2008 and 9.7l in 2017 (IAS, 2019). In addition, an analysis of drinking occasions recorded in a large representative sample of British adults suggested that high-risk consumption (defined as more than 12/16 units per week in females and males) is minor compared with the predominance of moderate, and thus lower risk, drinking habits (Ally et al., 2016). These findings show that contemporary British drinking culture cannot be simply characterised in terms of a 'tendency to excess', and are suggestive of the rise of practices typically associated with Mediterranean drinking (frequent, moderate, embedded in daily life) (Gordon, Heim & Macaskill, 2012; Ally et al., 2016). Another change in British drinking regards the choice of beverages, with wine becoming more popular than beer (ONS, 2018). An analysis of the General Lifestyle Survey from 1984 to 2009 suggests this downward trend may be explained by a decrease in consumption in young men born after 1985, who appear to drink less alcohol compared with previous generations. Concurrently, women of all ages have increased their intake and generally consume alcohol more heavily than in the past, narrowing the gap between females and males (Meng et al., 2014). Differences between males and females are also closing in relation to alcohol-related harm. An international review of 68 epidemiological studies found a decrease in the sex ratio for alcohol-related harm. Compared to women, men's likelihood of suffering alcohol related harm has decreased from 3.6 (95% CI: 0.4- 30.3) in the early 1900s, to 1.3 (95% CI: 1.2-1.3) among those born in the late 1900s; thus indicating a sex convergence among the younger birth cohorts (Slade et al., 2016).

The convergence between male and female drinking, observed in England and many other Western industrialised countries, has been widely debated and attributed to several factors (Keyes et al., 2011). These include the growing accessibility and affordability of alcohol (e.g., that it can be bought in shopping environments commonly used by women) and the development of alcohol marketing strategies addressing female consumers. However, first and foremost, the convergence process has been connected with women's greater economic and social empowerment, which has allowed them to achieve more equity in many spheres of social life, including occupation and education (Plant, 2008;

Holmila & Raitasalo, 2005; Smith & Foxcroft 2009). International evidence supports this explanation, with more affluent and educated women more likely to consume alcohol compared with those who are more deprived and less educated (Grittner et al., 2012; OECD, 2015). The association between educational achievement and alcohol use has been explained on the basis of environmental factors, including the engagement in a lifestyle where drinking is socially more accepted, along with the postponement of childbearing and its responsibilities, a life phase generally associated with a decrease in consumption (Huerta & Borgonovi, 2010).

Due to the central position women have acquired in the consumption culture and harm data, the study of alcohol consumption in the female population is an issue of paramount importance. In considering this, it is essential to discuss the place that drinking has in the negotiation of gender identities, which is the subject of the next section.

2.2. Alcohol consumption as a gendered practice

2.2.1. Gender: a relational approach

Gender has been defined as “the socially prescribed and experienced dimension of femininity and masculinity in society” (Bottorff et al., 2011). Gender permeates the everyday aspects of relationships and institutional structures. Connell (2000) identifies four main interconnected fields where gender dynamics develop: production relations (regarding the division of labour between women and men), power relations (visible in the marginalisation of women from decision-making arenas); emotional relations (concerning the influence of dominant forms of relationships in different contexts); and symbolic representations (regarding how gender is portrayed at the social level).

Bottorff et al. (2011) have emphasised the importance for health-related research to consider the relational aspects underpinning gender. By ‘relational’ they mean that gender is not a static dimension of human experience, lived in a binary manner by women and men. Gender identities are, instead, socially constructed frameworks, generated in continuous processes of negotiations, through the engagement of individuals in practices recognised by society as female- or male-oriented (West & Zimmerman, 1987; Butler, 1999; Connell & Messerschmidt, 2005). Practices are routinized patterns of action performed by individuals or groups (Section 2.6.1), carrying culturally defined meanings. Thus, gender is not a quality of individuals, but a property of interactions and activities collectively understood as “feminine” or “masculine” (Lyons, 2009). This conceptual framework introduces an element of flexibility because, by performing different practices, individuals can perform their gender identity in multiple ways, originating different masculinities and femininities (Lyons, 2009).

2.2.2. Femininities, masculinities and drinking practices

Alcohol consumption can be conceptualised as a gendered practice and one through which women and men construct gender identities (Lyons, 2009). Despite the converging consumption trends, drinking still acts as a universal differentiator between women and men, and nearly all cultures have more restrictive drinking norms regulating alcohol consumption for women than men. These have been interpreted both as a strategy to protect the health of offspring, and a symbolic display of male dominance (SIRC, 1998).

In Western countries, drinking has been characterised as a typically male activity, associated with the ability to drink heavily and social tolerance of public drinking and drunkenness. These features have been interpreted in light of the concept of hegemonic masculinity, which refers to the culturally dominant practices of masculinity. In this perspective, men's drinking has been associated with ideas of power, heterosexuality, economic affluence, and physical strength. Through the act of consuming alcohol, men would express their superiority; whereas drinking less would be considered a sign of weakness, homosexuality, and femininity (Lemle & Mishkind, 1989; Peralta, 2007). Some research, however, suggests that the relationship between masculinity and alcohol is shifting. Mullen et al. (2007) found that Scottish young men did not necessarily express their masculinity through drinking and that their consumption conveyed a plurality of male identities. Likewise, in Emslie et al. (2013), drinking in a pub allowed adult men to express their vulnerabilities and to support each other. Yet, even if these studies are indicative of a changing picture, the concept of hegemonic masculinity still appears prominent in male alcohol consumption, and a lens through which to interpret that consumption (Pedersen, Copes & Sandberg, 2016; Ostrowsky, 2018).

In the framework of gender relationships, women's alcohol consumption has been interpreted through Schippers' notion of hegemonic femininity (Schippers, 2007; Lyons, 2009). Schippers' starting point was Connell and Messerschmidt's work on hegemonic masculinity (2005), and their call for further theoretical development and research regarding femininity and female practices. Schippers addressed this gap by proposing the concept of hegemonic femininity. This version of femininity consists of 'womanly qualities' which "establish and legitimate a hierarchical and complementary relationship to hegemonic masculinity and that, by doing so, guarantee the dominant position of men and the subordination of women" (p.94). For Schippers, women would be associated with nurturing, maternal roles, and vulnerability. They are expected to be protective, sexually hesitant, dependent on men, cooperative, and careful in the care of the body (Schippers, 2007). Women who do not conform to this ideal would threaten the hegemony of masculinity, facing the risk of stigma and social

sanctions. These non-ideal feminine identities are called “pariah femininities,” not because they are considered inferior (according to Schippers, femininities already have a subordinated nature), but because they contaminate the order of the gender relationships (Schippers, 2007, p.95). In view of this perspective, women’s normative drinking practices are characterised by moderation, self-control, and care towards others, features aligned with an ideal type of heterosexual, respectable femininity. Excessive drinking, especially in public, is instead considered “unfeminine” and subversive of social hierarchies (Lyons, 2009).

For women, in a similar way to men, the negotiation of gender identity through alcohol consumption is transforming. Qualitative research highlights the tension between the historically rooted ideal of female drinking, emphasising women’s maternal and caring identities, and women’s attempts to rework the traditional drinking practices. These two aspects, central in this study, are discussed in Sections 2.2.3 and 2.2.4 respectively.

2.2.3. Women’s drinking practices: motherhood, morality, and shame

Even if female identity is not confined to the role of mother, discussing motherhood in relation to alcohol consumption is important because women’s drinking is often associated with their caring responsibilities. Women’s drinking, and that of mothers in particular, is seen with concern in relation to children’s well-being, domestic organisation and what is considered the traditional moral order of society (Holmila & Raitasalo, 2005).

Such considerations are rooted in socio-historical views of femininity. During the Victorian age, the English teetotal temperance movement promoted abstention, especially among women (McErlain, 2015). In the ideal society promoted by the movement, the role of women as ‘wards of morality’ was crucial: in the domestic sphere, they were expected to teach their children about the risks of alcohol, and to prevent male consumption. This ideal type of femininity was promoted by the movement through campaigns targeting women, which made use of shaming images to illustrate the consequences of drinking. In the pictures of that time, alcohol could lead to ruin, prostitution, and cause the death of a child (McErlain, 2015).

These cultural legacies are still present, and female drinking is scrutinised and elicits concerns because of the persisting identification of femininity with motherhood and its moral aspects (Day et al., 2004). These aspects have been well captured by Day et al. (2004), who looked at public representations of women’s drinking through an analysis of articles in British tabloids and broadsheets. The authors

found that, female drinking is still largely informed by the long-standing model of femininity described above. Alcohol use was depicted as a 'vice' which negatively affects key dimensions of 'proper' femininity. These include attractiveness (with weight gain and altered physical appearance), morality (intoxication may generate violent behaviours or expose to sexual harassment), and ability to conceive (alcohol has detrimental effects on fertility and child development). "Femininity," Day concludes, "continues to be measured by and equated with motherhood... Such constructions of femininity are a central reason why women's drinking has and continues to be subject to scrutiny and moral panic" (pp.177, 178). Consistently, other analyses of media texts have found that public communications present women's drinking as problematic, and use strategies based on shame or regret to reaffirm the ideal-type of feminine drinking (Jackson & Tinkler, 2007; Brown & Gregg, 2012; McErlain, 2015).

Several qualitative studies have attempted to challenge the idea that motherhood and alcohol are irreconcilable. Studies have proposed that, in situations of 'non-problem' drinking, women are able to integrate their consumption within their parental roles, and to use alcohol to maintain positive aspects of their identities (Section 3.2.3). However, these perspectives on mothers' drinking are in contrast with common expectations on parental alcohol consumption, which appear internalised from a young age. Rúdólfssdóttir and Morgan (2009) conducted focus group interviews with a sample of British students aged 18-22. The participants, for the most part middle-class women, deemed that parenthood was incompatible with consumption. Similarly, Lyons and Willott's (2008) research participants (16 females and 16 males, aged 20-29, living in Auckland, New Zealand) highlighted that the pleasurable and funny aspects of drinking could be enjoyed only by young people. Alcohol consumption in women older than 30 or 40 was viewed negatively as they were expected to be at home, caring for children. Hence, alcohol use still appears closely associated with the idea of a 'good' and responsible mother, drinking moderately (or not at all), as opposed to the 'irresponsible' mother, recognisable by her inappropriate consumption.

2.2.4. Women's drinking: between empowerment and normative expectations

Since the 1990s, qualitative research has focused on changes in drinking practices occurring in Western countries among younger cohorts of women. Studies present women's attempts to rework their gender identities by engaging in drinking practices previously associated with men, such as binge drinking and drinking in public. In their ethnography, Blackman et al. (2015) observed that young women tend to occupy spaces and rituals previously reserved for men, thus influencing men's opportunities to drink and the ways in which they drink. Such 'feminisation' of drinking culture has

also been found in other studies, and interpreted as a symbol of empowerment and gender equality (Day, Gough & Mcfadden, 2003; Montemurro & McClure, 2005; Lyons & Willott, 2008).

Research has also underlined the importance women of all age groups attribute to the hedonistic dimension of drinking. In Nicholls (2019), young Scottish women (18-25 years old) associated alcohol consumption on their nights out with pleasure and socialisation. In their accounts, drinking enhanced friendship and created a sense of community. Nicholls underlined the normalisation of drinking amongst young women and, by contrast, the strategies those who decided to abstain employed to avoid social exclusion. Studies investigating consumption amongst older women (aged 30-50) found that when women are intensively engaged in family and work activities, enjoyment from drinking acts both as a reward and a stress reliever (Rolfe, Orford & Dalton, 2009; Emslie, Hunt & Lyons, 2015). This double narration of drinking as pleasant and fashionable, and of drinking as an act of self-medication is well-established (Rolfe, Orford, and Dalton, 2009), and appears common in representations of real life occurring in movies and social media. Importantly, the pleasure drawn from drinking is also a bodily, subjective experience. Lyons et al. (2014) have explored this aspect and found that, when drinking, women regulated their level of intoxication to enjoy the mood derived from alcohol, without reaching the 'point of no return.' This process of self-scrutiny allowed participants to incorporate alcohol consumption into their daily lives.

Change in consumption expectations and patterns are both shaped by and reflected in marketing strategies (EDUCAM, 2008). However, while consumer society and the alcohol industry encourage and exploit the enjoyment of consumption, women are allowed to pursue it in a 'reasonable' way, by not transgressing gender appropriate drinking norms and without exposing their sexuality (Measham & Brain, 2005; Griffin et al., 2013; Lennox et al., 2018). Women of all ages appear to be aware of these expectations and preserve a proper gender identity through strategies of moderation, taking care of their appearance, drinking in a more 'refined' way, maintaining concern for the care of others and presenting their drinking as age- and context- appropriate (Lyons & Willott, 2008; de Visser & McDonnell, 2012; Emslie, Hunt & Lyons, 2012, 2015). Women's attempts to show an acceptable version of femininity while drinking (seductive and attractive but without compromising respectability) may occur both off- and online (Lennox et al., 2018). In Lennox et al. (2018), female interviewees aged 18-29 appeared very careful in producing and posting their drinking on social media as this could be available to, and judged by, a potentially extended network. Displaying a 'proper' femininity was particularly important for working-class women, as their drinking was the object of

more severe judgements both in daily life and social media. This finding highlights the roles that gender and class have in shaping drinking practices (Section 2.5.4).

To sum up, research suggests that over the last decades the construction of female gender identity in relation to alcohol consumption has become more varied and contradictory. Women, especially in the younger cohort, may have achieved more autonomy in their alcohol use, however, the double standard of gendered regulation still persists and appears widely legitimated by women themselves.

2.3. Women's alcohol consumption and life-course transitions

Thus far, this literature review has discussed the importance of investigating alcohol consumption in the female population, and of conceiving drinking as a practice which contributes to the creation of a gendered self. Even if women are reshaping some long-standing features of their consumption practices, these remain rooted in meanings and values that relate to maternal identities.

This section considers the importance of investigating female drinking using a dynamic perspective. Significant biographical events (conceptualised as life transitions) may lead to variations in women's consumption habits. Changes in women's drinking have been studied in relation to commonly experienced life transitions (Section 2.3.1), including entry in the labour market (Section 2.3.2), cohabitation and marriage (Section 2.3.3), and the transition to motherhood (Section 2.3.4).

2.3.1. Defining life transitions

Women's alcohol consumption shifts over their life course. Evidence from nine UK-based cohort studies demonstrates that the quantity of alcohol drunk by women increases during adolescence, peaks around 25 years at approximately 7 to 8 units per week (Britton et al., 2015). After a period of relative stability, consumption decreases to 2 to 4 units from the age of 70 (Britton et al., 2015). This quantitative synthesis, however, does not capture how drinking may be shaped by a range of events marking an individual's life.

The most significant life events have been characterised in a range of disciplines, spanning from anthropology and psychology to life course sociology, as 'transitions' (Van Gennep, 1960; Elder, 1998). Transitions include common experiences, which may occur both on a 'scheduled' and 'unscheduled' basis (such as entering a relationship, finding a job, or becoming a parent), as well as less usual events. The concept of transition has been associated with three features: a longitudinal development (occurring in a more or less defined period), a change in social status and the interactions between individual and collective dimensions (Kralik, Visentin & Van Loon, 2006). Thus, transitions are changes

implying redefinitions and adaptations that can be personal, relational, or environmental (Kralik et al., 2006). A sequence of individual transitions can generate a trajectory, a longer-term path giving meaning to the overall sequence (George, 2009). A crucial aspect of transitions is the time in which they occur. While some transitions are unexpected turning points, others are biologically and socially regulated. Neugarten (1986) observed that during the socialisation process, women and men interiorise a “social clock,” suggesting appropriate age-related behaviours. Although over the last decades the age boundaries and timing of main life events have blurred, people still have a perception of whether a transition occurs at the expected time or not, and of the sanctions associated with deviance from social norms (Neugarten & Neugarten, 1986).

With this in mind, the shift in women’s drinking over their lifetime is not a spontaneous occurrence. It may be read, instead, as the result of the intersection between personal life events and the way in which they are shaped by collective values and norms. As this research has a broader scope, I provide an overview of the literature investigating female drinking in correspondence with widely experienced transitions.

2.3.2. Labour market entry

The influence of labour market entry on women’s drinking is a complex topic and still a matter of debate. Wilsnack and Wilsnack (1992) argued that simplified theories regarding the association between women’s involvement in paid work and alcohol consumption generate weak evidence. Working cannot be straightforwardly considered detrimental *or* beneficial for women’s mental wellbeing and drinking. They highlighted the importance of a more nuanced approach, considering the numerous factors which might affect female consumption. The latter could include working conditions, type of job, interactions of paid work with other aspects of daily life (e.g., free time, domestic labour), and personal coping resources. Likewise, Ames & Rebhun (1996) warned about the use of simple theories to understand female work-related drinking. The literature review they conducted on that topic did not draw definite conclusions, as the available survey data were inconsistent and difficult to summarise. The report offered an insight on the “intricate interactions among gender, ethnicity, class, employment, and alcohol consumption” (p.1649), but did not formulate a theory.

Several studies found that paid labour was associated with an increase in female consumption, and provided a range of interpretations (Haavio-Mannila, 1991; Waterson, 2000; Colell, Bell & Britton, 2014; Watts et al., 2015). For instance, in the UK, an analysis of data from the 1958 British Birth Cohort

Study exploring involvement in paid labour and drinking trajectories in people aged 33-50, concluded that being employed was strongly associated with the weekly alcohol volume consumed by women. Such findings have been attributed to greater financial availability and a greater number of drinking opportunities for women (Colell, Bell & Britton, 2014). Other studies have connected the increased female consumption with the stress generated by the reconciliation of multiple roles, or with cultural factors. These include contact with male occupational subcultures that encourage women's drinking (contagion effects), or the value of alcohol as a status symbol. Hence, women's work-related drinking would represent an affirmation of agency, and a means to be recognised as equal to men in the working environment (Haavio-Mannila, 1991; Watts et al., 2015).

The positive association between women's presence in paid work and alcohol consumption, however, is not supported by consistent evidence (Temple, 1991; Kuntsche, Knibbe and Gmel, 2009; Kuntsche et al., 2011). Cross-country research from the GenACIS (Gender, Alcohol and Culture: an International Study) project suggests that these conflicting results may be due to different societal attitudes and the welfare supports provided to women involved both in working and family activities. Studies found that daily alcohol consumption of working mothers was lower in countries facilitating their presence in paid and unpaid work, and higher in countries not supporting women's work-life balance (Kuntsche et al., 2011, Section 3.2.2.2).

2.3.3. Partnership and marriage

Cohabitation and marriage appear associated with a decrease in women's drinking, which was more marked after marriage when compared to cohabitation (Plant et al., 2008; Temple, 1991). Although women traditionally exert informal control over their partner's drinking (Room, Greenfield & Weisner, 1991; Holmila & Raitasalo, 2005), research suggests reciprocal influences between spouses (Leonard & Mudar, 2003; Leonard & Eiden, 2007), and that partners use a range of strategies to mutually encourage or inhibit alcohol use (Suonpaa, 2005). These strategies may include: drinking/not drinking with the partner, limiting/allowing alcohol availability, making 'neutral' enquiries/expressing concern about partner's drinking, and openly sanctioning a partner's consumption (Suonpaa, 2005). Additionally, a couple's social environment, which tends to be shared in a partnership, plays a crucial role in regulating partners' drinking. Evidence suggests that interactions with the peer network, especially with 'drinking buddies' (people with whom drinking-centred occasions are regularly shared) may affect women's alcohol use before and after marriage (Leonard & Mudar, 2000; Leonard & Homish, 2008).

Another factor affecting female alcohol consumption is the shift in drinking settings. The domestic environment progressively acquires more importance than public venues, as a result of pragmatic factors linked to family, job and financial responsibilities, affecting the time and economic resources available for drinking (Valentine et al., 2007). Holloway et al. (2008) explored the meanings of home drinking, pointing out both its popularity and potential risks. In the domestic environment, research participants used drinking to 'wind down' and consumed alcohol in association with a range of relaxing activities (cooking, watching TV, snacking). Yet, in this sphere of personal freedom, drinking was not always safe, and "bodily feelings associated with alcohol consumption (led) in some cases to it being used as both a treat and a treatment"(p.539). Alcohol had a prominent place in home-based sociability, as the sharing of drinking occasions facilitated the maintenance of relational bonds. Such analyses shed light on a range of drinking occasions that women and men experience in their daily routines, and showed how alcohol consumption is shaped by the physical living environments.

If family formation leads to a reduction in alcohol consumption, later in life women can experience family transitions associated with a weakening of family bonds, such as the departure of children from home, divorce or widowhood. These events seem to increase women's likelihood of consuming alcohol, which has been explained by a decrease in informal social control and greater opportunities to drink, deriving from fewer obligations related to family and work commitments (Staff et al., 2014; Wilsnack & Cheloha, 1987).

2.3.4. Transition to motherhood

The importance of motherhood as a life transition in women's gendered and embodied identity has been covered by an extensive body of qualitative research, which shows that motherhood influences different aspects of women's lives, including the perception of self-identity, corporeal and relational spheres, professional aspects, and the experience of space and time (for a review: Brunton et al., 2011).

Women's alcohol consumption in relation to reproductive health and the parental role has been the subject of extensive research, often focused on at-risk populations and the potentially detrimental consequences of maternal drinking on foetal and infant development (Fleming et al., 2008; Rossow et al., 2016; Nykjaer et al., 2014). Much of this work takes a biomedical approach and has framed alcohol consumption as a problematic behaviour for individuals and for population health.

A number of studies have focused on women's drinking during pregnancy. The concern for the topic has risen together with clinical evidence regarding the teratogenic effects of prenatal alcohol exposure (Warren, 2015). Much attention has been paid to the investigation of clinical, epidemiological and preventive aspects of female alcohol consumption (e.g., Crawford-Williams et al., 2015; Roozen et al., 2016). Concurrently, a stream of critical public health research has started to analyse the cultural aspects underpinning the drinking guidelines addressed to women. Studies have focused, for instance, on the values and moral dimensions on which public health messages are grounded, and on the way alcohol-related risk is framed, communicated and understood (Bell, Mcnaughton & Salmon, 2009; Lowe & Lee, 2010; Leppo, Hecksher & Tryggvesson, 2014; Lee, Sutton & Hartley, 2016; Holland, Mccallum & Walton, 2016). Another prominent research topic concerns female drinking in relation to child-rearing. Studies have often explored the detrimental consequences of maternal alcohol misuse on children, including maltreatment and child neglect. These may affect children's development of emotional, cognitive and social skills (Jester et al., 2000; Staton-Tindall et al., 2013; Rossow et al., 2016). Because of their focus, these studies have mainly involved samples of risky drinkers, offering a limited perspective on parental consumption.

Less is known about the shifts in consumption habits occurring in the early parenting period (conventionally defined in this research as the period from 0 to 3 postpartum years), in the general female population. I will outline my motivation for exploring female drinking habits in this life phase, before providing a comprehensive review focusing on maternal alcohol consumption in the early parenting period in Chapter 3.

2.4. Becoming a mother: renegotiating identities and readjusting routines

Focusing on alcohol consumption in the first years following childbirth is important because it is a phase of readjustment and resocialisation. Below I outline three domains identified as central: personal identity, social relationships, and the professional sphere.

2.4.1. Personal identity

Becoming a mother has been primarily qualified as an experience transforming personal identity (Bailey, 1999; Nelson, 2003; Laney et al., 2015). Research has underlined that such a transformation may involve ambivalent emotions, as feelings of love and being loved may be opposed to perceptions of guilt and self-blame (Hollway & Featherstone, 1997; Shelton & Johnson, 2006; Fox, 2009).

The corporeal sphere has a prominent place in identity transformations associated with the maternal transition. Maternal identities are, first of all, "embodied"; namely they are lived and experienced

“through [...] bodies, especially through perception, emotion, language, movement in space, time and sexuality [...]” (Merleau-Ponty in Kushner, 2005, p.81). Becoming a mother for the first time may be associated with a shift in ways of relating to the bodily self. In the early parenting period, bodily changes may be accepted as a natural part of maternal experiences, or perceived as constraints to accommodate to the new circumstances (Thomson et al., 2011). Beyond the subjective sphere, the maternal body in the years immediately after childbirth may be influenced by needs associated with workplace expectations and family obligations (Kushner, 2007, 2005).

A central experience shaping maternal identities is that of responsibility. Responsibility cannot only be measured in terms of task and time, but as “the integration of feelings, cognitions, and behaviours and may be more accurately represented as an ongoing perceptual state” (Leslie et al., 1991, in Doucet, 2015, p.237). Despite the slow progress towards greater gender equality, women are still expected to be primarily responsible for childcare. The perception of responsibility is intensified when combined with the ideal of “good motherhood”, conceiving mothers as selfless and dedicated to family wellbeing (Hays, 1998; Murphy, 2000; Lupton, 2011; Kushner, 2005). Even if women do not adhere uncritically to this ideal type, it represents an influential and internalised cultural stance. Thus, in the early parenting period, new mothers may experience a dissonance between their feeling responsible for the care of their child, and their simultaneous perception or belief that the care work should be more equally distributed (Fox, 2009; Sevón, 2012). Hence, they may (re)act to encourage the sharing of parental duties with their partner (Fox, 2009; Sevón, 2012).

2.4.2. Relational sphere

Amongst partnered women, the transition to motherhood may entail a reorganisation of the relationship and division of labour within the couple. In the period after childbirth, parents need to negotiate and reorient their ideas regarding family life, how to deal with practical needs, and their implicit assumptions around motherhood and fatherhood. Sevón (2012) explored this stage of readjustment, studying how seven mothers dealt with the tension between the demands of ‘good motherhood’ and expectations of ‘shared parenthood’. Sevón’s longitudinal qualitative study identified two narratives, of “turbulent” and “smooth” relational readaptation. The turbulent narrative was characterised by elements of disruption, generated from the tension between the women’s ‘ideals’ (e.g., of romantic love, good motherhood, involved fatherhood) and their difficult translation into reality. In the “smooth” narrative, a new balance was reached without disruptions, thanks to the joint efforts to move away from expectations stemming from the idealisation of motherhood and the expectations of shared parenting.

Research has also focused on the changes in female social relationships when becoming a mother. Compared to previous life stages, studies have consistently found that motherhood leads to a sense of greater embeddedness within the extended family. This is often represented as a source of social support, as it may provide emotional, material, and time resources helping women with their daily commitments (Brunton, Meg & Oakley, 2011). There is also evidence, however, that close family ties may be a source of conflicts, ambivalence and strain, which parenthood may highlight (Fingerman, Hay & Birditt, 2004; Oakley & Rajan, 1991; Smart, 2007). At the same time, the beginning of motherhood may represent the end of friendships with non-mothers, and the entry into a community of women who have already passed through this experience and can provide mutual support (Brunton, Meg & Oakley, 2011). “Domestic friendship”, namely the friendship among mothers can represent a crucial source of validation, emotional pleasure and support throughout the maternal transition, including maternity leave and the return to work (Cronin, 2015). Research has also investigated mothers’ engagement in virtual peer relationships, through discussion forums of UK websites. Pedersen (2016) found that such contexts, mainly engaged in by advantaged mothers, offered women the possibility to rework the ideal of ‘good motherhood,’ through the discussion of real-life situations.

2.4.3. Professional identity

An important event in the early parenting period is the return to work after maternity leave, when women redefine their daily routine and their professional and personal selves (Ladge & Greenberg, 2015). Experiencing this phase has become increasingly common among British women as female participation in the paid labour force has increased steadily from the 1960s, driven mainly by mothers with dependent children (Gatrell 2005; Lyonette et al., 2011). The ONS (2017) estimates that between 1997 and 2017 the proportion of women with pre-school aged children in paid work increased from 56% to 65%. While more of these women work part-time than full-time, the gap is slowly closing: between 1997 and 2017 the proportion of part-time working mothers has remained stable (approximately 38%), while the percentage of mothers in full-time work increased from 17% to 25%. This growth has been attributed to the expansion of free childcare provision in England from 15 to 30 hours, which has relieved parents from part of their childcare responsibilities. Over the last twenty years the ONS also reports an increase in the number of part-time working fathers (from 3.9% to 6.9%). This proportion is still well below that of females but is suggestive of a picture of slow changes in parental involvement in paid work.

Research has discussed the current renegotiation of parental identities (developing towards women as main wage earners and men taking a more active role in fatherhood), but observed that the labour market structure still tends to reproduce the traditional gender arrangements (Oláh et al., 2017). The transition to parenthood, and the subsequent return to work after maternity leave, may be a phase in which the intentions to rework the gendered norms are challenged by several factors. These include social expectations (mothers are expected to express their commitments towards family by arranging their work activity around family demands, and fathers through their breadwinning role), beliefs and cultural views about childcare, which may support practices of 'maternal gatekeeping' and prevent male partners' participation in childcare, and work-life balance policies (Hammond, 2016).

In relation to this last point, British family policies have been criticised for being gender neutral,¹ as they offer mothers and fathers equal forms of support to promote their involvement both in work and childcare. In doing this, however, they ignore the unbalanced position that men and women currently have in the labour market (Hammond 2016; Gatrell 2005; Hollway 2016). Cockburn (2002) observed that the main issue for work-related parental policies is women's connection with the domestic sphere, and the strategies to fit the needs of reproduction into a labour market designed for an ideal type of male, full-time employee. In this context, while mothers may be missing occupational opportunities, fathers can find it difficult to take part in family life (Oláh et al., 2017). Evidence suggests that, with parenthood, men's commitment to paid labour increases in terms of working hours and energies dedicated, whereas women's professional development may be limited by their greater time investment in parental activities (Biggart & O'Brien, 2010; Hammond, 2016). In addition, for women, a crucial element in the decision of the return to paid work is the possibility of facing childcare costs. Such expenditure is often considered in relation to the female salary rather than that of both parents. This practice supports the idea that female earnings are 'pin money', accessory and less important compared with those of the male partner (Hammond, 2016).

In the early parenting period, the financial aspect may also affect women's decisions about the timing of their return to work after maternity leave. In the UK there is a significant variability in post-natal leave and the way parents can manage their parental leave, and the amount of financial benefit perceived. An international review of parental leave policies has estimated that in the UK, the maximum period of post-natal leave available is 20 months, but apart from the first 6 weeks, which is well paid (above 66% of earnings), it is mostly unpaid or low paid (Blum et al., 2018). Such data

¹ This neutrality, Hollway (2016) has observed, is reflected also in the increased and indiscriminate use of the term 'parenting', which omits the distinctions between 'mothering' and 'fathering.'

suggests that women (and their partners) may make different choices in relation to the length of leave along the socio-economic gradient, especially in light of the increasing costs of raising a child (estimated to be £150,753 for a couple and £183,335 for a single parent in 2018; CPAG, 2018).

The changes described above, regarding both women's personal and intimate spheres, and their daily routine, may lead to a readjustment of health-related habits, including alcohol consumption. The shifts in drinking, I argue, cannot be understood by simply examining trends in quantity and frequency of consumption. Female drinking should be discussed more comprehensively, considering an evolving personal identity, changes in the bodily self and feelings of responsibility associated with the parental role. Other relevant factors to discuss may be related to the reorganisation of daily routine, including changes in the relational sphere and, for working mothers, of the need to find a new work-life balance.

Finally, it is important to highlight that the processes of transformation and readjustment outlined, which occur in different social contexts, shaping the experience of motherhood and the negotiation of health habits. Such themes are discussed in the next section.

2.5. Researching mothers' alcohol consumption through a social class lens

2.5.1. Becoming a mother: a classed experience

Becoming a mother is not only a biological occurrence. Motherhood is an experience historically defined, occurring in contexts created by a range of material, social and cultural resources. Even though research on motherhood and mothering has acknowledged the existence of a variety of maternal practices (Arendell, 2000), Brunton et al. (2011) observed that, for long time, qualitative research has paid little attention to participants' background. In their international review on the transition to motherhood, Brunton et al. identified more than 14,000 publications between 1975 and 2009. In the sample of 60 UK-based papers, 35 (58%) provided no or unclear data on social class, 41 (68%) on educational level and 29 (48%) on ethnicity. When socio-demographic information was available, the reviewers noticed that studies drew "mainly from white, middle-class women who are living with partners" (p.30), thus offering only an partial picture of mothering experiences in the UK. However, Brunton et al. observed that between the 1990s and 2000s studies reported data about participants' background more frequently, thus reflecting a greater recognition of the impact that social circumstances have on mothering.

Likewise, Thomson et al. (2011) noted that, from the 1990s, research on motherhood started to highlight social differences and inequalities amongst women. Thompson et al. contextualised their qualitative study on contemporary motherhood, set in the Midlands, within the process of the "social

polarisation of motherhood” (Thomson et al., 2011, p.3). This expression refers to the exacerbation of inequalities between affluent and disadvantaged mothers, recognised as one of the most prominent trends from the second post-war period. The social polarisation of motherhood is associated with female participation in paid work, as employment status mirrors and amplifies different opportunities available along the social gradient (Edin & Kefalas, 2005; Thomson et al., 2011, see Section 8.2.1).

This gap in opportunities is reflected, in turn, in women’s biographies and their orientation towards ‘delayed’ or ‘early’ motherhood (Thomson et al., 2011). Delayed motherhood is increasingly common in England and Wales: in 2017, women’s average age at birth was 28.8 years (compared with 23.7 in 1970; ONS, 2019), and in 2015-2016 the conception rate increased (by 2%) only among women aged 40 and over (ONS, 2019b). Conversely, early motherhood is in steady decline. In 2016, amongst women 15-17, there were 19 conceptions per thousand women, a rate less than half compared to 2007 (41.6). Delayed and early motherhood tend to be associated with women’s different positions in the labour force. Without considering women with unclassified NS-SEC (i.e., never worked, long-term unemployed), younger mothers are primarily in routine and semi-routine occupations, and older mothers are mainly in lower managerial and professional occupation (ONS, 2016a). This data suggests that while delayed motherhood may be chosen to minimise possible ‘opportunity costs’, early motherhood may be both the cause and consequence of social disadvantage (ONS, 2019b).

An expression of the social polarisation of motherhood is the rise of public concern towards socially disadvantaged mothers (Gillies, 2007; Rolfe, 2008). Several studies have explored this theme, highlighting that working-class parenting practices tend to be represented as inadequate or deviant (Clarke, 2006a; Gillies, 2007; Tyler, 2008; Vincent, Ball & Braun, 2010). Gillies (2007), for instance, has argued that over the last decades, British family policies have tried to limit the reproduction of social inequalities and anti-social behaviours by promoting a ‘competent’ parenthood. Policy attention has focused on mothers, especially the poorest ones, who have been targeted by actions intended to encourage their re-education. These actions are based on the teaching of specific parenting skills, subject to professional competence and, according to Gillies, attuned to middle-class values and ideas. These studies, which seem to draw a neat line between middle- and working-class parenting styles, have highlighted how motherhood and maternity are affected by circumstances of inequality and marginalisation (Thomson et al., 2011).

On the other hand, delayed motherhood appears at the centre of other debates. These are related to the medicalization of infertility, the commodification and privatisation of care work (increasingly delegated to the household or the market) and the overprotection of parenting styles (Thomson et al., 2011). In relation to this third aspect, Thompson et al. have argued that the intensification of parental

care - an aspect of middle-class motherhood sometimes presented in a caricatured manner - should be not read only in subjective terms. Rather, it can be interpreted as an expression of anxiety, stemming from a perception of social insecurity. In a context in which institutions are increasingly less able to secure a 'fair share for all' (i.e., in terms of health or education), families perceive the responsibility to better equip their children and provide them with future opportunities.

To sum up, motherhood is not only a subjective experience, it is increasingly characterised in terms of values, parenting styles, and public representations, in different ways according to the women's social class. For this reason, the study of female drinking cannot be separated from the material, cultural and relational circumstances in which the transition to motherhood occurs.

The concept of social class needs to be discussed more carefully, both because of its inherent complexity, and because social class is connected with the production and reproduction of health inequalities, including those associated with alcohol consumption. The following section outlines some of the perspectives on social class adopted in health-related research and alcohol studies, which discuss differences in drinking habits among population subgroups from different angles.

2.5.2. Defining social class

Social class is a much debated concept, characterised by a 'productive unruliness' (Savage et al., 2015). According to Savage et al., social class may be conceptualised as: (a) as a discrete and unitary variable, which may be stripped away from the context and statistically combined with others and (b) as a process of formation of collective and individual identities. This second definition refers to two aspects of social class. The former regards the historical processes of class development, leading to the "crystallisation" of different properties, which characterise classes as recognisable social groupings. The latter concerns the experience of social class at the 'micro' level, and how class is lived by people in daily life (materially and emotionally), and may intersect with other dimensions (e.g., gender, ethnicity, life course stage).² Though often unrecognised, Savage argues, social class is "under the skin": it is made by perceptions of inferiority and superiority, memories and future aspirations, ways of understanding the world. Thus, class is a salient component of personal life, and becomes manifested throughout personal biographies.

² Savage identifies also a third meaning of social class. Classes would represent an "ideological contradiction of the democratic capitalism". This means that admitting the existence of classes and consequently of social inequalities, would be in opposition to the relatively common belief of living in an egalitarian and inclusive society. Thus, people may resist the idea of "classes", even if they are highly familiar with processes of social classification. This aspect is not discussed in depth, as Savage seems to move away from the topic of measures of class to raise a political and philosophical issue.

Savage's definition of class has been chosen as it incorporates the two ways in which it has been considered in public health research: as an individual, measurable attribute, or as a social and cultural entity, defined through the relationship with other classes (see also McCartney et al., 2018).

Social class is a central theme in public health research since it is associated with the development of health inequalities. In relation to alcohol consumption, studies have found that, at the same or lower level of alcohol consumed, more deprived individuals and groups are more vulnerable to alcohol-related mortality and morbidity than the more affluent. This phenomenon, called the "alcohol harm paradox," has been observed in several industrialised countries, including the UK (UCL, 2010; ARUK, 2015). In order to understand the association between such health inequalities and social class, it is necessary to discuss how the latter has been conceived and measured in health-related research. There are numerous, long-standing traditions and approaches to the study of social class, and each of them has greatly contributed to the understanding of how class operates in daily life. Given the complexity of reviewing, in this context, the many debates about social class in public health research, I will attempt to outline below the different perspectives on class adopted by the epidemiological and sociological traditions (Sections 2.5.3, 2.5.4 and 2.5.5), referring to key readings and authors. The aim is not to pit such approaches against one another, but discuss their different contributions. I will explain the importance of thinking about social class dynamically, considering multiple factors, including culture, underpinning the negotiation of class identities.

2.5.3. Social class and "mainstream" epidemiology

Like Savage's conceptualisation indicates, social class may be described by a single, or a collection of, variable(s). This approach is typically employed in epidemiological studies, which may look at social class as individual and discrete attribute(s), in order to link people on the basis of common features, considered markers of social class (Savage et al., 2015; McCartney et al., 2019).³ The place of individuals in society can be described through several variables, such as level of education, occupational grade, income level or housing ownership, through which people are hierarchically ranked (Beard et al., 2019). In "mainstream" epidemiology (a term employed in Wemrell et al., 2016, to mark the difference from "critical" approaches, incorporating social theories), social class variables are then associated with health behaviours and/or other variables, to identify significant relationships predicting health outcomes and risk factors. For example, in alcohol-related research, epidemiological studies adopting

³ McCartney et al. (2018) have pointed out the inconsistent terminology employed in survey-based studies, where the terms 'social class', Socio-Economic Status (SES) or Socio-Economic Position (SEP) may be used interchangeably and without clear theoretical reference.

such an approach have looked at the relationship between alcohol consumption, socio-economic factors and health conditions or mortality (Kelä, 1999; Jones et al., 2015).

Epidemiological studies are crucial to explain, control, and predict the distribution of diseases and risk factors along the socio-economic gradient. However, considering social class in terms of individual variable(s) has methodological and theoretical limitations, which may, in turn, limit understanding of the development and persistence of health inequalities. For instance, some have argued that the concept of class cannot be captured through unitary and de-contextualised variables, because the experience of class cannot be dissociated from factors such as gender or ethnicity, which are deeply intertwined with health (Skeggs, 1997; Forbes & Wainwright, 2001; Savage et al., 2015). Other have observed that such approaches underestimate the prominence of social and economic relationships among classes (Forbes & Wainwright, 2001; McCartney et al., 2019). This is a central theme in Public Health, as evidence indicates that individuals in circumstances of relative (and not just absolute) disadvantage may experience a sense of disempowerment, affecting both their mental and physical health (Marmot et al., 1991; Wilkinson & Pickett, 2010; Marmot, 2015; Warin et al., 2015). It has also been argued that conceiving class as an individual variable would neglect the impact that cultural aspects of class have on health (Williams, 1995; Forbes & Wainwright, 2001; Peacock, Bissell & Owen, 2014a). Cultural factors such as values, moral orientations, social representations and sense of class membership may influence the way in which circumstances are experienced, and the meanings attributed to them. These may generate forms of disempowerment/disengagement and expressions of agency and resilience towards adverse environmental conditions, with beneficial health outcomes. Finally, epidemiological studies describe associations between variables and causal relationships, without explaining *why* and *how* people engage in conducts leading to different health outcomes (Wemrell et al., 2016; Forbes & Wainwright, 2001). Thus, borrowing an expression of Forbes and Wainwright (2001, p.801), the individual attribute approach to social class may “reveal everything about health inequalities, without revealing very much at all.”

2.5.4. Social class in sociological studies: Bourdieu, theory of capitals and health habitus

Social class has been also a prominent subject of sociological theorisation, an aspect recalled in the second part of Savage’s definition. An influential contribution is that of Bourdieu, whose work on social class has been reappraised at the beginning of the 21st century (Bourdieu, 1979, 1986, 1987; Savage, 2015, 2016). At that time, other sociological perspectives were arguing about the “death of class,” and proposing that individuals could frame their identity independently from collective institutions such as family, religion and social class (Bottero, 2004; Atkinson, 2007). Yet, evidence of growing social

inequalities led British sociology to reconsider the role social class had in people's lives (Skeggs, 1997; Bottero, 2004; Reay, 2005; Savage, 2015). Bourdieu's theories, thanks to their capacity to account for the cultural aspects of classes (e.g., values, lifestyle, tastes), inspired the cultural turn in social class analysis (Savage, 2016). Common interests of the 'new' theorists of social class are the exploration of "how inequality is routinely reproduced through both cultural and economic practices", and how people *perceive* and negotiate their class identities within their daily activities (Bottero, 2004, p.986). According to the new class theorists, social class is closely associated with people's emotional sphere. As Reay highlights (Reay, 2005, p.911), the "affective aspects of class" include "feelings of ambivalence, inferiority and superiority, visceral aversion, recognition, abjection and the marking of taste", which deeply influence individual conduct.

In Bourdieu, social classes are the product of the interaction and accumulation of social, economic and cultural capitals, inextricably intertwined (Bourdieu, 1986). *Economic capital* is "the root of all other types of capital" (p.288). It takes the form of financial goods and material properties, and is the product of income sources (e.g., work salary) and intergenerational accumulation. *Social capital* has been described as the "aggregate of actual or potential resources linked to possession of a durable network" (p.286). According to Kawachi (2010), this definition has two implications. First, by theorising social capital in terms of 'resources', both material and symbolic, Bourdieu acknowledges that some networks own more power than others. Second, "the network perspective... begin(s) considering the negative effects ('the dark side') of social capital" (p.19). In addition, social capital is conceived as a property of the whole network, rather than of a single person. Thus, it is a concept broader than that of 'social support,' namely the access, at the individual level, to material and emotional resources. Finally, *cultural capital* (Bourdieu, 1986) can be broadly described as the sets of explicit and implicit knowledge guiding people's attribution of meanings to events, their aesthetic choices and their lifestyles. Cultural capital may be objectified (e.g., books, paintings), institutionalised (e.g., legally recognised education) or embodied (e.g., orientations towards certain gestures, cultural tastes and skills). The acquisition of cultural capital occurs by social learning from the early stages of socialisation, in institutional contexts and family settings. Such acquisition varies across social classes and environments and explains different attitudes towards health among individuals and groups (Williams, 1995).

Economic, social and cultural capital form the historically and socially determined context (the 'structure') in which people's "habitus" develops (Williams, 1995). The habitus is a central idea to understand the health gaps among individuals and social groups. The habitus may be characterised as an internalisation of a 'world view', which orients the classification of individual and collective actions

(or “practices”⁴) and, as such, tends to reproduce the social order (Bourdieu, 1997, in Williams, 1995, p.585). The habitus is not an abstract concept, as it is framed within the context of where people live and has an embodied nature. It transpires through gestures, ways of talking, consuming, managing physical appearance and understanding the social facts (Bourdieu, 1979).

The habitus leads to the formation of patterns of appreciation or tastes recognisable in many life spheres, including health, through which classes distinguish each other and express power relationships (Bourdieu, 1979; Williams, 1995; Pampel, Krueger & Denney, 2010; Abel & Frohlich, 2011). The features of class-specific health habitus have been described through research on lay perceptions of health and illness (Williams, 1995; Pampel, Krueger and Denney, 2010). Studies found that people in advantaged classes, richer in capital and thus more “distant from necessity” are more likely to develop dispositions towards health emphasising bodily control, aesthetic appearance and abstract properties. For example, individuals in advantaged classes may practice sports not emphasising muscular strength, or consume healthy food. In this way, they would communicate their distinction and position of dominance, while obtaining long-term benefits. On the other hand, people in disadvantaged conditions would express more instrumental views of their health, focusing on the pragmatic benefits and emotional aspects of their experiences. For example, they may engage in sports requiring physical strength or privilege calorific food, thus highlighting the functional value of body and health (Williams, 1995; Pampel, Krueger & Denney, 2010).

Public Health theorists have discussed two features of habitus relevant for this research: its unconscious nature and that it is open to transformations. The unaware replication of the habitus may explain the ‘natural’ orientation of individuals or groups towards (un)healthy practices (Lupton, 1995), and shed light on how these can be influenced by unconscious dynamics. For instance, unconscious dynamics may lead to repressing, controlling or openly manifesting certain practices. Hence, psychoanalytical research methods might help to understand ambiguities and apparently illogical aspects of health practices. (Lupton, 1995). Secondly, scholars have adopted a flexible view of habitus, which allows for the role of individual agency in the negotiation of health practices (Williams, 1995; Forbes & Wainwright, 2001; Abel & Frohlich, 2011). Even if influenced mainly by the conditions of origin, factors such as the gradual acquisition of experiences, or the deliberate conformation/refusal of public health messages may lead to a transformation of the habitus. In this way, the habitus is

⁴ Bourdieu never elaborated a definition of “practice”, a concept that appears functional to theorise the habitus. Practices and habitus are in a circular relationship, so that the latter “is constituted in practices and is always oriented towards practical functions” (Bourdieu, 1990, in Shove, Pantzar and Watson, 2012, p.5).

continuously reworked by individuals between the private and the public sphere, within the ongoing interaction between structure and agency (Williams, 1995; Lupton, 1995).

The different classed orientations towards health described above seem to poorly recognise the variety and 'messiness' of health lifestyles among and within social classes. Yet, in relation to alcohol consumption, they still offer a telling account for the drinking practices in groups and subgroups owning different cultural, social and material resources. For instance, Brierley-Jones et al. (2014) observed how, within the same social group (a sample of British professional employees) cultural capital operated in different ways in relation to drinking. Participants with a university education more commonly reported a "domestic" drinking habitus: they presented their consumption, mainly of wine, as regular, reasonable and sophisticated, and used their drinking as a sign of cultural distinction. Conversely, participants without higher education referred more frequently to a "traditional" drinking habitus, characterised by consumption of beer and spirits in substantial quantities, preferably in social contexts, and referred to a background characterised by heavy industry, where alcohol was used as a form of relief from manual work. The study also identifies a habitus of "omnivorous" consumption, not described in detail, featuring the use of different types of alcohol in a variety of drinking settings. These findings showed the enduring nature of habitus, and confirm the function drinking practices have in marking different class identities.

Bourdieu's theory of capitals was at the basis of Skeggs' ethnography, "Formations of class and gender: becoming respectable" (1997), in which she addressed the under-theorisation of gender in the Bourdieusian framework. Skeggs' findings have been employed to interpret how class interacts with gender to shape women's drinking practices. She found that social class was central in the lives of white British working-class women observed. Class inequalities deeply affected participants' lives, and they strongly invested in the idea of 'respectability', a moral quality attributed to the upper and middle classes. 'Being respectable' meant access to a legitimate form of cultural capital (i.e., having the 'right' physical appearance, manners, hobbies). In this way, they distanced themselves from the stereotypical representation of working-class members as dirty, threatening and without value, thus avoiding social exclusion. Similarly, qualitative studies argued that, by drinking respectably (i.e., staying 'in control,' or drinking in a 'sophisticated' manner), middle-class women symbolically manifested their higher social position and distinguished themselves from the perceived vulgarity of 'chav' girls. By drinking 'properly', women identify problematic drinking with *other* women, whose consumption styles are deemed excessive and inappropriate (Rúðólfssdóttir & Morgan, 2009; Griffin et al., 2013; Lennox et al., 2018). Finally, an original perspective on female drinking was offered by Day, Gough and Mcfadden

(2003). They interpreted the aggressive acts of a group of Yorkshire working-class women in the context of their nights out in pubs as a strategy to challenge the normative idea of respectable femininity. Women's 'hard' behaviour represented an expression of agency and a way of drawing boundaries around people, affirming their belonging to the working-class community. Thus, 'drinking and fighting' did not appear as a *lack* of cultural capital, but as a *different* way to express class-related cultural aspects.

2.5.5. Social class and social epidemiology

Research on health inequalities has gradually shed light on many factors, both material *and* cultural, influencing the development of different orientations about health in different social classes. Contributions from social epidemiology have been fundamental in widening knowledge about health gaps (e.g., Dahlgren & Whitehead, 1991; UCL, 2010; Wilkinson & Pickett, 2010; Bambra, 2011). Social epidemiology considers the social determinants underpinning the distribution of diseases and wellbeing, and is characterised by the attempt to establish a dialogue with social theories (Krieger, 2001). Within the discipline, a central issue regards the relationship between social class (or SEP) and health inequalities. Research has identified multiple pathways leading to inequalities, highlighted in the definition below. Even if these pathways have often been presented as in competition with and opposed to each other, there is increasing agreement that they operate in integrated and combined manners (UCL, 2010; Pampel, Krueger & Denney, 2010; Bambra, 2011). As summarised by Marmot in his report (UCL, 2010), which analysed health disparities in England,

“The distribution of health and well-being needs to be understood in relation to a range of factors that interact in complex ways. These factors include: **material circumstances**, for example whether you live in a decent house with enough money to live healthily; **social cohesion**, for example whether you live in a safe neighbourhood without fear of crime; **psychosocial factors**, for example whether you have good support from family and friends; **behaviours**, for example whether you smoke, eat healthily or take exercise; and **biological factors**, for example whether you have a history of particular illnesses in your family. In turn, these factors are influenced by **social position**, itself shaped by education, occupation, income, gender, ethnicity and race. All these influences are affected by the socio-political and cultural and social context in which they sit” (p.39, emphasis added).

In the quotation above, the term “social position” emphasises the relative place individuals have in society. Such a place, according to Marmot, may be described by different indicators, whose choice should be “theoretically informed and likely to tell us something about the pathways involved in linking socioeconomic position to ill-health” (Marmot, 2003, p.15). An important highlight of the Report (UCL, 2010) regards the existence of a social gradient in health rather than a clear divide between groups. This means that the more disadvantaged people are, the more they are likely to be exposed to health risk factors and diseases associated with smoking, over-nutrition or drug use.

As the Alcohol Harm Paradox shows (Section 2.5.2), the health gradient is relevant also in relation to alcohol consumption. Consistently with the multiplicity of pathways listed, evidence suggest that the paradox may be explained in different ways, including inaccurate data reporting, interactions of drinking with other unhealthy practices, barriers to access healthcare service, and different consumption patterns among social groups (ACUK, 2015; IAS, 2016).

Compared to “mainstream” epidemiology (Section 2.5.3), social epidemiology poses greater attention to the causes of inequalities and to the connections between the social and human body. However, the underpinning positivist epistemology still leads to approaching socio-economic differences in a standardised manner and raises questions on whether it may be suitable to account for aspects of class central for the understanding of health inequalities (e.g., dynamics of ‘power’ and ‘agency’; feelings marking the experience of class -shame, humiliation, proudness-, collective memories). These epistemological limits have been acknowledged by the development, within epidemiology, of perspectives combining quantitative and qualitative methods (Weiss, 2001), and invite reflection about the most appropriate method to explore, with the adequate level of depth, the lived experiences of health and social class.

The approaches described in the previous sections have oriented the way in which I looked at class in my research. At the recruitment stage (Section 4.5), identifying class by means of an individual attribute was necessary to stratify my sample. To this purpose, I used the National Statistics Socio-Economic Classification (NS-SEC; ONS, 2016b), a tool widely used in surveys and academic research. The NS-SEC characterises class through employment status. The framework includes 17 occupational categories, which may be reduced to three: ‘higher’, ‘intermediate’, and ‘lower’ occupations. Compared to other classification tools based on employment (see Savage, 2015), it has the advantage of being conceptually clear. The use of occupational indicators as proxy for class appeared adequate to group participants because “labour market situation equates to source of income, economic security and prospects of economic advancements” (ONS, 2016b, Section 2.7), and economic capital is the root of class stratification (Section 2.5.4). While NS-SEC was useful to cluster participants at the

first contact, I was aware that class was much more than that, and that my research question required a fine-grained consideration of how interviewees experienced class. As I looked at the biographical expressions of class, its association with salient identity aspects, and its interaction with participants' drinking practices, the interpretative paradigm appeared the most suitable to these purposes (Chapter 4). Finally, the Bourdieusian approach to class and the sensibilities of the 'new' social class theorists could substantially contribute to explore female drinking, as they allowed me to account for the 'cultural' aspects both of class and alcohol consumption.

2.6. Researching alcohol consumption with a social practice approach

From the 1990s, the need to conceptualise human action in a more fluid and multifaceted way has become increasingly manifested in Public Health research (Shove, Pantzar and Watson, 2012). Such a need stemmed from the growing evidence that preventive efforts to reduce the incidence of 'lifestyle diseases' (i.e., those caused by drinking, smoking, overeating) often did not produce the expected outcomes. While there is proof that such interventions, or some of their components, may be effective, there are also many examples of heterogeneous, modest, and short-term effects (Michie et al., 2012; Davis et al., 2015; Samdal et al., 2017). A substantial limitation of these initiatives has been identified in their underpinning behavioural change theories (Cohn, 2014; Blue et al., 2016).

The concept of 'health behaviour' is largely based on the key assumption that behaviours are identifiable and observable entities (Cohn, 2014). According to Cohn, the crucial implications of this idea are that individual behaviours can be distinct from one each other, measured and, as such, standardised and predicted. In public health research, variables refer to health-related behaviours; in this context, alcohol intake, may be statistically associated with other variables (e.g., socio-demographic characteristics, physiological and psychological determinants, motivations, norms) to describe significant associations, causal explanations, risk factors and future developments of the behaviour itself. The identification of predicting factors may lead to the elaboration of targeted interventions, promoting or discouraging people's choices and conducts (Cohn, 2014; Blue et al., 2016). Two major limitations regard the primary focus on the individual, whose action is conceptualised in an oversimplified manner, and the limited consideration of contextual and social elements.

Some have argued that many behaviour-change approaches theorise rational and autonomous subjects, able to effectively use available information to make 'the best' choice and achieve desired health outcomes (Cohn, 2014; Blue et al., 2016; Meier, Warde & Holmes, 2017). Yet, such assumptions do not recognise that people are not purely rational agents. Alcohol-related literature has widely documented the impact that elements such as emotions, bodily perception and ingrained habits have

on drinking (Lyons, Emslie & Hunt, 2014; Brierley-Jones et al., 2014; Jayne & Valentine, 2016). An effect of conceptualising decision-making in utilitarian terms may be a blaming attitude towards people who do not align their behaviour to the prevention messages. These may be considered as irresponsible, lacking agency and not sufficiently motivated to change their health habits, including those related to drinking (Schomerus et al., 2011; Meier, Warde & Holmes, 2017).

A second limitation of behavioural theories evident in the scientific literature lies in the consideration of the relevance that political, material and societal contexts have on lifestyles (Baum & Fisher, 2014; Cohn, 2014; Blue et al., 2016). Even if recent behaviour-change models have considered the influences that inequalities and environmental opportunities have on health, contextual factors still appear as variables predictive of behaviours, or mediators in the decision-making process (Michie, van Stralen & West, 2011; Cohn, 2014). Hence, these theoretical advancements are not able to fully account for the way in which health-related behaviours, including drinking, are integrated in daily life. While investigating the specific physical, cultural and relational circumstances of people's drinking is irrelevant for some types of research, this is important when a greater level of granularity is required. For instance, examining the circumstances in which people consume alcohol may allow for capturing the meanings that individuals and groups attribute to drinking, different levels of risks, or how health policies operate in daily life.

An alternative framework to interpret alcohol consumption is social practice theory. As explained in the subsequent sections, theories of practices shift the attention from social actors to their actions, and provide a useful lens to interpret the fluid nature of human activity and its interplay with the social and physical environment. Hence, theories of practices may have important insights to offer to alcohol-related research.

2.6.1. Defining social practice

Theories of social practice have gained attention from the 1970s onward, in many areas of scientific investigation, such as organisation and family studies, class and consumer culture research (Morgan, 1996; Warde, 2005; Nicolini, 2012; Savage, 2016). Their popularity has grown along with the perception of living in an ever-changing world, where it is difficult to trace clear boundaries between social roles and social systems, and between opposed entities such as individual/environment, ideal/material, and body/mind (Nicolini, 2012).

Reckwitz (2002), argued that theories of practice belong to the family of "cultural theories". Cultural theories move away both from perspectives explaining the social order as the sum of interests of single and rational decision makers, as well as those justifying the social order in terms of collective norms informing individual actions. The 'social' is instead located at a meso-level, in the negotiation and

performance of practices of daily life, such as driving, writing, eating, drinking. Reckwitz also provided a definition of 'practice', described as a

“Routinized type of behaviour which consists of several elements interconnected to one another: forms of bodily activities, forms of mental activities, ‘things’ and their use, a background knowledge in the form of understanding, know-how, states of emotions and motivational knowledge” (pp.249, 250).

Such a definition includes all the elements characterising the study of practices in the different traditions: the emphasis on repetition, embodiment and materiality, the implicit and background knowledge guiding action and allowing a shared understanding of practices (Reckwitz, 2002; Nicolini, 2012). Since practices are recursive activities shared across groups of people, their nature is intrinsically social, and their performance gives agents the possibility to renegotiate and rework practices (Reckwitz, 2002; Nicolini, 2012). This process allows theorists to go beyond individualised and deterministic approaches, and to conceptualise human action as continuously redefined through exchanges, with the re-shaping of practices occurring among individuals. Importantly, even if the conduct of social actors is susceptible to shifts and transformations, the emphasis on repetition highlights the quality of stability, enabling the formulation of stable interpretations and meaning-making (Reckwitz, 2002; Nicolini, 2012).

2.6.2. Theoretical perspectives on social practices

The flexible, open and multifaceted nature of practices is reflected in the theoretical work of distinct scholarly traditions, which have looked at practices from different angles. Nicolini (2012) has identified six approaches to the study of practices. These include: praxeological perspectives (associated with Bourdieu's work); Cultural Historical Activity Theory; Community of Practice approach; Ethnomethodology; contemporary theories drawing on Wittgenstein's philosophical works; and the theories of discourse, where the notion of 'discourse' designates both a situated interaction and "a broad system for the formation and the articulation of ways of thinking, behaving, and, eventually, being" (p.190).

Nicolini suggests that these different theoretical orientations may be combined to create a deliberately eclectic approach to the study of practices, which resonates with the perspective adopted in this research. Such a pluralistic view would produce a 'thick description' of the social world, an aspiration underpinning all the perspectives presented.

From a methodological perspective, the investigation of practices may be described in terms of “zooming in” and “zooming out” (Nicolini, 2012). While ‘zooming in’ on the performance of practices allows the researcher to make sense of such practices, ‘zooming out’ positions practices within their wider social and cultural background. In this way, the researcher might account for the heterogeneous aspects comprising practices, thus avoiding reductionist perspectives. It is important to note that for Nicolini, zooming in and out is implicitly conducted by the researcher, whose interpretation of the practice may differ from that of the person engaged in the practice. While Nicolini does not discuss this aspect in depth, Morgan (1996) recognises there could be situations in which the views of the researcher and practitioner may not correspond. However, differences should not be rejected, but rather understood as part of the ‘layers’ contributing to the understanding and description of the practices.

2.6.3. Alcohol consumption as a social practice

Shove, Pantzar and Watson (2012) have recently proposed an analytical framework for the study of everyday practices, including those related to health, aimed at the development of public policies. In Shove et al. (2012), social practices are the primary elements of study in social sciences, as “there is nowhere to go outside the world of practice.” For analytic purposes, Shove et al. conceptualise practices as abstract and composite entities, distinct from their pragmatic interpretations. The latter being particular examples of practices that, through repetition, are reproduced over time. Shove et al.’s starting point is Reckwitz’s definition of practice (Section 2.6.1) characterised as a block of integrated actions, which Shove et al. breaks down into the following elements: materials (goods, equipment), competences (skills, understanding of the circumstances and procedures) and meanings (comprehension of the practice and of its significance).

With reference to alcohol consumption, practices have been defined as “recognisable types of occasion within which alcohol is consumed in a society in a given time” (Ally et al., 2016, p.1568).⁵ Materials may include, for example, the type of alcoholic beverage, the fabric of the container, and money spent on drinking. Competencies can be associated with the skills and knowledge related to the situation (e.g., awareness of the context-appropriate level of intoxication, recognition of the drink suitable for the occasion, familiarity with the commercial value of alcohol). Finally, meanings are connected with what is expressed by drinking (e.g., social status, socialisation, transgression, elegance

⁵ Ally et al. provide an empirical definition of ‘drinking practice’, which equates to a ‘drinking occasion’. In this research, I will employ the term ‘drinking practice’ to emphasise the composite nature of drinking (expression of meanings, identity aspects, material and time resources, etc.), and ‘drinking occasions’ to refer to the practical circumstances in which research participants consumed alcohol.

or pleasure). The combination of these three elements generates and gives forms to the multitude of drinking occasions recognisable in daily life.

Meier, Warde and Holmes (2017) have argued for the importance of considering a fourth dimension in the study of drinking practices: their temporality. The temporality of consumption is prominent not only because distinct drinking occasions may be of different lengths or co-occur with other activities, such as eating, celebrating, or partying. The temporality of drinking is important also because it is a socially regulated aspect, supporting the tacit and collective understanding of consumption practices. For example, drinking during the daytime is potentially concomitant with work, or in life phases characterised by adult responsibilities, drinking may be seen as inappropriate in light of the socially shared informal norms (Greenfield & Room, 1997; Saltonstall, 1993; Room et al., 2012). Thus, temporalities, together with materials, competences and meanings, are the necessary preconditions for the existence, and analysis, of drinking practices.

2.6.4. Studying drinking practices: implications

The analytical framework elaborated by Shove et al. has several implications for the study of drinking practices. Firstly, it allows for a more in-depth understanding of drinking practices, of how the four components interact and of their transformations over time. In Shove, Pantzar and Watson (2012), the changes in practices are elicited by the variation of a component, which in turn, alters other components (e.g., bodily changes may influence the type of drink consumed). This process contributes to the emerging, persistence and extinction of drinking practices both in individual life trajectories and in cohorts of practitioners.

Secondly, the approach presented allows the discussion of alcohol consumption to move away from an individualist perspective, whilst simultaneously acknowledging the agency of social actors. In Shove et al. (2012), the conceptualization of individuals as *carriers* of practices has a prominent place. Yet, carrying a practice is not a passive process, because people rework practices producing endless situated, specific variations, both locally and historically. This process of renegotiation, moved by conscious or unconscious motivations (Section 2.5.4), may lead to an overall change in people's orientations towards drinking.

Thirdly, drinking practices may be considered not only in isolation, but also in relation to antecedent, concurrent and subsequent practices. The flux of daily life results from the connection of practices in 'bundles,' namely patterns of practices coordinated over time and space (Shove, Pantzar and Watson, 2012). Coordination among practices may take different forms. While some practices have compatible characteristics and may occur simultaneously, others are hierarchically ordered based on the resources they attract (e.g., in terms of time or materials), and are linked in temporal sequences that develop in

an expected manner. Similarly, drinking practices may establish relationships of collaboration or competition with other practices (Meier, Warde & Holmes, 2017). In the first case (collaboration), alcohol consumption may occur simultaneously with activities such as eating, watching TV or smoking. Such coexistence may facilitate the reproduction of the whole bundle. In other cases, drinking may be an essential, but not dominant, component of the bundle of practices. For instance, many common drinking occasions, such as family celebrations or meals with friends are characterised by alcohol consumption, but drinking is not the primary focus. In the second case (competition), drinking may temporally follow other practices that attract more resources and have greater power (Meier, Warde & Holmes, 2017). For instance, in Western societies working time is a priority and tends to precede free time. For this reason, some leisure time activities, including consuming alcohol, have been progressively resized, thus drinking may occur primarily during the weekend, or may become functional to paid work itself through work-related drinking occasions (Room et al., 2012).

Considering drinking practices in relation to other practices is important to understand why they may be resistant to change, or discuss how they characterise consumption within the daily routine (Meier, Warde & Holmes, 2017). In this perspective, after-work domestic consumption of alcohol is not necessarily a potentially risky behaviour, defined by the quantity and frequency of alcohol intake. As qualitative studies have found, after-work home drinking may be differently understood as a moment of family intimacy, an expression of freedom from paid work, or as a time for self-care (Jackson et al., 2018).

Finally, social practice theory can account for the ways in which people negotiate important identity aspects through their drinking practices, such as gender (Section 2.2), salient roles (Section 2.3) and social class (Section 2.5). In relation to social class, it is important to point out that groups and subgroups equipped with greater or lower amounts of resources (e.g., material, temporal or cultural) may access and perform drinking practices with different features, through which they display and consolidate their social identities (Brierley-Jones et al., 2014; Järvinen, Ellergaard & Larsen, 2014). In addition, implicit and shared knowledge allows people to associate drinking practices with a specific social status, and to distance themselves from those deemed inappropriate. Thus, drinking practices with distinctive characteristics are functional to mark and characterise both social and personal identities.

Conclusion

To sum up, this chapter has presented a narrative literature review focused on the key themes of this research: female drinking (Section 2.2), changes in women's alcohol consumption over the life course (Section 2.3), transition to motherhood (Section 2.4), social class and alcohol consumption (Section 2.5), social practice theories and potentialities in alcohol studies (Section 2.6).

I have underlined the importance of studying women's drinking considering the shifts in consumption occurring within individual biographies, and delimited the field of investigation. Subsequently, I have explained the importance of studying women's alcohol consumption in the early parenting period (0-3 postpartum years). This phase is characterised by changes at relational, personal and, for a growing number of women, the professional level, all of which are likely to influence occasions of consumption. An essential factor to consider in the investigation of mothers' drinking is social class, as it is intertwined with the themes of social polarisation of motherhood and health inequalities. I have argued about the importance of considering how social class is negotiated in the material, social and cultural contexts of daily life, which contribute to characterise people's orientations towards health. Finally, the chapter highlights the benefits that a social practice approach may offer: while 'behaviours' have been conceived as stable, homogeneous and discrete; 'practices' are shared, multifaceted and dynamic. Such a perspective may enrich the investigation of women's alcohol consumption in the early maternity period, as it describes how drinking practices are shaped by gender, class and personal identity.

The content of this chapter introduces the mapping review presented in chapter 3. The purpose of such review is to map out the studies already conducted regarding female drinking in the early parenting period, to analyse if and how social class has been considered, and the theoretical approaches adopted.

CHAPTER 3. Female alcohol consumption in the early parenting period: a scoping review

Introduction

The previous chapter has discussed theories and concepts underpinning this research, and the motivations to investigate female alcohol consumption in the years immediately after giving birth. This chapter reviews the existing literature regarding female alcohol consumption in the early parenting period (0-3 years after giving birth), considering the general population as a group of interest. The purpose of the review is: i) to gain an understanding of the shifts in women's drinking patterns and the development of consumption trajectories after they become mothers; ii) to gain an understanding of the theories employed to interpret such changes and iii) to characterise the quantity and features of existing literature (e.g., methodology, themes explored), in order to circumscribe the research question. Section 3.1 outlines the rationale for conducting a scoping review, and the process followed to search the literature with a systematic approach. Section 3.2 presents the contents of the papers retrieved regarding the main thematic areas identified. Finally, Section 3.3 discusses the results of the review and presents the research questions addressed in this study.

3.1. Scoping review

To review the literature concerning maternal alcohol consumption in the early parenting period, a scoping review was conducted. Scoping studies “aim to map *rapidly* [emphasis in the original] the key concepts underpinning a research area and the main sources and types of evidence available, and can be undertaken as stand-alone projects in their own right, especially where an area is complex or has not been reviewed comprehensively before” (Mays et al., 2001 in Arksey & O'Malley, 2005, p.21). This type of review was suitable to set up my study background as it allowed for an examination of the volume of research already conducted, to categorise the studies (e.g., based on themes, methodology, and theoretical framework employed), to provide an overview of the evidence available, and identify gaps from which to develop my research (Arksey & O'Malley, 2005). In this way, I could contextualise this study within the broader research area and focus my research question.

3.1.1. Search strategy

To identify studies examining female alcohol consumption in the early parenting period, MEDLINE, PsycINFO via Ovid, and CINAHL databases were systematically searched from the earliest dates

available up to 30.11.2018. Such databases were chosen as they cover international literature regarding a broad range of health-related sciences. Hence, I could access research works referring to a range of disciplines including epidemiology, sociology, psychology, and other social sciences.

Citation tracking was conducted on the Web of Science Citation Index and Google Scholar, and reference lists of the included papers were consulted. A preliminary scoping search was performed to identify key terms, with an iterative approach used to develop the final search strategy (Appendix 1). The search strategy, checked by a literature search expert, based in the University of Sheffield's School of Health and Related Research, included terms referring to three conceptual blocks: I) alcohol consumption and drinking habits or practices, II) transition to parenthood, and III) postpartum period.⁶

As the review was not focused on the clinical and medical aspects of consumption and dependent drinkers, bio-medical research works and studies looking at the impact of alcohol use on infant development were excluded (e.g., subject headings 'ethanol,' 'substance-related disorders' or 'prenatal exposure'). For the same reason, the database EMBASE, initially considered, was subsequently omitted as it gathers studies from biomedical sciences only.

3.1.2. Eligibility criteria

Papers were included if they satisfied the following criteria:

- ✓ Sample entirely composed of adult mothers (aged over 18 years at the time of data collection or during most of the follow-up). Studies were also included when the sample was composed of a substantial proportion of mothers, if the aim was exploring parenthood in relation to alcohol consumption.
- ✓ Sample composed of non-dependent drinkers. Studies including non-dependent and dependent drinkers were kept, as long as the latter did not form most of the sample or the research focus was not limited to dependent drinking.
- ✓ Studies focused on, or including in the observation, the early parenting period.
- ✓ Alcohol consumption as a/the main outcome or subject of investigation. In quantitative studies, employment of precise measures of alcohol use.
- ✓ Study design: quantitative observational studies (cohort studies, case series or cross-sectional studies), qualitative studies and literature reviews were included, with an inclusive perspective.
- ✓ Peer-reviewed, full papers published in the English language.

⁶ The term "postpartum" is employed in alcohol-related literature to describe periods of various length, often more extended than the 6 months after delivery (e.g., Jagodzinsky & Fleming, 2007; Mellingen et. al., 2015)

Since my interest was not on early motherhood, papers were excluded if research subjects were mothers under 18 (at the time of data collection or during most of the follow-up). As this research looked at the first few years after childbirth, I did not consider papers not focused on, or not including in the observation, the early parenting period, and whose sample was composed of mothers-to-be (e.g., pregnant women). In addition, research works were excluded if the sample was primarily composed of dependent drinkers and/or consumers of illegal psychoactive substances, because my concern was on maternal alcohol consumption in the general population, rather than on problematic consumption. Given the focus on maternal drinking practices, I also excluded papers whose primary outcomes or subjects of investigation were different from alcohol consumption (e.g., children's health outcomes). Additionally, papers were not included if lacking a precise measure of alcohol use (quantitative studies only), or were not peer-reviewed, or in full-paper format or in the English language. Finally, due to time constraints I excluded studies performed in low-middle income countries.

3.1.3. Screening for inclusion

References were downloaded in EndnoteX9. Duplicates were removed automatically and by manual screening, through a comparison of title, year of publication and author list, checked by the first author. Titles and abstracts were screened, and irrelevant papers excluded. The full-text screening was then used to identify eligible papers. Of the references retrieved, n=1513 were from the three databases, and n=15 were found through citation searching and reference lists. After the manual screening for duplicates, the remaining n=1304 references were screened by title and abstract, and n=1162 were removed. Of the n=142 potentially eligible papers, n=43 met the inclusion criteria and were considered for the final review (PRISMA diagram reported below).

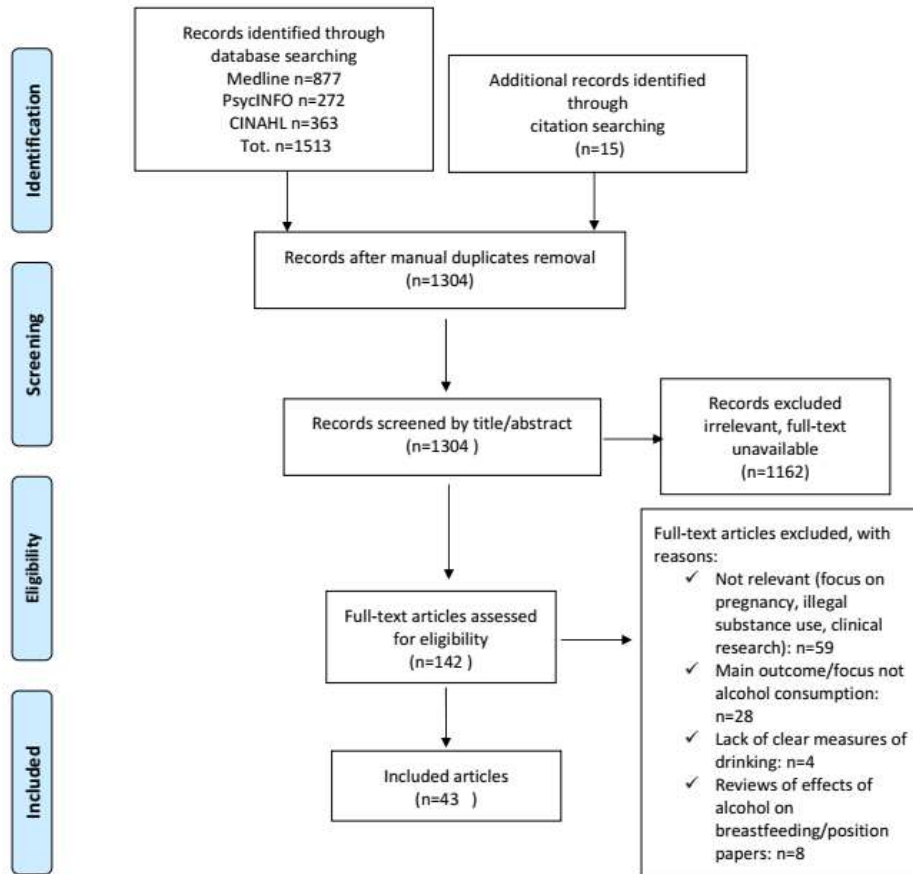


Figure 1. PRISMA diagram

3.1.4. Data analysis and synthesis

Data analysis and synthesis were performed in tabular form, supported by a narrative description (Appendix 10). Information extracted included title, first author, year of publication, and journal. Key information was extracted about each study, including aim, country, study design, sample composition, measures of alcohol consumption employed (in quantitative studies), epistemology and/or theoretical approach (in qualitative studies), main findings.

Papers were charted in three thematic tables: i) patterns of female drinking in the early parenting period and drinking trajectories, ii) female drinking and social roles, and iii) qualitative literature and ‘meanings’ associated with mothers’ drinking. Thematic subgroups, at times overlapping, were identified based on papers’ subjects and underpinning theories.

As the purpose of scoping reviews is to describe, map, and categorise literature, a formal quality evaluation is not typically conducted (Arksey & O’Malley, 2005; Grant & Booth, 2009). Even though in this review the quality evaluation of papers was not formally conducted, I made use of the CASP (2018) checklist to critically appraise the literature.

3.2. Results

Thirty-six out of n=43 papers employed a quantitative methodology. Of these n=36, n=22 provided data concerning patterns of female drinking in the early parenting period and women's drinking trajectories (Section 3.2.1), and n=14 referred to theories of social roles (Section 3.2.2). Most of these pieces of research were conducted in the US and Australia (respectively n=13 and n=7 papers) and based on secondary data analysis of prospective cohort studies. The remaining n=7 papers adopted a qualitative study design (Section 3.2.3), were mainly performed in England, and used primary data collected from individual or focus group interviews. Research works explored a range of themes, including influences of age and social circumstances on maternal drinking, the impact that holding different roles may have on alcohol use, and the meanings drinking practices can represent.

3.2.1. Patterns of female drinking in the early parenting period and drinking trajectories

Within this first group of n=22 papers, five subthemes were identified: transition to motherhood and subsequent shifts in drinking patterns (Section 3.2.1.1), alcohol consumption and breastfeeding (Section 3.2.1.2), development of women's drinking trajectories in the early parenting period (Section 3.2.1.3), influence of household and socio-economic circumstances on female drinking (Sections 3.2.1.4 and 3.2.1.5).

3.2.1.1. Transition to motherhood: shifts in drinking patterns

Studies addressing this theme were mainly informed by survey data collected from large samples in English-speaking countries (US, Australia, and New Zealand). By comparing mothers with non-mothers, or groups of mothers with children of different ages, they all found that the transition to motherhood tended to be accompanied by a significant decrease in alcohol consumption. In Laborde and Mair (2012), "new mothers" living with a child less than one year of age were significantly less likely than "other women" to consume any alcohol (OR=0.73, $p<0.05$), drink frequently (OR=0.68, $p<0.05$), binge drink (OR=0.56, $p<0.05$) and binge more than two times in the past month (OR=0.62, $p<0.05$). Similarly, Matusiewicz et al. (2016) found that women who gave birth between the two survey waves analysed (2001/2002-2004/2005) presented a reduction in the number of drinks per occasion (-0.8, compared with +0.7), of past-year drinking days (-22, compared with an increase of seven in non-mothers), and of heavy drinking days (-15, compared with -0.3). Levy et al. (2018) analysed the same dataset as Matusiewicz, concluding that the shifts in female drinking patterns may be influenced by recent childbirth, rather than by motherhood in itself. Alcohol consumption was compared in three groups: women living with children younger than one year, not living with children younger than one

year (a definition unclear, as it did not include childless women and was not well characterised), and living with children aged 1-18. The first group showed low drinking frequencies (“at least once a month” and “less than once a month”) and daily ethanol intake significantly lower compared with the other groups. Levy’s results are indicative of a temporal relationship between age of children and increase in female consumption, which was found also in Borschmann et al. (2019). Borschmann et al. collated data from three Australasian cohort studies and clustered mothers in four groups: non-parents, parents with youngest child(ren) aged less than one year, 1-4 years and ≥ 5 years. The proportion of women meeting criteria for alcohol abuse-dependence and/or binge drinking, and the mean number of standard drinks per occasion increased with the age of participants’ youngest child. Both studies also found that the shifts in drinking patterns occurring in the first postpartum year and beyond were weaker in men than in women, thus supporting the results of other research, suggesting that the transition to parenthood leads to a decrease in consumption more marked in mothers than fathers (Christie-Mizell & Peralta, 2009; Wolfe, 2009).

The question of the extent to which changes in consumption are due to age effects (instead, for example, of motherhood per se or parenting duties), has been addressed by Kokko et al. (2009) and Liu et al. (2015). These studies, differing in cultural setting and sample size, report inconsistent conclusions. Kokko et al. considered a sample of 107 Finnish women, and explored the association between the timing of motherhood and social functioning, evaluated through measures of alcohol consumption. Researchers found that “early motherhood” (at age 19-24) was related to an increase in risky drinking later in life. Compared to “on time” or “late” motherhood (25-29 and ≥ 30 years), “early motherhood” was significantly associated with binge drinking (more than four “portions” of alcohol) at 36 and 42 years; and with problem drinking at 42 years. The study, based on a small sample, may be affected by cultural bias, as the definition of ‘early motherhood’ may not be suitable for other Western countries. Additionally, the definition of ‘binge drinking’ is unclear, as the quantity of alcohol corresponding to a ‘portion’ is not specified.

While in Kokko et al., women’s younger age at birth could lead to a subsequent rise in consumption, in Liu et al. (2015) the most vulnerable group appeared that of older mothers. Liu et al. analysed past year drinking and binge drinking at one, three, and five postpartum years among 3400 women living in 20 US cities in the age groups 20-25, 26-35, and >36 . The proportion of binge drinkers remained overall stable in women 20-25 (6.8%, 8.4%, 8.3% at one, three, and five postpartum years), but rose steadily among women older than 26. In women older than 36, the percentage increased from 2.7% up to 18.4% and 26.6%, a value three times higher than in younger mothers. Results were confirmed in Liu et al. (2016), where mothers aged more than 36 were more likely to be in the class of “Escalating

Risky Drinkers” than those aged 26-35 (AORs=2.18 and 0.53, $p<0.001$). The increase of binge drinking over time in older mothers may be due to a gradual re-emerging of previously ingrained habits, but also to a greater difficulty they may have in dealing with multiple demands. This interpretation finds support in Liu et al. (2016), where postpartum depression and being in employment increased the likelihood of binge drinking only in mothers older than 36 years.

Overall, studies in this section suggest that the decrease in drinking accompanying the transition to motherhood is not sustained over time. This may be partly due to the demographic changes characterising contemporary motherhood in high-income countries (Section 2.5.1), which may influence the development of female drinking habits in the long-term period.

3.2.1.2. Female alcohol consumption and breastfeeding

Several studies explored the theme of women’s drinking in the early parenting period in relation to breastfeeding. In contrast with longstanding popular beliefs attributing to alcohol galactogenic qualities (Schaffir & Czapla, 2012), it has been acknowledged that drinking may have detrimental effects on lactation performance (longer time before milk ejection, lower milk volume) and child well-being (disruption in sleep rhythm, lower milk intake) (Haastrup, Pottegård & Damkier, 2014). Research looking at alcohol consumption during breastfeeding were primarily informed by longitudinal study designs and involved observation periods of different lengths (from 6-12 weeks up to one year after delivery). Women surveyed were recruited from healthcare organisations or hospital settings during pregnancy or in the perinatal period, and interviewed retrospectively on their previous consumption habits. Research performed in different countries concluded that alcohol use decreased steeply during pregnancy and resumed soon after delivery. Although many women resumed consumption in the postpartum period, the proportion of drinkers reduced, and the majority consumed at modest levels.

Little et al. (1990) surveyed a homogeneous but limited sample of 463 “low-risk” women from pre-conception up to three postpartum months. The proportion of mothers drinking any alcohol decreased from 79% before pregnancy, to 40% in the last trimester and rose to 69% in the third postpartum month (10% lower than baseline). A similar trend was recorded for smoking (23%, 16%, 20% respectively before, during, and after giving birth). By the third postpartum month, “regular drinking” (0.5 oz ethanol, approx. one drink/day) did not differ significantly among breastfeeding and non-breastfeeding mothers. The former, however, were significantly less likely to report “binge drinking” (4%) compared with those never lactating (10%) or weaning in the first postpartum month (22%). Similar results were found by Jagodzinsky and Fleming (2007) in a larger sample of 8,706 US women. At the first postnatal visit (6-12 weeks after delivery) only 41% of participants reported any alcohol use, compared with 58% before pregnancy. ‘At risk’ drinking (≥ 7 drinks per week or ≥ 4 drinks on

occasion at least once in the past 30 days) was reported by 12% of women. Mothers reporting risky alcohol consumption were less likely to have breastfed in the past seven days (OR=0.3, $p<0.01$). Alvik et al. (2006) considered a slightly longer postpartum period. They investigated the shifts in the drinking and smoking habits of 1,749 Norwegian women from six months before pregnancy up to six months after giving birth. In this period, the proportion of mothers reporting any alcohol use and daily smoking decreased respectively from 90.7% to 80.3% and from 23.3% to 9.2%. The mean weekly consumption halved (from 2.19 to 1.04 standard units), and the prevalence of “binge drinkers” (≥ 5 drinks per occasion) fell from 59.5% to 29%, a proportion described as “concerning.” Binge drinking was negatively associated with breastfeeding for six or more months (OR=0.35, $p>0.001$). Substantial limitations of these studies could be represented by possible memory bias (all of them collected retrospective data about pre-pregnancy consumption habits), or reporting issues regarding alcohol intake, due to the sensitivity of the topic. For example, Alvik et al. (2006) listed amongst the study limitations the high under-response to some critical items regarding risky consumption practices. Jagodzinsky and Fleming (2007) included in the questionnaire the CAGE test (‘Cut down, Annoyed, Guilty, Eye-opener’), which might have reinforced the negative characterisation of drinking and influenced participants’ answers (Bradley et al., 1998). Hence, these studies pose the problem of the social desirability bias, which needs to be adequately considered when investigating maternal alcohol consumption.

A series of four studies conducted in Australia between 2007 and 2017 examined alcohol consumption and breastfeeding among new mothers in the first year post-delivery. Of those, two were conducted in hospital settings, with self-administered questionnaires completed a few days after delivery and telephone interviews at subsequent follow-up points; one involved a secondary analysis of data from the Australia National Health Survey, the other was a qualitative exploration of women’s knowledge regarding alcohol consumption during breastfeeding. Nevertheless, both suggest a picture of gradual shift in maternal drinking practices, encouraged by the introduction of specific alcohol guidelines.

Giglia and Binns (2007), recruited a sample of 587 mothers in two urban hospitals. Participants were asked about their pre-conception alcohol consumption and subsequently interviewed at repeated waves until 12 postpartum months. The percentage of drinkers decreased from 67% to 42% during the observation period. At four, six, and 12 months postpartum, 46.7%, 47.4%, and 42.3% of breastfeeding women were consuming alcohol. Most lactating women consumed 0-2 standard drinks/week (59.7%, 57.1%, 63.8% in the follow-ups). However, in the three follow-ups, about one-third of participants (22.4%, 26.1%, 23.4%) reported drinking more than 3-4 drinks/day, a threshold defined as risky by the Australian drinking guidelines for the general population. The proportion of mothers drinking above

the recommended levels was higher than those found at the national level in 1995 and 2001 (13% and 16.8% respectively, 95% CI:6.5-1.1, in Giglia & Binns, 2008). The researchers pointed out that nearly one-fourth of women drank at concerning levels. In a subsequent study, Giglia and Binns (2007b) explored with focus group interviews women's knowledge regarding the consequences of drinking during breastfeeding. They found that most participants did not have detailed knowledge on the topic, and requested clear information. Two years later, in 2009, the National Health and Medical Research Council published the reviewed alcohol guidelines, which included specific advice on alcohol consumption during breastfeeding (NHMRC, 2009). Abstinence was recommended as the safest choice, and women were provided with practical guidance to minimise possible alcohol exposure. According to Tearne et al. (2017), this implementation of Public Health guidance might have contributed to the decrease in risky drinking practices they observed in subsequent research that replicated Giglia and Binns' (2007) study design. They recruited a sample of 489 mothers from 10 rural hospitals, and found that at four, six, and 12 months postpartum, the percentages of breastfeeding mothers drinking alcohol were comparable with those of the previous study (45.9%, 47.0%, and 51.9% respectively). As in Giglia and Binns (2007), most lactating women consumed less than two standard drinks per week (63.2%, 56.3%, 60.7%), but the proportion of women drinking more than 3-4 drinks/day was considerably lower (5.1%, 6.8%, and 5.4%). Such results, discussed Tearne et al., could be attributed to the awareness raised by alcohol guidelines and public health campaigns.

Except for Giglia and Binns (2007) and Tearne et al. (2017), studies looking at female drinking in relation to breastfeeding are not comparable: they were set in different countries, using different study designs and sample compositions, and applied diverse (at times confusing) measures of alcohol intake. In addition, the elaboration of several pieces of research on the same topic within the same academic group might have led to interpretative bias. However, all the papers reported data about the prevalence of consumers, extracted by Haastrup et al. (2014) in their literature review. They examined eight papers published over the period 1990-2011 (one from New Zealand, two from Norway, two from the US and three from Australia), and found that the percentage of women reporting drinking during breastfeeding decreased from 83% to 43%. These data appear suggestive of increased caution regarding alcohol consumption in the postpartum period.

3.2.1.3. Development of female drinking trajectories from the early parenting period

A group of more recent studies has analysed female drinking over an extended time after giving birth. Modelling techniques were employed to identify differences in longitudinal changes related to alcohol

consumption among subgroups of women, and individual variables predicting the different trajectories.⁷ Such approaches seem to reflect the growing awareness that health-related habits need to be contextualised in the individual life course and their social milieu (Mayer, 2009).

Two studies analysed data from a pre-birth Australian cohort study, progressively extending the period of observation. Tran et al. (2015) identified three trajectories from the first prenatal visit up to six postpartum months. Nearly half of the approximately 6,600 women surveyed (53.2%) were categorised as “abstainers/minimal” consumers (“minimal” consumption was not defined). The second largest group (39.4%) was composed of “light drinkers” (from 0.37 glasses per/day pre-pregnancy to a slight increase, not quantified, in the postpartum period), the third (7.4%) were “high consumers” (from 2.5 to 1.25 glasses per/day). Despite the inaccurate reporting of the paper (e.g., the method section mentions a fourth cluster of “modest drinkers,” not subsequently considered among the results), findings suggested that in the first semester after childbirth most women maintained low-risk consumption habits. However, in a subsequent study, Tran et al. (2015) observed that, in the long-term period, women’s consumption patterns could change considerably. They analysed the drinking trajectories of approximately 3,700 mothers from the first prenatal visit up to 21 years after childbirth. They found that, even if most of the mothers’ alcohol use was modest, after childbirth the quantity consumed tended to increase steadily, overtaking pre-pregnancy levels approximately 14 years after giving birth. Four trajectories were identified: “abstainers” (11.9%), “low-stable drinkers” (58.0%, from 0.8 to 1.2 glasses per/week), “moderate-escalating drinkers” (25.3%, from 4.5 to 6.9 glasses per/week), “heavy-escalating drinkers” (4.8%, from 13.1 to 17.1 glasses per/week). The researchers pointed out the paucity of knowledge regarding the moderate-escalating drinkers, who formed approximately one-third of the sample and increased their consumption shortly after childbirth. In both papers, abstention/minimal consumption was associated with being married (AOR=1) and frequency of church attendance (AOR=1). Conversely, the likelihood of being a “high” or “heavy escalating consumer” was enhanced by being unmarried, never going to church, and having an unhealthy lifestyle.

Similarly, three US-based studies analysed large datasets from prospective cohort studies, describing possible longitudinal patterns of female drinking and cigarette smoking up to 5-6 postpartum years. Considering data from 9,100 mothers, Liu et al. (2016) identified four drinking trajectories. Half of the mothers were “low probability drinkers” (50%), with a low and stable probability (<0.1) of consuming alcohol. This group was followed by a third of “escalating low-risk drinkers” (27.4%), with a low

⁷ For clarity, the associations between indicators of social class and consumption trajectories are discussed in Section 3.2.1.5.

probability of increasing their drinking in the postpartum period. A third group, the “early parenting quitters (10.2%) had a similar trajectory, but after three postpartum years they were more likely to quit their consumption. Finally, the “escalating risk drinkers” (12%) had a higher probability (0.9) of consuming alcohol (including ≥ 4 drinks per week) over the study period.

In a second study, Liu et al. (2015) focused on the age effects on drinking trajectories. Considering the sample described in Section 3.2.1.1, they identified three longitudinal patterns of maternal drinking. At one, three and five postpartum years, mothers aged 20-25, 26-35 and >36 were grouped as “low-level drinkers” (52.7%, 52.1%, 45.9%), “non-binge (NB-) drinkers” (47.3%, 43.2%, 32.1%) and “binge drinkers.” The third pattern was introduced only for older women (4.7% and 22%) as their probability of developing hazardous consumption habits increased over time. The significance of covariates effects suggested that life transitions could have different impacts on female alcohol use according to the age in which they occur. For example, being married significantly reduced the likelihood of NB-drinking only among women 20-25 (AOR = 0.24; 95% CI:[0.13, 0.47], $p < 0.05$), and postpartum depression increased the chances of being in the class of binge drinkers only in mothers ≥ 36 (AOR=41.18, 95% CI: [8.37, 202.65], $p < 0.001$).

Finally, considering the same sample and observation period, Liu and Mumford (2017) identified six trajectories of maternal alcohol consumption and smoking. As in previous studies, most mothers exhibited non-problematic patterns of consumption. The two largest classes were those of “non-smokers” with a “low” or “moderate” probability of drinking, including the 41% and 26% of the sample. The riskiest consumption pattern included a temporary reduction in smoking (during pregnancy) and a stable high probability of drinking (6% of the sample). Predictors of the different trajectories in Liu et al. (2016, 2017) are analysed in Section 3.2.1.5.

The analyses of parental drinking trajectories presented above had a predominantly descriptive approach. Statistical elaborations conveyed fragmented pictures of longitudinal drinking patterns, the development of which can be better captured through the graphs reported in the papers (Liu & Mumford, 2017; Liu et al., 2016). The covariates employed, obtained from the disposable datasets, often were not comparable: they spanned from socio-demographics to lifestyle and health-related variables (e.g., ‘church attendance’ or ‘postpartum depression’), and their significance varied in the different samples. Despite their limitations, this subgroup of studies has identified a variety of parental drinking trajectories in the general female population, including a vast majority of light drinkers and a minority of risky consumers. Hence, their main contribution is to emphasise the need to consider the shifts in mothers’ alcohol consumption, paying more attention to specific population subgroups.

3.2.1.4. Household circumstances

Several studies have analysed how domestic circumstances (e.g., age and number of children, being partnered or not), may influence mothers' alcohol consumption. Levy et al. (2018), and Borschmann et al. (2019), considered how the age of children could influence drinking (see Section 3.2.1.1). Women with children aged 0-1 year reported lower values across all the indicators of alcohol intake compared to those with older children. Similarly, in Staff et al. (2014), mothers living with children aged less than five years had lower past week consumption than those living with children aged 5-16 and 17-21 (est. -0.38, $p < 0.001$, C.I.: -0.43, 0.32). These findings were explained by women's direct involvement in the care of their children, limiting their drinking occasions particularly in the first few years of life.

Another factor that may affect women's drinking is single parenthood, investigated by Mellingen et al. (2015), Maloney et al. (2010), and Avison and Davies (2005). Survey data analysis performed in different countries consistently found that single mothers were more likely than partnered ones to consume greater amounts of alcohol per occasion. Mellingen et al. (2015) analysed the changes in Norwegian mothers' drinking of up to four postpartum years, and observed that alcohol use was closely associated with family structure and size. Single mothers had a lower increase in the frequency of alcohol use compared with married or cohabiting mothers, but the mean number of units consumed in each occasion was higher (e.g., at 7-18 months, approx. 3.4 vs. 2.5 cohabiting vs. 2.2 married). This effect was less marked with the increasing number of children. Likewise, in Maloney et al. (2010) the prevalence of heavy drinking (≥ 14 standard drinks per week) between single and partnered Australian mothers was comparable (16% vs. 15%). However, single mothers were more likely to "binge drink" two or three times per month (21% vs 13%, AOR=1.72, 95% CI:1.32-2.24, $p < 0.001$) and one or two times per week (11% vs 7%, AOR=1.59, 95% CI:1.12-2.26, $p < 0.05$). Single motherhood was associated with greater consumption per occasion also in Avison and Davies (2005). Compared with partnered mothers, Canadian single mothers showed a higher score for psychological distress (3.30 vs. 5.03 on a scale of 24, $p \leq 0.005$), and reported a higher mean number of occasions with more than five drinks (1.91 vs. 3.58, $p \leq 0.005$). The gap was pronounced particularly among women in childbearing age (20–34 years old). Similar differences were also found amongst single and partnered fathers, but without reaching statistical significance. However, given that single fathers represented only 2% of the sample (vs. 14% of single mothers), this result is not robust enough to draw reliable conclusions on gender differences.

Some research explored the influence that the number of children may have on maternal drinking. Mellingen et al. (2015) found that, after giving birth, first-time mothers tended to resume their consumption at a lower rate compared with those with subsequent children, to drink less frequently and consume fewer units. Hence, compared with subsequent maternity experiences, the birth of the

first child appeared particularly important in relation to shifts in drinking habits. In addition to this, evidence indicated that living with a greater number of children could be a deterrent for alcohol consumption, and have different consequences on mothers' and fathers' drinking. In Kuntsche et al. (2012), living with three or more children (vs. one or two) appeared to have an overall beneficial effect for mothers across the indicators of alcohol consumption. By contrast, fathers with more children showed an increase in annual drinking frequency and average daily quantity. However, the interaction between parenthood and paid work reversed the trend: being in part- or full-time employment was related to an increase in daily consumption in mothers, and to a decrease in annual drinking frequency in fathers. The study, circumscribed to the Swiss context, did not explore a prominent issue, namely whether the combination of motherhood and paid work differed amongst women with differing socio-economic conditions. Nonetheless, results highlight the importance of considering the gender-specific impact paid work has on parental drinking. Finally, the results in Kuntsche et al. (2012) appear corroborated by Baker and Graham (2014), who identified three main consumption patterns among UK mothers with children aged 0-3 years. These included infrequent drinking (abstention-less than one unit/week), "light" drinking (one unit per day-less than one unit/week), and "frequent light drinking" (less than 14 units/week). They tested their association with indicators of family structure, including the number of children in the household, and found that the third pattern, describing the relatively highest consumption frequency, was associated with fewer children (one or two, compared with more than three, $p=0.002$). The study showed the predominance of low-risk maternal drinking practices amongst UK mothers and confirmed that having more children is a prominent factor in the regulation of parental drinking.

3.2.1.5. Association with indicators of socio-economic circumstances

Several studies analysed the relationship between indicators of socio-economic circumstances with measures of alcohol intake. Socio-economic circumstances were operationalised with different variables, according to the data available in the specific dataset. Income, education, and employment status were the variables more frequently considered.

In line with international evidence regarding the general female population (OECD, 2015), studies tended to associate higher income with increased maternal consumption. In Laborde and Mair (2012), higher income was positively associated with all the indicators of frequency and quantity of alcohol use. In Liu et al. (2015), household income higher than 185% of the poverty line increased the likelihood of being a drinker by five times (in mothers aged 20-25) and by 12 times that of being a "binge drinker" (in mothers aged 26-35). In subsequent papers, higher income was found associated with escalating consumption trajectories (Liu, Mumford & Petras, 2016), and with an increased

probability of being a non-smoker, but a moderate- or high-probability drinker (Liu & Mumford, 2017). In Tran et al. (2015), higher family income did not show an association with heavy drinking trajectories at six postpartum months. However, in the analysis of longitudinal consumption patterns over 21 years, women with higher incomes were more likely to be in the moderate-escalating trajectory (Tran et al., 2015). In Maloney et al. (2010), more affluent women were more likely than those disadvantaged to drink more than 14 drinks/week and to binge drink two or three times per month ($p < 0.001$ and $p < 0.05$).

Education showed inconsistent relationships with maternal alcohol consumption. Jagodzinsky and Fleming (2007) did not find any relationship between higher education and risky consumption. They argued this could be due to their sample composition: only 8% of women did not achieve a high school degree, a proportion too low to draw meaningful comparisons with the rest of the sample. In Laborde and Mair (2012), higher education was associated with an increased likelihood of drinking any alcohol in the past month and drinking one or more days a week, but not with binge drinking. Similarly, in two of the three papers authored by Liu, higher education appeared mainly related to low-risk consumption patterns. Education increased the likelihood of being a “non-binge drinker” amongst mothers older than 26 (Liu, Mumford & Petras, 2015); and of developing trajectories of “moderate” drinking without smoking at six postpartum years (Liu & Mumford, 2017). These findings are indirectly supported by Baker and Graham (2014), in which educational disadvantage predicted infrequent drinking and light drinking. Researchers concluded that progressively advantaged social circumstances are associated with an increase in consumption frequency, but not with risky drinking habits. Taken together, these findings suggest that better-educated mothers tend to consume more alcohol, but not to drink at harmful levels, but this conclusion is not supported by much evidence.

Finally, studies analysing the effects of paid labour generally found that being in the workforce was related to an increased likelihood of consumption. Employed women were found more likely to drink at risky levels compared with “stay at home” mothers (Jagodzinsky & Fleming, 2007; Laborde & Mair, 2012). However, the influence of paid labour on mothers’ drinking seems to vary by age: in Liu et al. (2015), being employed increased the likelihood of being in the class of binge drinkers, but only in mothers older than 36 (AOR=12.30, 95% CI:[1.25,120.95], $p < 0.05$). Evidence also suggests that part- and full-time employment may affect differently female drinking and smoking habits. Liu et al. (2016) found that while part-time working mothers were more likely to be in the Escalating Risk Drinking group, those working full-time were more likely to be in the Escalating Low-Risk group (AOR=1.76, $p < 0.001$). In Liu and Mumford (2017), full and part-time employment showed mixed associations with concurrent drinking and smoking trajectories. For example, full-, but not part-time employment increased the likelihood of being in the group of “persistent heavy smokers and declining probability

drinkers.” These studies provide quantitative descriptions of the influence paid labour has on female drinking in the early parenting period, but do not elaborate theories to explain the results. More sophisticated explanations are advanced in research works based on social role theories, presented in the next section.

3.2.2. Female drinking and social roles

The second group of n=14 papers has explained the decrease in female alcohol consumption occurring with the transition to motherhood through social role theories. The link between life transitions and social role theories is described in George (1993). Roles, argues George, define an individual’s position in society, and are connected to norms and the regulating behaviours expected from and exhibited by those in a given status. Hence, transitions can be seen as ‘role entry and exit.’ The notion of life transition as a change in social roles has been widely employed in alcohol-related literature because it allows for interpreting the shifts in consumption during life; and because social roles can be easily operationalised.

A fruitful connection between role theories and alcohol consumption was elaborated at the end of the ‘1980s. Knibbe et al. (1987) drew on the sociological work of Ute Gerhardt, who identified “status,” “position,” and “situation” roles. Status roles determine the place each has in society and, as such, are located at the macro-social level. They describe qualities that are generally static, such as gender, age, ethnicity, and social background. Position roles are defined by the place people have within their social networks (e.g., family, work), and operate at the meso-level. They are relatively stable and coincide, for instance, with being a parent, a partner, or an employee. Finally, situation roles are performed in specific contexts, elicit expectations circumscribed in time and space, and act at the micro-level. Situation roles structure people’s conduct only in a limited way, as they acquire coherence only when considered together with status and position roles. Alcohol consumption may be interpreted through role theory as the intersection among different roles that generate different expectations and norms associated with drinking. Despite this extensive conceptual elaboration, Knibbe et al. (1987), and subsequent studies drawing from social role theories have mainly focused on position roles, analysing their influence on drinking. The changes in consumption patterns occurring with motherhood have been explained as the result of a role accumulation, that may have beneficial results (Section 3.2.2.1) or detrimental (Section 3.2.2.2) for women’s drinking. A third explanation highlights, instead, the pragmatic constraints posed on drinking by the parental role (Section 3.2.2.3).

3.2.2.1. Social role theory

According to the 'social role' theory, acquiring the role of mother or holding several roles (those generally considered are: being parent, a partner, and an employee) would limit women's drinking as a more structured daily life might restrict time and resources allocated to alcohol consumption (Knibbe, Drop & Muytjens, 1987). Women would reduce their drinking also because it could be in opposition to the expectations and achievements associated with motherhood or other roles, or because they might find having multiple roles rewarding. In this case, they would not need to relieve feelings of discomfort through drinking (Cho & Crittenden, 2006; Staff et al., 2014).

The social role hypothesis initially was not supported by consistent results. Knibbe et al. (1987) elaborated an indicator of "structure of daily life" scoring from one to three according to the number of roles held. Being engaged in three roles, compared to two, reduced the likelihood of intensifying alcohol consumption in males, but not in females. This result was explained on the grounds of women's status role, leading to a prevalent pattern of "incidental moderate drinking", regardless of the number of position roles.

In a subsequent study, Hajema and Knibbe (1998) suggested that different roles may have different effects on drinking. Becoming a parent and getting married were associated with a reduction in weekly consumption and heavy drinking in both genders, but the result was not confirmed in relation to the role of employee. Hence, the social role hypothesis was rejected for a lack of support.

Finally, the positive impact of social roles on drinking did not appear uniform in all the age ranges (Hajema & Knibbe, 1998; Neve, Lemmens & Drop, 2000). Neve et al. (2000) measured the "structure of daily life" with an index from -3 to 3, according to the presence or not of the leading social roles. The structure of daily life was associated with a decrease in weekly consumption ($p < 0.05$), frequency of heavy drinking ($p < 0.05$), and problem drinking ($p < 0.001$) both in women and men under 35, but not in older people. Neve et al. argued about the need for reviewing the theoretical framework, and to focus on specific 'role qualities.' These could include time spent in particular situations, role obligations, and social network characteristics.

Other studies found stronger support for the social role hypothesis. Wilsnack and Cheloha (1987) analysed data from a stratified sample of 917 women, interviewed in a US national survey investigating female drinking. They concluded that a greater number of roles might be beneficial for women, as indicators of problem consumption were instead associated with forms of "role deprivation." Multiple roles would increase women's self-esteem and wellbeing, thus limiting the use of alcohol as a coping strategy, and enhance informal social control on female drinking. Despite this general finding, being a mother aged 21-34 showed an inconsistent relationship with indicators of problem drinking.

Compared with mothers, childless women more often reported adverse behavioural alcohol-related problems in the past year (46% vs. 31.7%); but married, full-time working mothers had a higher probability of drunkenness compared with childless women (58% vs. 28.4%). This result might be due to the sample composition, as approximately half of it was composed of women drinking *at least* four drinks per week.

Similarly, in Cho and Crittenden (2006), a higher number of roles significantly reduced psychological distress ($p < 0.001$) and was not related to the likelihood of being a drinker. Having more roles also decreased the level of drinking ($p < 0.001$) and problem drinking ($p < 0.001$). Cho and Crittenden highlighted the limited impact the employee role had, as it increased the likelihood of being a drinker ($p > 0.001$), but not the consumption level and chances of problem drinking. Among drinkers, family roles appeared to decrease consumption levels. Looking at the role combinations, being a mother *and* a spouse, with or without a job, showed the most beneficial effects, as they were associated with a reduction in all the consumption indicators.

More recently, Staff et al. (2014) analysed age-related variations in women and men's alcohol use and found that they corresponded to the main family transitions. Alcohol consumption rose from 16 to 23 years and declined by 33, which was considered the period of union formation and childrearing (past week units in women: 1.4 at 16, 4.5 at 23, 3.6 at 33). Women in the three social roles (being married, living with a young child and being in paid work) had a much lower likelihood of drinking in the past week (est. = -0.51, 95% CI: -0.61, -0.41, $p < 0.001$), heavy daily drinking (OR = 0.49, 95% CI: 0.30, 0.79, $p < 0.01$) and CAGE symptoms (OR = 0.44, 95% CI: 0.23, 0.83, $p < 0.05$) compared with those not in these roles. Comparable results were found in men.

3.2.2.2. Role overload theory

According to the 'role overload' or 'multiple burden' theory, individuals holding roles with conflicting demands (e.g., being a parent and a worker) may face a shortage of time and energy in dealing with different expectations and pressures. Thus, women with multiple roles (including motherhood), would be more likely to be exposed to stressors and use alcohol as a coping strategy (Goode, 1960; Cho & Crittenden, 2006; Kuntsche, Knibbe & Gmel, 2009).

The studies reviewed confirm this theory only partially. The shifts in female consumption occurring with motherhood are rather interpreted through a combination of 'multiple burden' and 'social role' theories. Wolfe (2009), for example, suggested that their explanatory value may vary according to the life stage. Early motherhood (before 23 years) initially led to a decrease in binge drinking, explained

with an incompatibility between heavy drinking and the fulfilment of the parental role (Section 3.2.1.1). However, this effect was temporary, as young mothers' binge drinking rose in later adulthood. The result was interpreted as a consequence of subsequent stress proliferation, triggering alcohol consumption. Drawing on Pearlin's work on the social origin of stress (1989), Wolfe speculated that early motherhood could interfere with personal development and inhibit investments in other fields, such as education. Hence, the accumulation of social disadvantage would increase women's vulnerability and exposure to risky behaviours.

International studies from the GenACIS project have observed that the inconsistent results in previous research on social roles (Section 3.2.2.1) could be attributed to macro-societal factors. These include social welfare systems and cultural orientations towards gender equality, found related to heavy drinking in women and not in men (Kuntsche et al., 2006). Testing the validity of the 'multiple burden' or 'social role' hypotheses, a study involving 10 industrialised countries found that women aged 25-54 with three roles (motherhood, partnership, and paid labour) had, in most countries, a significantly lower risk of heavy-volume drinking and Risky Single Occasion Drinking (RSOD) compared with those with fewer roles (Kuntsche et al., 2009). This result was in line with the UK context (591 women interviewed in 2000), where working and partnered mothers presented a lower risk of heavy-volume drinking against those not in paid labour or partnered without children (OR=0.350 vs. OR=0.444 vs. OR=0.546; data for RSOD not available; in Kuntsche et al., 2009). Even if the social role theory was generally confirmed, results from the same study support also the validity of multiple burden hypothesis. Women's involvement, both in family roles and paid labour, had detrimental effects in Switzerland, Germany, and the USA, where the two-role combination (especially motherhood-partnership) appeared the most beneficial. Researchers suggested this could be due to the way in which female work was conceived (Kuntsche et al., 2009). In Germany and Switzerland, cultural norms and social welfare systems not supporting working mothers would generate more distress in women, thus resulting in higher alcohol consumption (Kuntsche, Knibbe & Gmel, 2009; Kuntsche et al., 2011; Kuntsche, Knibbe & Gmel, 2012).

The cross country analysis on the impact social roles have on female drinking was further developed in Kuntsche et al. (2011), who analysed mothers' consumption in 16 countries. Compared to 'stay-at-home' partnered mothers, daily alcohol intake was higher both amongst those in paid labour (2.98g vs. 3.07g, $p < 0.001$) and amongst working and not working single mothers (2.98 vs. 3.20g and 3.18g respectively, $p < 0.001$). The model testing the interaction between consumption and Gender-Income Ratio (GIR, a measure of the gender wage gap in a given country), showed that GIR was negatively correlated with the quantity of alcohol consumed by working mothers ($b = -0.68$, $p < 0.01$). This means

that partnered working mothers (holding three roles) presented a daily consumption lower in countries with greater gender equity, such as the Scandinavian countries. In the graph reported in the paper, the UK presented a GIR lower than those of the Scandinavian region, but considerably higher than those of central European countries (such as Austria, Hungary, Germany). This was suggestive of a *relatively* egalitarian attitude towards women and men in the labour market, which could facilitate female involvement in the workforce and have beneficial effects in terms of alcohol consumption. The UK data, however, should be considered with caution, as the sample was relatively small (304 women), and data was collected in 2000. In addition, the UK showed the highest prevalence of mothers drinking in the past 12 months (100%, compared with 49% in Spain), indicative that consuming alcohol was a common habit among parents.

To sum up, the papers suggest that holding multiple roles is generally beneficial, as it is associated with a decrease in mothers' drinking. However, the multiple burden hypothesis cannot be ruled out, as it offers an interpretative framework suitable to particular life stages or national contexts.

3.2.2.3. Opportunity perspective

While both the social role and multiple burden hypotheses consider the impact of multiple roles on individual drinking and underline their impact on psychological distress, the "opportunity perspective" focuses the attention on drinking contexts. Since a social role is performed in specific situations, proponents of this theory contend parental drinking would be more influenced by favourable environmental and time conditions, rather than by psychological aspects (Paradis, 2011; Paradis et al., 2011). Hence, mothers' drinking would be encouraged in contexts in which situational norms and the practical circumstances (e.g., disposable time, children not present), would allow them to drink. The characteristics of mothers' consumption occasions have been explored in two Canadian studies.

Paradis et al. (2011) analysed nearly 2,000 drinking occasions of 498 mothers and 403 fathers, and found that drinking contexts (when, with whom, and where alcohol use occurs) influenced their alcohol intake more than parental role. Compared with childless women, mothers consumed more alcohol in settings offering more opportunities to drink: during the weekend, in the domestic environment, or contexts of relaxation and fun, such as in groups or bars. Fathers consumed alcohol on comparable occasions, but drank significantly more than non-fathers at a get-together ($p=0.02$). This situation, speculate the authors, represents a break from the everyday commitment, "where 'boys meet boys,' in a context that does not condemn, and perhaps supports, alcohol intake" (p.266). In a subsequent study, Paradis (2011) analysed survey data from 4,180 mothers and 3,630 fathers, finding that drinking contexts influenced not only the opportunity to consume alcohol, but also to do it heavily.

Compared with childless women, mothers living with children <18 years showed a reduction in heavy drinking frequency attributed to their decreased participation in drinking occasions in bars and restaurants. Paradis observed that “the fact that parenthood is related to drinking through a reduced presence in public location is particularly salient for women” (p.1263), and attributed the characteristics of mothers’ drinking occasions both to a lack of time and to the expectation to be always ‘on-call’ for their children.

A potential limitation of these papers is that the analysis of parental drinking occasions does not consider groups of parents with children of different ages. Hence, there is not a specific focus on women in the early parenting period, when the rearrangement of drinking settings may particularly influence female consumption. However, Paradis et al. (2011, 2011) have brought attention to the importance of considering a range of features characterising drinking occasions, and highlighted the selection of drinking contexts occurring with motherhood.

Studies testing the influence of social roles on female drinking have elaborated not only descriptions, but also theories regarding the variations in consumption accompanying motherhood. In doing this, they developed original conceptualisations of alcohol use. For example, Knibbe et al.'s (1987) notion of “drinking style” (defined by four aspects: frequency of drinking, consumption on weekdays or the weekend, drinking at home or in public places, and stratified by gender and social class) may be seen as an early attempt to quantitatively describe drinking practices (Meier, Warde & Holmes, 2017). In addition, the GenACIS project has contributed to the understanding of parental drinking, highlighting that drinking is not just the result of individual choices or states of being, but is influenced by societal and political contexts. In relation to the methods employed, some analyses are complex to interpret and not clearly presented, especially in the early papers (Knibbe, Drop & Muijtjens, 1987; Wilsnack & Cheloha, 1987; Neve, Lemmens & Drop, 2000). This probably stems from the difficulty of measuring the impact role change or role overlapping may have on female drinking. Several authors acknowledged as a limitation the operationalization of social roles (measures could be somewhat ‘crude’ to allow data comparability), and recognised the need to refine the analysis considering the specificity of each role (Neve, Lemmens & Drop, 2000; Cho & Crittenden, 2006; Kuntsche, Knibbe & Gmel, 2009). Finally, studies have considered a limited number of social roles, whereas motherhood intersects not only with paid work and partnership, but also many other roles (e.g., friend, daughter, citizen), which may generate a much more complex social stratification. A more detailed picture of motherhood and alcohol consumption has been drawn by qualitative studies investigating female drinking in the early parenting period, presented in the next section.

3.2.3. Qualitative literature and “meanings” of mothers’ alcohol consumption

There are different expectations evident in the literature regarding the role of mothers, and how alcohol use does or does not have an acceptable place in this. These themes are explored in seven qualitative research works retrieved in the literature search.

Killingsworth's (2006) study was based on an ethnographic observation in a group of middle-class mothers attending a playgroup in Melbourne with their children. While the observation was conducted in a group composed of middle-class mothers, class was not a focus of the study (see Section 3.2.3.1). The researcher discussed the problematic way in which women’s drinking has been characterised in the biomedical sciences, and underlined the positive role alcohol had in their lives. Through the practice of drinking, mostly at light levels, women affirmed both the identity of a responsible mother and independent woman. Alcohol consumption symbolised participants’ struggle against social expectations associating motherhood with an intense commitment to children and family. Killingsworth’s research presents several weaknesses due to inaccuracies in the account and the lack of discussion about several aspects (relevance of the topic into the broader ethnography, presentation and demographic characteristics of participants, study limitations and possible research developments). However, Killingsworth provides a valuable interpretation of alcohol as a substance mothers consume to bring together multiple and somewhat contradictory aspects of their identities.

Similar conclusions were drawn in Emslie, Hunt, and Lyons (2015). Compared to Killingsworth, the reporting of the study is more detailed, as information regarding sample composition, data collection, and analysis are clearly provided. Emslie et al. gathered data through focus groups conducted with a semi-structured topic guide. Since they investigated alcohol consumption in midlife Scottish women (30-50 years), mothers with children under five years represented only part of the total sample (13 of 34 women). Drinking was conceptualised as a gendered practice (Section 2.2.1), through which women declared their adulthood and freedom from obligations stemming from work and domestic commitments. In mothers with young children, drinking allowed a symbolic reconnection with their youthful selves. Participants, however, consistently presented their consumption within the boundaries of age and gender-appropriate expectations, thus protecting their identity of caring mothers.

The theme of women’s identity as a carer is central in Jackson et al. (2018). The conceptual framework adopted is the Feminist Ethics of Care, whereby ‘care’ includes all the practices contributing to “maintain, continu[e] and repair” the development of daily life (Fisher and Tronto, 1990 in Jackson et al. 2018, p.2). The study explored the place alcohol had in the ‘caring practices’ of 26 English women aged between 24 and 67. The sample comprised interviewees with diverse family circumstances and drinking at different levels (data on consumption was not presented). Participants included 11 mothers

of dependent children (age not specified), whose drinking practices were not analysed separately, but considered in combination with the others. In women, drinking featured practices of self-care with restorative functions. Consuming alcohol offered occasions to give and receive care in the context of intimate relationships, including those with relatives, friends, and partners. When the ‘care element’ was insufficient, alcohol could become a prevailing element of the practices, thus changing their nature. In relation to motherhood, the place of alcohol within the care practices was found to be extremely limited, as an evident expectation was that “mothers should put the needs of their children –including their adult children- above their own”(p.8).

The integration of drinking within the parental role is a theme explored in Wolf and Chávez (2015) (2015). They investigated the factors influencing parents’ decision to drink in different settings; and their perceptions of risks and benefits. Data gathered from 30 mothers and 30 fathers of children aged ten or younger was interpreted via the social learning theoretical framework. In this approach, individual behaviours stem from the interaction between individual cognitive processes and social context. Research results confirmed that the decision-making process concerning drinking is driven by the social contexts (Section 3.2.2.3), and participants considered some situations less risky than others. For example, while drinking outside the home was acceptable as it was connected with sociability, domestic consumption was seen as a negative example (especially for older children) and potentially unsafe due to the lack of other adults in case of need. A limitation of the study is the lack of a baseline profile of parents’ alcohol consumption, which would have been useful to interpret the results. These qualitative studies have shed light on the multiple meanings that maternal alcohol consumption may take. Most of them did not focus specifically on the early parenting years, a period still mostly unexplored. However, this research offers important insights on maternal alcohol consumption in the general population, portraying drinking as a practice which may be enacted so as to be consistent with parenting responsibilities.

3.2.3.1. Perspectives on social class

A central question for the understanding of maternal drinking practices regards how they are shaped within a given socio-economic context. The theme of the interaction between alcohol consumption and social class is prominent, as class may influence both accessibility of alcohol and meanings of drinking practices (Section 2.5.1, 2.5.4). However, the way in which class affects female alcohol consumption in the early parenting period has been qualitatively explored only in two studies, both set in England.

The main contribution is Waterson's study (2000), which focused on the influence social class may have on maternal drinking. The author explored alcohol consumption in women from advantaged and disadvantaged social backgrounds, identifying differences and similarities. Waterson looked at mothers' drinking "as a normal and pleasurable part of daily life," and considered "how women's drinking at whatever level is most usually a rational choice when viewed from their perspective" (p.21). Consuming alcohol was seen as "an example of everyday health-related behaviour" (p.46), occurring within different work and domestic circumstances. The sample included 30 "professional" and 30 "non-professional" English mothers (equally divided between 'light' and 'heavy' drinkers, that is, whether they drank less or more than 14 units per week). Participants, aged between 20 and 44 years, were recruited in an antenatal clinic in London and interviewed approximately 20 months after the birth of their first child. Waterson explored a wide range of themes, including women's drinking trajectories and the effect of economic, social, and cultural resources on their drinking.

Waterson found that mothers in professional occupations drank more frequently than non-professionals, as alcohol was more affordable and socially acceptable for them. Participants reported increased pressures from multiple demands and dissatisfaction due to the difficulty of maintaining social contacts. Non-professionals presented higher psychological distress and more physical problems. They drank less frequently as they had fewer possibilities to go out due to economic, housing and transport difficulties, as well as lack of practical support. However, non-professionals reported more frequent heavy drinking compared to the professionals, who rarely described risky alcohol use. In both groups, drinking heavily was presented as an accessible strategy to cope with domestic demands. The study attempted to propose a de-pathologised view of maternal drinking and, as such, it represents a valuable contribution. However, the book was published approximately 20 years ago and has some substantial limitations. Methodologically, it is unclear whether interviews were semi-structured or narrative, and the data analysis process is not detailed. Besides, in contrast with the female perspective adopted by the study, women's social class was defined based on their male partners' occupation. Even though the study aimed to portray female drinking holistically, this objective seems only partially achieved, as Waterson appeared primarily focused on the pathways leading her research participants to drink, and on the place that environmental stressors have in those pathways. Finally, Waterson proposed the policy recommendation of developing the notion of "positive drinking" amongst women (p.186), a message which can be distorted or misinterpreted.

The second study exploring mothers' alcohol consumption through the lens of social class is Baker (2017), who looked at how mothers with different backgrounds perceive their alcohol use. The sample was composed of nine socially advantaged and nine disadvantaged mothers of children aged up to five years, whose social background was designated by residence postcode. Two main themes were

identified: “drinking settings” and “reasons for drinking.” Baker’s findings suggest that motherhood led to a change in drinking venues, but not to lower consumption. While some mothers considered domestic drinking acceptable, others avoided it in the light of their own adverse childhood experiences related to drinking. Consistently with Wolf and Chavez (2015), some participants preferred to drink outside the home with their children, for example in pubs, connecting alcohol consumption with sociability. In relation to the theme “reasons for drinking,” most mothers acknowledged that social expectations and emotional states influenced their views regarding alcohol. As with Waterson (2000), despite the interpretive approach adopted, the descriptive elements prevail. The main study limitation is the lack of emphasis on the differences in consumption between advantaged and disadvantaged mothers, not clearly outlined in the results.

3.3. Discussion

This scoping review has categorised the studies about women’s alcohol consumption in the early parenting period in three thematic groups: i) shifts in consumption patterns and drinking trajectories, ii) female drinking and effects of the acquisition of social roles, iii) qualitative studies and ‘meanings’ of mothers’ alcohol consumption. Papers retrieved mainly adopted quantitative research methods and, as a whole, suggest a growing interest in the study of maternal alcohol consumption, reflected in the body of research exploring mothers’ drinking patterns and trajectories from different angles (see also Jayne & Valentine, 2016; IAS, 2017).

As the transition to motherhood is accompanied by a decrease in consumption, some studies have qualified this life phase as “protective” (Kuntsche, Knibbe & Gmel, 2012; Borschmann, Rohan Becker et al., 2019), or employed the expression “motherhood advantage” (Matusiewicz et al., 2016). Such characterisation, however, appears misleading, as this beneficial effect is not a natural consequence of motherhood. Rather, it may derive from physically intense and tiring care duties, emphasised by gender-related expectations associated with the maternal role (Section 2.2.3). A second aspect to highlight regards the vocabulary employed to describe mothers’ drinking. Papers used questionable expressions to highlight the importance of the research topic and the harmful effects of maternal drinking. At times, word choice appeared emphatic, inappropriate, or ambiguous. For example, Levy et al. (2018) introduced the study pointing out the “*devastating* effects of parental alcohol use on children’s health” (p.2246, emphasis added). Alvik et al. (2006, p.690, Section 3.2.1.2), commenting on the 6% of women surveyed reporting having had 12 standard units on one drinking occasion 3–6 months after delivery, observed that “after having consumed approximately two bottles of wine or the equivalent of other alcoholic beverages, one cannot exhibit the concern and responsiveness needed

to take care of an infant". In Liu et al. (2016, p.383) the definition of the "escalating risk drinking" class is somewhat imprecise, as the class "does not necessarily signal risky drinking as judged by federal standards for women". These examples are indicative of the complexity of characterising mothers' drinking, both when considering 'at risk' and 'not at risk' consumers.

Studies focusing on the changes in women's consumption patterns (Section 3.2.1) have identified factors significantly associated with alcohol use and predictive models of consumption. Such research works provided valuable information regarding the shifts in female drinking after giving birth, and pointed out the importance of investigating the early parenting period in light of the on-going demographic shifts affecting motherhood. To understand how family structure and features of social milieu may influence women's drinking, some quantitative studies introduced indicators of household and socio-economic circumstances into the analysis (Sections 3.2.1.4, 3.2.1.5). Even though study results point out some consistencies (the most evident relationship is between higher income and indicators of alcohol consumption), other associations found less support by the available evidence. For example, the association between paid work and female drinking in the early parenting period has been investigated by few studies and appears still unclear. In addition, a quantitative approach may not be suitable to detail how and why environmental characteristics might influence female drinking (Section 2.5.5). A quantitative methodology may not be appropriate also to explore in a nuanced manner how identity and relational changes, social norms, and gender-related aspects contribute to the variations of consumption habits.

Studies looking at the effects of social role acquisition on female drinking (Section 3.2.2) have added theoretical depth to the study of women's alcohol use in the early parenting period, testing hypotheses regarding the decrease (or increase) of parental drinking. They also highlighted the complexity of the research subject, as being a mother often overlaps with other family and social identities (such as being a partner and/or a worker). However, roles are conceived as fixed and static entities, whose content is rarely discussed (George, 1993; Lyons, 2009). Hence, 'role theories' are not able to account for the dynamic and flexible manner in which roles are interpreted, nor for the cultural and power dynamics which may influence alcohol consumption in different ways (George, 1993; Lyons, 2009). In addition, papers referring to role theories do not adequately take into account how the parental role shapes, at the micro-level, drinking practices. The characterisation of mothers' drinking is more detailed in Paradis (2011) and Paradis et al. (2011), who analysed the contextual elements featuring parental drinking occasions (such as setting, timing, and people sharing alcohol consumption, Section 3.2.2.3). Importantly, Paradis et al. (2011), considered as units of analysis not the individual alcohol intake, but the drinking occasions as a whole, thus introducing a shift in theoretical perspective

(Section 2.6). Finally, it is important to point out that papers in this group did not consider only women in the early parenting period, but included the general population of mothers.

While some qualitative studies tended to adopt a descriptive approach of parental drinking habits (Waterson, 2000; Giglia & Binns, 2007b; Wolf & Chávez, 2015; Baker, 2017), others advanced interpretations on the meanings mothers' alcohol consumption may take in the daily life (Killingsworth, 2006; Emslie, Hunt & Lyons, 2015; Jackson et al., 2018). Qualitative research, however, left uncovered a prominent topic of investigation related to female drinking in the early parenting period. This topic concerns how mothers renegotiate their drinking practices after the return to work from maternity leave. The theme of the juxtaposition of family and work roles, and their influence on drinking does not encompass all women. However, it is particularly important to address these themes due to the increase in the number of mothers in the labour market with pre-school aged children (Section 2.4.3). The importance of this research subject is highlighted by a research report on the impact of non-dependent parental drinking on children aged 10-17 years (IAS, 2017). The authors observed that the previous literature has omitted to consider the circumstances in which occasions of consumption occur, and stressed the "need for a bigger discussion around parental wellbeing and work-life balance" (p.35), to which this study intends to contribute.

Finally, given the effect social class has in shaping the experiences of motherhood (Section 2.5.1), and health-related practices (including drinking, Section 2.5.4), what appears lacking both in quantitative and qualitative papers is a nuanced analysis of how social class (Section 2.5.4) influences women's drinking in the early parenting period. In papers using a quantitative methodology, social class has been conceptualised in terms of individual and discrete variables. These vary according to the study and capture the concept of class with different level of appropriateness. For example, in Tran et al. (2015) "socio-economic status" is defined by a set of heterogeneous covariates, including marital status, income, parity, previous marriage, church attendance. Baker and Graham's (2014) elaboration appears, instead, more accurate. Descriptive variables of social advantage or disadvantage are part of a list of indicators of social circumstances, which include fathers' occupational class, education, employment status, household income, and age at first birth.

Only a few qualitative studies have considered the influence of class on new mothers' alcohol consumption. In Wolf and Chavez (2015), Emslie et al. (2015), and Jackson et al. (2018), samples were stratified based on annual household income or deprivation categories according to residential postcode. However, the comparison among subgroups was not the main research focus and was not

discussed. Only two studies located for this review have explored how social class shapes female drinking in the early parenting period (Baker, 2017; Waterson, 2000). However, their contribution needs to be supplemented and updated, discussing possible similarities and differences between groups and subgroups, or considering subsequent theoretical developments (Section 2.6.1). Drawing from Bourdieu's work and a subsequent reappraisal of his theories (Section 2.5.4), social class may be better understood as the set of economic, social, and cultural capitals, which give form to daily practices, including drinking.

Conclusion and research questions

In conclusion, the scoping review found that female alcohol consumption in the early parenting period has been primarily explored with quantitative research methods. Quantitative studies have mainly investigated patterns of parental drinking and how social role acquisition influences female consumption. Much less qualitative research has focused on female drinking in the first years after giving birth, or included women in this life stage in their sample. The use of a qualitative methodology, however, appears more suitable to provide an in-depth account of how the biographical and social experience of motherhood influences women's drinking. In addition, the social practice approach allows analysing the different components of drinking practices (materials, competences, and meanings), thus providing a nuanced description of drinking occasions. Finally, the discussion has argued that research has not yet explored the way in which returning to paid labour after childbirth may influence women's drinking. The importance of investigating through the lens of social class has been discussed, thus addressing a second gap found in the literature. To sum up, the two connected research questions identified through this literature review are:

- *How are drinking practices renegotiated in the early parenting period by women belonging to different social classes?*
- *How do mothers belonging to different social classes rework their drinking practices after the return to paid work from the maternity leave?*

II. METHODOLOGY AND METHODS

CHAPTER 4. Methodology and methods

Introduction

This chapter first outlines the theoretical and methodological principles underlying the “psycho-social” approach chosen to investigate the research topic, and subsequently describes the study design. Firstly, I explain the reasons underpinning the choice of a qualitative approach to explore women’s drinking practices (Section 4.1), and of a biographical, narrative method (Section 4.2). After discussing the limitations of other methods considered, I explain the theoretical and methodological principles of the Free Association Narrative Interview (FANI) method (Section 4.3). Next, details of the study design in relation to the sampling and recruitment process, data collection and analysis are provided (Sections 4.4, 4.5, 4.6, 4.7). Finally, the ethical implications and concerns are discussed in Section 4.8.

4.1. Researching women’s drinking practices: a qualitative approach

In order to understand the place alcohol consumption has in women’s lives, and how their drinking practices may change during the maternal transition, I adopted a qualitative research strategy. Qualitative research embeds a variety of techniques and disciplinary traditions, which, according to Mason (2002), present some common features. Firstly, they refer to an ‘interpretive’ philosophical position, that is, the focus of the research is the ways in which subjects interpret, represent and negotiate meanings within the social world. Secondly, qualitative research generates data using methods that are flexible and adaptable to the social milieu in which the study is performed, rather than research instruments that are standardised or abstracted from the particular study context. Thirdly, qualitative research emphasises the importance of adopting a holistic approach to the investigation and analysis of a given phenomenon. This implies that the in-depth understanding of social facts and processes in their context occurs on the basis of rich and detailed data. Although qualitative approaches employ some forms of quantifications, measurements and statistical analyses, these do not have a prominent place in capturing aspects of the social world. Due to these characteristics, the qualitative research approach shares with social practice theories the aspiration to avoid a reductionist approach to the study of alcohol consumption (Section 2.6). Qualitative

research opens the possibility to go beyond the numerical description of drinking occasions, allowing for a multi-faceted and rich account of drinking practices.

4.2. Biographical and narrative methods

To address my research questions, it was necessary to consider participants' experiences in their entirety. I needed to gain an understanding of the factors framing interviewees' alcohol consumption over the course of their life (e.g., social and family background, trigger points), of how motherhood influenced their drinking practices in relation to symbolic and pragmatic aspects (e.g., meanings attributed to drinking occasions, embodied experiences, impact of paid labour), and of the rearrangement of drinking practices in the changed family context (e.g., regulation of consumption and of drinking occasions between the partners). The investigation of all these aspects required a research method allowing access to a wide range of biographical and contextual information from the participants. Thus, I adopted a narrative interview approach.

Narration, the telling of stories, is a fundamental human activity, through which people make sense of their experiences (Riessman, 2008). Narrative is rooted in the interpretive tradition and has been characterised as a means of production of knowledge. Bruner refers to this aspect as "narrative knowing", a process through which people 'apprehend' the world by establishing connections between events and organising interpretations in the form of stories. Narratives give the possibility to structure and describe everyday events, to secure a sense of continuity and familiarity with our lives, and to project ourselves into the future (Bruner, in King, 2010). Thus, narrative approaches are not just interested in the verbal and textual aspects of linguistic production, but also in the way in which language is involved in the interpretation and negotiation of reality.

Interviews are the privileged context in which narrative data are collected and actively produced. Over the past three decades, in-depth interviews have been identified as a main tool to produce extended accounts of individual lives or experiences (Elliott, 2005). In depth-interviews encourage interviewees to tell stories which provide the biographical and contextual elements necessary to investigate and interpret the issues of interest (Bold, 2011; Muylaert et al., 2014). As a consequence, narratives go beyond the individual perspective and cannot be understood independently from the historical and social milieu in which they are produced (Richardson, 1990). Due to this feature, narrative accounts have been described as bridges between individual life and social practices, as they provide an understanding of the social negotiation and intersubjectivity of meanings (Elliott, 2005). This aspect enables the researcher to examine individual lives in light of what they tell in relation to a social group,

thus developing a process of generalisation. Since narratives are ways of making sense of the world in a specific cultural, temporal, and spatial setting, they cannot be considered correct or incorrect. Individual accounts are, therefore, open to different possible interpretative attempts (Brinkman & Kvale 2015). Even if this aspect is a common objection moved towards narrative research, the involvement of different subjective perspectives and the plurality of interpretations do not necessarily lead to a distortion of the knowledge produced, but enrich the qualitative understanding of the meanings embedded in the everyday world (Brinkman & Kvale, 2015).

The popularity of narrative/biographical approaches has grown since the late 1980s, and narrative inquiry has been widely used both in sociology and in the study of illness narratives and individual self-identity (Mishler, 1986; Frank, 1995; Somers, 1994). The 'narrative turn' has been the result of different factors (Clandinin, 2007; Riessman, 2008; King, 2010). Firstly, it was a reaction against the predominant role of positivist perspectives in the 1940s-1970s, in which behavioural approaches had undermined the importance of interpretation and understanding of meanings. Secondly, women's and civil rights movements stressed the need to consider experiences and settings, rather than theories of the world that could be applied universally, regardless of specific circumstances. Finally, the rise of post-structuralism, postmodernism, and psychoanalytic movements introduced different ideas about the nature of narratives in research and the implications for interview practices (Clandinin, 2007; Riessman, 2008; King, 2010). As explained in the next section, such considerations contributed to the choice of a narrative method, instead of a more structured interview approach.

4.2.1. Alternative approaches considered.

As an alternative to a narrative approach, I considered semi-structured interviews. This method shares with narrative interviews the possibility to have close contact with each interviewee, avoiding possible 'group effects' occurring in focus groups, such as a discomfort to reveal personal stories, convergence of opinions, and the expression of culturally legitimated rather than personal views (Bryman, 2016). However, semi-structured interviews were not considered the most appropriate method for this particular research.

Firstly, semi-structured interviews, characterised by a standardised topic guide, could have framed the interaction by imposing a predefined set of questions (Mishler 1986). Hence, in my research, they could have prevented the development of flowing and meaningful accounts of participants' lived experiences. Secondly, semi-structured interviews rely on coding to generate findings. It has been argued that the coding process is based on the assumption, common in social science research, that

“if the words are the same, and if they are communicated in the same manner, they will mean the same thing to numerous people in a sample” (Hollway & Jefferson, 2013, p.8). This principle is at the basis of the possibility to generate findings characterised as reliable, comparable, and generalizable. However, coding operations are not able to account for different levels of understanding, values, and beliefs among respondents, and consider as errors the contradictory parts of personal accounts and experiences (Mishler, 1986; Hollway & Jefferson, 2013). Conversely, the ambivalent aspects of drinking practices were prominent in my research, as alcohol consumption may be characterised by different and inconsistent layers of meanings (see Sections 2.2.3, 2.2.4). In addition, coding leads to a fragmentation of data, as responses are segmented and stripped away from their context. Such a process may undermine the sense of the overall narration and background meanings (Mishler, 1986; Hollway & Jefferson, 2013). Contextual information, grounded on personal and social backgrounds, was instead fundamental to reply to my research questions about parental drinking practices and social class. A third limitation of semi-structured interviews concerned the asymmetric way in which the relationship between the interviewer and the interviewee tends to be conceived. The former is supposed to set the agenda, thus establishing a hierarchical relationship with the interviewee (Mishler, 1986). I chose, instead, a method recognising that the interviewer brings to the research context their subjectivities, for example, listening, interrupting, encouraging, closing topics or posing further questions, thus influencing respondents’ account. Finally, semi-structured interviews are often based on the assumptions that the interviewees are able to describe the reality as it is, accessing the relevant knowledge accurately and comprehensively, and are motivated to provide a faithful picture of their experiences (Hollway & Jefferson, 2013). In this study it was crucial, instead, to recognise inconsistencies and unconscious dynamics, as well as participants’ attempts to ‘defend’ themselves through accounts.

Such limitations led to the choice of a narrative approach, specifically the Free Association Narrative Interviews (FANI) method, the features of which are described in the next section.

4.3. Free Association Narrative Interview (FANI) method

Among the different methods of narrative interviewing, I chose the FANI method. The FANI method addresses the above limitations as it allows gathering extended and rich accounts of women’s drinking experiences, and considers the place of defences and anxieties in the interaction. While other narrative methods emphasise the ‘neutral’ role of the researcher and overly rely on participants’ contribution (e.g., the Biographic-Narrative-Interpretative Method of Wengraf and Chamberlayne, 2006), the FANI perspective recognises the co-construction of meanings occurring between the researcher and participants (Sections 4.2.1, 4.2.14.3.1).

In addition, FANI interview principles (Section 4.3.2) represent a useful tool to explore sensitive topics. The investigation of parental drinking practices through a social class lens posed a range of challenges. As discussed in Section 2.2.3, in the framework of gender relationships, femininity is culturally associated with a nurturing role, and the social representation of women's alcohol consumption is frequently portrayed as transgressive of gender norms (Lyons, 2009). Thus, women's drinking habits have been the object of public actions of moral regulation, emphasising the concepts of 'abstinence' and 'moderation'. For these reasons, exploring drinking practices, even in participants with non-dependent consumption, could generate attempts to provide an appropriate image of self or contrasting feelings associated with different drinking experiences. In addition, I was aware that another sensitive topic was the direct or indirect exploration of a participant's social class. As argued by Reay (2005, Section 2.5.4), class identities can be found not only in practices and accounts of practices, but also in the individual feelings and thoughts these produce in the individuals. Such affective responses, often not explicitly articulated, are frequently neglected in the accounts related to social class. The overlapping of these sensitive topics made me consider that I needed a way to access an account of women's drinking practices unfettered by defensiveness and social desirability, and the FANI method gave this possibility.

4.3.1. Theoretical basis of the FANI method

The Free Association Narrative Interview method can be located in the broader framework of psycho-social studies, a field of research characterised by "researching beneath the surface and the purely discursive" (Hoggett & Clarke, 2009, p.3). This can be accomplished by bringing into the research field a psychoanalytic 'sensitivity', namely "a way of working with human participants that instigates a constant reworking of the knowledge bases that we come with" (Baraitser, cited in Hollway & Jefferson, 2013, p.150). Thus, this approach emphasises the role that the dynamics of defences and unconscious communications play in the research setting, and highlights the importance of the researchers' reflexivity, both in relation to the research practice and in their relationship with the subjects researched (Clarke, 2006b; Hoggett & Clarke, 2009).

Central to psycho-social perspectives are the theories of subject, conceived neither purely as the product of their inner social constructions, nor purely as a result of their natural or social environment (Woodward, 2015). In the theoretical formulation, Hollway and Jefferson argue for the need to conceptualise research subjects as a synthesis of their internal and external reality, as one,

“whose inner worlds cannot be understood without knowledge of their experience in the world, and whose experiences of the world cannot be understood without knowledge of the way in which the inner worlds allow them to experience the outer world. The research subject cannot be known except through another subject; in this case, the researcher. The name we give to such subjects is psychosocial” (p.4).

This definition has four main implications. Firstly, since research subjects filter collective messages, values, and beliefs through their biographical experience, they are not able to refer to reality in an unproblematic manner. For instance, referring to standardised survey questionnaires, Hollway and Jefferson observe that discrete categories -such as ‘never’, ‘occasionally’, ‘fairly many times’, ‘very often’, ‘always’- may not have a single and objective sense for the interviewee and the interviewer, but acquire their significance in relation to participants’ life contexts (Hollway & Jefferson, 2013).

The second implication is that people’s experiences of the world and their representations are connected, although sometimes with tensions and ambiguities. This relationship is at the core of the critical realist position taken, though not extensively discussed, by the authors (Hollway & Jefferson, 2013). The critical realist perspective acknowledges the reality of the natural and social world, whose existence is governed by ‘generative mechanisms’, namely processes and rules explaining the regularities of the phenomena observed (Hoggett, 2008; Bryman, 2016). However, such generative mechanisms are not visible, and need to be inferred through the practical and theoretical work of social sciences. The identification of the processes governing the reality is important, as they makes possible the transformation of the status quo. An important implication of the critical realist approach is that the conceptualisation of the reality is always mediated by the researcher, and elaborated through provisional categories. Hence, knowledge of the reality produced in a research context is only one of many different ways of understanding it (Bryman, 2016). I explicitly adopt this epistemological position in my research, as I believe that there is a reality beyond discourses and representations, of which I am part, that can be understood and modified. In this perspective, the knowledge produced in the interviews is not the result of extemporary interactions. It has, instead, a relative stability, allowing the researcher to draw generalisations and to access the wider material, historical and social world. The conditions and assumption of this knowledge, however, need to be clarified and discussed, and this involves a constant reflective process for the interviewer (see Section 10.7).

Thirdly, conceptualising research subjects as psycho-social allows the researchers to avoid their reduction to the rational sphere. Psycho-social subjects, who elaborate their experience of the world

through their psyche, are not always aware of the reasons underpinning their experiences or feelings. They bring with them their vulnerabilities and invest in particular positions to defend themselves from their anxiety (Hollway & Jefferson, 2013). In the context of the FANI method, the concept of anxiety, borrowed from psychoanalytical theories, is not conceived as a purely psychological feature and is not exclusively rooted in the individual. Anxiety arises as a response to past and present experiences and interactions. It affects and is affected by public messages and representations and, consequently, is both psychic and social:

“It is psychic because it is a product of a unique biography of anxiety-provoking life events and the manner in which they have been unconsciously defended against. It is social in three ways: first, because such defensive activities affect and are affected by discourses... secondly, because the unconscious defences that we describe are intersubjective processes (that is, they affect and are affected by others) and thirdly, because of the real events in the external, social world which are discursively and defensively appropriated” (p.24).

Even if the consideration of unconscious forces might raise concern because it recalls a therapeutic setting rather than an interview context, I argue that these dynamics tend to regulate all of our everyday interactions. We try to make sense of a conversation not only on the basis of what is said, but also drawing on our cultural background, feelings, implicit assumptions, previous knowledge, non-verbal communications and contextual information. According to Hollway and Jefferson, research is only a more systematic way of understanding people, but it seems to have lost the trace of our pragmatic, interpretative knowledge. We usually do not assume that our speakers give us an account of reality ‘like it is’: we notice hidden contents, perceive underpinning motivations, draw on historical information and biographical materials to interpret the meaning of their speech. The authors observe that we should also apply this subtle human ability in the research field (Hollway & Jefferson, 2013).

Finally, the FANI methodology leads to a democratisation of the research process. Researchers have a perspective similar to that of their interviewees, since “there is no special objective status [excluding them] from being theorised as the same kind of subjects as our informant” (Hollway & Jefferson, 2013, p.3). Thus, researchers are equally conceived as psycho-social, defended subjects, who defend themselves from anxiety and social expectations. Thus, by applying the same criteria to the researcher and the participant, there is no idealisation of a ‘neutral’ position, from which the reality can be narrated in an uncontroversial way.

The FANI approach, however, has been also the subject of several critiques, which Hollway and Jefferson have addressed in the second edition of “Doing qualitative research differently” (2013, pp. 145-166). A central debate regarded the possibility of applying psychoanalytical insights outside the clinic, in the context of social research. To address this perplexity, Hollway and Jefferson observed that psychoanalysis should be thought of in a relationship of dialogue, rather than colonisation, with the social. Hence, they argued that it would be more appropriate refer to FANIs as a “psychoanalytically informed method”, in which psychoanalytical constructs are read in light of the context where they are applied. For example, the exploration of unconscious dynamics through spontaneous accounts should not be understood as the attempt to make the Freudian repressed unconscious emerge. In FANIs, investigating the unconscious rather entails eliciting a narrative flux guided by an emotional thread, so as to promote interviewees’ observation of their lived experiences with a different and fresh gaze. Similarly, the concepts of transfer and counter-transference do not make reference to the relational dynamics involving primary figures in early childhood. They refer, instead, to the projection of feelings matured in previous experiences into others, which may occur below the level of awareness. Another objection to FANIs is connected to the interpretative process adopted. Some have argued that a data interpretation inspired by psychoanalytical models would be flawed as “psychoanalysis brings too many theoretical concepts to its selection and interpretation of data, and does not allow for an interpretation to be proven wrong...thus rendering the result self-fulfilling” (Midgley 2006:216, in Hollway & Jefferson, 2013, p. 150). To deal with this serious objection, Hollway and Jefferson emphasised the importance of establishing links amongst data that can be tested against the transcripts, thus avoiding the imposition of implausible meanings to the data (Section 4.7.4). In addition, they recalled the importance of well-established social research practices (i.e., triangulation, constant comparison between theory and data). A third objection regards the effective possibility of participants’ involvement in the co-construction of meanings in the research process. Some have observed that, while in the clinical context therapists can establish prolonged contact with patients and discuss with them their interpretations, the research setting does not always offer this possibility. In relation to the FANI method, Hollway and Jefferson recognise that respondent validation poses pragmatic, methodological and ethical issues that need to be evaluated from time to time. However, they conclude that feeding back the patient appropriately during the interviews (as I did in my research) represents a form of validation readily applicable in the interview setting.

Even if the place of psychoanalysis in FANIs has been a primary source of debate and criticism, the psychoanalytical epistemology also represents a key difference between the FANI approach and other

methods I might have adopted. For example, I might have conducted a semi-structured, well designed, reflective interview study, but I considered that such an approach to data collection offered less theoretical and pragmatic resources for ‘researching beneath the surface’ (Section 4.2.1). For instance, psychoanalytical epistemology allows for conceiving the self as non-unitary and not transparent. Hence, in FANIs, interviewees’ discursive and non-discursive communications are informed by such incongruences, rather than by a conscious, analytical knowledge (see above). In addition, in the FANI method the interview format (entailing repeated interviews with each participant and the application of the four principles outlined in Section 4.3.2) represented a practical resource to conduct in-depth biographical explorations. Finally, compared to other, more traditional approaches, reflexivity has a particular place in FANIs. Following the psychoanalytical tradition, the interviewer’s emotional responses, motivations, errors and personal beliefs are not treated as an obstacle to knowledge. Conversely, they require careful scrutiny as they may represent points of entry to the data analysis.

4.3.2. Interview principles

The FANI method provides the researcher with some tools to assist the interviewees’ production of stories, allowing their Gestalt (*‘form,’* in German) to emerge. The concept of Gestalt (Section 4.7.1) has been described as “the whole which signifies more than the sum of the parts,” or as the “meaning frame” that helps in interpreting participants’ accounts (Hollway & Jefferson, 2008). Below, I have outlined the four principles characterising the FANI research approach (Hollway & Jefferson, 2013).

The first principle is to use questions which are as open as possible, in order to encourage the interviewees to say what comes spontaneously to mind about a given topic. This strategy aims to obtain an account of what is most significant for the interviewee, and which is more likely to follow emotional rather than rational intentions. In addition, open-ended questions limit the imposition of the interviewer’s agenda and meaning framework and encourage the interviewees to set the interview direction, creating the possibility to better access their experiences and perspectives.

The second principle is to elicit a story. Participants’ stories are anchored in real events, even when they are narrated to protect a specific position. The story told, the way in which it is constructed, the points emphasised and the moral drawn, may be more significant than the storyteller’s intentions. Because of these implications, Hollway and Jefferson suggest that the researcher should “narrativise topics,” shaping the questions on certain topics as invitations to tell a story.

The third principle is to avoid ‘why’ questions, since they result in abstract and intellectualised answers. Though “why” questions aim to obtain an explanation, the interviewer should try to remain

close to the interviewee's experiences and seek clarifications using, for example, 'how' and 'what' questions. This interview strategy facilitates the extensions of accounts, giving the possibility to explore the topic more in depth.

Finally, the fourth principle requires researchers to employ the respondents' ordering and phrasing in order to pose follow-up questions. Although apparently simple, the application of this interview strategy involves careful listening and practice. The use of follow-up questions should encourage further narratives keeping interpretation minimal and, ultimately, not imposing a structure to the narrative.

4.3.3. Interview process

The FANI interview process (Hollway & Jefferson, 2013) is summarised in Figure 2, and its application in my study is described in Section 4.6.3. The first interview aims to establish a relationship with the participant and to elicit stories through narrative questions. The best questions are those which remain close to participants' experience, referring to specific circumstances. Subsequently, the researcher attentively listens to the recorded interview and transcribes it verbatim. At this stage, the interviewer gets a reading of the person and highlights contradictions or unclear aspects in the account. A second topic guide, composed of narrative or semi-structured questions, is then formulated for the second research encounter. This has the purpose of clarifying inconsistencies and covering questions not already asked, and is planned within a time frame not too far (to allow the recalling of events) or too close (to allow the emerging of considerations about the previous discussion) from the first interview. The second interview may be followed by further interview sessions prepared by repeating the process described above. The different research phases are accompanied by the writing up of research notes and elaborations of case summaries (Section 4.7.2), which are a constitutive part of the data analysis.

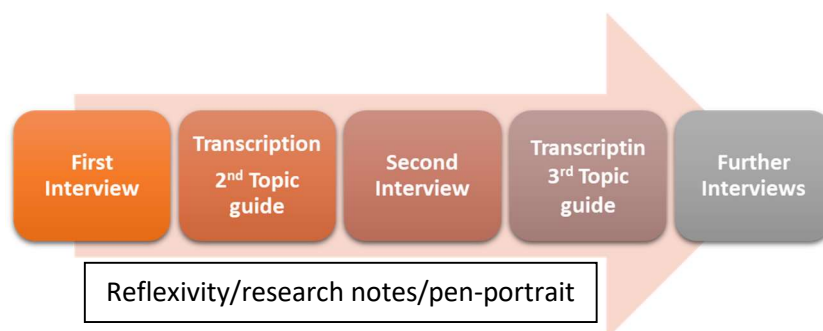


Figure 2. FANI interview process

4.4. Sampling

The sampling strategy chosen for this research is purposive sampling, a non-probability sampling strategy. This means cases are selected on the basis of characteristics and traits necessary to develop an in-depth understanding of meanings and processes of interest, rather than for their statistical representativeness (Ritchie et al., 2014). Since I aimed to understand how maternal drinking practices differ by social class, the specific purposive sampling approach I have adopted is “stratified purposive sampling”, whereby two or more groups are selected for their variation on one or more particular characteristics, so that subpopulations can be compared (Ritchie et al., 2014). I decided to stratify the sample into two groups on the basis of women’s social class, as marked by their occupational position (see Section 2.5.5). These two groups were defined on the basis of the National Statistics Socio-Economic Classification (NS-SEC), the primary occupation-based classification in the UK. NS-SEC covers 17 categories, which can be collapsed into three levels: “higher,” “intermediate,” and “lower” occupations (ONS, 2016b). The distinction between women in professional and non-professional occupations (respectively, ‘higher’ and ‘lower’ profiles) enabled me to compare drinking practices between the two groups and explore the economic, social and cultural factors influencing this variation.

Qualitative samples are generally characterised by their relatively small size, enabling a detailed investigation of a topic (Ritchie et al., 2014). Accordingly, I initially planned to recruit approximately 20 subjects (ten professionals and ten non-professionals), in order to prioritise the quality of data collected; and I set up specific inclusion criteria, where participants:

- were adults (over 18), as this study was not specifically focused on drinking habits in underage populations;
- were first-time mothers. Changes in social network and daily routine are more pronounced after the birth of the first child compared to subsequent children (Section 3.2.1.4). In addition, quantitative evidence suggests that change in alcohol consumption is significantly greater in first-time mothers compared to those with more than one child (Section 3.2.1.4). Thus, this criterion would give me the possibility to explore meaningful variations in women’s drinking habits;
- were women involved in paid labour, who had been back at work from 6 months up to 2 years after maternity leave. Since I was interested in the way in which work activity could frame women’s drinking occasions, I felt that too short a period after the return to work might not give them the time to settle into a new routine; whereas data collected after too long a period could move the investigation beyond the transition object of the study. In addition, the length of maternity leave may have varied, so when I combined the length of leave with the window

of eligibility in terms of the return to work, the age of their child at the time of the interview could be anywhere from just a few months to about three years,⁸

- drank alcohol at least once a month. Due to my interest in drinking practices, I set up a minimum threshold of alcohol consumption, to include in the sample women drinking at least small amounts of alcohol and excluding those abstaining from alcohol.

4.5. Recruitment

4.5.1. Advertising research and recruiting participants in University settings

The recruitment process is illustrated in Figure 3. At the beginning of this research phase, in May 2017, I planned to carry out the recruitment in University of Sheffield venues only. The University is home to an increasing number of students (27,947 in 2016, of whom 51% were female, TUoS 2016a) and staff members (8,261 people in 2016, 49.7% female, TUoS 2016b), thus providing a large base for recruitment over a wide range of professional (e.g., academics, researchers, HR personnel, accountants) and non-professional occupational profiles (e.g., catering assistants, waiting and bar staff, postal workers, cleaners, receptionists, secretaries). Participants were initially sought via the University's research volunteer email list. The single location of the recruitment did not represent an issue, as the primary research interest was on motherhood and social class, rather than on local variations of drinking practices. The email (Appendix 2) contained a description of the recruitment criteria, a brief explanation of the research aim and of what participation involved, information that the research had been ethically approved and that a gift voucher would be offered in recognition of contribution to the research. The research information sheet (Appendix 3) was attached, so that interested people would have further details about participation. The project was advertised on the 9th May 2017, and within a few days I received 16 replies, nine of those from eligible participants. Of these, five were professionals, two non-professionals and two presented an 'intermediate' job profile, in an administrative or technical job. Although my aim was to recruit two sufficiently diverse groups to compare in a meaningful manner, in this initial stage I decided to include in the sample the two intermediate profiles in order to explore whether social class could generate further variations in

⁸ The expression 'early parenting period' (from 0-3 years after giving birth), aims to differentiate the life phase object of my investigation from others explored in literature, closer or more distant from childbirth. For example, previous studies narrowed the focus on the 'postpartum' period, which in biomedical literature corresponds to 0-6 months after giving birth (WHO, 2015). Other research works, instead, have looked at female drinking considering a time span more extended compared to this study (i.e., from 0 up to 5 years after childbirth). Hence, they refers to mothers of "pre-school aged children (e.g., Baker, 2017). Thus, the expression "early parenting period" was chosen to describe the phase of personal, family and professional readjustment occurring in the first few years after becoming a mother, including the return to work after maternity leave.

women's drinking habits, for example, their drinking occasions could present features in between those of the professional and the non-professional groups. Of the non-eligible participants, two had more than one child, three had returned to work after a period too long or too short with respect to the timeframe indicated, one made herself available only for a Skype interview (not compatible with the level of interaction required for the FANI method) and one expressed her interest but changed working venue and could not be contacted to arrange the interviews.

Before extending the recruitment frame, I waited approximately one month, which I felt was sufficient time for potential participants to read the message. As I was allowed to send the recruitment email only once, and my sample was not complete, I needed to expand the recruitment through other avenues. Hence, from the middle of June until the middle of July 2017 I placed hard copy information flyers and posters in University premises. These included the same information as the initial recruitment email, as well as contact details, an email address and mobile number, so that potential participants could ask for information (Appendix 4). In order to be reasonably sure I achieved adequate coverage of the University venues and to target the non-professional groups I was interested in, I disseminated posters and flyers in common rooms and cafés in different University departments. I approached face-to-face members of groups which were less likely to be reached by emails, such as porters or catering assistants. Finally, because it was challenging to promote the study among employees belonging to particular groups, for example, workers in transport and security services or cleaners with different shifts or without a meeting base, I emailed the people in charge of catering, cleaning, reception and campus services, asking them to disseminate information to staff members working in their teams. This second stage led to the identification of a further 16 potential participants.

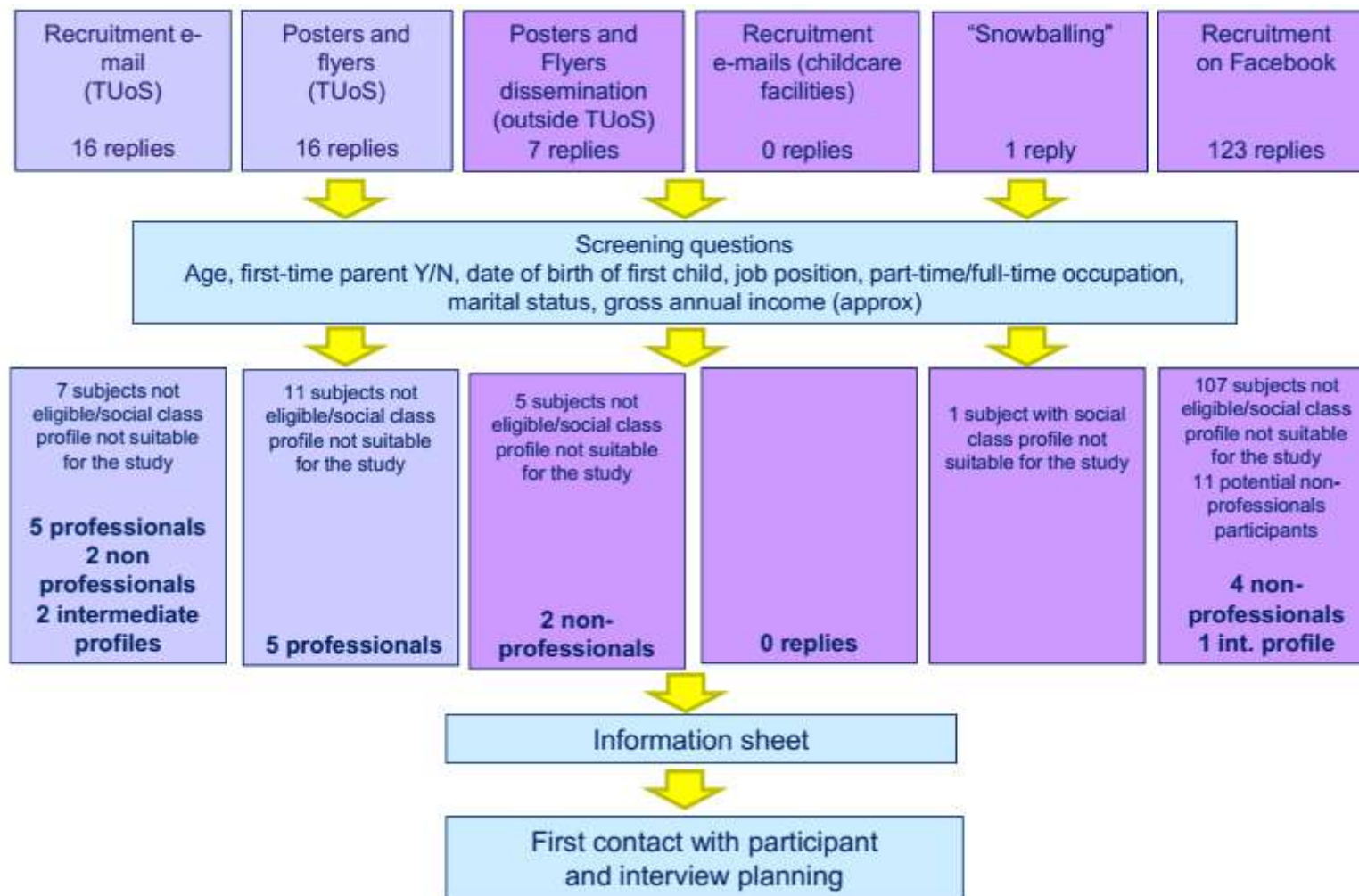


Figure 3. Recruitment process

Of these, five professionals were eligible, and four did not meet the recruitment criteria (three were not first-time mothers, one drank less than once a month). Seven women with intermediate job profiles were not included because, whilst I decided to have a limited number of such participants, I was mainly looking for interviewees that clearly belonged to the professional or non-professional groups.

Poster and flyer dissemination allowed me to complete the recruitment of the ten professionals. However, despite the efforts to reach subjects with a variety of different backgrounds, I did not have the expected responses from the non-professionals, primarily because many non-professional occupational groups in the University tended to have demographic characteristics preventing them from meeting the recruitment criteria (for example, older women or students working as cleaners or receptionists are less likely to be recent mothers, or involve people with profiles not suitable for the research (students working in part-time non-professional jobs). Due to the challenges of recruiting participants in non-professional jobs, I needed to further extend the recruitment strategies. I subsequently pursued three additional options, for all of which additional ethics approval was sought.

4.5.2. Advertising research and recruiting participants in the community

At the end of July 2017, I decided to diversify the recruitment strategies in order to achieve a sufficient and balanced sample. Thus, I started to disseminate posters and flyers outside University premises. I considered that I could access women in non-professional occupations with children through play centres, playgroups, day nurseries or public libraries located in the less affluent areas of Sheffield: Darnall, Burngreave, Firth Park, Manor and Castle, Arbourthorne, identified on the basis of the Index of Multiple Deprivation (SFC 2013). I also took materials directly to supermarkets, newsagents and community centres, asking for them to be displayed on information boards or close to the till. In addition, at the beginning of September I sent a number of emails to local childminders and childcare facilities. Despite these efforts, this recruitment strategy did not generate contacts with potential participants. Of the seven replies received, two were from women not meeting the eligibility criteria (not first-time mothers), three from women with intermediate profiles (thus not suitable for the recruitment), and only two from eligible non-professionals.

4.5.3. Snowballing

Thus, at the beginning of October 2017, considering the slow recruitment pace and the need of a more effective way to reach a larger number of subjects, I extended the recruitment strategies, including 'snowballing.' In snowballing, I asked five participants to identify members of their social network who

met the eligibility criteria and pass on information about the research (Ritchie et al., 2014). This strategy has the advantage of reaching new sample members from those available, although the diversity of the sample may be compromised (Ritchie et al., 2014). In order to mitigate this effect, snowball sampling was not necessarily meant to recruit women who are part of one closed group, but aimed at chain dissemination of information to potential participants when the opportunity presented itself. However, I received only one reply through snowballing, from a woman not eligible because she was not involved in paid labour.

4.5.4. Advertising research and recruiting participants on Facebook

Following the growing use of social media in the general population, advertising on Facebook has been identified as an effective recruitment vehicle for researchers, due to the possibility of reaching defined populations in a short period (King, O'Rourke & Delongis, 2014). At first, I identified Facebook groups likely to have women members in non-professional occupations. Since the number of participants needed was limited, I prioritised relatively small online groups, such as those connected with playgroups or networks of parents based in Sheffield or the surrounding areas, before targeting more numerous ones, for example, online interest communities, groups aimed to exchange or sell children's items. In order to ensure transparency, I used my personal profile when sign-up was required to become a member of the groups. The recruitment post published was carefully worded (Appendix 5) and contained a link to the information sheet. Women expressing an interest in research participation were invited to click on a link to a short questionnaire in order to verify the eligibility criteria and provide their contact details. Of the 123 replies received, 106 subjects were not suitable for the study because of their professional or intermediate job position. Hence, they were contacted and asked if I could include them in a reserve list for the study. Among the 17 non-professionals, one was not eligible since she did not consume alcohol, 11 were contacted but did not reply, or after their expression of interest it was not possible to schedule the first appointment, and five were identified for interviews. When the recruitment was completed, further access to the questionnaire was denied, and the recruitment posts were deleted. The use of Facebook gave me an insight into the potential of social networks in recruitment and data collection, but also the volatility of the connections. Facebook generated many contacts, but the rate of conversion to actual interviews was comparatively poor in respect to the volunteer mailing list.

Women replying to emails and posters/information flyers were contacted by phone and asked some questions to verify their eligibility. Questions regarded their age, the age of their first child, working position and marital status, characteristics which could be significant in relation to data analysis.

Equivalent information was collected through the Facebook questionnaire. Despite this assessment, one of the last five non-professionals identified for interviews was finally included in the group of women with intermediate job profiles. After the first interview, I realised that her administrative job could not be considered a routine occupation, and I thought her profile fitted better in another cluster. However, as previously mentioned, I needed to stratify the sample significantly on the basis of social class, in order to compare and contrast the subgroups. Hence, in the final stage of data collection, due to temporal constraints, I decided to prioritise the sample stratification over some of the recruitment criteria (first-time motherhood and time frame of return to work). Thus, I included in the sample a mother of two pre-school aged children, with an experience of return to work sufficiently close to be recalled; and a mother who had been back at work for only two months. This choice was in line with the features of qualitative research, which aims to gain an in-depth understanding of social facts (Section 4.1). Samples, therefore, are selected to ensure the inclusion of relevant features allowing for the detailed exploration of the subject matter, rather than for purposes of statistical representation (Ritchie et al., 2014). I considered that the two non-professional women recruited presented 'relevant features' to reply to the research questions, because their life stories would allow me to improve my investigation into the relationship between drinking practices and social class. The recruitment on Facebook led to the completion of the sample. The final group included 21 participants: ten professionals, eight non-professionals, and three with intermediate job profiles. Their characteristics are reported in Table 1.

4.6. Data collection

4.6.1. Piloting the FANI method

Before starting the data collection, I needed to familiarise myself with the FANI method, in order to use it competently in the fieldwork. Thus, I decided to conduct a pilot work, defined as "any background research that informs a future study" (Arnold Donald et al., 2009), to inform the data collection proper. The pilot study was intended to enhance my confidence with the FANI method, anticipate challenges arising in the fieldwork, understand resource implications, ethical issues and self-assess my skills as a researcher (Sampson, 2004). The pilot work developed in three phases, summarised in Figure 4.

The objective of the first phase was to gain experience with the FANI interview principles. To this purpose, before obtaining the ethics approval, I conducted narrative interviews with six Ph.D. students, although the interviews were not transcribed. Questions were framed as in the 'real' study, but made reference to different topics. In this context, I tested my role as interviewer and my linguistic

skills in the interview setting. Even if the approach was facilitated by friendly relationships, I became aware of the challenge to balance anecdotal information given by the interviewees with my attempts to go more in-depth.

The second stage began after ethics approval was gained and aimed to test the contact with the participants and the interview topic guide. The latter was evaluated in relation to its appropriateness to the research questions, adequacy of language and concepts used, and ethical aspects, such as whether questions were perceived as non-threatening and that there was a clear, sufficient interview time. The lead supervisor put me in touch with two women with characteristics similar to those of the targeted population and I organised the interviews as if in the real setting. Following interviewees' feedback, I reframed the opening part of the interview to emphasise that there were no 'wrong' or 'right' answers, and no stances about alcohol. I also realised the need to explain what participants could expect by the topics discussed, and tightened the focus of some questions.

Finally, I tested the interview transcription. This stage aimed to identify an adequate level of transcription accuracy regarding the data analysis, and to test the data management process (data recording, protection and sharing). I identified consistent notation symbols and I compared different transcription tools to determine the most effective practices. Transcription, as a first stage of data analysis, was important to reflect on my interview style and on the topic guide, which was subsequently reframed until it reached a definite form.

Even if the pilot stage was organised with a systematic approach, it was not possible to test the complete FANI process due to the restricted time availability of the subjects involved. However, I employed the available interview transcripts to elaborate possible questions for the second interview. Overall, this stage was unexpectedly emotionally demanding, as I was starting to transfer the research into practice, realising the kind of data I could expect and the different attitudes my participants could have in the interview setting. At the same time, the pilot work served its purpose to highlight strengths and possible issues in the fieldwork.

Table 1. Profiles of research participants (all names replaced by pseudonyms)

	First contact	Age	Child(ren)'s age(s)	Period back at work	Time frame between interviews	Occupational profile	Education	Full-/part-time job	Marital status
NON-PROFESSIONALS									
Wendy	May 2017	20-25	1-2 years	6months-1 year	7 days	Administrative	NVQ level 3	Full-time	Cohabiting
Elizabeth	May 2017	26-30	2-3 years	1-2 years	22 days	Administrative	NVQ level 2	Part-time	Single
Christine	October 2017	31-35	1-2 years	1-2 years	single interview	Administrative	GCSE	Part-time	Cohabiting
Rosa	October 2017	26-30	1-2 years	0-6 months	14 days	Housekeeper	A-Level	Part-time	Married
Tracy	October 2017	26-30	2-3 years	1-2 years	7 days	Cashier	Bachelor's degree	Part-time	Cohabiting
Margaret	November 2017	26-30	1-2 years	6months-1 year	14 days	Waitress	Btec at college	Part-time	Married
Valentina	November 2017	26-30	1st Child: 2-3 years 2nd Child:0-1 year	Currently on maternity leave	7 days	School supervisor, morning cleaner	NVQ level 2	Part-time	Cohabiting
Lorna	November 2017	26-30	1st child:3- 4 years 2nd child:1-2 years	6months-1 year	7 days	Saleswoman	NVQ level 3	Part-time	Married
PROFESSIONALS									
Anna	May 2017	36-40	2-3 years	1-2 years	27 days	Project manager	PhD	Full-time	Married
Kate	May 2017	31-35	2-3 years	1-2 years	17 days	Accountant	CPA	Full-time	Married
Gemma	May 2017	31-35	1-2 years	1-2 years	9 days	Researcher	PhD	Full-time	Married
Jane	May 2017	31-35	1-2 years	6months-1 year	26 days	Administrative	Masters degree	Full-time	Married
Sophie	May 2017	26-30	2-3 years	2-3 years	9 days	Researcher	PhD	Part-time	Cohabiting
Ellie	June 2017	36-40	1-2 years	6months-1 year	17 days	Project manager	Masters degree	Part-time	Cohabiting
Julia	July 2017	36-40	2-3 years	1-2 years	8 days	Researcher	Masters degree	Part time	Married
Andrea	July 2017	36-40	1-2 years	6months-1 year	13 days	Researcher	PhD	Full-time	Cohabiting
Louise	July 2017	26-30	1-2 years	6months-1 year	6 days	Researcher	PhD	Part-time	Married
Laura	August 2017	31-35	1-2 years	6months-1 year	22 days	Researcher	PhD	Full-time	Married
PARTICIPANTS WITH INTERMEDIATE JOB PROFILES									
Sarah	May 2017	20-25	1-2 years	6months-1 year	20 days	Administrative	Masters degree	Part-time	Married
Lara	May 2017	26-30	1-2 years	6months-1 year	21 days	Laboratory technician	Masters degree	Part-time	Cohabiting
Stella	October 2017	26-30	1-2 years	1-2 years	7 days	Administrative	GCSE	Full-time	Cohabiting

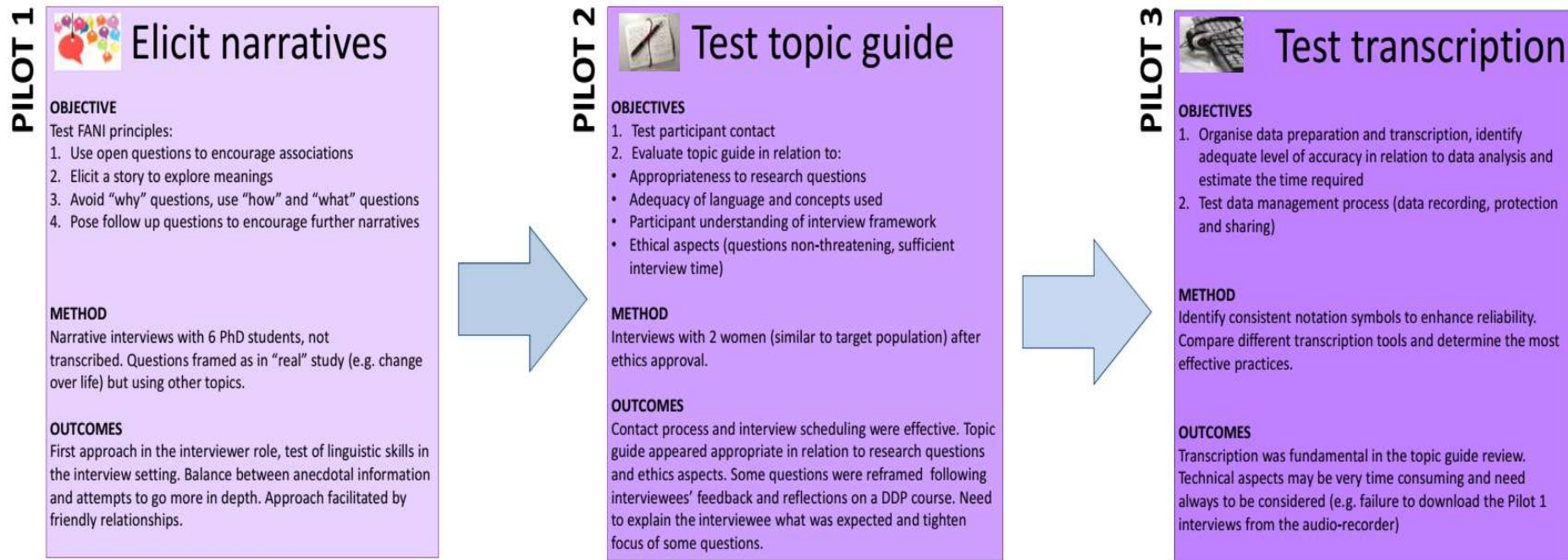


Figure 4. Pilot process

4.6.2. Interview topic guide and introduction of the timeline

At the beginning of the first interview, research participants and I went through the information sheet to ensure informed consent (Appendix 3). Interviewees were also provided with a list of websites and community services, as a resource they could consult after the interview (Appendix 7). The interview schedule (Appendix 8) was framed according to the FANI principles. The first question was very open: “I’d ask you to tell me about yourself, just to get to know you a bit better. How would you describe (participant’s name)?”. During the pilot, however, I realised that this prompt would not be sufficient and I needed a tool to guide the interaction. Thus, I introduced a second question where I asked participants to draw a timeline of their life, focused on the last ten years and eventually open to further extensions into the past. Interviewees were asked to mark on the timeline the events, transitions and turning points they considered salient in their lives. Appendix 9 shows two fictional examples of timelines, to present the kind of data collected whilst preserving participants’ anonymity.

The timeline (or time map, if not represented linearly) is a form of self-generated data gathered directly from the participants, providing a written representation of time (Neale 2017). The use of visual supports for time mapping improves the precision of retrospective memories offering temporal cues, avoids the segmentation of the biographical description and helps participants to reflect on their previous experiences (Belli, 1998; Neale, 2017). Differently from other structured tools of temporal representation (such as the ‘life history calendar’ or ‘life grid’), timelines are constructed spontaneously and intuitively. Thus, their open configuration does not necessarily require a precise chronological recall of the events. In addition, the timeline writing up does not dominate the interview, but integrates the biographical account, leaving space for deepening the discussion (Worth, 2011; Neale, 2017). Introducing the timeline at the first research encounter was useful in several ways. Firstly, it allowed me to establish a collaborative relationship with the interviewees in a short time and to connect them with the biographical, narrative approach used. Secondly, it helped me to reconstruct interviewees’ back histories and career paths, to understand how they planned out their lives and to gain insights on the events and processes they considered meaningful. Thirdly, I was able to capture the context in which the transition to motherhood occurred and how they perceived the return to paid labour after the maternity leave.

The subsequent questions explored participants’ daily routine, general health habits (such as smoking, nutrition, and physical exercise) and then aimed to elicit narratives related to the research topic. I had with me the schedule and initially I tended to follow the order of the questions, but as the data

collection progressed and I developed a greater fluency, I introduced the questions more naturally as the interview unfolded.

4.6.3. Interview process

Following the process described in Hollway and Jefferson (2013) I transcribed participants' first interview and subsequently planned the interview schedule for the second session, which had a semi-structured format. The second interview had the purpose of clarifying inconsistencies and covering questions not asked in the previous session. It was usually opened with the reintroduction of the timeline (use as a tool to reconnect with the previous interview), and with a question about possible feelings and thoughts arising after the previous appointment. The follow-up interview was planned in most cases for three weeks after the first one. This time frame had the purpose of leaving enough time both for the researcher and the participants to reflect on their previous appointment, but short enough to remember the first research encounter.

As explained in the information sheet, each interview session lasted approximately one hour. At the beginning of the data collection, I considered that for my participants this could be an appropriate time to investigate the topic, since some of them might have difficulties in organising childcare or have limited availability due to work commitments. In order to facilitate the interview process, interviews were organised at the time and place most convenient for the women involved. Hence, twelve women were interviewed in University venues, five in their homes, three in a café, and one at her workplace. Of those interviewed at the University, three had their children with them. Of those interviewed at home, three had other adults present (fathers or husband), and two had children present. Of those interviewed in a café, one had her child present.

These pragmatic aspects were important and influenced, sometimes significantly, the development of the interviews. For example, interviewing in the domestic environment was quite challenging as the interview thread could be easily interrupted. Yet, it was also a valuable source of information about the participant and a means to preserve a vivid memory of the data collection. Similarly, interviewing at cafés did not allow an adequate level of privacy, and this could both affect the relationship I was able to create with participants and constrain their communication.

4.7. Data analysis

4.7.1. The importance of “keeping the whole in mind”

Hollway and Jefferson’s approach to the process of data analysis started by questioning the tendency of qualitative data analysis to remain descriptive, rather than bringing to light the different layers of meanings (Hollway & Jefferson, 2013). Methodologically, this is reflected by the common use of computer software facilitating the coding process. These tools can result in fragmentation and de-contextualisation of the data, thus flattening the complexities of the psycho-social subject (Section 4.3.1). In order to capture these aspects, Hollway and Jefferson proposed a strategy of data analysis based on the principle of maintaining a unitary and holistic view of research subjects summarised by the expression “keeping the whole in mind”, in order to identify what they described as their individual Gestalt. The Gestalt, familiar from Gestalt psychotherapy, a concept elaborated by a German movement, whose founder, Max Wertheimer, questioned the idea of the fragmentation of individual perceptions. According to Wertheimer, in order to gain an understanding of an entire structure, it is not possible to begin from the single elements, since the structure itself intrinsically determines them. By contrast, it is the insight of the whole structure which enables us to understand the single units (Wertheimer & Riezler, 1984). Hollway and Jefferson applied this logic to the analysis of interview data. As their view of the subject is both psychological and social, they argued that the meanings interviewees attribute to their accounts may be best understood by considering their position in relation to the ‘whole’, namely all the information about them accumulated over the research process.

Following Hollway and Jefferson (2013), I had the interview audio recordings, the verbatim transcripts and the notes and memories collected during the fieldwork. In addition, I had participants’ timelines, emails and the texts they sent me to schedule the appointments. Finally, I could make theoretical references, the knowledge from my professional background, the social practice framework adopted and the theory of defended subject, and my reflexivity. This latter supported the development, as the interviews proceeded, of two kinds of documents methodologically required for the data analysis: the pen portrait and the pro-forma.

4.7.2. Development of the pen portrait and pro-forma

As recommended by Hollway and Jefferson (2013), I wrote for each participant a pen portrait and a pro-forma, the two documents they developed for the data analysis. The pen portrait is a descriptive case summary, providing enough information to cross-reference the subsequent interpretations. The pen-portrait also provides the researcher and the external reader with a vivid and meaningful picture of the interviewee, thus acting as a substitute for the ‘whole’ in the absence of access to the raw data.

The pro-forma consists of a structured document composed of a set of categories, ranging from demographic data to emerging themes from the data reading. The authors distinguish the pro-forma from the notes because while the former is a concise way to convey the impression of a whole, the latter are a messy collection of information. After each pair of interviews, I annotated what appeared relevant to me, including first impressions, thoughts related to the interview, emerging themes, feelings related to the appointment. As I listened to the audio recording, I subsequently developed a pen portrait (approximately 700 words each, without quotes) and a pro-forma for each interviewee. To preserve participants' anonymity, examples of pen portraits, pro-forma and topic guides for the second interviews are not included in the appendices, but are available on request.

4.7.3. Data analysis: the process followed in my research

As the analysis increased in detail, I extended and deepened my reasoning on the cases in three ways. Firstly, I needed to improve the manageability of the interview data. Hence, I used NVivo11 as a tool for identifying extended narrative chunks related to specific themes (rather than for coding purposes, see Section 4.2.1). Even if the interviewees' stories and replies were different, the interview topic guide had the same set of questions, and this allowed me to gather some equivalent data (Hollway & Jefferson, 2013). Such a process also facilitated subsequent data retrieval and consultation, but most importantly allowed me to compare and contrast the single responses and begin the reflection about differences and similarities among the social class groups.

Secondly, as this work progressed, I started to formulate hypotheses about participants' stories,⁹ for example, why something was deemed important? For what reasons were certain expressions employed? What position(s) were they trying to protect? I also wondered if the daily life episodes, drinking practices, working path, and ways of feeling and managing relationships described could be read not just as individual and routine facts, but as manifestations of broader cultural dynamics. Hence, the pen-portraits were supplemented by the organisation of two 'folders,' which became progressively more extensive. One folder contained literature about theories associated with themes that became apparent within both interviews of each participant. The other included notes and reflections regarding the stories reported, and how they could be read in light of the theories. This process, which sometimes entailed the acceptance of a certain degree of messiness, is comparable to

⁹ To address the criticism that case studies have a merely narrative value, Hollway and Jefferson (2013) argue that individual cases "are subjected to the same scientific reasoning as population studies" (p.118), as all the types of studies "involve the testing of rival hypotheses against the available evidence". Quoting Elderson (1998, p.91), they observed that "'The same kind of reasoning about hypothesis and evidence may be used', whether the 'domain' being studied is 'a single person, single cultural object or a single society, organisation, group or family'".

that employed by Hollway and Jefferson (2013) in their research about the fear of crime. As part of their data analysis, they also developed, by induction, several 'categories' and 'subcategories' connected with their survey data (e.g., 'risk of victimisation'), that they subsequently employed to cluster their participants in a meaningful manner.

Thirdly, the exploration of my research question was supported by an analysis of the last three drinking occasions described by each interviewee ("Can you tell me about your last three drinking occasions?"). Following the social practice approach and its emphasis on the interconnected elements which make up practices (Sections 2.6.1, 2.6.3), I analysed the composition of participants' drinking occasions as represented in their accounts. For each of the approximately 60 occasions reported, I took note of the timing of drinking, people sharing the occasions, situations in which the consumption occurred (e.g., catching up with friends, evening meal, family celebration), type and amount of alcohol consumed,¹⁰ and of the narrative description of the circumstance (including feelings perceived, reasons for consumption, comments on the situation). This analysis improved my understanding of how interviewees fit their consumption into their daily routines and, in a subsequent stage, allowed me to compare and contrast the drinking occasions of participants in terms of clusters of practices (see below).

To sum up, at that point, the writing up of the pen-portraits and the following extended work on the interview pairs through further exploration of the singles cases in light of theories and literature, led to the identification of a number of 'themes' (listed below). While some of them were directly connected with the research question, my approach to data analysis also allowed me to explore and make sense of other aspects:

1. Changes in drinking practices following the transition to motherhood: shifts in drinking occasions, views on alcohol, 'bodily aspects';

¹⁰ In relation to the amount of alcohol consumed, it is relevant that I decided not ask my participants to quantify precisely their alcohol intake, as I considered that such question might have elicited socially accepted answers. However, interviewees' accounts provided indirect information on the amount of alcohol units drunk (e.g., number of wine glasses, pints of beer/cider or shots of spirits) and on the frequency of their drinking. Hence, on the bases of the alcohol guidelines (DoH, 2017), I drew a distinction between "low-risk" consumption (≤ 14 units per week) characterised by light drinking episodes (approximately $\leq 1-3$ units), regularly distributed over the week; and "risky single occasion drinking". The guidelines associate this definition with a consumption not regular and higher than usual (5-7 units drunk in a 3-6 hour period; DoH, 2017), that characterised some of the drinking episodes reported by my participants.

2. Drinking practices and the return to work after maternity leave: perceived effects of returning to work on drinking, practices of consumption in their daily routines;
3. How participants gradually built and modified their drinking practices over the life course: role of memories, values and “practical knowledge” acquired during the socialisation process;
4. The place of alcohol consumption in relation to other health practices: smoking, nutrition, physical exercise;
5. The representation of drinking occasions and maternal identity;
6. Intergenerational transmission of drinking practices and how they were regenerated within the family;
7. Gendered aspects of drinking practices: views on partner’s drinking, strategies to regulate consumption and role of women.

At this stage, I introduced in a more substantial manner the comparative element of the research design, based on social class, although I was also mindful of class during the analysis of the single cases. Hence, I considered whether participants from different social classes presented differences or similarities regarding the themes listed above. It is important to be clear that the progression of the data analysis led to the identification of subgroups of participants within the two main social class groups of professionals and non-professionals. The presence of subgroups emerged after I interviewed approximately half the sample and took stock of the data collected, and was subsequently confirmed after having explored the whole dataset. As my research question entailed the exploration of participants’ social class, I asked interviewees how they defined their social background, and how their background might have influenced their alcohol consumption. On the basis of their replies and self-positioning, I developed the following clusters of research participants (Table 2): non-professionals from ‘financially stable’ or ‘disadvantaged’ working-class families, and professionals from ‘middle-’ or ‘working-’ class backgrounds. Within these groups, it was possible to recognise drinking trajectories sharing similarities, but also substantial differences, which will be detailed in Chapter 5. As the drinking trajectories of interviewees with intermediate job profiles shared similarities with those of the professionals with a working-class background, I gathered together these two subgroups. The comparative dimension of my study now included four clusters, instead of the initial three. Compared to the initial NS-SEC categorisation, the new typology allowed for a more nuanced description of parental drinking practices and social class. In addition, whilst avoiding excessive fragmentation, it conveyed the idea that classes are not stable entities, but have an internal complexity.

Thus, the findings chapters acquired shape bringing together the written material developed about the themes/categories identified and the literature, and pointing out differences and similarities among the four subgroups. In such a process, data have been viewed under different perspectives, both because accounts could make reference to several categories, and to preserve the biographical specificities within the category considered.

Table 2. Groups of research participants (all names replaced by pseudonyms)

	First contact	Age	Child(ren)'s age(s)	Period back at work	Time frame between interviews	Occupational profile	Education	Full-/part-time job	Marital status
NON-PROFESSIONALS WITH FINANCIALLY STABLE BACKGROUNDS									
Wendy	May 2017	20-25	1-2 years	6 months-1 year	7 days	Administrative	NVQ level 3	Full-time	Cohabiting
Elizabeth	May 2017	26-30	2-3 years	1-2 years	22 days	Administrative	NVQ level 2	Part-time	Single
Christine	October 2017	31-35	1-2 years	1-2 years	single interview	Administrative	GCSE	Part-time	Cohabiting
Rosa	October 2017	26-30	1-2 years	0-6 months	14 days	Housekeeper	A-Level	Part-time	Married
Margaret	November 2017	26-30	1-2 years	6 months-1 year	14 days	Waitress	Btec at college	Part-time	Married
Valentina	November 2017	26-30	1st Child: 2-3 years 2nd Child: 0-1 year	Currently on maternity leave	7 days	School supervisor morning cleaner	NVQ level 2	Part-time	Cohabiting
NON PROFESSIONALS WITH DISADVANTAGED BACKGROUNDS									
Tracy	October 2017	26-30	2-3 years	1-2 years	7 days	Cashier	Bachelor's degree	Part-time	Cohabiting
Lorna	November 2017	26-30	1st child: 3-4 years 2nd child: 1-2 years	6 months-1 year	7 days	Saleswoman	NVQ level 3	Part-time	Married
PROFESSIONALS WITH MIDDLE CLASS BACKGROUNDS									
Anna	May 2017	36-40	2-3 years	1-2 years	27 days	Project manager	PhD	Full-time	Married
Kate	May 2017	31-35	2-3 years	1-2 years	17 days	Accountant	CPA	Full-time	Married
Ellie	June 2017	36-40	1-2 years	6 months-1 year	17 days	Project manager	Masters degree	Part-time	Cohabiting
Julia	July 2017	36-40	2-3 years	1-2 years	8 days	Researcher	Masters degree	Part-time	Married
Andrea	July 2017	36-40	1-2 years	6 months-1 year	13 days	Researcher	PhD	Full-time	Cohabiting
Laura	August 2017	31-35	1-2 years	6 months-1 year	22 days	Researcher	PhD	Full-time	Married
PROFESSIONALS WITH WORKING CLASS BACKGROUNDS AND PARTICIPANTS WITH INTERMEDIATE JOB PROFILES									
Gemma	May 2017	31-35	1-2 years	1-2 years	9 days	Researcher	PhD	Full-time	Married
Jane	May 2017	31-35	1-2 years	6 months-1 year	26 days	Administrative	Masters degree	Full-time	Married
Sophie	May 2017	26-30	2-3 years	2-3 years	9 days	Researcher	PhD	Part-time	Cohabiting
Louise	July 2017	26-30	1-2 years	6 months-1 year	6 days	Researcher	PhD	Part-time	Married
Sarah	May 2017	20-25	1-2 years	6 months-1 year	20 days	Administrative	Masters degree	Part-time	Married
Lara	May 2017	26-30	1-2 years	6 months-1 year	21 days	Laboratory technician	Masters degree	Part-time	Cohabiting
Stella	October 2017	26-30	1-2 years	1-2 years	7 days	Administrative	GCSE	Full-time	Cohabiting

4.7.4. Use of interpretations

Hollway and Jefferson (2013) devoted particular attention to the topic of interpretations. They recognised the analogies between their theoretical and methodological approach and the psychoanalytical tradition, for example, in the conceptualisation of the research subject as psycho-social, or in the exploration of conscious and unconscious dynamics. But they also highlighted some differences between research and clinical settings concerning data interpretation. They argued that while in a therapeutic setting, interpretations occur within the session, in research, interpretation is a distinct phase that takes place during the stage of data analysis. In addition, while clinical psychoanalysis is interested in the relationship between the individuals and their inner world, research emphasises the connections research subjects have within the social world. Thus, the range of the interpretative lens that may be employed is wider.

In relation to my study, some interpretations started during the data collections, through the use of informative questions to deepen aspects of what was reported, and further developed during the data analysis. I also considered the extent to which such a distinction may be applicable in the interview setting as even the use of follow-up questions using respondents' own words entails a selection of what is felt to be relevant or prominent by the interviewer, and thus is an interpretative act. Hence, even though the data analysis represented the main interpretative phase in my study, less in-depth interpretations also occurred during the data collection.

The topic of interpretation is connected to issues of objectivity and credibility of research. In quantitative research, objectivism is an ontological orientation, aiming to reach a correspondence between knowledge and the events observed in external reality (Bryman, 2016). In qualitative research practice, objectivity concerns the validity and accuracy of interpretations (Perakyla, 2004). Maximizing objectivity is "a very concrete activity", which entails "efforts to test the truthfulness of the analytic claims that are being made about the recordings" (Perakyla, 2004, p.366). In the psychoanalytical tradition, interpretation is considered an art, rather than a science (Hollway & Jefferson, 2013). Hence, the place that intuition, emotions, and the role the analyst have in the co-production of meanings, have long been considered. If this has generated "a tolerance for paradox and uncertainty which can usefully be borrowed" (Hollway & Jefferson 2013, p.78), psychoanalytical theory has also warned about the risk of imposing false interpretations. To avoid such risks, Hollway and Jefferson argued for a process of interpretation that is transparent and based on accountable methods.

In this research, I have used several methods to check my interpretations. The first was triangulation, which refers to “an approach that uses multiple observers, theoretical perspectives, sources of data and methodologies” to study a social phenomenon (Bryman, 2016, p.386). In this research, the process of triangulation occurred through the discussion of findings with my supervisors, in order to make clear different views about the data. In addition, I compared my findings with those of other studies in order to identify inconsistencies and similarities. A third method to check my interpretations consisted of verifying, during the second interview, whether I correctly understood the content of the previous one. Fourthly, I endeavoured to remain as faithful as possible to what I was told by the interviewees, looking for evidence of my hypothesis in the words of participants.

Finally, Hollway and Jefferson discussed the concept of reliability, which in quantitative science refers to the replicability and consistency of the study findings when using similar methods (Ritchie et al., 2014). In qualitative research, there are a range of positions concerning reliability. They span from claims about the impossibility and artificiality of replicating study findings, due to the complexity of the phenomena and the impact of the context, to the recognition that reliability can be achieved by showing the procedures that have led to a given conclusion (Ritchie et al., 2014). In relation to the FANI method, Hollway and Jefferson (2013) argued that reliability is never guaranteed, as meanings are personal and stem from specific research encounters. However, as meanings are also shared, reliability can be checked when interpretations are ‘evident’ and ‘recognised’ by the subjectivity of others, by applying the theories and principles set up for the data analysis. However, they left open the possibility of other alternative interpretations, which have to be tested against the data.

4.7.5. Analysing data from the timeline

Timelines were considered alongside the narrative component of the interview, as they supported the interpretation of data (Guenette & Marshall, 2009; Worth, 2011). In this research, timelines have been taken into account in relation to the emotional tone they added to women’s accounts. Participants used symbols (such as smiley or sad faces) or explanatory comments to underline segments of their experiences. Further dimensions of analysis concerned the way in which interviewees represented their lifetime, for example, compressed, or organised according to conventional or irregular life pathways, and how they expressed their aspirations, aims and investments. In addition, the pictorial form was effective for keeping each interviewee in mind.

4.8. Ethical considerations

Ethical approval for this research was obtained by the University of Sheffield, School of Health and Related Research Ethics Committee in March 2017. This section describes the practical aspects regarding the research ethics, and advances some considerations in relation to them.

4.8.1. Informed consent

Before starting the interviews, it was important to obtain informed consent from all the women taking part in the research. Informed consent entails providing interviewees with clear information about the research aim and purposes, what participation involves (e.g., interview content and organisation), and the forms in which confidentiality and anonymity will be maintained, including who will access the data (Ritchie et al., 2014; Silverman, 2014). In addition, informed consent makes explicit that participation occurs voluntarily and that it is possible to withdraw from the research without consequences.

Such information was provided in verbal and written form at the beginning of the first research encounter. A copy of the information sheet already sent via email was provided to the participants. Both documents were composed in a succinct form, so that the content could be easily read and understood. As “informed consent is not a single event, but a process” (Ritchie et al., 2014, p.88), I made myself available to clarify doubts or questions throughout the whole research process. The consent was reconfirmed at the beginning of the second interview, when both the interviewee and I reviewed the previous encounter and agreed to continue with the second interview.

Ethical considerations about informed consent

Informed consent must be carefully constructed in relation to the specific study and participants involved (Silverman, 2014). Three considerations concerning my research were regarding withdrawal from the study, confidentiality issues and sensitive topics emerging in the interviews.

1. Withdrawal. Interviewees could withdraw from the research without giving any reasons within one week from the first interview. Such timing, decided in agreement with the Ethics Committee, aimed to avoid withdrawal at a phase in which it would not have been feasible, such as the thesis writing or findings dissemination (Ritchie et al, 2014). Participants were informed that responses previously given might be kept and used in the research unless specifically requested. Based on this information, I included in the data analysis a single interview of a participant with whom, after repeated attempts, I lost contact after the first interview.

2. Confidentiality. All the data gathered in the research was kept confidential. In narrative enquiry, a prominent aspect related to confidentiality relates to participants' identification. Concealing a person's identity can be difficult because the combination of characteristics necessary to describe the particular profile may make it recognisable, and at times this may raise contradictions. In this research, I have tried to maximise participants' confidentiality by anonymising the data at the point of transcription, avoiding reporting specific details, for example regarding geographical references, family composition, or specific health-related conditions, and, in the case of the timeline, presenting to the reader stylised timelines similar to the original ones. A second consideration regards the cases in which confidentiality might have been broken. Part of the informed consent involved me informing participants this may happen in case of serious concern about a child's health and wellbeing as defined in the Children Act (1989). However, as such an eventuality did not occur, no breach of confidence was required.

3. Sensitive topics. This study did not include participants drawn from identified, particularly vulnerable groups, and the conversation style of the interviews was unlikely to generate adverse consequences. However, there was a chance that sensitive themes could emerge while recalling personal drinking trajectories or life events. To prepare for such an eventuality, before the interview started I explained that interviewees were free to choose not to reply to specific questions, and that I remained contactable between the two interviews. Finally, the 'resource list' prepared included local counselling services for parents, accessible in case of need.

4.8.2. Data recording, data management and transcription

At the first interview, permission was sought to audio-record the interviews, and information provided on how the data would be stored and used. After each interview, I transferred the audio-files to a secure folder of the UoS network drive, and deleted the unprotected files from the digital recorder. Interviews were fully transcribed and at this phase data were anonymised. Participants' names, and references to places or other people were replaced with pseudonyms. As with the audio tracks, the transcriptions files were stored in a password-protected folder, to prevent unauthorised access.

Recording the interviews enabled me to focus on the interview content and to take notes for elaborating follow-up questions, as required by the method. After the interview, listening to the audio track was essential to familiarise myself with the data and recall vividly the interaction occurring in the research environment, including hesitations, pauses and changes in the tone of voice, allowing a detailed transcription. As I did not find a standardised transcription system, I adopted the notations symbols suggested in Silverman (2014) and Brinkman and Kvale (2015). Brinkman and Kvale observe that "transcriptions are translations from an oral language to a written language", which follow

different rules. While face-to-face interactions make readily available body language and expressive features of a talk, such elements may be “lost in transcription” (Bourdieu, 1996: in Brinkman & Kvale, 2014, p.2014). For my research purposes, it was useful to take notes both about the verbal and non-verbal characteristics of the speech, such as emphasis, interruptions, ironic or wry tones, concomitant gestures, as they were relevant to capture meanings of the talk.

4.8.3. Incentive

The use of incentives has been debated because it can substantially influence participants’ recruitment and selection. Cash incentives or vouchers, for example, may represent the primary motivation for involvement in research, altering data collection (Head, 2009). It has been observed that the ethical issue in incentivisation, however, does not lie with the incentives themselves, but how they are employed. They need not be excessive, but appropriate for the group investigated (Grant & Sugarman, 2004).

I considered that an appropriate way to thank participants for their involvement was offering them a £10 high street shop voucher at the completion of the first interview and a £15 voucher at the end of the second. The different amount of reimbursement at each stage of data collection aimed both to recognise the time and effort of participants and to incentivise the participation in the follow-up interview. While Hollway and Jefferson (2013) suggest that the timing of payment should be postponed until after the second interview, I preferred to recognise the effort by participants even if they withdrew from the research after the first research encounter. In my research experience, participants generally seemed to be motivated to take part in the research not just by the incentive, but also by the desire to share and reflect about life experiences and the changes occurring both in their personal lives in a relatively short time.

Conclusion

This chapter has outlined the methodology and methods employed in this research, and contextualised such choices in relation to my study. I explained why and how a qualitative approach and the FANI method were suitable for my study, and outlined the principles and application of the method. Secondly, I justified the adoption of a purposive sampling strategy, and illustrated the recruitment process. The recruitment led to the identification of 21 participants: ten professionals, eight non-professionals, and three women with intermediate job profiles. I have subsequently described how I piloted the method and collected the research data. Then, I discussed the principles guiding the analysis, and the method used to analyse the interviews. The process proposed by Hollway and Jefferson, based on pen-portraits and a pro-forma, was supplemented by a further exploration of

the cases and the retrieval of relevant theoretical contributions. Finally, I highlighted some ethical considerations related to my study.

After having described the research methodology and methods, chapters 5 and 6 will introduce the research participants, focusing on single cases. The aim is to provide the reader with examples of the biographic accounts which formed the basis for this research.

III. FINDINGS AND DISCUSSION

CHAPTER 5. Introducing research participants

Introduction

This chapter is divided into two sections. Section 5.1 introduces the 21 research participants, thus providing a picture of their salient characteristics to familiarise the reader with the sample. Section 5.1.1 presents the eight non-professionals, Section 5.1.2 the three interviewees with intermediate job profiles, and Section 5.1.3 the ten professionals.

The second section presents the four clusters of research participants identified during the data analysis. As explained in Section 4.7.3, the exploration of interviewees' social class and drinking habits led to a recategorisation of research participants, based on their present and parental social class. Participants of the three groups listed above were divided into: professionals from 'middle-class' backgrounds (Section 5.2.1), professionals from 'working-class' backgrounds and participants with intermediate job profiles (Section 5.2.2), non-professionals from 'financially stable' or 'disadvantaged' backgrounds (Sections 5.2.3 and 5.2.4 respectively). The features of each subgroup are outlined through the presentation of a participant's profile, describing the development of her drinking habits from her first experiences with alcohol up to and into adulthood.

In this chapter, 'middle-class' or 'working-class' are recurrent terms, employed by interviewees to refer to their perceived social position (relatively advantaged or disadvantaged). A more detailed description of what being middle- or working-class entails occurs directly through participants' accounts in Section 5.1. Interviewees rarely showed difficulty or reluctance in recognising their social class at birth, and my data suggests a retention of such class identity. While 'middle-class' participants were aware of the opportunities offered by their background, 'working-class' participants expressed feelings of pride in relation to their social class at birth. Conversely, interviewees showed greater hesitation in describing their current position. This may be due to the redefinition of the social stratification that has occurred in the last decades, making the identification of a place within the traditional class taxonomy more complex (Savage, 2015). The hesitation may also be connected with participants' life stage, in which

professional paths and processes of social mobility were still in the making, thus rendering their placement within a social class uncertain.

5.1. Introducing the research participants

5.1.1. Non-professionals

The recruitment of the non-professionals required a longer time compared to the other groups, and the resulting sample was more diverse (Section 4.5). While approaching Wendy and Elizabeth by means of the university volunteer mailing list was relatively easy (my position of Ph.D. student was understood, the idea of volunteering in research was familiar, and appropriate interview settings were potentially more accessible), establishing contact with the other participants was more challenging. Hence, in order to facilitate as much as possible the scheduling of the appointments, I conducted several interviews at participants' home.¹¹

The first non-professional I met was **Wendy**. She firstly defined her identity in relation to her job position and subsequently added details about her hobbies, which included socialising and going out. Wendy was in her early-20s and lived with her two-year-old son and her partner. After obtaining an NVQ, she started work as a junior secretary, about which she talked in far more detail than anything personal about her family or drinking. Both the family she grew up in, and her current family, lived in conditions of financial stability. Wendy received significant help with childcare from her primary network, allowing her to go out and have the possibility to drink (Section 8.3.3.2).

Elizabeth, interviewed at home, portrayed herself as a person with an outgoing and strong personality, and with a wide support network. She was in her mid-20s and lived with her two-year-old son. After the birth of her child, Elizabeth separated from her partner. She had recently moved to a house that her father was helping to refurbish (during the interviews he was doing some maintenance jobs). After the completion of an NVQ, Elizabeth was employed in a variety of secretarial jobs and subsequently started to work part-time in an administrative position. She came from a "middish-class family" with relatively good economic conditions, who sometimes provided her with financial help. However, the separation from her partner affected her both emotionally and economically, causing, she felt, a downward shift in her socio-economic position. Hence, financial issues represented a limiting factor for her alcohol consumption (Section 6.3).

¹¹ Regarding the interview setting, participants were interviewed at the University, unless specifically noted otherwise.

I also interviewed **Christine** at her house. She introduced by herself making reference to her local origins and her job. She characterised herself as loud and bubbly, and “quite OCD” about domestic chores. She was in her mid-30s and lived with her three-year-old daughter and her partner. During the research encounter, he was unsuccessfully trying to entertain their daughter in the adjacent room. After achieving her GCSEs and having spent a couple of years abroad, Christine found an administrative job. After the birth of her child, she started working part-time. She described her background and current social status as “working-class”, as she considered her family not particularly well-off. Christine’s drinking occurred mainly in a local pub, where she met with other family members during the weekend (Section 8.3.3.2).

At both interviews with **Tracy**, her son was present. She characterised herself by contrasting past interests with her present situation (domestic routine, job as a sales cashier). Tracy is in her late-20s, and had moved to Yorkshire a few years before, where, when we met, she lived with her two-year-old son and her partner. She grew up in the suburbs of a metropolitan area. Her parents separated when she was young and she had an ongoing conflicted relationship with her mother, who suffered from an alcohol use disorder. Regarding her education, she completed a bachelor’s degree and began training as a nurse, but did not finish the course. I included Tracy among the non-professionals because she did not report previous professional job experience and was working as a part-time cashier at the time of the interview. She described her social background and current social status as “working-class” (both Tracy and her partner were in non-professional jobs). After becoming a mother, Tracy temporarily increased her alcohol consumption in correspondence with a difficult phase. However, at the time of the interview, her habits were changed and her main coping strategy was physical exercise (Section 6.4).

The fifth non-professional, **Margaret**, was interviewed at her house. She presented herself as a social person, and later in the interview described herself as “laid back” and outgoing. Margaret was in her late-20s and lived with her one-year-old son and her husband in a village near a major Yorkshire city. At the time of our research encounters, the couple planned to move into larger accommodation, as Margaret was at the beginning of her second pregnancy. After obtaining a B-Tec professional qualification, Margaret changed jobs several times. When we met, she was working as a part-time waitress. She described her social background as “working-class” and her current position as “upper working-class,” thus suggesting an improvement in the standard of living (her husband had a professional job). Margaret defined herself as a “social” drinker, since alcohol was characterised as a social lubricant and associated with leisure time (Section 9.3.3).

Rosa was in her early-30s, and lived with her one-year-old daughter and her husband in a city in West Yorkshire, where we had the interview. She described herself as a social person and reported that, after becoming a mother, her social network had considerably changed. Rosa gained an NVQ level 2 and, up to the birth of her daughter, was employed in a secretarial job in a private company. After maternity leave, she started work as a part-time cleaner in a care home. Her partner worked shifts in a qualified technical job. Rosa came from a “working-class” family and, even if she still placed herself in the working-class, considered that her standard of living had improved. Before becoming a mother, Rosa was part of a leisure activity social club, whose subculture was connected with alcohol. However, at the time of the interview she described herself as drinking less frequently and dedicating more time and attention to her nutrition and physical activity (Section 8.3.3.2)

I interviewed **Lorna** in her house, where her son was playing. She introduced herself as a tired “stay-at-home” mother, at least for most of the time. Lorna was in her early-30s and lived with her two children (four- and two-years old) and her husband in a town in Yorkshire. Lorna had an NVQ level 3 and worked as a part-time saleswoman in a convenience shop. This job allowed her to enjoy some adult conversation and maintain a satisfying balance between domestic and work commitments. Lorna described her background as “very working-class”, and her childhood as more culturally deprived, than economically. Both her parents were heavy drinkers and divorced when she was young. She maintained a close relationship with her father, who visited her almost daily and was present during the interviews. Lorna reflected that, as she and her partner did not have a high standard of living, her family was working-class too. Lorna was a smoker and, on occasion, took advantage of available childcare to catch up with friends and go out for a drink (Section 8.3.4).

Finally, I met **Valentina** in a café in a city in the Midlands. She described herself as a social person, who liked to see friends in family-friendly places. Valentina was in her late-20s and lived with her two children (two-years and a few-months-old) and her partner. After achieving an NVQ level 2, she did several jobs. Valentina worked as a mid-day school supervisor and cleaner. At the time of the interview, she was in her second maternity leave. She described her background and current social status as working-class, but pointed out she had friends from different walks of life. She described alcohol as of marginal importance in her life, as would rather spend her money on her children (Section 8.3.3.1).

5.1.1. Participants with intermediate job profile

While progressing in the data collection, I was contacted by some potential participants whose employment status did not fit either in the professional or non-professional groups. My purpose was

to recruit two clusters with marked social class differences, but I considered that exploring those experiences could enrich my dataset.

I interviewed **Sarah** on both occasions with her son present. She contacted me after having heard about the recruitment email from her husband, employed at the university. Sarah was in her early-30s and lived with her husband and two-year-old child. After graduating, she got a temporary job abroad and met her partner, who was a member of a new religious movement. They subsequently moved back to the UK. For financial reasons, at this time she also took a routine secretarial job which, at the time of the interviews, she was still doing part-time. Sarah described her background as “working-class,” though the economic situation of her family had gradually improved over time. Sarah’s light alcohol consumption was encouraged both by her being socialised to low-risk drinking, and by her religious beliefs, since her faith promoted moderation regarding alcohol use. Irrespective of the amount of alcohol drunk, her account presented the restorative functions drinking could have in her routine (Section 9.3.2).

Lara introduced herself by talking about her part-time job and expressed happiness about her work-life balance. Lara was in her early-20s, and lived with her son (approximately one-year-old) and her partner. After her degree, she started to work as a laboratory technician. Lara defined her present and past social position as “working-class.” She considered that even though her partner had a well-paid job, they were not “overly comfortable.” Both of them grew up in the local area, and were closely connected with their families. In such a context, Lara’s drinking practices were embedded in family occasions expressing relational bonds (Section 6.2).

I interviewed **Stella** at her workplace, in an industrial Yorkshire district. Stella was in her early-30s and lived in the same council estate where she was born. She lived with her partner, his two children from a previous relationship, their joint child and Stella’s mother. Since her GCSEs, Stella worked in an import-export company, in a full-time senior administrative role. She came from a working-class background and characterised her current situation in a similar way. Stella stressed that she and her partner (in a non-professional job) did not belong to what she considered to be the ‘underclass’, that is those not working and living on benefits. In her childhood, her mother represented a source of affective and economic security within the household. Alcohol had a prominent place in her family life, and a few years before the interview Stella’s father had died from an alcohol-related disease. Following this, she felt her work was a source of stability and personal recognition. Stella’s drinking habits in relation to her parental role were heavily influenced by her childhood experiences (Section 9.2.3).

5.1.2. Professionals

Anna, interviewed in a café, described herself as “born and bred” in Yorkshire. At the time of the interview, she was in her mid-30s and lived with her three-year-old daughter and her husband. Anna completed her Ph.D. in her mid-20s followed by different jobs in private companies before coming back to the university as a full-time project manager. Anna had a “well-paid” job, but expressed concern due to the uncertainty of fixed-term contracts. She came from what she described as a “middle-class” family, reasonably affluent, which she linked to valuing working commitment and professional achievements, and defined her current social status in the same way. Anna’s husband was collaborative in childcare but not in household management, where she had the main role. This responsibility was felt to be both “annoying” and “good,” as she appreciated being in control of the situation. Alcohol always had a limited place in Anna’s life, and her drinking occasions were characterised by ritual features (Section 8.3.1.1).

Another participant I interviewed in a café was **Gemma**. She described herself as entirely dedicated to her work and baby. Gemma was in her mid-30s, worked as a full-time researcher, and lived with her husband, their two-year-old daughter, and her stepson. After achieving her Ph.D., Gemma began to work, got married, and moved to the town where her husband was living. Gemma came from a “working-class” family, which she characterised by a simple standard of living. Although her economic conditions had gradually improved, she underlined her duties and concerns regarding the household budget. Gemma felt herself to be the most responsible caregiver in the family, and this was reflected in the different approaches to drinking between her and her partner (Section 9.2.2).

Jane characterised herself as a big football supporter. She was in her early-30s and lived with her two-year-old daughter and her husband. Jane’s graduation represented a remarkable achievement for her family, as she was the first member to obtain a university degree. At the time of the interview, she held a full-time administrative position. Jane defined her background as “very working-class,” but considered that her education and career path were contributing to upward mobility towards middle-class status. This change in social class was reflected in her drinking practices, shifting towards a progressive moderation and attention to the quality of alcohol consumed (Section 5.2.2). Jane’s husband had a professional job and their working timetables allowed them to maintain a satisfactory work-life balance, and to split fairly equally the domestic responsibilities.

Kate described herself as communicative, “reasonably responsible,” and much more disciplined in her mid-thirties than when she was younger. She lived with her daughter, nearly three-years-old, and her husband. Kate had invested considerably in her professional path and worked as a full-time accountant with managerial tasks. She described her background as “middle-class,” as her parents were relatively well-off and valued education. She still recognised herself as middle-class, and acknowledged that in getting older she had become more “snobbish.” Kate described her husband as collaborative especially on the childcare front. Kate’s personality emerged in the frank description of her approach towards alcohol (Sections 8.3.1.2, 8.3.1.3), and in reporting the situations in which she monitored her partner’s drinking (Section 9.2.3).

During the interview, **Sophie**, highlighted the importance physical exercise had in her routine. In her late-20s, she had moved to Yorkshire ten years before, and was living with her partner and three-year-old daughter. Sophie completed her Ph.D. and subsequently continued to work as a researcher (at the time of the interviews, she was employed part-time). Sophie grew up on a very deprived estate and her parents, suffering from alcohol use disorders, separated in her early childhood. Sophie felt she had oriented her life path in a positive direction. As Sophie’s partner worked full-time, she could dedicate more time than him to childcare and the domestic environment. Sophie reported that, during her maternity leave, the sharing of parental responsibilities with her partner led to an abrupt shift of his consumption habits (Section 9.2.2).

Ellie defined herself as very busy and tired, and lacking time for herself. However, she presented herself also as a sociable person, in contact with several groups of mothers. Ellie was in her late-30s and lived with her one-year-old son and her second partner. She gained her undergraduate degree and subsequently attended a business course. Since then, she had worked as a project manager (part-time in the period of the interviews). Ellie came from a well-off “middle-class” family. As she and her partner had a comfortable lifestyle, she described herself as “middle-ish class.” Ellie felt she acquired from her family a sensible approach to alcohol, which was appreciated and considered a component of social life (Section 5.2.1).

Louise introduced herself as a researcher and described her origins in the North West of England. She was in her early-30s and lived with her one-year-old daughter and her husband in Yorkshire, where she moved before the birth of her child. After her postdoc, Louise started to work as a part-time researcher. She and her partner had similar working times, which allowed them to share the domestic duties reasonably equally. A prominent aspect in Louise’s account regarded an ongoing health

condition diagnosed in adolescence, which had implications for her alcohol consumption and pregnancy. Louise described her background as “working-class,” as whilst both her parents achieved university qualifications, these were not aligned with their subsequent jobs. However, as both she and her partner had tertiary education and professional jobs, she considered her family as middle-class. Louise’s alcohol consumption featured light drinking practices, reflecting the marginal importance she attributed to alcohol, especially after becoming a parent (Section 8.1.1).

Julia characterised herself through the description of her various professional backgrounds, and as someone “juggling work and motherhood and house and husband.” Julia was in her early-40s and lived with her three-year-old daughter and her partner. She worked for a private company up to her late-20s, when she decided to enroll at the university. In her mid-30s, Julia successfully applied for a research internship, thus starting to work in research (at the time of the interview, part-time). Julia described both her background and current social status as “middle-class,” as both she and her husband had a university education and a relatively comfortable standard of living. Julia valued the importance of maintaining a healthy lifestyle, hence, her approach to alcohol was characterised by moderation, both in the family she grew up in and in her current one (Section 8.3.1.2).

Andrea, introduced herself making reference to her work identity. She also characterised herself as a new mother and as white, “middle-class” and a “Yorkshire” kind of person; brought up in an urban environment. Andrea was in her early-40s and lived with her son (approximately two-years-old) and her partner. In her late-20s, she was awarded her Ph.D. At the time of the interview Andrea held a full-time research position. She placed both her birth and her current family in the professional middle-class. Andrea’s path to motherhood was long and complex, and was accompanied by a reflection regarding the place drinking had in social relationships (Sections 6.1, 7.2).

The last professional I interviewed was **Laura**. She described herself as very busy, tired, and lacking a supporting family nearby. Laura was in her mid-30s and lived with her son (approximately two-years-old) and her husband. She found writing the timeline moving, because in the last ten years she had been through times of intense study and work, feelings of isolation and diagnoses of serious illnesses. After the completion of her Ph.D., Laura moved to Yorkshire with her husband and began to work as a full-time researcher. She came from a hard-working, “middle-class” family, and considered that her own family was in a comparable social position. Laura associated alcohol with relaxation, but commented that she consumed alcohol only in particular circumstances, as this could disrupt her daily activities (Section 8.3.1.1).

5.2. Clustering research participants

This section provides an understanding of the place alcohol had in participants' lives from their adolescence up to the time of the interviews, and how their current and parental social class might have shaped this. As I was interested in the role class had in shaping drinking practices, and parental class emerged as important during the interviews, during the data analysis I decided to regroup my participants on the basis of their current *and* past social class. Hence, instead of basing my analysis on the three groups initially determined, I clustered my participants in four groups: professionals from 'middle-class' backgrounds (Section 5.2.1), professionals from 'working-class' backgrounds and participants with intermediate job profiles (Section 5.2.2), non-professionals from 'financially stable' or 'disadvantaged' backgrounds (Sections 5.2.3 and 5.2.4 respectively). This allowed me to account for the internal complexity of classes, and to observe more clearly commonalities and differences amongst them. This grouping, maintained in the subsequent stages of data analysis, allowed for a more nuanced description of parental drinking practices and social class.

5.2.1. Professionals from a middle-class background

The group of the professionals included six participants (Anna, Kate, Ellie, Julia, Andrea, Laura) who described their family background as "middle-class". The common thread of the narratives is the gradual socialisation to a contained and controlled consumption. While in two cases (Anna, Laura) alcohol had a marginal place in the family environment; in the other accounts drinking appeared as a common practice, an expression of cultural capital and legitimated as soon as disciplined and context-appropriate. Ellie's account represents such features of 'competence' and moderation in drinking.

Ellie

When I asked Ellie to describe her social background, she reported that she grew up in a "very typical middle-class family." Her parents (both in professional jobs), were described as "quite intellectual," and encouraged the education of their three children. Ellie spent her childhood in a big, relatively isolated country house, where her parents organised frequent dinner parties.

The features she attributed to her social environment were a comfortable lifestyle, an open attitude towards the world, the awareness of the importance of knowledge, the attention to health and the care of self. Such characteristics were mirrored in her family's drinking style. This was characterised by "sensible" domestic drinking and the aesthetic appreciation of wine, also through the contact with other cultural drinking styles. The ability of discernment among wines appeared part of the household's cultural capital and a sign of affluence and class distinction. Ellie's account illustrates how

the competencies of appreciation and “respect” for wine were the subjects of explicit teaching, especially from her father:

“[my parents] taught us about different wines, for example. So my dad, you know, would get some wine delivered from his *wine club* and he would teach us that, you know, it’s not just alcohol: there’s different grapes and different wines and things... alcohol has always been present in a sort of comfortable drinking environment from being children... and I guess because they had enough money they could have, you know, always have wine and alcohol in the house” (Ellie).

I felt, however, that in emphasising the role of the wine club, she distanced herself from her fathers’ tastes, perhaps perceived as excessively snobbish and outdated. “Comfortable,” together with “sociable” and “sensible,” were key adjectives often used by Ellie to characterise alcohol consumption. These attributes also seemed to define the boundaries within which alcohol use was considered desirable, enjoyable, and legitimated in her family. A significant element orienting Ellie’s approach towards alcohol during her upbringing was the comparison between the reasonable drinking of her parents and the “uncontrollable” drinking of her uncles. Her proximity to their hazardous drinking made her aware of possible alcohol-related risks, and appeared a constant reminder of a consumption style not considered desirable, enjoyable nor legitimated.

Ellie could not precisely remember her first contact with alcohol (she guessed she might have had a glass of wine with a Sunday meal), but recalled the first time she was drunk, approximately at the age of thirteen. Looking back, she talked quickly about that “horrible experience,” in which she got drunk in the park with low-quality spirits and could not find her friends. This episode was not repeated, and Ellie qualified herself as “regular,” rather than a “binge” drinker, even during her university years, when she described herself as drinking like everybody else, but qualified this to add not to the point she was “lying in the street”. Once Ellie began to work and moved out of the parental house, her consumption stabilised (“I’ve just become a kind of habit drinker... but I don’t really go out boozing in bars and, you know, get really drunk”). This was felt to be a consequence of the progressive organisation of an independent life and the result of a greater awareness of the health risks associated with drinking.

In Ellie’s narrative, alcohol was characterised as a pleasant practice permeating social life and as a symbol of status: drinking in a competent and measured manner was a distinctive feature of her social class. Through the use of adjectives (“comfortable,” “sociable,” “sensible”), Ellie expressed the

adhesion to the respectable consumption practices of her middle-class environment and distanced herself from those she considered deviant (“uncontrollable” and “binge”).

5.2.2. Professionals from a working-class background and participants with intermediate job profile

Four professional participants and the three interviewees with intermediate job profiles described their background as “working-class”. Three of them (Gemma, Sophie and Stella) experienced contact with hazardous consumption practices in their families. Four other interviewees (Jane, Louise, Sarah and Lara) were socialised to low-risk drinking habits, and described family drinking styles oriented towards social consumption. Their accounts presented similarities with those of non-professionals from a financially stable background (Section 5.2.3), as both groups of participants underlined the role of alcohol as a social lubricant and the social aspects of consumption. Unlike the non-professionals, in this group education represented an important means of empowerment and, over time, participants adapted their drinking practices to their new social status.

Gemma

Gemma described the “working-class” status of the family she grew up in by referring to the material conditions of living. In her words, being working-class meant counting on a single income, living in a three-bedroom semi-detached house, not receiving extravagant presents, having (when possible) a holiday in a caravan during summer, and a “pay cheque to pay cheque” lifestyle.

Gemma’s description of her family’s drinking habits was suggestive of her awareness of the social class differences symbolised by drinking. She contrasted the cheap and heavy drinking of her family with other consumption practices, and implicitly attributed relaxed and balanced attitudes to more affluent social groups:

“When I was growing up [it] felt quite a posh thing to have wine with your Sunday meal or... on the evening or anything.... So we didn’t have a, I don’t know, relaxed, ‘Let’s just have a glass of wine’, it seemed to be much more of a... drink a lot of *cheap stuff* [slightly underlined], as much as you can, to get drunk, rather than, ‘Let’s just enjoy a glass of wine because it tastes nice”
(Gemma).

Gemma recognised that this imprint still influenced her choices of consumption and was a consolidated part of her identity. As she became older, she progressively acknowledged her inability

to distinguish between sophisticated/expensive versus unrefined/cheaper alcohol (“I think I still, to me, wine is wine, and it’s red or it’s white”).

Gemma became familiar with alcohol from an early age: she recalled the habitual drinking of her father and, by contrast, the abstention of her mother. More in general, the mother’s side of the family tended not to drink at all and Gemma speculated this could be due to the Methodist beliefs of her relatives. The memories of her father’s drinking were filtered through the eyes of a child, who imagined her father going out to the pub every night:

“My dad is quite a heavy drinker, he goes out, I remember when I was growing up that he would go out to the pub every evening after work; so he would come in from work, he’d see us, and then he’d go out to the pub every night; which it might not have been every night but you know, as a child, in my head, that’s what it was” (Gemma).

The first contact with alcohol was placed between seven and nine years, at Christmas, a time also identified in other interviews (Jane, Sophie, Rosa) as a special occasion in which children were allowed some alcohol, preferably sweet, consumed in a warm family atmosphere. Gemma began to drink more regularly as a young teenager when she and her friends used to get together at the park or at each other’s houses and consume cheap spirits. Looking back, she felt these experiences were “quite scary,” as when she was younger she used to drink too much alcohol, without being in control of the situation. Gemma’s consumption habits changed abruptly at the age of 18, when she went out to celebrate her A-level results. On that occasion, she had a drink that she described as “spiked”, and lost consciousness. Fortunately, she was with a group of friends who could look after her, but she recognised “that probably was the trigger point, putting the regulation in place.” Subsequently, during her university years, she became the most responsible member of her friends in relation to alcohol use. Even if Gemma attributed her subsequent decrease in drinking to a change in life priorities (e.g., commitment to study and work activity, needing to drive), I felt that more was due to her reflection about past events, as she observed, “I think I am old before my time”.

Jane

For Jane, coming from a working-class background meant living in an industrial area, where there was little progression to higher education and, consequently, little social mobility. Both her parents were in relatively low-paid jobs, and supporting their children at university required financial sacrifices.

When I asked if and how her social background had influenced her drinking habits, she replied positively, saying that her parents always had a permissive approach towards alcohol consumption and associated drinking with social activities. According to Jane, drinking socially optimised the scarce financial resources available for drinking:

"I think that's very kind of, that working-class mentality in a way that if you've got a small amount of money to spend on drinking, that you are going to do it in a situation where you get the most social benefit out... so it will be nicer to be out of the house and sharing that experience with other people than kind of just sat at home on your own having a drink" (Jane).

In Jane's account, football was presented as a substantial part of her "Northern" identity, and football matches were important collective environments in which alcohol was consumed. Such activity, she explained, was deeply connected with the manufacturing background she came from, in which each company has its football team, usually playing on Wednesday ("Wednesday is very much the drinking afternoon where I come from, because you'd finish work early, go to the football, have a couple of drinks afterwards"). Jane, however, underlined that her parents' social drinking had always been limited, as they were constantly busy and driving around. The moderation of their drinking habits appeared almost a moral example to follow ("That's where my habits come from, having seen what they've done and followed their example"), and I felt that, in doing this, she was stating what she considered to be a respectability, both of her family and herself. Her first drinking occasion probably occurred during the weekly Sunday dinners of her childhood, when her mother and grandmother gradually shared some of their sherry with her while preparing the meal.

Jane defined her family socialisation to drinking as an experience built over time, which appeared to clash with her heavy consumption during her university years. This was described with slight embarrassment: "as a student, I would say I was probably drinking every single day and every single night...probably in the past it would have been an entire bottle (of wine) to myself." Subsequently, Jane reduced her consumption for different reasons, including involvement in adult responsibilities and greater attention to her health. Since she did not do much exercise and was a light smoker, she realised that she needed to drink less, and if she had a drink it tended to be good quality "red wine", "or something like that, for the health benefits".

During the interview, I felt Jane had renegotiated (and was presenting) the drinking habits of her social background in a form more inline with her current social position. While still valuing the sociability

connected with drinking, she underlined her health awareness and careful use of alcohol, and that she selected on quality in a way that her parents had not been able to.

5.2.3. Non-professionals from a financially stable background

Six non-professionals defined their background as “working-class” (Wendy, Elizabeth, Christine, Margaret, Rosa, Valentina). Compared to the remaining two interviewees with a disadvantaged background (Section 5.2.4), they did not experience material poverty or traumatic events associated with alcohol use. The common element of their drinking trajectories, represented by Valentina’s story, was the use of alcohol as a social lubricant, in different degrees according to the account.

Valentina

As already reported, Valentina defined her background as working-class. Although recognising that most of her friends probably came from a similar social milieu, she concluded that “backgrounds don’t really bother me.” Valentina prioritised the importance of personal qualities over class, and stated that, since she was friendly and approachable, she knew people from different walks of life.

In terms of alcohol consumption, Valentina’s drinking trajectory shared some similarities with that of Jane. Her upbringing occurred in an environment in which alcohol consumption was limited, but had a marked social component. Her mother’s light drinking was underlined by seasonal consumption, occurring primarily at Christmas and during the summer, when she regularly met her friends locally for a drink. Valentina’s father was characterised by his occasional shandies and his sensible drinking, especially when children were present.

“[My parents] have never really drunk... my mum used to when we were younger, because she’d have friends in the Labour Club and they’d all get together and drink when they were younger. In the summer she tends to drink more and at Christmas she’ll have Bailey’s, but my dad’s never been a big drinker... he’s never been a big drinker when we’ve been around” (Valentina).

Valentina reported the sudden shift in her father’s drinking when he was younger, which occurred so abruptly to become the subject of a family narrative. Valentina’s father used to describe his hazardous drinking along with his work colleagues (to the point where they replaced their lunch with beer), as well as how they stopped. One day, as a group, they all agreed to reduce their consumption, and from that moment cut down on their alcohol use. This story appeared to underline the importance of personal responsibility in changing lifestyles, an idea which found support also in Valentina’s account.

Her three older brothers also played an important role in Valentina's socialisation into drinking. She started to consume alcohol "quite young" to feel included in their group; and drinking appeared as a sort of game played in the back garden, a space concealed from adults. Valentina associated her first occasion of consumption with an episode she remembered vividly, in which one of her older brothers, already over the legal drinking age, bought some alcohol. Valentina drank this together with her brother's friends, but subsequently felt ill and was unable to walk up the stairs and needed to be helped. When I asked Valentina about her brothers' current drinking habits, she replied that she had information only about one of them, still living in Yorkshire. He had developed concerning drinking habits and reduced his drinking only in relatively recent times, a few years after the birth of his daughter.

Valentina's drinking trajectory, instead, developed in quite a different way. As she reached adulthood, she increased her drinking ("some bits are blank from being so, so paralytic"), but from her early twenties she progressively reduced her consumption. At the time of the interview, Valentina drank only occasionally. The change described appeared rapid and was justified by the fact that over time and with the beginning of domestic life, recovering from a heavy drinking session had become more difficult. Towards the end of the second interview, Valentina expressed the belief that "[drinking] just depends on you as an individual rather than your environment." Her position towards drinking might be attributed to the variety of consumption practices witnessed within her family, but also to her contention that drinking is an individual behaviour, for which each person is responsible.

5.2.4. Non-professionals from a disadvantaged background

Among the non-professionals, two participants (Tracy and Lorna), experienced a materially and culturally disadvantaged childhood. Their life stories were somewhat troubled and were characterised by the presence of family members with problematic alcohol consumption practices. This made Tracy and Lorna experience, even as adults, feelings of distance or pain towards their primary network. These women (represented by the story of Lorna), however, addressed such vulnerabilities through a reflection on past events, which led to a modification of their drinking habits.

Lorna

Lorna qualified her background as "very working-class" and appeared highly aware of her social status. Lorna associated being working-class with hard manual work, and a work ethic that she described as unavoidable and "instilled on you." She started her first job (as a waitress in a local restaurant) in her early teens. This early involvement in paid labour, due to family needs (her parents were in economic

difficulties), appeared an expression of values characterising her upbringing (independence, integrity, commitment).

Alcohol had been present in Lorna's life from an early age. When she was a child, her parents invested all their life savings in a pub, but the business was not successful. Lorna reported that her mother and father not only worked, but "lived in pubs" all their life, and their children with them. Lorna's childhood was characterised by a tedious and repetitive routine, in which any other activity besides the pub was excluded. In her early teens, her parents divorced, and from the age of fifteen she and her sister started to fend for themselves ("it was hard but...it set us up to be more strong"). Talking about the place of alcohol in her childhood, Lorna reported that at night her parents' behaviours were often altered by alcohol. Arguably this was an uncomfortable memory, yet Lorna stressed that she did not consider this behaviour as negatively affecting her or her use of alcohol. The interrogative form she used appeared to build a shared understanding between us that the behaviour of her parents was not abusive:

"At night I always remember my parents being drunk, always.... Definitely, alcohol was always about. It never affected me in a bad way, I never saw alcohol being bad. 'Cause it was, me mum and dad were, what would you say? They were happy drunks, so you never, just sort of made them more jolly. I think if there were abuse around it, I think then you would have a different view of alcohol wouldn't you?" (Lorna).

Smart (2007) has observed that the expression of negative feelings in relation to close relatives may be difficult to capture, as it is hard to neglect the sense of connectedness with a family. In this case, I felt that Lorna was providing a description of her parents' drinking in which negative feelings appeared extremely mitigated. Alcohol use, even at risky levels, was presented as harmless and enjoyable, features which could make it acceptable, both in my eyes and hers.

Despite these early experiences, Lorna's drinking trajectory appears similar to that of many other participants. She recalled her first contact with alcohol at ten years, during the party of one of her mother's friends, when she stole some beer with other children. The first significant occasions of consumption, however, took place from the age of fifteen, when she and her friends gathered in the local park to drink cheap cider and Lambrini. In her late teens, Lorna started to go "to town" and ('binge') drink with her friends. Subsequently, she met her partner and gradually started to focus on their family plans, thus limiting the place of alcohol in her life.

The story of Lorna was representative of the material and, at times, affective, hardship experienced during childhood by some of the research participants. Importantly, Lorna showed a resilient approach towards her past experiences. For example, her parenting style appeared very different from that of her parents, and she had decided to limit her children's contact with potentially dangerous drinking environments (Section 9.3.4).

Conclusion

This chapter has introduced the research participants and the four clusters into which they were divided, on the basis of which data has been analysed. Family and social background appeared throughout the narratives as a fundamental setting for framing participants' attitudes, views, and inclinations towards drinking. However, these were not the only factors influencing women's drinking trajectories and, as each interview unfolded, participants talked about life experiences, comparisons with significant others, reflections and represented themselves as the autonomous agents in their alcohol use. Within the sample, drinking practices reflected class membership at birth and were reframed with subsequent changes in social status. Finally, as narratives are bridges between the individual and collective spheres (Section 4.2), they have provided insights into the richness of cultural factors underpinning personal drinking trajectories (e.g., religious stances, affiliation to work or sports subcultures).

This section has introduced the research participants through life stories focused on the theme of alcohol consumption in relation to their social class. The subsequent chapter will present interviewees' accounts, turning the attention to their drinking experiences during the transition to motherhood and return in paid work.

CHAPTER 6. Drinking practices in the transition to motherhood: an exploration of lived experiences

Introduction

The previous chapter focused on interviewees' experiences of socialization to alcohol consumption from their adolescence up to adulthood. Following the chronological development of the life course, this chapter introduces participants' accounts of their drinking trajectories and practices from their pre-pregnancy period up to the return to paid work. The aim is to provide the readers with the type of stories collected in their entirety, before the comparative synthesis of interviewees' accounts in the subsequent findings chapters. To this purpose, four personal profiles including biographical information are presented. Such profiles are organised according to the four clusters described in the previous chapter, namely: professionals from middle-class backgrounds (Andrea, Section. 6.1.1); professionals from working-class backgrounds and participants with intermediate job profiles (Sophie and Lara, Section 6.1.2); non-professionals from financially stable backgrounds (Elizabeth, Section 6.2.2.) and non-professionals from disadvantaged backgrounds (Tracy, Section 6.2.1.).

Each profile describes an interviewee's experience of motherhood and her approach to alcohol during the transition to parenthood, how she resumed her consumption after giving birth, and the perceived effect that the return to paid work had on drinking. Finally, the last three drinking occasions reported by the participant will be described. As explained in the brief introductions to the profiles, each of them shares commonalities with other cases within the respective subgroup. At the same time, every profile fleshes out themes and experiences characterising participants' accounts across the sample. Participants' stories will be gathered together in Chapters 7, 8, and 9, where differences and similarities among the subgroups are examined.

6.1. Andrea, a professional from a middle-class background

Andrea's account was characterised by the deployment of cultural capital, a salient feature in this subgroup. Cultural capital informed both Andrea's mothering and drinking practices. Her story recalled themes expressed by participants in the other groups, such as the shift in drinking practices across the life course. Such shifts resulted from practical commitments (the accomplishment of work and family roles), personal reflections on drinking, and the development of identity aspects, including those related to motherhood.

Andrea described her path to motherhood as “the longest project I’ve ever had in my life.” In her mid-30s, following severe health issues and a profound reflection on her relationship, Andrea realised that she “really wanted to have a baby and it was becoming more and more urgent.” Thus, she and her partner began trying for a baby. This was the starting point of an emotional roller coaster, dominated by the perception of time passing and anxiety arising from attempting to follow all pre-conception advice. Reducing the amount of alcohol was part of the health recommendations that Andrea adhered to in order to increase her chances of becoming a mother. Alcohol consumption, which previously seemed to express her identity of an emancipated and extrovert woman, appeared now as a practice displaying to herself and others a sense of vulnerability. Andrea described this period as a life disruption and reported that, in a stage in which she needed support, abstaining from alcohol represented an important deterrent for her social relationships (Section 7.2). Finally, the couple had a son approximately two years before the interview.

In the postpartum period, after having dedicated so much energy to her ‘project of motherhood,’ Andrea desired to be “perfect in terms of the perfect breastfeeding relationship.” In these first mother-child contacts, she felt that not drinking took the meaning of preserving both the purity and safety of her baby. To underline the change compared to her previous practices (and her previous self), Andrea remarked that “anyone who’s ever known me my entire life would never have imagined that I didn’t drink alcohol for nearly three years”. In this period, she read a considerable amount of research and publicly available information to orient her maternal health practices (“I was on breastfeeding forums all the time. People talk about alcohol and breastfeeding constantly on breastfeeding forums, because every mother wants to drink”). Based on the evidence read, she started to drink again when her baby was approximately four or five months old. Her reading led her to believe that at this age, a child’s metabolism develops the capacity of processing food and she felt that drinking was relatively safe. The first drinking occasion remembered was a visit to her parents, living abroad, in which the introduction of a new member to the family was celebrated with a selection of special wines. Subsequently, Andrea’s alcohol consumption had become more regular and she currently drank one or two drinks, three or four nights a week, conscious that even if she is still breastfeeding, the impact that alcohol has on her child is limited.

Andrea returned to work after one year of maternity leave, a period that she really enjoyed (“everyone thought that I would have never been able to go on maternity leave, because I’m such a workaholic”). She was committed to creating a secure environment for her son and “got *really* into attachment parenting, natural parenting, gentle parenting”. Thus, the separation from her child when she started

back at work, and he started nursery was felt as “really, really wrong.” Regarding her return to work, Andrea described the pragmatic and personal difficulties in this period, in which she redefined her previous working rhythms, as she considered them incompatible with childcare. She felt that her work somewhat clashed with the protective and intimate relationship she was establishing with her child, so that the process of adaptation to new circumstances was felt to be “psychologically, *really tough*.” When relating changes in drinking practices in this period, Andrea reported that work-related, light drinking was expected in her networking activities. Hence, she drank slightly more often than when on maternity leave. However, Andrea did not feel the need to plan to go out expressly for drinking, unlike other mothers of her social circles. In addition, Andrea reported that she and her partner’s domestic consumption had increased, both because a glass of wine was perceived as “deserved” and because their social drinking occasions had become less frequent.

Consistent with this shift towards home drinking, two of her last three drinking occasions were small family gatherings. The third one was a meeting with a couple of friends, younger mothers, from more disadvantaged social circumstances. All three occasions were characterised by light alcohol intake, from one glass of wine to one pint of beer. However, while the third episode was distinguished by a more casual form of consumption as it was a beer in the park while looking after the children, the first two occasions reflected Andrea’s expert and competent drinking (“I’m a complete wine snob and beer snob”), as reported in the following account, describing a dinner with her brother:

“I was cooking... so I had some fresh pasta in the fridge, pappardelle, and we’re having it with mushrooms and goat cheese and so you have to drink wine with pasta, it’s like a rule [slightly laughs]. So partly because my brother was there, and anyway probably even if he wasn’t there, we had some wine. So my parents recently visited from [Country], my dad... is into wine, so he bought a box of wine... And it was very nice, it was Portuguese, it was a Douro, and so we shared between the three of us, me, my partner and my brother. And we probably, I think we drank like three quarters of a bottle of wine... and it was very nice and tasty, and it was a very relaxed atmosphere. My son really loves it when people have wine and, ‘cause he’s learnt how to do cheers and so he like, “Cheers” everybody with his water cup, so it was very lovely” (Andrea).

The main features of this occasion, which seemed somewhat ‘special’, were the attention to matching specific food with specific wines (Section 8.3.1.3), and the role of alcohol as a means to connect family

members living in different countries and belonging to different generations. The description of this context also included her son, who was already introduced to the family drinking practices in a playful manner. Overall, Andrea felt that her path to parenthood led to an engagement with public health advice and scientific evidence in a way that otherwise would not have occurred. This process was mediated by her cultural capital, which played an essential role in the negotiation and presentation of her drinking practices.

6.2. Sophie, a professional from a working-class background and Lara, a participant with an intermediate job profile

Sophie and Lara's stories featured the inclination towards moderation evident in the previous group. However, low-risk drinking practices were accompanied more frequently by episodes of higher consumption, in which the aesthetic qualities of alcohol appeared of secondary importance. In both profiles, alcohol was linked to intimate family relationships and kinship bonds (especially for Lara). A theme shared with all the other participants was that of the responsible approach to drinking, both as parents and workers, an aspect pointed out by Lara. Such a theme is fundamental to understanding the changes in female drinking practices occurring in the transition to motherhood.

Sophie

The story of Sophie shared similarities with that of Gemma (Section 5.2.2). Both Sophie's parents had a problematic approach to alcohol, and her mother stopped drinking when Sophie was an adolescent. Sophie began to consume alcohol in early teens. However, she decided to change her habits after her GCSEs, when she realised that drinking could jeopardise her educational achievements, which she considered a priority. The second peak of consumption occurred in the period of her undergraduate degree. A few years later she met her current partner, reduced her drinking, and started to consume alcohol more frequently in domestic settings.

Significant clinical issues influenced Sophie's choice of becoming a mother. During her pregnancy and approximately for the first eight months of breastfeeding, Sophie did not drink any alcohol ("I know it's not a good thing to drink alcohol, so I've made a choice of not to"), and she did not feel interested in alcohol at all (see Sections 7.3, 7.4). During the interview, she described the postpartum months as extremely tiring, in which "You're trying to scramble together enough sleep to just function during the day". Because of the high level of energy required for parenting, she did not resume her consumption of alcohol until her daughter was 12-18 months old and could sleep with more regularity. At that stage, Sophie started to go out more often, though the concern for her caring duties discouraged her from

drinking (“it’s more the next day that would worry me, to be honest. ‘Cause obviously I’ve still got a caring responsibility and the thought of being hung-over whilst looking after a child is probably my worst nightmare”). In addition, she started to return to physical training, described as her primary “coping strategy” and at the time of the interview, she went to the gym four times a week.

Before becoming a parent Sophie was employed full time, but after her maternity leave decided to work part-time. This change of timetable was supposed to last only a few months, but the readjustment after the birth of her daughter was harder than anticipated, and she maintained her part-time working hours. The main change she perceived in her drinking occasions after the return to work related to the social aspects of the consumption episodes. She and her partner shared childcare obligations with limited support from the maternal grandmother, so they tended to go out separately, and to socialise more with same-gender friends (Section 9.3.3).

The drinking occasions Sophie mentioned during the interviews included family celebrations or gatherings and episodes of drinking at home, as well as occasional nights out with friends during which she drinks more than usual (“it’s not a huge big *binge*, it’s more three or four maximum, which I guess is technically still a binge, but yeah”). Although she did not characterise alcohol use in a negative manner, Sophie preferred to dedicate time to other practices she valued more, such as physical training and food preparation.

Sophie’s last three drinking occasions took place in the two weeks before the interview. The first one occurred on a Sunday afternoon, during what she described as a “family rave” that she attended with her partner and daughter, where she had a beer from the bar. The second and third occasions (see quote below) took place at home on Friday nights. In the first case, her partner had come back from work and prepared Sophie a gin and tonic, and in the second they shared a bottle of wine:

“It was just in the house. [I had] Just a little gin and tonic. He was having a beer so he asked if I wanted anything, and made me one. And before that... it was either a week or two weeks before. We got, had just a bottle of white wine I think. I can’t remember where it was from. I think we had it in the cupboard. So we had a, had bottle of wine [2 sec. pause] between us [slightly laughs]”
(Sophie).

This Friday night drinking occasion appeared recurring. Friday marked the end of the week and the return to family time (“Friday, it’s the kind of divide between work and the week-end I guess”), and was described as the first day of the week in which Sophie and her partner could spend some quality time together.

Even if she did not describe in detail the type of alcohol consumed, during the interviews Sophie said that over time she had become more selective about her drinking choices. Her account mentioned a well-stocked spirit cabinet containing several craft gins, reflecting how alcohol had a recognised place at home. She observed that the tendency of appreciating and discussing the features of high-quality alcohol could be seen as “an adult way to legitimise drinking”, since consumption could then be compared to an “art form.” At the same time, she recognised the prominent place of alcohol in contexts of socialisation, and in these situations she was inclined to drink whatever might be available. In the second interview, Sophie defined her current view of alcohol as “pragmatic,” a term that, in the light of the interview content, I have interpreted as neither demonising nor excessively permissive, but also open to different uses and functions of alcohol in different settings.

To sum up, Sophie’s drinking practices appeared characterised in a two-fold manner. On the one hand, they were characterised by a controlled approach, stemming both from her childhood experiences (see profile in Section 5.1.2) and from parental responsibilities. On the other hand, in some situations (special occasions, Friday nights), drinking alcohol was perceived as an expected part of the setting, and experienced as relaxing and enjoyable. Sophie downplayed her occasional risky consumption using ironic tones, thus signalling to the listener her awareness of practices inconsistent with her knowledge of public health advice.

Lara

While creating her timeline, Lara described the birth of her son as “obviously the biggest event, definitely without a doubt, and the best.” The birth of her son was also identified as the only significant event that changed her approach with alcohol. Lara, however, reported that her consumption habits had started to shift in a previous life stage, decreasing from the frequent and heavy drinking during her university years to a more occasional consumption after moving in with her partner.

As soon as Lara realised she was pregnant, she began to abstain from alcohol (“it was just a decision that you just automatically do...you just stop, it’s advised to stop”) and since the birth of her child her drinking had been infrequent. The first drinking occasion after becoming a parent occurred

approximately during the second postpartum month, after moving to a new house. They were given wine as a housewarming gift, which they consumed together in the evening.

Lara linked the decrease of her consumption (“probably I just don’t drink as much now, and not as often”) after becoming a mother to fulfilling her parental role. Lara’s narrative underlined the bodily effects of alcohol (Section 8.1.2). She recounted that after a long period of abstinence, alcohol caused her sleep disruption, heavy headaches and a feeling of tiredness. For these reasons, and for the concern of not being sharp enough to deal with family needs, her approach to alcohol was extremely careful. Thus, her occasions of consumption had become lighter (“we just don’t drink to get drunk, we just drink to enjoy a glass of wine with meal”), adjusted to the time available (“If we go out now and meet friends... I would stop drinking at a certain time”) and planned for the most suitable days (“generally we go out on Saturday”). In addition, her drinking was characterised by a different 'social content' (“it’s still social but a different aspect to social”), less connected with peer socialisation and more with family relationships.

Lara was eligible for one year of maternity leave and was subsequently able to adjust the timing of her part-time job to what she felt suited the family. She considered herself as having a satisfactory work-life balance (Section 8.2.2). She felt the return to work was relatively straightforward (“it were like I never left”) thanks to the gradualness of the process. This was supported by a programme promoted by her employer and good family assistance with childcare. Lara felt that coming back to work after her maternity leave had not significantly changed her consumption habits. Before becoming a parent, she had only professional relationships with her colleagues and, with few exceptions, had never joined any work-related drinking occasions. Drinking in the work context, even occasionally (e.g., to celebrate a birthday) was not even considered, as it was associated with the possibility of damaging machinery (“I can’t, even if you just have one [drink], you can be quite affected can’t you? So I can’t, I don’t want to end up breaking equipment”). The only significant difference she noticed was the slight increase in drinking occasions occurring within her extended family.

Lara described her current drinking occasions as highly variable and depending on the people present, whether she fancied a drink, the weather, how her child was in that moment, and whether her partner was drinking or not. Social relationships were also a factor, as she mentioned during the interview that many of her friends were pregnant, so that potential social drinking episodes had become less frequent. Her last three drinking occasions had occurred at approximately fortnightly intervals. The most recent, at home, one or two weeks before the interview, during the visit of her brother and sister-in-law. Lara had consumed a glass of wine after dinner, in a context described as “nice,” “sociable” and

“relaxing.” The second one took place a few weeks before the interview at her mother-in-law’s, on one of the Thursdays her mother-in-law looked after the child. Lara explained that her mother-in-law usually cooked dinner for Lara and her family and always asked if they wanted a glass of wine:

“[Partner]’s mum looks after [son] on a Thursday and she’s really good in that she cooks us our tea, and she always asks, “Do you want a glass of wine?” So it would have been then, so I’d have shared a glass with, not a glass, I’d have had a glass with... [partner]’s mum. Just over tea again. And [son] would have been there but he’d have probably, we’d have all been, he’ll have been playing with [name], which is his cousin, because she’s there as well. [Partner] didn’t have, doesn’t have a drink, and he didn’t have a drink on that or the time before either” (Lara).

This occasion appeared part of a habitual pattern, in which preparing food, and the offering and acceptance of wine was not just part of domestic work but a way to promote family relationships. Lara also linked both her and her partners’ sporadic consumption, as if to underline their shared attitude towards alcohol. Finally, the third drinking episode was a dinner with her partner one month before the interview. Lara reported she had one or two drinks before the meal, two glasses of wine during dinner and two cocktails. That occasion, lasting from 5 to 10 pm, was a time she appreciated and enjoyed, made possible by the childcare support available.

Overall, Lara’s drinking practices appeared influenced by her involvement and investment in family life, which can also be traced in her narrative style. For example, in the first interview, she often used the personal pronoun “we”, referring not only to her alcohol consumption, but also including the habits of the couple collectively. However, this did not mean that she felt her professional role was marginal, as it required concentration and attention. Thus, Lara’s limited drinking appeared functional to the capacity of dealing with multiple expectations and responsibilities arising both from paid and unpaid work.

6.3. Elizabeth, a non-professional from a financially stable background

Elizabeth’s account pointed to the importance economic availability had on non-professionals’ drinking (Section 8.3.3.1). Alcohol was not always affordable, therefore easily accessible, and drinking appeared an occasional ‘treat.’ Elizabeth’s story presented themes already introduced in the previous profiles and suggested that the return to work could lead to problematic drinking (Section 8.2.3). Finally, the account described the mutable nature of practices. For Elizabeth, alcohol had been a substance used

to relieve stress, and which was subsequently replaced with non-alcoholic drinks. In this way, Elizabeth managed to maintain the 'meaning' of the practice, while changing its material elements.

For Elizabeth, becoming a mother was an "amazing," transformative event, and she felt "inseparable" from her son. However, besides this enthusiastic portrait of motherhood, her account clearly illustrated the difficulties underpinning her path. The pregnancy was unplanned and surrounded by uncertainties and worries about her maternal skills. Since her partner spent most of his time at work and she had reduced contact with her family, she felt a growing sense of isolation, which worsened after the birth of her child. Elizabeth subsequently described a period of corporeal readjustment ("[I] just felt generally unwell for a while," "I started losing my hair," "I put on quite a bit of weight"), which ended approximately 12-18 months after childbirth. This was, however, also a period in which Elizabeth put in place her personal resources, both in terms of her capacity to take care of the baby and to build new relationships by attending several parental groups.

Regarding her drinking habits, before becoming a mother, Elizabeth's drinking practices had already considerably changed. After the weekend binge drinking of her teens, she had moved to a domestic kind of drinking during the cohabitation with her partner. During pregnancy she abstained from alcohol ("I think pregnancy, it's just "Don't drink!"), and in the breastfeeding period she consumed alcohol occasionally. Elizabeth showed her apprehension that some alcohol could pass into the maternal milk, by reporting an episode in which she went out and drank some alcohol and her concern continuing until the day after, after which she thought that it was not worth drinking at all. Elizabeth stopped breastfeeding when her son was 12 months, and she returned to work after her maternity leave. Initially, she would have preferred not to go back to her part-time job, since she was quite nervous and distracted by the idea of leaving her child at the nursery. However, Elizabeth currently feels her working hours are a break from the domestic routine, and a means to project herself in the future ("you're also, still working on your career and you've got something and it's quite empowering"). Coming back to work was a challenging life period also because it overlapped with the separation from her partner. They sold their house and Elizabeth returned to her home area. The split was marked by conflict due to difficulties in arranging contact time for Elizabeth's son with his father. After she stopped breastfeeding, having a glass of wine every night when her child was in bed has become a routine, her "down-time to sit and relax".

"I just started having a glass here and there, and then I'll just say, 'Oh, I'll have one with my tea', and then it's a Wednesday night and you think, 'Oh, I'll have one with tea'. And then once you do that a few times, it just comes a bit of a,

a bit of a habit, really. And I think 'cause, perhaps 'cause I had other things going on as well in my life that it, it's a bit more stressful and moving house, and being on my own with my little boy, that once he's in bed that's my only like, down-time really" (Elizabeth).

This habit of drinking alone during weekdays was something Elizabeth felt was unusual. Over the previous months, however, she had intensified her physical training in the attempt to lose weight and, since Elizabeth was careful about her health and well-being, she also reduced her consumption after someone pointed out the calorific content of alcohol. Elizabeth reported the information received in an alarmed manner, which seemed to indicate the impact it had on her thinking around alcohol and calories. Since then, Elizabeth questioned her need for drinking in the evening and had tried to swap to non-alcoholic drinks.

During the interview, the first episode of consumption spontaneously mentioned occurred during a friend's wedding ("the first time I had a hangover in a long, long time"), whereas her last three drinking occasions were lighter, and had all occurred during the weekend before the interview. They included: a dinner at home with a friend (during which they shared a bottle of wine while watching her friend's wedding videos), a dinner in a local pub with her parents and her child (when she had some wine with lemonade, since she was driving) and a home party for selling products to supplement her income. I found this last occasion representative of how the separation affected Elizabeth's standard of living ("I really have to watch my money"), which has involved all aspects of her daily life, including drinking. The following quote reports a dialogue between Elizabeth and her mother, who occasionally financially supported Elizabeth, regarding the opportunity to purchase some wine for the sales party:

"That was a situation where I'd said to my mum about. 'Oh, shall I get some bottles of wine?' And me mum said, 'Well, do you need to? Because it costs me money and I'm putting on me drinks and it ends up costing me quite a lot of money, which I haven't really got'" (Elizabeth).

Finally, against her mother's opinion, Elizabeth decided to buy some Prosecco, which was much appreciated by her guests, and appeared almost expected in a context of domestic sociability involving a female group. In the second research encounter, Elizabeth explicitly started that the first interview had been an occasion to reflect out loud on the changes in her drinking practices in the recent period. Her drinking occasions seemed characterised by the contrast between the enjoyment deriving from

the freedom, sociability, and care of self they represented, and the potential adverse consequences for physical appearance and self-worth they could have.

6.4. Tracy, a non-professional from a disadvantaged background

Tracy's account was marked by several life disruptions. Such disruption is comparable with the story of Lorna, a second participant in this subgroup (Section 5.2.4). Another commonality between the two interviewees was the recounting of episodic risky drinking, experienced mainly collectively and in public settings. Finally, Tracy's story is indicative of the prominent role the social network has in legitimising consumption habits and norms, thus shaping the orientation towards alcohol.

Two main events marked Tracy's recent story: the meeting with her partner in a challenging life phase ("he kind of saved me from myself really") and the birth of her son (a "turning point"). Becoming a mother represented a sort of personal rescue, because since she was a teenager she had been told the likelihood that she could have children was very low. Thus, getting pregnant was felt as an empowering event ("Actually, just because someone told me I couldn't do it, doesn't mean I can't"). During her teens, Tracy was a consumer of cocaine and cannabis, but once she left University and started working, she had stopped her use of drugs and her alcohol consumption had started to decrease. Tracy reported that during pregnancy she did not drink and that in the first six months postpartum, while she was breastfeeding, she only consumed alcohol three times.

Tracy's early parenting experience was described as mentally and practically challenging, because she also had to assist her mother, living 150 miles away, who was sick. At the same time, the relationship with her partner deteriorated after she discovered he was in another relationship and had other children. Hence they separated a few months after the birth of their son. After approximately one year, they reconciled, and Tracy reported their relationship then improved.

At the centre of Tracy's narrative were the consequences these circumstances had on her mental health, with a diagnosis of depression, and on her alcohol consumption, which began to increase ("I noticed then that my drinking started to creep up and up and up"). When I read the transcription of the interviews, I felt that Tracy's account appeared unclear, as if to reflect the confusion of that life period. For example, at times her account did not emerge in chronological order, and presented inconsistencies that I attempted to cover in the second interview. The story included several actors who helped her deal with this situation, such as her mother-in-law, who assisted with childcare and recommended that she sought help; her doctor, who warned her about the consequences of drinking on her health conditions; and her friends, who were already mothers and who pointed out the need

to be a “role model” for her son. Tracy, in this period, started to analyse her sense of failure and loss of self-esteem (“I never thought I’d be a very good single parent, I always thought that it would always be an area that I failed at”), realised that her consumption could affect her role of carer, and learned other ways to take care of herself. For example, she started to adopt a more positive perspective on her life and dedicate more time to physical activities. Since then, going to the gym several times a week became her main strategy to cope with daily stresses (“the gym tends to be my immediate go-to now, rather than the pub”). For Tracy, this training was felt to be beneficial both because it was cheaper than drinking and because it provided long-term benefits. Compared to the earlier period, Tracy reported significant improvements in her drinking: she described her current drinking as no longer a “crutch” or a way to “drown her sorrows”, but as a “social event” to unwind and enjoy herself.

Through her narrative, Tracy portrayed herself as consuming alcohol differently than in the past, and as a person who had successfully come through adverse events, willing to support other people. For example, at the beginning of the first research encounter, when the topic of her alcohol consumption had not yet been addressed, she described her attempt to control the excessive drinking of a friend:

“On a Friday night me and my friend would go out for a drink and, before I met her she couldn't just go out for one bottle of wine... it had to be ten bottles, whereas now we can go out, and we can have sort two or three bottles of wine, and we can have a girly chat and it doesn't become like, a race to get as drunk as you can possibly get. It's more of a social kind of, ‘mums sort of relaxing’ kind of evening... She, like me, she spends a lot of time at home with the baby and she uses that as a way to sort of go out and just sort of blow out the week stress.... So that's why I try to rein her in a little bit” (Tracy).

Besides her friend, with whom there appeared to be a significant identification, Tracy’s social network included several members presenting problematic drinking habits, including her mother (“when I look at my mum I get quite sad because I don't wanna turn into that”) and her partner. Towards the end of the interview, Tracy reported that the separation could be partly attributable to his “uncontrollable” consumption. However, in her view, the situation had much improved and after they got back together his drinking quickly reduced. This was helped by the ordered routine Tracy organised around the baby.

In relation to her job, Tracy described her part-time work in a betting agency as “repetitive”, “boring” and “mind numbing”. However, it was felt a good temporary option whilst Tracy aspired to take up a

professional career in line with her training, and the current job offered several advantages. Working provided Tracy with a small income, gave her the possibility to spend time with her son and represented a time away from the domestic routine. Being back at work after her maternity leave was seen as a factor leading to a reduction in the number of drinking occasions. This reduction was partly due to Tracy's improved capacity to deal with stressors and partly to pragmatic reasons. Returning to work was felt helpful because Tracy's work shifts, combined with those of her partner, did not allow them to go out during the weekend with their previous frequency. Thus, they both drank less.

At the time of the interview, Tracy's drinking occasions took place approximately fortnightly and usually on a Friday, when her son was cared for by her mother-in-law. Her last three drinking episodes occurred in public spaces, and were characterised by a fun approach and involved what she termed "girly drinks" (e.g., cocktails, Section 8.3.3.3), which she felt were less likely to affect her emotionally. Though Tracy described "having a hangover" as "the worst feeling ever", her consumption did not always appear contained (see Section 8.3.3.2). The first of the three drinking occasions she mentioned occurred during her birthday party, when she and five friends drank in a pub and then played bowling and arcade games. In that context, Tracy had approximately ten drinks:

"In my birthday, I think I drank four pitchers, but there was a lot of ice in them. So there was, I think I got two and a half drinks per pitcher, so ten drinks, and then I was home in bed [slightly laughs]" (Tracy).

The second occasion was the celebration of a friend's birthday, where Tracy and six friends shared a "fishbowl" (a cocktail to drink collectively). The gathering lasted two hours and, after that, she went back home. The third episode took place during another birthday party and involved approximately 15 people. They consumed "a few drinks with dinner" and subsequently "had like a little bonfire on the beach and had a few drinks." Tracy said she consumed less than usual (three or four drinks) since she had to take home her younger sister, who drank too much on that occasion. Tracy added she probably would have drunk more if she had stayed out longer and pointed out that during all three occasions she was one of the soberest members of the group. In such a way, I felt she was reassuring me, and possibly herself, about her appropriate relationship with alcohol.

Tracy's account included not only common metaphors (e.g., alcohol as a "crutch"), but also terminology and reflections possibly recalling therapeutic settings. For instance, she described her personality as "addictive," or talked about the need to accept a family situation she "can't change".

Despite her attempt to portray her drinking as 'acceptable' and identify a socially legitimated coping strategy, that of physical exercise, Tracy's consumption as described in her selected occasion suggests a habit of single-episodic drinking. The drinking episodes seemed to occur mainly in situations characterised by a "party atmosphere," in which she could temporarily overcome the social and economic influence on her drinking.

Conclusion

This chapter presented the profiles of five research participants throughout their transition to motherhood and described the changes in their drinking practices. Becoming a mother appeared as an experience lived by research participants in different manners. The maternal role could be profoundly desired, as well as unexpected and unplanned. Becoming a mother, and motherhood, were also classed experiences. They were shaped by the resources women could access (e.g., in terms of knowledge or family support, as for Andrea and Lara), by those acquired during childhood (as in Tracy) and by the perception of potential self-judgment and social stigma (see Tracy and Elizabeth's profiles). Becoming a mother was also characterised by ambivalence, because interviewees' identities were not limited to their maternal role. In every situation examined, however, becoming a mother was an experience transformative of self and, consequently, of the practices defining the self, including those related to alcohol consumption. Even if interviewees' drinking practices had already started to shift following the organisation of working and family paths, with the new parental role they acquired other forms and meanings. These changes, and their variations according to social class will be detailed in the subsequent chapters, particularly Chapter 7, which discusses the theme of "responsible" consumption.

CHAPTER 7. Responsible consumption and “vocabularies of motives”

Introduction

This chapter brings together participants’ accounts of their drinking practices from pre-pregnancy up to the first postpartum months, when they resumed alcohol consumption. The theme connecting the narratives is that of ‘responsible drinking,’ which emerged in relation to all the stages of the transition to motherhood, before, during and after pregnancy (Sections 7.2, 7.3 and 7.4 respectively). The idea of responsibility was also at the centre of the ‘messages’ interviewees wished to transmit to their children about alcohol consumption (Section 7.5). In particular, the findings regarding the linguistic strategies employed by participants to present their consumption practices are presented. The chapter argues that women addressed the defences generated from recounting their drinking practices by resorting to ‘vocabularies of motives’ (defined below) and to recurring expressions, recognisable across the social classes. Such linguistic devices appeared as resources that participants used in the interview setting to present themselves as conscientious mothers, thus defending themselves from potential criticism regarding their drinking.

7.1. Maternal health practices and “vocabularies of motives”

The chapter content needs to be contextualised within the relevant public health messages about maternal health practices and the prevalent idea of contemporary motherhood. Bell et al. (2009) observed that, over the past few decades, practices causing potential health threats to children, including alcohol consumption in pregnancy, exposure to smoking, and over-nutrition, have been heavily medicalised and regarded as deviant. According to Bell, the preoccupation stemming from these practices have acquired the characteristics of “moral panic.” In relation to alcohol use, moral panic entails the intensification of public concern about drinking during pregnancy and the framing of alcohol consumption as a sanctionable act. In addition, parents consuming alcohol, and mothers in particular, might be considered potentially culpable of generating threats both to their children and, more broadly, to the entire society.

The central place of mothers in promoting children’s healthy development has been pointed out in Lupton (2011) and Murphy (1999, 2000, 2004). They have underlined that the central position mothers have in the care of their babies is further emphasised when intertwined with “intensive mothering”,

the prevalent mothering ideology in Western culture (Hays, 1998). The ideal of intensive mothering posits a construct of motherhood as primarily focused on children's protection, physically and emotionally demanding, economically expensive, and heavily relying on professional advice. In light of this parenting model, Lupton and Murphy have argued that maternal health practices may be seen, both by women and their significant others, as an expression of their being 'good' and responsible mothers. 'Good' mothers are expected to act prudently and rationally and to look for relevant scientific information, in order to manage or minimise possible health consequences for their children. "Motherhood", Lupton explains, "once taken for granted and relatively unreflective, has...become imbued with the meanings of risk, danger, responsibility, and constant reflexivity upon how well one cares for one's children" (2011, p.638). These considerations explain why interviewing mothers about alcohol consumption could generate apprehension of being judged about their conduct. Hence, the narration of drinking experiences might have included defences of self and of potentially socially disapproved practices, to avoid threats to the maternal identity.

The linguistic devices women use to account for maternal health practices have already been analysed in relation to infant feeding and child nutrition (Murphy, 2004; Bissell et al., 2018). Murphy explored mothers' infant feeding decisions and found that, through the articulation of their speech, women tried to avoid social blame and to present themselves as knowledgeable about their choices. The author elaborated this conclusion drawing from Mills' work on "vocabularies of motives" (1940), which was subsequently reappraised by Scott and Lyman (1968).

According to Mills (1940), motives are at the root of subjective action, and may take the form of "typical vocabularies having ascertainable functions in delimited societal situations" (p.904). They have been subsequently defined as "a complex of subjective meaning which seems to the actor himself or to the observer as an adequate ground for the conduct in question" (Weber, 1947 in Scott & Lyman, 1968, p.46). From a sociological point of view, referring to a 'vocabulary of motives' may be considered as a strategy of interaction, through which social actors relate their actions to codes of conduct legitimated within the group they belong to (Murphy, 2004). Hence, vocabularies of motives are not merely the product of an individual's mental state. They are, instead, the expression of what is viewed as acceptable in a collective setting; and are to be interpreted in the light of the functions fulfilled in the situations where the speaker is acting (Murphy 2004).

Mills' (1940) vocabularies of motives share similarities with what Scott and Lyman (1968) called "accounts." Accounts are statements used to explain behaviours (in this research, practices) that social

actors consider “untoward,” namely “bad, wrong, inept, unwelcome.” Scott and Lyman analysed the use of motive talk in empirical situations, and categorised accounts as “excuses” and “justifications” each one including different subtypes. They pointed out the reparative function of the accounts, as these are socially accepted statements that neutralise an act or its consequences when these are viewed as not fully legitimated. As such, accounts are “a crucial element in the social order”.

While Scott and Lyman have focused on the retrospective accounting for perceived untoward conduct that has already taken place, Murphy (2004) has followed Mills’ interest in the way in which accounts may orient future conduct. She found that motives could be considered as “anticipatory accounts”, since mothers who presented complex accounts of the reasons for ceasing breastfeeding were more likely to take that decision than women offering less articulated motives. Differently from Murphy’s work, this study does not have a longitudinal design, and exploring the anticipatory nature of the accounts was not possible. However, participants’ accounts might be suggestive of approaches and views on drinking that could inform their drinking practices in the future.

Referring to the framework of the ‘vocabularies of motives’, the subsequent sections show how participants brought the public health messages about ‘safe’ consumption and their perception of parental responsibility into the research setting. While the motivational talk was less recognisable in the accounts of drinking practices in the pre-conception period (Section 7.2, it was frequent in the accounts about drinking during pregnancy (Section 7.3) and breastfeeding (Section 7.4.1). Through this narrative resource, women sought to protect and defend themselves from the charge of “untoward” conduct. Similarly, participants characterised themselves as mindful parents and consumers when they talked about the approaches they would adopt with their children regarding alcohol (Section 7.5). The well-known vocabulary of the prevention messages appeared to be used as a method to deal with possible uncertainties and provide socially approved replies.

7.2. Alcohol consumption in the pre-conception period

Talking about their changes in alcohol consumption during the period leading up to motherhood, some participants mentioned their decision not to drink in the pre-conception period. The expression “trying to get pregnant” implied a process, planning and an affective investment, translated into a change in their health-related lifestyle. Earle and Letherby (2007) have underlined an important contradiction underpinning female reproductive health. Reproductive success is a normative expectation, biologically and collectively regulated, reinforced by the common belief that women, over the last decades, have increased their power over their bodies thanks to biomedical technologies. However,

they argue, the idea of exerting control on reproduction is illusory, because the body is changeable and not always efficient. When reproductive inefficiency becomes manifested, women are expected to be proactive in relation to their possibilities of getting pregnant, thus seeking information or following medical advice. Such assumption stems from the contemporary approach to reproduction, emphasising people's autonomy and capacity for taking control of their bodies. These contradictions and expectations were evident particularly in Lorna's and Valentina's accounts, in which abstaining from alcohol was presented as part of their being responsible in relation to their reproductive health.

Lorna started to plan the birth of her first child in her mid-20s. She recounted that initially she imagined a relatively unproblematic conception, but becoming pregnant took almost a year. Lorna expressed her feelings of personal inadequacy and the preoccupation she experienced, which were accompanied by her partners' resolution to change their lifestyle ("I think you adjust a lot of things about how you're eating and drinking, especially when you're like, 'Oh why is it not working? There's summat wrong with my health?'"). On the basis of the online guidance read in that period, both partners started to lower their alcohol consumption and take more physical exercise, thus investing considerable energies in their new routine:

"I think, at the beginning, we just drank as usual sort of thing, and then, when you are like six months down the line and we still weren't pregnant, you are like, 'Mmm something's not right here, let's try and maybe get a bit healthier'. So we, I think we joined a gym. Yeah we did, we joined a gym. That took up a lot of us time. I think it's finding something different to what you usually do, try and get yourself out of the same routine. But yeah, we still, we still drank, but nowhere near what we did, I think a lot changed before I fell pregnant"
(Lorna).

Lorna's account shares similarities with that of Andrea (Section 6.1), for whom reducing the amount of alcohol was one of the recommended health practices she tried to follow to improve her chances of having a baby ("I was going through different phases of reading a lot, not reading a lot, trying everything, trying nothing...trying to reduce the amount of alcohol I was drinking, other people saying...'Oh, don't be so stressed about it, if you're stressed you won't have a baby'"). In her account, Andrea pointed out how the period leading up to motherhood represented an occasion to reflect on the place of alcohol in her social life. She observed how not drinking affected her relationships and reported feelings spanning from isolation to embarrassment.

“To have really close friends just repeatedly asking you about why you’re not drinking is *really* painful when you’re trying to get pregnant and you’re not getting pregnant, and you don’t know if you’re ever going to have a baby.... And it *really* opens your eyes to how much society revolves around alcohol! And it becomes really difficult to make an arrangement to see anybody, and at this precise time when you *need* to have social support... you just need friends and you need people, it’s really hard!... I got used to being the person who drank soft drinks making excuses: ‘I’m cycling, I don’t wanna risk drinking’, or, ‘I’m driving’ It really makes you realise how much society and socialising and my culture, my white, middle-class, whatever, British culture, revolves around having a drink” (Andrea).

In the stories of Lorna and Andrea, participants who differed by age and social class, taking control of their reproductive health included a necessary abstention from drinking. This period also led to a renegotiation of the meanings they associated with alcohol consumption. Differently from the previous life stage, alcohol now represented for Lorna and Andrea a highly risky practice and a barrier to socialisation.

7.3. Female drinking practices during pregnancy

The theme of alcohol consumption in women’s reproductive health is a controversial topic, in which messages regarding risks have a central place, especially in relation to pregnancy (Bell et al., 2009; Lowe & Lee, 2010). Although the detrimental consequences of binge and frequent alcohol consumption before and during pregnancy have been well documented (Popova et al., 2017), there is no clear evidence of the effects of low risk drinking on the foetus (NHS, 2017). In the absence of a clear threshold, public health bodies advise that “the safest approach is not to drink alcohol at all, to keep risks...to a minimum” (DoH, 2017). However, critical public health perspectives stress that, by recommending abstention from alcohol without clear evidence, guidelines link the concepts of ‘risk’ and ‘danger’, with moral and ethical implications (Lowe & Lee, 2010). In the interviews, I explored the changes in participants’ drinking trajectories. At various points, they talked, often spontaneously, about their decision to abstain from alcohol during pregnancy. Although four participants mentioned some light drinking occasions, abstaining from alcohol appeared an internalised norm, something which was, for many participants, *obvious*:

“Obviously during pregnancy I didn’t drink nothing” (Sophie).

“I obviously didn’t drink when I was pregnant, I forgot to mention that –that’s quite important” (Ellie).

“When I got pregnant with him...I stopped drinking all together - I didn’t have any alcohol obviously” (Sarah).

“When we were trying to get pregnant we have, we stopped drinking obviously” (Lara).

“Obviously when I was pregnant I didn’t drink at all” (Elizabeth).

“When I got pregnant I stopped drinking altogether, obviously, 'cause I was pregnant” (Tracy) .

“Obviously I didn’t drink through pregnancy. But I never felt that I was missing anything, it just came naturally” (Rosa).

Making a brief reference about the avoidance of alcohol might have been functional to the flow of the account, but the use of the same linguistic device suggests two considerations. Firstly, the recurring statement of ‘obvious abstention’ – articulated with different levels of intentionality - implied that women shared the same intent to ward off, assertively, potential doubts concerning their adherence to public health advice and their being ‘good’ mothers. Drinking during pregnancy is a highly untoward behaviour. Thus, interviewees strengthened the presentation of their prudent conduct by using adverbs or expressions emphasising their firm decision of not drinking (e.g., “nothing”, “all together”, “at all”, “that’s quite important”) or, as in Rosa, by introducing the concept of ‘nature’, which characterised her abstention as effortless. Secondly, the consistent use of a similar terminology suggested an internalising of the public health recommendations, regardless of the interviewees’ social classes. The internalisation of messages about alcohol-related risks were illustrated by Margaret’s account, who was expecting her second child. She explained her decision to abstain from alcohol on the ground of scientific evidence, expert advice, and of her willingness to avoid potential ‘tempting’ occasions.

“There’s the odd time when you think ‘I’d like a glass of wine.’ But it doesn’t really, I, I don’t feel it enough to have a glass of wine. ‘Cause obviously, the research says, most doctors say, one or two glasses of wine is fine, but I think there’s only so many things you can do to look after an unborn baby and not drinking alcohol is one of them. So I think why would you even take the risk when you don’t know how much of an effect it will have? So I don’t drink

anything at all. And I think once you've had one glass you're just taunting yourself, you just want another one. I wouldn't want to have another one, I, so I just think if I just don't have any... psychologically for me, I feel like I'm better for it" (Margaret).

Margaret's words recalled Lupton (2011), according to whom there are well-established social expectations regarding the conduct mothers-to-be should follow. They should act in a rational manner, following the pertinent professional recommendations and controlling their bodily needs, in order to protect the foetus. The account also suggests that the exercise of self-discipline in relation to drinking may be less troublesome than the psychological consequences of norm transgression, associated with feelings of concern and self-blame.

7.4. Women's drinking practices in the early maternity period

7.4.1. Drinking practices and breastfeeding

Reporting about their drinking after giving birth, eighteen interviewees introduced the theme of alcohol consumption during breastfeeding, which spanned from six to 21 months. While participants expressed a common attitude regarding abstinence during pregnancy, their drinking in the breastfeeding period appeared more varied. This reflects the broader margins of conduct enabled by the public health recommendations.¹² Compared to the other groups, professionals appeared more knowledgeable about guidelines and scientific evidence and explained, for example, how they progressively increased their drinking in line with the changes occurring in infant metabolism (e.g., Louise and Andrea). Consuming alcohol during breastfeeding was felt to be less troublesome than drinking in pregnancy, but still appeared as problematic, partly because it overlapped with the "moral minefield" of the practices related to infant feeding (Murphy, 1999).

The following accounts introduce interviewees' strategies to neutralise practices that might have been deemed questionable, such as drinking during breastfeeding and the resumption of drinking while babies still required intensive parental care. Interviewees articulated and supported the narratives regarding their drinking occasions using different explanations. These explanations may be understood as 'vocabularies of motives' (Section 7.1), employed within the interview setting to present their

¹² NHS guidelines, for example, state that "There's some evidence that regularly drinking more than two units of alcohol a day while breastfeeding may affect [a child's] development. But an occasional drink is unlikely to harm[a] breastfed baby". Breastfeeding mothers should not have more than "one or two units of alcohol once or twice a week" and should avoid breastfeeding "for two to three hours per unit after drinking", in order to allow alcohol to be metabolised. <https://www.nhs.uk/conditions/pregnancy-and-baby/breastfeeding-alcohol/>

conduct as socially acceptable. Interviewees accounts, as 'motivational talks,' can be analysed using Scott and Lyman's categories of excuses and justifications (Scott & Lyman, 1968). They defined excuses as "socially approved vocabularies for mitigating or relieving responsibility when the conduct is questioned" (p.47), and justifications as "accounts in which one accepts responsibility for the act in question, but denies the pejorative quality associated with it" (p.47).

Ellie defended the legitimacy of her consumption on the grounds of the inconsistent advice received. She excused her conduct by asserting that she was not fully informed. Her account suggests that she had to negotiate between different information, and that clearer messages might have altered her behaviour:

"I tried to not drink so much when I was breastfeeding but I did have, I did have the odd glass of wine when I was breastfeeding as well, I don't know if that's allowed or not... there were very mixed messages" (Ellie).

This type of excuse, based on misinformation interfering with the deployment of free will, was included by Scott and Lyman in the subcategory of "appeals to defeasibility." Ellie, however, did not state she was unaware of the guidelines, but presented herself as knowledgeable of the recommendations. An assertion of ignorance about professional advice, observes Murphy, would be less likely to attract external sanctions, but may expose mothers to unwelcome attempts at 're-education' (Murphy, 1999). Hence, the contextualisation of drinking within an evaluation process seemed to support Ellie's position as a 'competent' parent. The theme of public health advice also recurred in Gemma and Elizabeth's narratives. Gemma talked about the inner dialogue between the rationalising part of self, willing to respect the guidelines, and a more instinctual self that does not want to conform to the public health messages:

"It's difficult because you're told that when you are breastfeeding you shouldn't have any alcohol, so you sort of want to abide by the rules, if you like, as well as think, 'Oh well, I can do what I want, it's my body and my baby, I'll have a drink if I want to', that's the rebelling part of your brain as well. So I think I will have had a drink or two... probably some champagne I think when I got home from hospital, and then I think we probably opened the wine yeah, within a month" (Gemma).

Gemma returned to the vocabulary of excuses, making reference to her impulsive thought. Such a statement may be included in Scott and Lyman's subcategory of "invocation of biological driver." The tension expressed by Gemma can be found also in Elizabeth (Section 6.3), who breastfed for approximately one year and described her resumption of drinking alcohol as a release from a self-imposed discipline.

"When I stopped breastfeeding... I was, 'Oh, I am allowed to have a drink now!', there was nothing to say 'I can't'. I'm not feeding him anymore, it's fine, I can do that, and that's when probably I started doing it" (Elizabeth) .

Elizabeth made use of a justification: she reported that she started to drink, but pointed out that her action was permissible because it would not have had an impact on her child's nutrition and did not raise concern. Hence, her assertion may fit into the subcategory of "denial of injuries".

The contrast between the restriction of alcohol consumption and reappropriation of the pleasure of drinking can be found also in other accounts in which participants explained how they started to drink again after the birth of their children. Participants described their first contact with alcohol as a rewarding act, that however, needed to be justified. Margaret used what Scott and Lyman (1968) named a "peculiar modern type of justification," namely "self-fulfillment":

"[Exhales] I had one glass about a week after because I felt like I'd earned it [slightly laughs], I had one glass of Prosecco and it was lovely" (Margaret).

Margaret overrode the untoward aspects of her consumption on the basis of the deserved gratification deriving from drinking. A similar position can be observed in Lorna, whose account represents another example of justification. Her feeling of guilt for going out with her friends was neutralised by the thought that her baby was in a safe environment ("denial of injuries") and on the basis of the perceived need for relieving tensions in an enjoyable manner ("self-fulfillment"):

"I didn't drink for about six months after having [daughter] because I were breast feeding, so I suppose that kept me off that. And then [Coughs] I think it was some... friend's birthday. Like, 'Come on out, come on'. I went, 'Yeah, alright then.' So I said to er, my mother-in-law... 'Can you have [daughter]?' And she's like, 'Yes of course I will.' So I think, that night, 'Right I need a drink!'... stop thinking about what were going off the first night we were leaving my

baby! She were absolutely fine, I knew she were absolutely fine. I thought, I think that was how I ended up back drinking! [Laughs]" (Lorna)

Finally, also Valentina and Sarah referred to the pleasure derived from their drinking, but pointed out the unintentional or occasional nature of their first drinking occasions. Following Scott and Lyman's categorisation, their statements can be considered as excuses, grounded on "appeal to accidents" (i.e., legitimating an activity because of its sporadic nature). Valentina claimed that her resumption of consumption did not depend on herself. She attributed this to casually being in a situation where a friend provided alcohol and invited her to drink. While recounting the episode, Valentina pointed out the moderation of her drinking, which occurred in a context necessarily requiring responsibility (breastfeeding) and during an evening meal.

"So obviously, I need to be aware, I need to be responsible to be able to feed him as well, especially in the night ... to be honest the only reason I had my first drink after having him is because my friend brought a couple of beers round, she said, 'Oh do you want one?' I was like, 'Yeah, I can do...' and it was a month after having him and I thought, "Ooh this is nice!" [Laughs] Just having my dinner, but yeah, didn't, didn't have any more than that one, but it was 'Ooh, this is nice, I've not had this for a while'" (Valentina).

Similarly, Sarah explained that she started to drink when her baby was approximately one-year-old and she was still breastfeeding. By stressing the infrequency of her alcohol consumption, she both indicated that she considered it unsuited to her position as a mother, and presented it in an acceptable manner:

"It was only really then when I actually started to drink again, and then again, it's been quite sporadic, so sometimes I'll be like, 'Oh, you want to have a beer, or a glass of wine', but yeah, it's either in certain events or sometimes, just because I feel I like it, type thing, so yeah... that's how it is now" (Sarah).

As the accounts above have illustrated, the motive talk appealing to excuses and justifications was present in participants belonging to all social classes. Interviewees used these narrative strategies to describe drinking practices acceptable to themselves and the listener, thus deflecting possible criticism. While in Murphy's research on breastfeeding (1999), the "appeal to self-fulfilment" was rare

because it was not perceived as a reason to position children's needs as secondary to that of their mothers; in the context of alcohol consumption, the hedonistic aspect was felt as widely socially accepted. Thus, referring to the deserved, pleasant aspects of consumption as a strategy of neutralization did not endanger the integrity of participants' identity as 'good mothers,' as long as their drinking was presented as contained and experienced within appropriate contexts.

The motive talk about alcohol consumption incorporated references to the sense of responsibility participants felt towards their children, which generated a great deal of concern and apprehension. These feelings became more explicit when interviewees talked about their approach to alcohol consumption more extensively. They were manifested through body language, tone of voice and, as explained in the next section, the content of the accounts.

7.4.2. Maternal responsibility and responsible alcohol consumption

After the first few months following childbirth, participants started to adopt relatively regular drinking habits. The most evident emotional features in women's narratives were the concern and apprehension associated with alcohol consumption. At the heart of this connection was a sense of responsibility for their children's safety, particularly profound in the experiences of these first-time mothers. This feeling was expressed in participants' accounts in two main ways.

Firstly, responsibility and its relation to alcohol consumption were at the centre of recurring accounts, which could be found mainly in participants who felt they could not share this responsibility with their partners and close family. In these cases, drinking evoked to them particularly worrisome scenarios. The narratives of Gemma, Sarah and Laura are examples of mothers' perception of being *always* responsible parents, *constantly aware* of the need to stay *in control*. Their accounts are suggestive of the sense of guilt and shame they, as well as the other interviewees, would have felt if, as a consequence of drinking too much, they could not have dealt with their care duties. Hence, they tended to avoid even the thought, or the possibility, that this could happen:

"I'm const-, I think I'm always aware that I need to be sober enough to deal with anything. If it com... if it comes up, you know... if [daughter] is ill in the middle of the night I need to be able to deal with that and I think that sort of thought process is always in the back of my mind, that it's not... I want to be in control, sort of things" (Gemma).

“Things change obviously when you have a child because I like think to myself, ‘Well, have a drink’, but then I’m always like constantly aware that I don’t overdo it, because I think to myself: ‘What if I do need to do something with him?’ Like if there was an emergency or something, I’m always kind of in the back of my mind thinking about that, so I might say, ‘Oh I’ll have a beer’, but that’s it, literally” (Sarah).

“The idea of feeling tipsy and out of control, doesn’t, it doesn’t agree with me, because I just feel like so responsible for [child] now, that I have him, and, it’s just different. It’s like you don’t get totally unwind as a mother, you just have to, you’re *always thinking* [slight emphasis], always you know... it’s just non-stop” (Laura).

Secondly, some participants presented themselves as responsible parents and conscientious drinkers, also distancing themselves from ‘other’ styles of consumption that they deemed not appropriate. This type of narrative may be included among strategies interviewees used to ward off the blame of untoward behaviours. Laura, for example, noted the inevitability of the social comparison (“you compare yourself as a mother, you really do, and you shouldn’t, but you do”) and underlined her responsible approach to alcohol, distancing herself from other heavily drinking mothers she met during a hen-do:

“I was home at three o’clock, they were all at home at five, ‘cause I had to get a flight the next morning, but I had three beers over the course of the whole night, and I really paced myself, and it was an unusual night, ‘cause I’m never out on a night, so I was like, ‘Oh’. So I had three beers but my other peers, who also have children, they were one, one, one, one, one and they continued until five in the morning... I knew that I had a flight to get the next morning as well and I just thought to myself, ‘I don’t wanna be absolutely wrecked’” (Laura).

Similarly, while reflecting on her change of drinking habits, Rosa expressed her disapproval towards her carefree friends who overspend on alcohol, as opposed to her careful budget administration, which allowed her to “spoil” her daughter:

“I have friends who, like, almost live for the weekend; they work all week and then in that one weekend the wages are gone because they’ve just gone out and had a good time, so to speak. Whereas I feel much more appreciative of having a nice home, being able to take care of a family, you know, little things... I’m only having to work a day a week, just for a bit of pocket money and a bit of down time, so that I can spoil [daughter]” (Rosa).

The narratives reported in this section suggest that interviewees shared a similar vocabulary of responsibility and background expectations concerning parental alcohol consumption. These expectations (focused on control and moderation) also represented the criteria through which they evaluated not only their conduct, but also the conducts of their peers.

7.5. Messages and approaches in relation to alcohol consumption

During the interviews, I asked what kind of ‘message’ about alcohol consumption participants hoped to give to their children in the future. The aim of the question was to understand what mothers felt important to transmit to their children in light of the knowledge they had acquired regarding alcohol. As suggested by the FANI method, I framed the question in an open manner, and I did not pose a particular emphasis on ‘verbal messages’ rather than on ‘role modeling’. Hence, each interviewee underlined the former or the latter aspect, and introduced in the reply other reflections on their own experiences.

The question often elicited, especially among the professionals, the reply of ‘drinking in moderation’ and ‘drink responsibly,’ echoing the vocabulary promoted by public health and alcohol advertising campaigns (Barry & Goodson, 2010). In other cases, interviewees stated comparable concepts using different expressions, such as “be safe and be careful,” “use it sparingly” or “not to drink in excess.” The use of this standardised and well-known terminology (exemplified by the quotes below) connects the accounts to Mills’ “motive talk’ because, in the interview context, the participants employed it as a resource not only to express their opinions, but also to position themselves within a socially desirable framework of action:

“Probably ‘everything in moderation?’... just don’t become dependent on alcohol... it should be something to do with friends that’s, you know go and have a nice drink but do not get really drunk, ‘cause you turn into an idiot and

it's bad for your health. A lot of people go out and get as just as drunk as they can. So it's just to drink responsibly" (Anna).

"It would be about the age old message of 'enjoy responsibly,' so kind of know what your limit is... think about the consequences, in a sense you think about what a hangover is like, and think about, you know, what you may be or may not be doing, you know... are you keeping yourself safe? But I certainly would never want to turn around to her to say, 'don't drink', and I think something that my parents did when I was young is that alcohol, it wasn't like a forbidden substance... and I want to do the same with my daughter and I don't want she think is something forbidden or give it that intrigue" (Jane).

"One thing I would definitely say is to drink carefully and responsibly, because you don't realise with alcohol, sometimes you could just like, it's happened to me, where you've been at a place and you keep drinking and drinking and drinking, and then you go outside and the fresh air hits you and [fingersnap]... do you know when you're just completely out of it, because of alcohol? So I think one thing that I would say is 'Know your limits and drink carefully' because it is very dangerous" (Wendy).

"I think all in moderation... personally I think drinking is ok, I've never, I've never had a problem with drinking, but I think people should be aware of the... dangers and the, because I, I've always been lucky, I've never got into any trouble but I can easily see how that could happen... I think people should be aware of the dangers of not only the actual effect of the alcohol but the effect on your decision making and those sorts of aspects" (Margaret).

The meaning of drinking 'moderately' and 'responsibly' was defined through opposition. Drinking was characterised as such when it did not lead to drunkenness or dependence, when consumption occurred in a context of socialisation, when it did not create consequences for health and did not expose to dangerous situations. Descriptions of 'moderate' and responsible use underpinned participants' positive perspectives on alcohol, expressed also by their willingness to have an open approach with their children regarding drinking (e.g., Jane). Several participants thought that messages that were too strict could lead to the perception of alcohol as something desirable and wanted to avoid

this risk. Nearly all the mothers addressed their reflections to their children in the (pre-)adolescence period. The belief underpinning their accounts was that drinking was part of the process of exploration of self that their children had to experience autonomously, hopefully in contexts as safe as possible.

Participants used the vocabulary of moderation and responsibility in different ways. Some tended to reply abstractly, making general statements and resorting to well-established and readily accessible terminology (in the quotes above, Anna and Margaret). Others instead, engaged in critical considerations. Elizabeth, for example, pointed out the subjectivity of the concept of 'responsible drinking', which varies over time ("I'd say drink responsibly, but it's what can I take if it's drink responsibly? Everyone's 'responsible' is different isn't it?").

Interviewees also underlined the need to build a trusting relationship with their child. Andrea, for example, after having speculated about her way of modelling alcohol consumption, drew from her experience as a daughter and concluded that the most important thing was establishing good communication with her child, rather than rules on drinking. The importance of providing a direct example of a balanced approach with alcohol was reported only by three participants; particularly sensitive to the topic since they experienced the presence (and loss) of family members with alcohol-use disorders. For example, Stella explained her choice to raise her child in an alcohol-free domestic environment ("my message...it's something that I'm showing him...we don't have alcohol in the house") while recalling her brother's heavy drinking. The reference to relatives, friends, or acquaintances deemed to have hazardous alcohol use was common among interviewees regardless of their social position. Since the people mentioned belonged to similar social environments to those of the participants, I felt there was an empathetic understanding of their situations, which mitigated the negative representation of heavy drinkers. Thus, these comparisons represented not only a source of concern, since they evoked a possible future, but also of reflection, rooted in everyday experiences.

In relation to social class differences, even if it is not possible to draw definite conclusions due to the variety of narrative styles or participants' personalities, the accounts of professionals appeared more detailed, since they provided thoughts and explanations related to their opinion. They also referred more frequently than the other groups to the terminology of the public health messages, which suggests a greater familiarity with this vocabulary and a greater ability to draw from it in a conversational context. Non-professionals, instead, tended to provide replies more idealised and disconnected from their experience of past and present consumption (Section 8.3.3.2). These aspects can be exemplified from the comparison between Ellie's and Lorna's narratives (respectively a

professional from a middle-class background and a non-professional from disadvantaged working-class background). In both cases, alcohol was characterised positively, but their reflections regarding their approaches towards alcohol took different forms:

“I think my message would be, it’s about drinking sensibly, it’s about enjoying drinking and drinking with people, and doing it socially and always being in control of who, you know, what you’re doing and who you are. So I think I will probably approach it kind of the way my parents did, where they let me drink with them, a little bit like, I guess the French, French children do? Drink with your parents, learn to appreciate, but respect alcohol and be aware of the influence it has on you, be aware from how much you are consuming” (Ellie).

“[Alcohol] can ruin lives... Obviously being brought up in it, and up ‘til now I work around alcohol every day. It’s a horrible, horrible thing... It can be an amazing thing, it can be great, it can also be disastrous. I’ve seen people die from it, it’s, it’s a horrible disease to have. I don’t think there’ll ever be a cure for it. I don’t think they should ban it... There’s plenty of drugs out there that are illegal I think that should be legal [Laughs] then I think, ‘Well, they should ban alcohol.’ And then I think, ‘Ooh, what do I do in my spare time?’ [Laughs] It’s a very difficult question that! I don’t know, you’re making me think! [Slight laugh] [Pause 7 seconds] I’d say use it sparingly.... Sparingly, yeah. Don’t drink to get drunk. I don’t know” (Lorna).

Ellie seemed to be immediately in tune with a message of ‘moderate’ consumption. Referring to the reassuring vocabulary of drinking ‘sensibly’ and ‘socially,’ she presented her approach to alcohol as part of her own cultural capital and elaborated a message based on appreciation and awareness. Lorna, instead, marked the potential dangers connected with drinking (alcohol can “ruin lives”, is “disastrous” and a “disease”) and, in a contradictory manner, underlined how drinking is an “amazing” activity, fundamental to her leisure time. The message of “drinking sparingly” was elaborated, after some hesitation, only at the end of the narrative. Since linguistic practices reflect, generate and transmit class identities (Bernstein, 1964), which are connected to different approaches to alcohol consumption, I would suggest that these narratives might be considered as part of the intergenerational transmission of drinking habits in different social classes. However, as the group of non-professionals from disadvantaged background included only two women, I had a very small

number of narratives to compare between the two groups which were most different from one another. Hence, this conclusion would need to be corroborated by further evidence. Yet, since qualitative methodology allows interrogating single cases that can shed light on the phenomena examined from different angles, I felt it was worth highlighting this marked distinction found in the data.

Conclusion

This chapter has presented interviewees' narratives of their drinking practices from pre-conception up to the first months after giving birth, and highlighted the central place the theme of responsible consumption had in the accounts. Participants presented the aspects of the drinking practices they felt potentially questionable by using a 'vocabulary of motives', which included the appeal to excuses and justifications regarding their drinking. Such talk served to neutralise the controversial or potentially problematic aspects of drinking practices, and could be identified especially in the stages in which maternal drinking was considered highly inappropriate, such as pregnancy and breastfeeding. To the motive talk strategy, can also be added the verbalisations of the educational messages that participants wished to transmit to their children about drinking. Interviewees explained their intentions by referring to the socially approved vocabulary of public health messages, a 'safe' narrative resource.

The use of 'vocabularies of motives,' it is argued, represented in the interview context both a defence strategy and a useful narrative device. Participants employed it to avoid potential self and external judgments on their conduct, and to fill conversational gaps or cover uncertainties in a socially desirable manner. In this way, within the research setting they could "honour the account" (Scott & Lyman 1968, p.52) namely preserve or restore the equilibrium in a relationship, respecting the reasonable social expectations about 'good motherhood.' Participants' accounts reflected the dominance of responsible drinking messages, which appeared internalised in all social classes; and the general adherence to the contemporary expectations about mothering, expressed in the routinized language of responsibility.

CHAPTER 8. Drinking practices in the early maternity period

Introduction

This chapter describes the readjustment of participants' drinking practices in the early maternity period, and the ways in which their drinking occasions and practices altered after the return to work according to their different life circumstances. The first section reports on the common lived experiences presented by the interviewees in relation to their drinking, regardless of their social position. All participants reported a decrease in alcohol consumption, starting with what they considered to be their transition into adulthood and consolidated after becoming a mother. This decrease was attributed not only to involvement in their new care role of mother (see Chapter 7), but also to the growing feeling that drinking was not in line with the perceived societal age-appropriate expectations (Section 8.1.1) and the bodily changes following pregnancy (Section 8.1.2).

The second section discusses participants' investment in their working and family life (Section 8.2.1), describes the participants' experiences of returning to work after maternity leave (Section 8.2.2), and analyses the perceived impact of returning to work on their drinking practices (Section 8.2.3). In the early maternity period, participants gradually resumed their consumption, concurrently with their gradual independence from their children's care needs. In this phase, it was possible to recognise a classed differentiation in the drinking practices, described with reference to the clusters of participants drawn in Chapter 5. Professionals and participants with intermediate job profiles (Sections 8.3.1; 8.3.2), presented an overall orientation towards regular and controlled drinking, typically conducted in the domestic setting. This picture, however, was not uniform, and reflects the difficulty of drawing clear social class boundaries. Among the non-professionals (Sections 8.3.3; 8.3.4), drinking occasions were generally more sporadic, more likely to be characterised by a heavier consumption and to emphasise the social aspects of alcohol use. The section argues that these class-related differences can be attributed to a range of factors belonging to the environment in which women lived their daily life. These included access to cultural and financial resources, views about alcohol within their social networks and, last but not least, the place paid work had in their lives.

8.1. Life stage appropriateness and the embodiment of drinking practices

This section explores participants' drinking practices in the light of their life stage and of the bodily changes occurring after becoming a mother. Interviewees associated becoming a parent with the onset

of age-appropriate social expectations in relation to alcohol consumption. Participants positioned their drinking within an 'adult' life stage, and distinguished the period of their youth, in which they were single and carefree, from their current time of responsibilities, characterised by family and work projects. In addition, the maternal experience generates an altered perception of the corporeal identity (Bailey, 1999). Interviewees connected becoming familiar with their changed bodily selves with a renegotiation of the place drinking had in their daily life. Participants' regulation of consumption, considered necessary for parenting, was achieved through a careful monitoring of their bodily sensations. These could include, for example, feeling "warm", "a bit loose" or "wheezy", having the head a bit "fuzzy", or the perception of being slightly unsettled.

8.1.1. Parental drinking and life-stage appropriateness

Whether the participant was employed in a professional or non-professional role, becoming a mother entailed different commitments and a shift in time, money and attention away from themselves and towards their children's needs. To meet these obligations, participants' drinking required awareness, discipline and care of self. Julia felt in her daily life as "a hamster [on a] wheel"; and noticed the effects of this demanding life stage in relation to alcohol consumption. Talking about a wedding party she attended, Julia drew a distinction between the "people that are used to going out and drinking more" and she and her husband, who "were both knackered" and decided to leave earlier, regardless of the peer pressure that might have influenced them when they were younger and childless. This sense of greater self-consciousness in relation to drinking was expressed also by Ellie, who described herself in a "'secure' thirties stage, where things are a little bit more settled". When asked about the style of drinking she deemed appropriate for her age, Ellie chose "a nice bar, or a nice pub", and would come back home "at a fairly decent time, not too late".

For several participants, care of self took the form of greater attention to their physical health, which they considered an essential resource for parenting. Sarah felt that maintaining a healthy lifestyle was fundamental especially after becoming a mother, because "now" she wanted to make sure she was around "to be able to look after [her son]". Other interviewees (Julia, Louise, Tracy) reported physical conditions that had required, over the years, caution in relation to alcohol use. Louise, for example, though diagnosed in adolescence, became more aware of the consequences of drinking on her health as she got older. She explained that some of the effects of alcohol that could be pleasant for her peers, such as disorientation and blurred perceptions, were equivalent to some of the symptoms of her illness. Hence, she rarely drank more than "four units" of alcohol in a single session.

The life stage expectations in relation to drinking were also used to evaluate the social risks of inappropriate consumption. Interviewees' narratives convey the overall message that what can be legitimated at a younger age may be considered deviant or inappropriate in later life, in particular after the transition to parenthood, because it can threaten family and social achievements. For example, Kate spent her 20s in a city in which heavy drinking was common and 'clubbing' was the norm at that age. Now, as a parent, she compared herself with the members of her previous social circles, who continued to drink at a level she now felt was unacceptable. Kate suggested that drinking may become problematic when it interferes with the personal and professional activities expected in adult life.

Several participants underlined that, as a mother, age-appropriate drinking entailed a greater awareness of their physical response to alcohol, so that they could regulate their drinking to accommodate wider needs and responsibilities. Compared to when they were younger, some of the interviewees preferred to consume what they considered to be 'lighter' alcohol, which could be, for example, "easy" to drink (Valentina), not filling (Jane), and "can be handled" (Julia). The normative expectations associated with adult, parental drinking also included the capacity to divide socialisation from alcohol use, with a greater attention to and awareness of the management of financial resources spent on drinking. According to Margaret, at a young age "you want to go out and... drink and have fun", whereas for a responsible adult, the involvement of alcohol in social activities is unnecessary, and there is more attention to "how much you're spending".

Participants' accounts expressed an understanding of the age (and role) expectations in relation to their drinking practices. However, "normative drinking", namely the societally perceived acceptable consumption of alcohol (Muhlack et al., 2018) is a social rule, rather than a categorical prescription. Social rules promoting 'valued actions', argue Sykes and Matza (1957, in Murphy, 1999), are rarely interpreted as 'absolute imperatives' and frequently as "*qualified guides to action*" (emphasis in the original). As the notion of normative drinking is open to flexibility, in some circumstances participants reworked or transgressed the normative practices, but always within the presentation of a 'good' maternal identity.

8.1.2. Alcohol consumption and the maternal body

Participants' narratives also illustrate how their current drinking habits connected to the renegotiation of their relationship with their physical identity. The materiality of the body acted as an important regulator of consumption. Several women stated that in the first weeks after childbirth, they felt

extremely tired. Sleep deprivation, in particular, was identified as a substantial difficulty and factor limiting drinking (see Sophie's profile, Section 6.2), especially among the older mothers.

Interviewees had developed, over the years, an embodied knowledge in relation to their limits of consumption and observed that their bodies were less capable of metabolising alcohol compared to when they were younger. Some of them also noticed that, after many months of almost complete abstinence, their level of tolerance had further lowered, with unusual bodily responses, which obliged them to adopt a more careful approach to alcohol:

“I can't drink as much as what I used to. I get quite bad headaches if I have too much to drink... I'm probably a bit more, not uptight, but not as carefree about it. Because even if you're out and someone is looking after [son] I don't want to really, if something happens to him or I need to get home, I don't want to be in such a state that I then can't, you know, look, look after him” (Lara).

Lorna underlined another meaningful aspect for many participants, namely the development of a healthier self through the recommended abstinence in the pregnancy period, in which her body was forced to undergo “an entire detox”, since she could not smoke or drink. Lorna talked also about her attempts to lose the weight gained through her pregnancies and reported positive results.

The desire to lose weight and return their bodies to their pre-pregnancy appearance led other participants to consciously limit their alcohol consumption because of its calorific value, and to modify their nutrition habits. Thus, alcohol consumption was not considered compatible with the other, “healthier” practices with which they engaged. Elizabeth (Section 6.3), for example, described herself as a “fitness addict” and her experience of motherhood represented a period of physical and psychological upheaval. She decided to reduce her drinking, which had increased after childbirth, when a friend gave her the (incorrect) information that “there are as many calories in a glass of wine as there is in a McDonald's Big Mac”. Similarly, Gemma went on a diet and talked about her lifestyle changes:

“It just got to a point where I had to buy the next size up of trousers to take me up to 16, which for me is the biggest I've ever been.... I got to the point where I had to stop... which has affected my drinking as well because it's so calorific.... but I do a lot more walking... I'm trying to eat more healthily... I've cut back on

the alcohol, drink more water, so just small tweaks to my lifestyle, nothing major” (Gemma).

The narratives presented show that participants’ drinking practices had to be reconciled with the new lived experiences associated with their bodies, and with other health practices deemed important to perform adequately both in the work and family spheres.

8.2. Return to work after maternity leave and alcohol consumption

8.2.1. Professional aspirations and family investments

In order to understand the place of alcohol in participants’ lives after their return to work, it is important to discuss the relevance they attributed to their professional identity. Among the participants, it was possible to recognise different orientations towards work and family life. I initially resisted attempting to draw this distinction, as I considered it an excessive (and stereotypical) simplification of the reality. Thus, I underestimated the importance interviewees’ social classes had in shaping their lives. I acknowledge, however, that the women’s inclinations were the product of the stories of the participants, of their choices and personalities, but also of a “competitive and unequal society, (which) has generated...strong class divisions, where a person’s class of origin leaves a powerful stamp on her or his life chances” (Savage 2015, p.216).

Professionals’ accounts made frequent reference to long-term investments in education and professional development. My findings partially reflect those of Layton (in Hollway, 2016), who observed that middle-class, highly successful, female American students are now “expected to have a *career*, not a job, a career”. This echoes, for example, the words of Julia, who decided to “do something that would be a *career* not just... a job”; or Kate, who “was looking for more of a *career*”. Layton (discussed in Hollway, 2016) argues that this orientation has implied a shift in women’s psychic structure, which has moved away from traditional femininity, based on the maternal and relational capacity, to become inclined towards “defensive autonomy”, previously attributable mainly to men. Defensive autonomy is a “psychic requirement” that women have started to acquire in order to take part in a male-oriented environment, and which implies a separation between individual autonomy and relational needs. This process is associated with the perceived conflicts between professional and maternal aspirations (Hollway, 2016). In professionals’ narratives, I felt, this split was presented less in principle (career and motherhood appeared both legitimated and desirable), but more as an expression of tiredness and tension caused by the combination of maternal care practices with work activities. A frequently expressed feeling was anxiety connected with the increasingly competitive and

unstable nature of academic research activity. Interviewees mentioned the need of working from home, worries about contract extensions, difficulties to requalify themselves in case of redundancy while taking care of a small child. Despite these concerns, participants employed in an academic environment (including Lara, Wendy and Elizabeth), were satisfied with their jobs and working context. They also valued and felt they benefited from family-friendly policies and facilities, such as flexible working time, keep-in-touch days, a workplace nursery scheme, facilitating the sharing of childcare with their partners.

While in the professionals group, paid work had a significant place in terms of energies and time invested, non-professional accounts described daily lives more dedicated to the domestic sphere. This does not mean non-professional participants felt working and personal achievements were unimportant. On the contrary, work represented a protection and way to distance themselves from 'shirkers', and helped to supplement the family income, as well as enabling a sense of autonomy. Nevertheless, it appeared less of a factor in self-realisation and less charged by demands and expectations associated with professional development. The orientation toward family life - and children in particular - is the central theme of Edin and Kefalas' (2005) study, "Promises I can Keep: why poor women put motherhood before marriage", based on stories of American, disadvantaged single mothers who choose to have children outside of a marital relationship. The authors interpret participants' desire for children as a result of "fewer forgone opportunities and stronger absolute preferences" (Edin & Kefalas, 2005). Firstly, they argue, motherhood is less risky for less affluent women, in comparison to the middle-class, in that while middle-class women could miss significant professional and personal opportunities, women in disadvantaged positions have less to lose in their future. Secondly, poor women's stronger preference for children may be attributed to the psychological meanings they create within their life context. "People of all social classes share a deep psychological need to make meaning", observe the authors, but this need takes different forms. While over the past few decades, middle-class American women have sought and obtained esteem and validation through accessing new opportunities, less affluent women did not have equal access to such alternatives. Hence, the less advantaged are involved in poorly paid routine jobs, which do not offer the potential for upward mobility. Thus, the authors conclude, "childbearing often rises to the top of the list of potential meaning making activities for lack of competition". I found that these arguments helped explain some of the family investments of my non-professional participants, whose socio-economic conditions were less disadvantaged compared with those of Edin and Kefalas' interviewees. Their inclination towards domestic life could be read as the result of education paths, role models, financial opportunities, forms of support and encouragement that have weakened access to other

significant forms of ‘meaning making’. However, this could also generate feelings of self-devaluation, a perception of injustice or renunciation of aspirations:

“University was never for me, I’m not academic enough to, so yeah, for university, not clever enough (Christine, explaining why she decided not to carry on with her studies).

“There’s always gonna be someone who tells you, ‘You can’t do that!’ Or, you know, because you’re women, or you’re black, or you’re too small, or too tall, there’s always somebody that tells you, you can’t do something” (Tracy).

“When you’re setting up, a salon is very expensive to, to start it up... I don’t have that sort of money lying around to do” (Valentina, discussing her choice not to become a hairdresser)

In relation to these ‘work’ or ‘family’ inclinations, participants with intermediate job profiles did not share a uniform position: Stella (who attributed great significance to her work achievements) can be included in the work-focused group, whereas Lara and Sarah may be associated with the family-focused. The different emphasis participants attributed to their jobs also influenced their return to work after maternity leave, the theme of the next section.

8.2.2. Coming back to work: “a breath of fresh air”?

The return to work after maternity leave was an experience each participant experienced in a unique manner, and partially reflected the considerations about work investments explained above (e.g., professionals’ accounts suggested a greater investment in their career and the fears around motherhood and instability, whereas non-professional mothers had less demanding occupations, but also less favourable working conditions).

Interviewees provided contrasting accounts of their return to work after maternity leave, referring to ‘overload’ and ‘restorative’ effects, which could operate simultaneously. Approximately half of the sample (mainly full-time employees) reported that coming back to work was a demanding period, characterised by concerns about their capacity to keep up with employer expectations, and struggling with a sense of guilt and anxiety generated by separation from their child. They also described a sense of struggle deriving from the changing routine and the need to address many demands at the same

time. Interviewees reported feelings of being split between different roles and not being able to fully address work tasks as they had done previously:

“Coming back to work... was probably one of the hardest things I’ve ever done. I was extremely shocked at how hard I found it. There were days that I thought I couldn’t do it, because genuinely, like, I felt... there was an expectation on me to be, you know, the way I was before I left.... And then I thought, I remember thinking to myself, ‘How can I do this? And go back to work?’ And, like on the top of all of that, ‘And concentrate? And actually do a good job?’” (Laura).

“Coming back to work, once I’d, once I’d had [son] I, it was just a change in who I was, it wasn’t all for work. I was, I felt guilty and like, bad, like because I knew I had to come back in such a short time. I couldn’t have the nine month or the year because I couldn’t afford it. And then, I felt, I felt guilty that he’d be left.... And for quite a long, well a long period, I felt guilty. I felt like I was abandoning him, my child and he’s not going to know who I am” (Stella).

“It was so hard. Because you’ve gone from, having like all the time, you know, you get up and you go to the playgroups and whatever else, and then to come back into work, I found it really difficult. Because I wasn’t allowed to work three days as well, which I wanted to, I had to work four days, and then [son] still wasn’t sleeping through the night.... So I found that quite hard” (Wendy).

Others considered their return to work beneficial for themselves, as it prevented them from being introspective, excessively apprehensive and dedicated exclusively to the role of mother. Returning to work engaged them in social contact with other adults, intellectual stimuli, and spending time away from domestic care work. In addition, formal and informal sources of support were recognised as crucial:

“It was actually just a breath of fresh air to come back, to come and do something different, and it... just gave me something else to focus on, because I think I was very much focussed on my daughter, and, too much probably in some respects, and so it actually kind of reminded me that there is another world as well.... And wouldn’t, wouldn’t want to be at home all day” (Laura).

“The University do 'Keeping in Touch' days, so I took advantage of them.... But to be fair, it were like I never left, to be honest, you just kind of slip, looking back I just fell straight back into, into work and doing what I do.... It was good that it was like that because it made me not think about it too much. And we're really lucky in that [son] is not in a nursery, he's with family members, so... I know he's with grandparents” (Lara).

“I had a little bit of time to myself, because when you are housewife or girlfriend, you don't really get much time just for you. I spend a lot of, most of my day running around after the baby, and then when he's in bed I am running around after his dad, there's never really five minutes for mum, so that was part of the reason I got the job. It wasn't ideal, but he wasn't working either at the time, we needed that extra money so I just thought, ‘Why not?’” (Tracy).

The return to work after maternity leave implied a renegotiation of participants' professional and parental identities, and was followed by a progressive readjustment of their daily practices, including alcohol consumption.

8.2.3. Return to work and alcohol consumption

A smaller number of participants said that returning to paid labour led to an increase in their alcohol consumption. This rise could entail a greater number of social drinking episodes compared to their maternity leave, or the adoption of habits participants felt unusual for them. During the interviews, these habits became an object of reflection particularly in two participants, Elizabeth (Section 6.3) and Ellie. Both of them solved the tensions caused by their feelings of shame and guilt, by bringing back their alcohol consumption to the legitimised sphere of social and moderate drinking. Ellie described her return to work as a complex period: she shared her job with the employee who covered her leave, but found it difficult to balance her workload. Thus, the job sharing resulted in additional working hours, which resulted in an increase of alcohol use as a coping strategy:

“I found, since returning to work, everything is a little bit more stressful. I got quite stressed about managing the job share and I found my job share quite difficult at times, so... I think I've probably felt more anxious and perhaps drunk more as a way to... move away from my anxiety” (Ellie).

Ellie described her relationship with alcohol as “a difficult balancing act”: on one hand, drinking represented a space away from the demands of domestic and paid work, and on the other hand she felt a persistent sense of guilt. She blamed herself because she did not choose “healthier” alternatives (such as physical exercise) and because drinking diverted her from what she considered to be an efficient use of domestic time, a scarce resource. When asked about her feelings whilst speaking about the experience of consumption reported above, Ellie attempted to mitigate her conflict on the basis of the efforts she put into paid and family labour, reaffirming her appropriateness in relation to her parental role.

“I have a lot of different things going on in my life and... perhaps I do resort to alcohol as a way to, to overcome them, but that equally I... I think, I don't feel too guilty, because I think I work quite hard, and then I've got a lot going on with the baby, and I look after the baby well, so.... Sometimes it's nice to just sit down with your partner and have a glass of wine and you know, it's social drinking.... but I'm, you know, I'm not a binge drinker” (Ellie).

By pointing out that her drinking was a small pleasure justified by her everyday commitments and locating her alcohol consumption within the sphere of ‘social’ drinking, Ellie was not just separating herself from accusations of inappropriate consumption, but also, I felt, demonstrating the need for interviewees to justify their drinking practices.

The majority of women, regardless their social class, observed that coming back to work in itself did not considerably influence their drinking. Participants attributed the substantial stability of their drinking to different reasons. Some of them described little participation in work-related drinking occasions before becoming a parent (see Lara's profile, Section 6.2). For example, Anna reported that she had never met socially with colleagues to drink (“A lot of people in some departments go for drinks after work and stuff but I've never done that”). Similarly, Sarah stated she did not perceive any difference in her drinking after the return to work (“I wouldn't say it's changed at all, really...just purely because I didn't really go out with work people beforehand to drink and I don't go out with work people now”).

Other participants reported that returning to work was irrelevant for their drinking because the changes in consumption could be rather attributed to a shift of priorities towards parental responsibilities. In this subgroup, Gemma and Stella observed that the change in their views and

practices of drinking was due not to job-related factors, but to a mind-shift occurring after becoming a mother. For example, Stella specifically linked having a child to changing her views about drinking. The persistent lack of time was another factor participants noted when stating that returning to work did not increase drinking occasions. For instance, Valentina noted that her current job did not have any impact on her drinking, as the only drinking occasions she could take part in would be after work drinks with colleagues, a “social event” rarely occurring. Christine said that the day before the interview, it would have been nice drinking a glass of wine after work to relax, but she did not have time to do it: she went to bed with her daughter at around ten and fell asleep by the side of her. The theme of ‘time’ also recurred in the accounts of two participants, who reported that the return to work influenced the planning of drinking occasions. Laura reported that in her circle of friends, drinking occasions were best organised on a Thursday, as on Fridays all of them worked. However, she pointed out that she never came “into work hungover, *never*”, as she needed to be sharp. Similarly, Tracy observed that the return to work decreased her opportunities to go out and drink, as she was frequently on shift on a Friday, thus she and her partner ‘lost’ part of the weekend time they could spend drinking. Consequently, their occasions of consumption were rarer, but more appreciated. Finally, Louise and Julia affirmed that, after they started to work, their drinking occasions tended to be associated with their partner’s working time and the possibility to spend time together, rather than with factors related to their own work.

Finally, another factor influencing alcohol use at the time of the interviews (which took place at least 6 months after the return to work) was the direct involvement in childcare. Participants’ narratives suggested that they gradually increased their alcohol consumption and readjusted their drinking practices concurrently with the growing independence of their children. For example, Christine, whose child was one-year old, reported the ongoing impact of her care work:

“Work doesn’t really drive me to drink, it’s normally, [slightly laughs] [my child] will be the one who can drive me to drink sometimes... especially if [my child] doesn’t go to sleep” (Christine).

Whereas Julia, mother of a three-year old, underlined how “the demands of motherhood change”, and that now that the daughter was older, as a mother she was “getting more relaxed” about drinking. The next section presents participants’ narratives of their drinking occasions in their early maternity period, when their daily routine and consumption patterns appeared stabilised.

Even if most participants did not perceive any influence of paid labour on their drinking habits, I argue that working contexts are not neutral environments, but crucial settings for the construction of people's health and well-being, contributing to the creation of different environmental conditions and inclinations towards alcohol consumption. The intersection between work and family circumstances operated differently in the construction of the drinking practices of interviewees, which in the early maternity period showed greater social class differences compared with the narratives about pregnancy and breastfeeding presented in the previous chapter.

8.3. Drinking practices in the early maternity period: an exploration through a social class lens

This section analyses participants' drinking practices in relation to their social class, with reference to the four clusters identified in Chapter 5: professionals from a middle-class background (Section 8.3.1), professionals from a working-class background and participants with intermediate job profiles (Section 8.3.2), non-professionals from financially stable backgrounds (Section 8.3.3) and non-professionals from a disadvantaged background (Section 8.3.4). The findings show that in the first two clusters alcohol consumption took the form of practices privileging regularity, self-control and containment; whereas in the last two subgroups drinking practices were characterised more by sporadic and heavier consumption, with a more marked social component.

Participants' narratives imply that the configuration of drinking practices was shaped by interviewees' lifestyles and social circumstances, varying by social classes. As Phelan et al. (2010) pointed out, the relationship between health and socio-economic status is mediated by the range of material and immaterial resources individuals can access, acting both at the personal and contextual levels. These resources include knowledge and collective values, social connections, prestige and financial means. Such mediators act simultaneously, so it is not possible to disentangle their effects, and generate different attitudes towards health-related practices. The narratives below explore interviewees' alcohol consumption practices in the light of these factors, embedded in their personal stories and daily lives.

8.3.1. Professionals from a middle-class background

Drinking practices of the professional subgroup were mostly characterised by domestic, regular and light alcohol consumption. A typical occasion included, for example, one/two glasses of wine or one beer, occurring during the weekend or, more rarely, in the middle of the week. Reported occasions included family gatherings, meeting with same gender friends or, less frequently, community events.

Alcohol consumption also had to compete with other health practices that were valued more: eight out of ten participants were engaged in physical activities, and several of them talked extensively of the importance that healthy food preparation had on their routines.

The narratives of professionals from a middle-class background, as reported below, associate their drinking practices with the role played by education and paid work in their lives, their classed attitude towards self-discipline, and their aesthetic appreciation of alcohol. These themes were present also in the accounts of participants from working-class backgrounds, but in this cluster they were more clearly articulated, and appeared indicative of variations of the drinking practices along the social gradient.

8.3.1.1. “Work ethic” and alcohol non-consumption

A meaningful theme emerging from this group of interviewees focused on the importance attributed to their professional identity. In this subgroup, alcohol consumption was a practice to perform in the little free time available, as participants considered that it could interfere with the need to combine their family commitments with job demands, requiring considerable relational and cultural work. The importance of work attainments in regulating drinking habits was particularly evident in Anna and Laura’s narratives. They pointed out that achieving their desired goals in relation to work required a great deal of perseverance, determination and self-discipline. This set of practices and attitudes, reinforced in their kinship group, oriented their alcohol consumption practices towards restriction. Anna underlined that her primary social networks had always attributed great value to personal commitment in education and work, and thanks to that she had reached a satisfactory working position:

“I think [my social background] gave me a good *work ethic* [emphasis added], obviously, ‘cause my parents always worked and I always tried to do my best to school, always wanted to do the best I could.... I guess because everyone in my near family and a bit further afield than my family have always done really well, they’ve always gone to university, have good jobs, I guess I grew up thinking that was the normal thing to do, so... I always tried my best at school then always wanted to try and have a good job” (Anna).

The sparing use of alcohol had always been part of Anna’s family health lifestyle, since it appeared functional to obtain good personal and social achievements. When Anna started at university, her already limited consumption was further reduced by her study commitments and contact with social

circles with similar drinking habits. During the interview, she described herself as “brought up in a kind of non-drinking environment”, promoting disengagement from potentially risky practices. Thus, in Anna’s narrative, alcohol consumption took place in extra-ordinary occasions (such as a recent holiday with her parents, in which she and her partner could go out for two dinners), or were extremely regular. For example, she regularly consumed alcohol on Wednesday evenings, when she met a close friend (see Chapter 9), and most weekends, especially Saturday late afternoons, when she went to the pub with her family and some friends, as she had done before becoming a parent.

The relevance of professional investment in relation to alcohol consumption is present also in Laura’s story. An influential person in her life was her grandmother, a senior midwife “very careerist”, and involved in several feminist associations, often encouraging her niece to pursue a career (“She always said to me ‘You’, you know, ‘You know that your career is important’”). Laura received the same support from her father, whom she described as a very bright person who “doesn’t really drink that much”, because he “worked pretty hard all his life... so he just didn’t have much time to drink”. Laura could not recall the presence of alcohol at home, and said that this sporadic drinking was a feature characterising her kinship group.

Laura’s determination and motivation for professional development emerged also when writing her timeline, as she described a series of painful events occurring during her educational career. Even if, retrospectively, Laura reflected that her professional achievements had only a relative importance compared to personal and family health and wellbeing, she still worked in an environment that required a great deal of energy to meet self- and external expectations. In this context, Laura associated drinking with relaxation, although she pointed out that alcohol consumption was an activity to perform at the end of the week. Describing her approach to alcohol consumption, she underlined that drinking during the week, the working time, was not part of her experience:

“So I see alcohol as something that, I suppose, yeah, it’s definitely a way to relax and it’s something that I do at the end of a week? It wouldn’t be something that I’ve ever seen as, ‘Oh on Monday evening, I’ll go and have a beer’, just wouldn’t, it would feel so wrong to me to have a beer, ‘cause I feel like it’s work time, it’s concentration time. And we watch a lot of, you know, once my son’s gone down, we’ll make sure that the place is, we’ll clean up the house, do the dishes and sit down and... we’ll watch television and we’ve an

herbal tea [slightly laughs], and we wouldn't never ever have any drink"

(Laura).

Laura characterised consumption occurring during the week in a moral manner ("wrong"). To this 'bad' alcohol consumption (disrupting the performance of everyday activities), she contraposed the 'good' domestic practices, which, for her, contributed to maintaining order and control over her everyday routine. Laura's account is suggestive of participants' ability to set rules and boundaries regarding drinking in the family context, a theme explored in Section 9.2.3. The moral characterisation of alcohol consumption underpinned also the description of drinking occasions that she considered acceptable, such as those connected with a break from conventional family and work commitments. A recent episode of alcohol consumption described by Laura took place during a periodic visit of her mother, whose presence elicited the drinking occasion:

"My mum was over for -it sounds awful, she's coming over and making me drink [Slight laughs]- My mum was over for about a week to give me some help with [child]. She's amazing, she comes over when she can... I'd bought some wine for her, a bottle of red, 'cause she likes to have a red, and again, she'd only have one drink when she's having a drink, but she said, 'Will you join me?'. So we had a glass of red, and we relaxed and it was lovely, it was a lovely evening, and I just had one drink and that was nice" (Laura).

Laura used irony to justify her drinking (occurring under her mother's initiative), and underlined her low-risk, light alcohol consumption. Having a glass of red wine, represented a "lovely" and "nice" domestic pause, two adjectives that emphasise the pleasant nature of Laura's alcohol use. Laura's narratives illustrate a significant feature characterising alcohol consumption in this cluster of professionals, that is the inclination towards controlled drinking, discussed in the subsequent section.

8.3.1.2. "My attitude is probably moderation"

Professional participants demonstrated an inclination towards disciplined drinking recognisable from the type of occasions they described. This can be attributed not only to the combination of intense work demands with family needs, but also to a set of knowledge progressively acquired in the context of primary socialisation and accumulated over their education and professional life.

Julia's overall narrative portrays a progressive internalisation of a controlled approach towards drinking. Julia's early contact with alcohol was mediated by her father and grandfather, both described

as having a medical background and a sensible approach to alcohol. Subsequently, she started her training in healthcare and moved to health-related research. Thus, Julia lived in a family and worked in settings promoting and supporting, in a reinforcing manner, the value of healthy practices. Her statement that her “attitude is probably moderation” may be read as a product of this process, in which she acquired pragmatic and theoretical knowledge about the importance of avoiding excesses.

Julia’s approach was reflected by her last three drinking occasions, occurring fortnightly, which included two social meetings with friends (where she had one and two medium glasses of wine respectively) and a music festival. In this last episode, she seemed aware of the contrast between the drinking expectations arising from the context and her practices, which she described as “really boring”:

“It’s the first time I’ve drunk in the day while [daughter] has been there and it felt incredibly naughty because it’s not something that I’ve ever done, even though I think I probably had two, maybe three glasses of prosecco, if that. Yeah, probably two, which sounds really boring; but again it was like, it was social, we had a picnic, there was music... I really enjoyed it and again would have liked it to have been a longer afternoon, but it was time to take [daughter] home; and I very much regretted having the prosecco at that point because I had to walk a very big hill with her on my back, and a rucksack. And so at that point I wished I hadn’t had the prosecco. But it was really nice at the time, just, it just felt like a lot of fun” (Julia).

Julia’s account suggests how an approach of controlled drinking, in the context of her parental role, involves a scrutiny and evaluation of the appropriateness of each situation, in relation to the context, the bodily perception of intoxication, the educational messages and the consequences of consumption. The narrative also indicated the complex cognitive emotional work required to integrate discordant feelings. For example, she felt “incredibly naughty” regarding her drinking but wanted to enjoy the situation, she “regretted” her consumption but also had “a lot of fun”.

This inclination towards control and moderation, however, was sometimes voluntarily transgressed by participants, seemingly without perceiving feelings of inadequacy. In these cases, drinking represented an expression of agency and an affirmation of *social* identity. Kate, for example, was quite direct and open in the narration of her views about alcohol, affirming that she does “quite like drinking”, and that

if she went to the pub, she would probably have a beer, rather than a soft drink. In sporadic circumstances, she allowed herself to ignore the normative constraints of her parental status and went “a bit wild”, as happened during an after-work drinking occasion with some colleagues. The whole episode is summarised in the first sentence:

“Six pints, at the pub, with work, quite drunk, walked home, went to bed [laughs]. That was, we had an away day... and we went to the pub at four o’clock, which is very unusual for me and I stayed ‘til about half seven, eight o’ clock, got some fish and chips on the way home, went straight to bed when I got in, at about nine o’ clock.... I was at work the next day... I felt all right, I was a bit tired the next day but I was ok, yeah. And that was all quite, yeah, there was quite a lot of people, it was all quite jovial, it was, ‘I’ll get you a drink, I’ll get you a drink...!’, all that kind of thing was happening” (Kate).

Ellie mentioned a significant drinking occasion, that of the first night out after the birth of her child when she and her partner camped at an outdoor concert:

“We were able to watch the music, and go to the bar, and have some pints of beer and sit on a rug on the floor, and that was really nice [slightly laughs], because there was no baby and we didn’t have to go home.... So that was a very pleasant drinking experience, and I probably drank more than I normally would, because I could and because it was relaxed and I was, you know, enjoying the environment, so that was quite a rare drinking experience” (Ellie).

Ellie underlined the infrequent occurrence of this type of situation, which was her first significant encounter with a non-parental social environment after becoming a mother. She described the occasion in a classed manner as a “pleasant drinking experience”, focusing not just on alcohol, but on the enjoyment of the overall sensory situation. Kate and Ellie’s accounts represent different ways of negotiating their gender and class identities within their alcohol consumption as mothers. Their drinking, however, was framed as acceptable because it was sporadic and they did not consider it as transgressing the expectations and responsibilities associated with their professional and maternal roles.

8.3.1.3. Appreciation and knowledge: “full bodied, red”

A third aspect characterising the narratives of professionals from middle-class backgrounds is the greater demonstration of aesthetic appreciation and knowledge about alcohol. Accounts reflected the main trends in the alcohol market, including the revival of gins or the growing popularity of craft beer, and represented women as alcohol consumers expressing a class identity.

This attention to alcohol quality, however, was not restricted to this cluster. It was common in many research participants, who stated that, while during their youth they used spirits or cocktails because they were stronger and cheaper, they had, over time, become more selective. As alcohol was consumed less regularly, it was perceived as more of a treat, and so higher quality drinks were preferred. Nevertheless, this was determined by participants’ economic and cultural capital, thus expressions of aesthetic taste were more common among the professional subgroup of participants, especially (though not exclusively) among those of a middle-class background. Drinking appeared as a cultural activity taking different forms, such as the combination of a certain wine with certain food, the deployment of knowledge about different wines (see Andrea’s profile, Section 6.1), or the identification of context-appropriate drinks.

A good example of this can be found in Kate’s narrative, where she drank spirits whilst at University, but over time had become more “snobby”, in her own words, around alcohol. She defined this change, made possible by a growing disposable income, as a “learning experience”, embedding the acquisition of knowledge about alcoholic drinks or food (she read the labels of food and wines with extreme attention). When I asked what characteristics she liked in red wine, she replied:

“Full bodied, red. That’s probably, you know, really thick and claggy wine. Not meek, not mild tasting, really [?strong?] powerful flavour.... I very occasionally drink white wine. I think I probably like strong flavours and something that is, goes with food.... I just don’t like, I find the other stuff, just tastes of nothing.... So it’s all about the flavour I think, and the intensity of the flavour” (Kate).

Other professionals, from both middle- and working-class backgrounds, stated their preference for Marlborough sauvignon blanc (Ellie), Barolo or real ales (Gemma), or ‘nice’ gins (Sophie), relatively expensive products that need to be savoured, rather than drunk, thus encouraging a non-excessive consumption (Beccaria & Rolando, 2016).

8.3.2. Professionals from a working-class background and participants with intermediate job profiles

Professionals from a working-class background and participants with intermediate profiles presented drinking practices characterised by features like those of the group above, that is, limited consumption to meet family and work needs, an attitude of control and moderation, and an aesthetic appreciation of alcohol. However, such features were less emphasised in the accounts.

Four participants from this subgroup reported low-risk drinking practices, but the rationale of self-restriction and control coexisted with a use of alcohol more markedly connected with socialisation, enjoyment and fun. This aspect is represented by the story of Gemma, whose drinking after the birth of her son had become infrequent. Gemma (Section 5.2.2) reported consumption occasions occurring approximately twice a month, less frequently than reported on average by the professionals. Two of the three drinking episodes were family gatherings and were characterised by light consumption, whereas the third occurred during her birthday, the first time she had been out in one year. The account, ending with the resolution of never repeating the experience of drinking heavily, was narrated with an amused tone, suggesting that it was a memorable event. The quantity consumed (“lots of alcohol”) and the style of drinking (rapid consumption) are suggestive of a context in which alcohol had a central role:

“I had a few glasses of wine forgetting that I haven’t really been drinking regularly, and the hangover the next day was just horrific... it was just awful [slightly laughs]. ‘Cause I’ve been out, we’ve been out, I’d been out a couple of times, so I had a couple of friends’ weddings, and a hen-do, and that sort of things, but I’ve been on, more on vodka, which I think I find easy to drink and deal with. But when I had like the bottle of wine or something, pretty much when I went out for a meal for my birthday it’s... I won’t be doing that again in a hurry! It was really bad!” (Gemma).

This episode was not isolated and Gemma described a similar social drinking occasion with her friends occurring once or twice a year. These gatherings were represented as a time of compressed fun (“we have to sort of pour all of our chat and, I suppose, *fun* all into one really concentrated time”), in which a heavier consumption was part of the framework of interaction (“with my friends it’s usually quite boozy”). Gemma and her friends typically meet during a weekend, start to consume alcohol on Saturday mid-afternoon and go on to have an evening meal with drinks. On Sunday morning, after a

“complain about our hangovers”, they have a pub lunch, again with alcohol, and go their separate ways. This extended occasion of consumption appeared both to support maintaining friendship bonds, and reduce the tensions of adult life through a dimension of play.

Stella’s narrative represents an example of how, in this group, the role of alcohol as a cultural good could be secondary to other functions, such as that of social lubricant. Stella came from a family in which alcohol was rooted in everyday routine (her father died from an alcohol-related disease). Over her life she had progressively renegotiated her style of consumption, a key motivation being investment in her work activity, which she portrayed as an essential element of stability and self-realisation. Before becoming a parent, Stella smoked and was a “social drinker”, consuming alcohol approximately four times a week. After the birth of her baby, her habits changed, both because she was intensively investing in her career, and because she held an important role in her family in terms of care and education responsibilities (see Chapter 9). While these factors contributed to her disciplined use of alcohol, the narratives of Stella’s drinking occasions reported consumption occurring in community settings such as sport gatherings, where alcohol represented a social connector. The last episode described was a concert attended with her partner and a couple of friends, in which Stella drank a cider and three drinks containing vodka. Stella’s choice of drinks appeared to be aligned with the atmosphere of the situation and guided by an element of fun, the description of the scene was characterised by a movement to different venues and by a collective mood of enjoyment, sharing similarities with the non-professionals’ occasions of consumption.

“We went into a bar beforehand, I drank... a fruit cider? I had a bottle of cider, I went into the concert. And the atmosphere was great, everybody happy, dancing, having a good time. I got two drinks, which was a vodka Red Bull... I drank them but I didn’t like it... We came out of the concert and we went into a club called [name] and in there I had a cocktail. I can’t remember what it was called but it had a funny name and that’s why I picked it. And that had vodka in, that was the only alcohol that was in it... and that’s, I had that one drink and then I didn’t drink anymore that night... but that was because of the concert. And then we ended up, after leaving [the club] we ended up going home. But and I, as I say, I wasn’t drunk. So I had [counting] one, two, four drinks all night”
(Stella).

The remaining professionals who described their background as working-class, and two participants with intermediate job profiles, reported low-risk drinking practices, prevalently domestic, in which alcohol represented a small comfort and pleasure in the everyday routine. Louise, for example, on the Friday and Saturday before the interview had a rum and coke with her partner watching the television. Even if she did not notice the effects of alcohol, probably because of the small amount, the reason for drinking lay in the fact that it was “nice, nice tasting and relaxing” rather than for intoxication. Likewise, Lara characterised her drinking occasions as “nice”, “relaxing” and “sociable”. Sarah, who drank very rarely (she could remember only two of the last three occasions in which she had consumed alcohol), talked about an episode in which she drank a beer at home and felt that it was “deserved”, as well as “refreshing”, “nice” and “relaxing”. The place of alcohol in the life of these participants was more limited, and represented a ‘time out’ from responsibility, less associated with the expressions of economic and cultural capital found in professionals with middle-class backgrounds.

The characteristics of the situations presented, up to a certain extent, recall those of the non-professionals from working-class backgrounds, presented in the next section, and are suggestive of the complexity and difficulties of tracing and establishing clear boundaries between social classes, particularly when analysing their drinking practices.

8.3.3. Non-professionals from a financially stable background

There were a variety of drinking practices among the non-professional subgroup. This heterogeneity can be attributed in some part to differing personal situations, as Elizabeth was pregnant and Valentina was breastfeeding, or a lack of detail in the reporting. It was possible, however, to identify some common features of their drinking. Compared to the professionals and the participants with intermediate profiles, the frequency of their consumption was generally lower (non-professionals reported drinking occasions generally taking place in all or alternate week-ends); aspects of sociability and gratification were emphasised; episodes of heavier drinking were more frequent; and consumption occurred in different settings during the same occasion, such as public and home drinking in the same occasion. As with the previous subgroups, they expressed an awareness of the importance of having a healthy lifestyle, but only four out of eight participants managed to resume physical activity after childbirth.

Drawing on the structure of the previous section, the accounts of the six non-professionals from relatively stable backgrounds considered the role played by paid work and financial constraints in their drinking practices. They explored their predominant approach with alcohol (described above), and

appeared aware of the forms of cultural consumption of alcohol. The features described were present also in the accounts of the two participants from disadvantaged backgrounds (Section 8.3.4), where they appeared, however, more emphasised.

8.3.3.1. Paid labour and the “luxury” of drinking

In the life of non-professionals, the role of paid work appeared to occupy a more limited or less important place in comparison to domestic care work (Section 8.2.1). Many of these participants could count on a support network enabled by a proximity to their family, which provided help with childcare and could facilitate the planning of the drinking occasions. However, narratives were far from an ideal picture of a kinship network providing material and emotional support. In the reciprocity of family relationships, participants could play an important role as direct caregivers within the extended family, which required a great deal of commitment in certain circumstances. In this context, the meaning of paid work went beyond financial needs, and represented a means to maintain relational and professional skills and to augment a positive perception of self. However, the working contexts and tasks of non-professionals differed from those of the professionals, and involved contact with less intellectually demanding environments, offering fewer intellectual stimuli.

Rosa, a part-time housekeeper in a care home, considered that her job made her feel economically more independent, but offered a picture of poor social contacts and intense manual labour, two factors she associated with a decrease in the frequency of her drinking. Rosa reported that in her previous administrative job, which she left before pregnancy, she had worked in a close-knit team, which organised numerous social gatherings. Now she was in a solitary job, which prevented the occurrence of work-related social drinking occasions. In addition, the kind of tasks she performed were very tiring, so that in the evening she preferred to rest, rather than going out and drinking:

“In my last job... there were about eighty of us in the office.... So we had nights out, we had summer parties or things like that... I wouldn't think nothing of going for a drink after work or things like that. Whereas where I am now... I'm on a unit on my own. So although there are other carers there, I'm the only housekeeper.... There's a lot of dementia and things like that, so a lot of the residents don't have as much capacity.... I clean the bathroom, I clean the toilets, I do the washing up three times a day in the kitchen.... When you've been there from 8 o'clock in the morning... you're ready to go home because it is a very hands on job as well... By the time I get home I'm ready to give

**[daughter] a kiss and a cuddle, put her to bed and I'm normally in bed as well!
'Cause I'm just shattered from it" (Rosa).**

The primary effect of the involvement in low qualified, part-time occupations on drinking practices was that alcohol consumption appeared mainly influenced by the disposable income, rather than difficulties in combining paid and unpaid labour. Accounts of careful budgeting in order to address the needs of the new family , for example, housing and childcare costs, were frequent among all participants as it was clear that the costs of raising a child required a cut-back in spending on common products. However, this aspect was more evident among the non-professionals (e.g., Elizabeth's profile, Section 6.3). In the account of Valentina, a part-time mid-day supervisor in a local school, alcohol appeared as an unnecessary good. The choice of not keeping alcohol in the house was the outcome of a financial evaluation, since priorities were reoriented towards the children's material and educational needs:

"The money could be spent on the boys... a crate of beer is twenty pounds, that's, that's half the fuel to go down to, go on holiday to Devon. Or it's, it's half the ticket price to go to Ceebeebies Land.... We'd rather spend the money in other ways" (Valentina).

"It's too expensive to drink... if we, like, we bought some on Saturday, we bought from Costco because it's slightly cheaper, then going to a shop... drinking's more of a luxury, if you can afford it, if you can't afford it, you go without" (Valentina).

Similarly, Margaret said alcohol was "one of the easiest things to cut down on", for example switching the quality of the alcoholic beverage, choosing a cider instead of a wine, or buying alcohol in a supermarket for home consumption instead of in a licensed establishment. Rosa stressed that she and her husband were "very careful" with their money, and considered drinking "a waste" of their resources. Previously they could spend up to £100 on alcohol during the weekend, now they preferred to invest that money in things they had come to value more, such as improving their house and meeting the needs of their daughter, who "comes first". Lorna and Tracy (Section 8.3.4) described carefully budgeting around alcohol consumption: Lorna stated, "it's money that prioritizes things" , including drinking; Tracy provided a long description of her conscientious use of money ("I don't earn enough money from my benefits to waste money"). Tracy and her partner used to save £5 a week and

plan a night out every 6 or 7 weeks, with leisure activities which would include alcohol consumption. As Warde (2005) has noted, “the trade-off between time and money is a critical issue in understanding patterns of consumption”. Thus, even if non-professionals had potentially more time available, their limited resources contributed to generate sporadic or irregular drinking occasions, whose characteristics are described in the subsequent section.

8.3.3.2. Episodic risky drinking and social drinking

This section explores the drinking practices of this subgroup of non-professionals through the description of the drinking practices of three participants (Wendy, Rosa and Elizabeth). These cases illustrate the importance that interviewees attributed to the collective dimension of consumption and their occasional episodes of risky drinking. The accounts of these occasions, however, were accompanied by a prompt downplaying of the drinking practices to a dimension of appropriateness.

Wendy’s drinking narratives were characterised by an element of fun and play alongside significant consumption. Wendy was in her early 20s, and had a drinking style recalling that of many young people. She included among her last three episodes of consumption a friend’s birthday celebrated in a bar with five friends (“it will have been a lot of spirits”); a leaving-do with approximately 20 work colleagues in which she drank two glasses of prosecco, three cocktails, five or six vodkas; and a recent hen-do with approximately 15 work colleagues, lasting approximately from 2 to 10 pm. In relation to this last occasion, she initially underlined the exceptionality of drinking during the daytime, but after some hesitation said that it was a pleasant experience:

“But then once I got ready... and I met everyone, and you know, everyone was like in a good mood and we started drinking, it ended up being a really good day, I really enjoyed it. I’m definitely going to do things like that more often, because as well, I didn’t really have that much of a hangover” (Wendy).

The hen-do has been depicted as a social context in which alcohol plays an important role, because it lowers inhibitions and gives women the possibility to express aspects of themselves that are not allowed in daily life (Montemurro & McClure, 2005). Subversion of gender-appropriate drinking norms is expected, hence women are legitimised to act out consumption practices normally seen as unfeminine, such as drink heavily in public. As Montemurro et al. (2005) have observed, during a hen-do intoxication is an accepted element of socialising, enhancing involvement in the party. Interestingly, while Wendy, a non-professional participant, adhered to the social expectations of a hen-do, Laura, an

older professional, experienced discomfort in the drinking levels expected in a hen-do, and did not conform to the expectations elicited by the circumstances (see Section 7.4.2).

A similar approach also characterised Rosa's drinking. She described a profound change in lifestyle subsequent to her transition to parenthood. The shift included not only her alcohol consumption (she defined herself a "social" drinker), but also her nutrition, where "frozen ready meals" were replaced by "healthy nutrition meals", and her physical activity increased from being "very stationary" as she started to engage in different activities with her daughter. Rosa's drinking occasions were organised "to have a bit of downtime... to enjoy myself a little bit". Even though she underlined the appropriateness of her alcohol use ("Not like I'd go out drinking with a pub or... I'll have maybe a glass of wine with my meal"), two of her last three last drinking occasions, which occurred over several years, were mainly characterised as occasional episodic drinking.

The first episode occurred in the weekend before the interview, during an afternoon tea for a friend's birthday, when Rosa had a cocktail with some food and shared a cocktail pitcher with her three friends ("all-in-all I think I had like, three drinks"). The second, occurred three months before the research encounter, during her 30th birthday. She described it as "the first time drinking in almost two years". This episode appeared as an subversion of the normative rules connected with parenthood, in which the loss of a controlled approach towards drinking was expected. The narrative was animated by the movement from one location to another, the strength of the alcoholic drinks, and the description of the bodily sensations associated with drinking:

"We all met here [Rosa's house] and we'd had a couple of drinks here before we went, they were just some homemade cocktails. We'd had, I think it was cherry brandy?... So we had a couple of glasses of that [and]... we went to a restaurant in town... that's where we had the pizza and prosecco, and to be fair if I remember rightly I think I had eight glasses of prosecco... and I do remember feeling, not drunk so to speak, but you, just like, just warm and, you know, a bit more loose than what I normally am. Like I could feel the effects of the alcohol but I wasn't out of control" (Rosa).

Subsequently, the group went to a pub, where Rosa had a pint of cider ("very classy after having a prosecco") and a Jägerbomb and then stopped for fast food. They subsequently went to a second club before returning home. Rosa's account (here reported only partially) was accompanied by the vivid

reporting of her physical perceptions, including the initial feeling of warmth and emotional alteration, the recognition of the strong effect of alcohol (that "hit" her), the heaviness of her head the morning after the party and the final sensation of "feeling human again". Commenting on this episode, Rosa considered that "it was nice for the four of us to be out without our children, to again just feel like adults, have a bit of time to ourselves but then come home and resume our role of being mummies again". In this episode, Rosa's drinking was associated with intense sensorial aspects, allowing her to step out of the role of parent and its responsibilities. Like Wendy's account, Rosa's story was characterised by a carnivalistic aspect, as the expectations concerning drinking surrounding the idea of 'good mother' were deliberately, and temporarily, subverted.

Finally, the third drinking occasion Rosa recalled occurred before her pregnancy (thus approximately two years before the interview), during a party organised by the company where she worked. She could not remember the amount of alcohol consumed, but recognised that it was "just like my regular type of, like I say, more like a binge drink so as to speak". As this last episode suggests, Rosa focused on occasions of consumption that she deemed meaningful over several years, without accounting for other light routine occasions mentioned during the interview. During the interview, however, she gave little to no importance when describing the light routine occasions, associating drinking 'occasions' primarily with group socialisation and particular events.

In Christine's account, the social aspect of consumption was connected with her family's sporting culture. A common venue for her drinking occasions was a local pub, where she often went with her family to watch football matches. In this context, her consumption habits appeared to represent an affiliation to a local community, to a sport subculture and to a family group.

Her drinking occasions appeared routine and characterised by the transition from public to domestic settings. For example, on the Friday before the interview, Christine went with her family to that same pub for a dinner with her brother and sister-in-law, consuming three white wine spritzers. Subsequently, she had a glass of wine at home before putting her child to bed. Likewise, on Saturday afternoon she went to the same pub with her family and had two or three drinks while watching the football match, she then carried on drinking at home and went to bed at around 8pm. Christine stated that she "was quite drunk on Saturday", but fearing she was talking about something that could cause adverse judgement, tried to defend her conduct with a rhetorical question (ideally requiring my assent) and presenting the presence of children as a deterrent factor for drinking.

“Like I say, if we drink we go on an afternoon and like I say, I wouldn’t say we drink, you know, excessively to where... I think it depends on how much I have to eat, doesn’t it? And your state of mind as to how quickly, you know, alcohol affects you. Like I say, we were all, we were there with the children, like we had [daughter] and my in-law, er, my sister and brother-in-law had their children with them” (Christine).

The third drinking occasion, a dinner with some friends, was more contained. Christine drank a glass of wine during the meal and another one at home. Christine’s consumption at the local pub, a family-friendly pub, or in other contexts, appeared in line with the setting of socialisation and leisure time, in which she could express the “loud and bubbly” aspects of self. However, since her parental role required different rhythms compared to the past, she seemed to have adapted her drinking practices to the new circumstances. Thus, her drinking continued at home, a ‘secure’ environment where alcohol consumption, regulated differently from time to time, seemed to favour an emotional state of relaxation.

8.3.3.3. Appreciation and knowledge: from “girly drinks” to lagers

As with the professional participants, non-professionals acknowledged that quality had become more important than quantity in their alcohol choices. However, they were less interested in the language of quality and understanding what was considered important in the selection of a quality product. Non-professionals’ drinking occasions involved a range of alcoholic drinks often highly coloured, sweet and strong, such as alcopops, cocktails and spirits, and interviewees mentioned a variety of favourite products. These included sparkling rosé for Elizabeth (the sweetness masked the taste of alcohol), white wine and spritzers for Christine, cocktails for Tracy (“girly drinks”), light lager, fruity cider or ‘Disaronno’ for Valentina, prosecco for Margaret (it can be drunk in small glasses and was light and refreshing), gin and tonic for Rosa (a “mature” drink) and “wines, prosecco, vodkas, ciders, and lagers for Lorna, depending on what she fancied.

The relative lack of prominence of the aesthetic aspects of drinking may be attributed partly to interviewees’ difficulty to access some types of goods, and partly by the importance attributed to the relational aspects of drinking. This is showed in the accounts presented, where alcohol was not important in itself, but in relation to the atmosphere and social connections it contributed to generate. At the same time, however, several non-professionals manifested their awareness regarding the value of alcohol as a marker of class identity (see Margaret’s account, Section 9.1). Rosa, for example, said

that her partner introduced her to red wine, a drink generally more expensive than Lambrini, a brand associated with working-class consumption (Thurnell-Read, 2016).

8.3.4. Non-professionals from a disadvantaged background

The drinking practices of the two non-professionals from disadvantaged backgrounds shared the features explained in the previous section. Their stories, however, illustrate further factors mediating the relationship between parental alcohol use and social class. Lorna and Tracy's stories (detailed in Sections 5.2.4 and 6.4) were characterised by some common aspects, such as the normalisation of alcohol consumption in their past and present social networks, the perception of being relatively low social status, and the accumulation, over their lifetime, of a range of stressors. In this context, practices of alcohol consumption took the form of episodic risky drinking, characterised by "release" and "fun" collectively experienced.

These elements are illustrated in Lorna's account, whose background and drinking habits have been described in Sections 5.1.3 and 5.2.4. Lorna worked as a part-time team leader in a local convenience store, work requiring her to "shelf stack, cash up tills, just basics, nothing entertaining". Alcohol consumption had an important part in her, and her partner's leisure time, even after they become parents ("We do tend to do other things but it ends up being around alcohol, it's still very part of our lives I suppose"). Her last three drinking occasions comprised her recent honeymoon ("Lots of champagne flowing all the time"); a wedding anniversary, where she got "a little tipsy"; and a night out with her partner and a couple of friends, when she had eight pints. Lorna was very careful in pointing out that in all these situations the children were looked after by the grandparents. Except for the special occasions listed, her consumption episodes occurred every two weeks, when her mother-in-law could babysit. The description of a typical night out followed a pattern in which the social dimensions of alcohol consumption played an important role:

"We always tend to go out, and have a meal, have a drink, have a good drink! [Laughs] Wake up with sore heads but we just use that night for release to be honest. It's a bit different from when we, before we had children, it were every night that, that we could afford it. But yeah, I think that were surroundings I were brought up in, it were just the norm to drink everyday" (Lorna).

The vocabulary characterising Lorna's account was that of socialisation and a loosening of restraint, with drinking associated with a convivial atmosphere and a deserved "release". This habit of drinking was

widely accepted in the environment in which she was brought up and in her current peer network. Besides, in Lorna's story drinking was associated with a cluster of health practices, including eating and smoking, which appeared difficult to change. Smoking was the habit most resistant to change. Lorna quit smoking during the two pregnancies, and in both cases resumed a few months after giving birth. After the birth of her second child, her first smoking and drinking occasion occurred simultaneously, thus confirming the close link that drinking may easily establish with other health practices:

“The last time I started smoking we were on holiday and I were like, “Oh, I’ll have a drink, and I then I were like, ‘Oh, I want a fag’. And that’s probably the first time I had a proper drink after having [child] and I think, I think it’s probably alcohol that got me back to smoking [slightly laughs] to be quite honest, I think they’re both linked. Especially when you’ve had far too many to drink, I think you smoke even more” (Lorna).

At the time of the interview, Lorna smoked approximately twenty cigarettes per day, and described the difficulty of breaking such a habit: she was aware that smoking was not healthy, both for her and her children, and was convinced that quitting was a matter of will power. However, as she considered she did not have a “reason” for doing it, she continued to enjoy the little pleasure of “going out on the back door and having five minutes”. She felt selfish and guilty about that, but also unsupported in changing by her partner, who had never halted his smoking habit and, in her opinion, never would. Lorna's accounts represented the dilemma that daily health practices may take, manifested through discordant feelings, apprehensions and reflections.

Tracy's story shared similarities with that of Lorna, as both were marked by strains and stressors which influenced their approach to drinking. In her words, such strains and stressors included growing up in disadvantaged circumstances and perceiving her social vulnerability, the separation of her parents, the use of alcohol and drugs (both a cause and effect of stress), and growing up with a mother suffering from alcohol use disorders. Lorna's relationship with her mother, in particular, required a great deal of energy. Lorna was engaged in practical assistance and seemed to perform a continuous emotional work, aimed at regulating the relational boundaries with her mother and negotiating her own identity. She considered that she “had no role model growing up”, and “had to really struggle and pull [herself] up from nothing”. Tracy provided a detailed description of her mother's alcohol consumption, which periodically went “out of control”. In such circumstances, Tracy and her grandmother had to bring the

situation back to stability, and this was not without difficulties. At the same time, as with Lorna, over time Tracy's experience as a daughter opened an opportunity to think about her own drinking and make healthier choices:

“Maybe that’s why I have a better relationship with alcohol, because I look at my mum, and I feel like, I feel very sorry for her because at her age, it must be a little bit embarrassing and awkward to be that heavily dependent on a substance that you should be able to take or leave by then.... I think my mum’s relationship with alcohol has given me a better insight into what I could be like had I not stopped” (Tracy).

Accounts similar to that of Tracy, including parents and relatives suffering from alcohol-use disorders and stories of loss and disruption, were more common in the biographies of the interviewees from working-class backgrounds. This finding recalls Pearlin's observation that “stress... reveals patterned differences among groups and collectivities differentiated by their social and economic circumstances” (1989, p.244). Pearlin provides a sociological perspective on stress, and argued that stressors are “the sources of hardship and privilege, threat and security, conflicts and harmony” (Pearlin, 1989, p.342). According to Pearlin, a disadvantaged social status is more likely to be a source of strains and vulnerability, draining the capacity to cope. Accordingly, the progressive weakening of Tracy's coping abilities manifested after the birth of her child, a period marked by deep concerns and resulting in an increased use of alcohol (Section 6.4).

Tracy, however, addressed her mental health and alcohol-related issues, and acquired the ability to manage her anxieties with different strategies. She replaced alcohol consumption with physical exercise and presented herself as a ‘responsible’ drinker, able to maintain an overall contained approach in relation to alcohol consumption. As with Lorna, smoking seemed to be the practice most resistant to change, and Tracy smoked about 15 cigarettes per day, despite previous attempts to stop. Regardless of her awareness that it was not good for her health, she was not able to quit. The drinking occasions presented (Section 6.4) were three birthday parties, described as episodes of consumption different from the past, as they were elicited by specific events, rather than by the deliberate intention of going out to drink heavily. Tracy's approach towards alcohol can be summarised in her concluding comment, when she stated that drinking was more a “social, fun thing to do”, rather than a practice performed “for the sake of it”.

Even if, for Tracy, alcohol consumption no longer represented an act of self-medication, her drinking equally appeared a means of mood regulation and escapism, both from her caring duties and unrewarding job. In her account, however, 'escaping from duties' was not viewed as deviant from the expectations associated with adult life. It was, instead, acknowledged as a basic human need in both the interviews:

“And, you know, everyone needs an escape, everyone needs a little bit of a break, and it’s alright, just because we are mums we are still people, we’re allowed to have a life” (Tracy).

“Any social activity that parents, especially mums do, is always judged by somebody else because we’re supposed to be perfect... But I think... it’s unfair because we’re allowed to have a life as well, surely?... As long as our children are well looked after and safe, does it really matter what we’re doing, really?... I know that...[parents] don’t seek help when they need it because... they worry they’ll be judged... So I think that... if we talk to each other more... then we could help each other with these problems, like the excessive drinking and stress, because I think that is where a lot of the drinking comes from” (Tracy).

Tracy presented, in a substantial manner, the need for being recognised in her identity as a woman over that of parent, and introduced the theme of the constant judgement on mothers (and, consequently, on their drinking). She pointed out the necessity for parents to have some times free from daily duties, beyond the exemplarity required by their educational role. Tracy’s account also suggested that the idea of ‘intensive motherhood’ may be onerous, especially in situations of vulnerability, when disclosing difficulties may be difficult for the fear of being misjudged.

Conclusion

This chapter has initially reported two themes commonly shared by interviewees, regardless of their social class: the alignment to a style of alcohol consumption deemed appropriate to their life stage, and the regulation of their use in light of their changed bodily selves. Narratives show that the decrease in alcohol consumption generally occurring when becoming a mother needs to be understood within a broader picture, including social norms and the renegotiation of the physical identity. The second section has analysed the different role paid work had in participants’ lives, and has discussed their different investments in the work and family sphere, the first privileged by the professionals and the

second by the non-professionals. The return to work after maternity leave was experienced with discordant feelings not directly connected to social class, spanning from apprehension to the pleasure of reconnecting with their social selves. With the exception of two situations, the return to work was not perceived as a factor significantly influencing drinking practices. It is argued, however, that working conditions contribute to generate different inclinations towards consumption (e.g., promoting different values and reflecting differences in spending power). Finally, the third part of the chapter explored participants' drinking practices in relation to their social class in their early maternity period, drawing a comparison between professionals, participants with intermediate job profiles, and non-professionals, grouped in four clusters. The drinking practices ranged between the attitude of moderation and self-regulation in the professionals from a middle-class background, to the greater inclination towards occasional fun, sociability and release in the non-professionals from disadvantaged backgrounds. It has been argued these differences are the product of a range of factors characterising the conditions of daily life, including material and cultural resources, and practices promoted by social networks.

CHAPTER 9. Alcohol consumption as a family practice

Introduction

This chapter considers participants' alcohol consumption as part of the set of their 'family practices'. The concept of 'family practice', as elaborated by Morgan (1996, 2011), shifts the focus away from the concept of family as a static institution, to the understanding of family as a range of flexible and dynamic practices. Instead of considering the way in which families are structured, how they operate, and the functions they should fulfill, Morgan's focus is on the way in which families *negotiate* relationships, domestic routines, and meanings. Drawing from previous formulations of the concept of practice (Section 2.6.1), he includes among family practices the whole set of ordinary actions that people enact in their daily lives, which are "oriented towards another family member" and through which "the other is defined as a family member" (Morgan, 2011, p.3).¹³

Morgan argues that the idea of family practice conveys the characteristics of regularity and fluidity coexisting in domestic life (Morgan, 1996). Regularity and repetitions are necessary for the smooth organisation of daily life as they simplify the planning of home tasks and create a feeling of order and coherence. However, family practices can also be transformed and, most importantly, interpreted and understood in different - and not always consistent - ways by different subjects. The second feature, fluidity, refers to this "kaleidoscopic" nature of practices, which can account for family practices by considering different points of view. Family drinking practices, for example, may be described as a marker of a parental role, of gender identity, as well as a health-related practice. In addition, family practices connect biographical aspects with the broader historical and social milieu, because families and cultural processes do not develop independently from each other (Morgan, 1996). Hence, family drinking practices are influenced, for example, by the social organisation of labour and gender or class expectations.

¹³ Unlike other approaches, considering family relationships a prominent but not exclusive field of investigation (e.g., Smart, 2007), Morgan claims the specificity of 'family', and the need to distinguish it from other wider forms of social grouping. Even if the definition of 'family' is necessarily flexible and localised in time and space, there are three aspects justifying the study of 'family' on its own. Firstly, this focus on 'family' allows consideration of the importance of ascribed aspects of relationships (e.g., intergenerational and kinship connections) which have, at least potentially, a salience for individuals. Secondly, family is the subject of ideologies and collective representations. Thirdly, family still holds a fundamental place in people's daily life, and this immediate presence is the most important reason to retain specific attention on it (Morgan, 2011)

Based on these premises, Smart (2007) has argued that family practices can be included in a wider conceptual orientation, a “personal life perspective” that considers each person as inextricably connected with her or his significant others. For Smart, the study of family practices and relationships includes an interest in further dimensions such as memory, the imaginary, biography, relationality, and embeddedness. Smart emphasises the importance of the dimensions that are often overlooked by sociology, for example the role objects and emotions have in the negotiation of intimate relationships, such as those involving parents and children, siblings, or members of a couple (Smart, 2007). In this research, material and affective dimensions have characterised also the way in which drinking practices have been reported by participants, and have supported the interpretative work. The material elements featuring the practices, such as the kind of alcohol used, the drinking location and other objects characterising the practice, contributed both to describe interviewees’ identity and ties with past family history, and reflected transformations that occurred in collective life. The feelings participants manifested shed light on what they deemed important for themselves and their relationships, and on the emotional work they did upon their biography. Most importantly, affective responses were indicative of socially shared values and ethical principles, informing their actions.

Drawing from the body of research presented above, this chapter argues that drinking practices can be seen as part of the broader set of family practices, through which the research participants have negotiated their relationships as partners and parents. Section 9.1 explores the role drinking practices had in the formation of bonding between the couples, and Section 9.2 considers drinking practices in relation to the formation of parental roles. In particular, Section 9.2.1. describes interviewees’ narratives about their partner’s support for abstinence during pregnancy. Sections 9.2.2 and 9.2.3 argue that in the early maternity period, some participants regulated and monitored their partners’ drinking in order to negotiate the sharing of parental responsibilities and protect their children’s wellbeing. Finally, Section 9.3 explores how drinking practices were reworked in the changed family context. Sections 9.3.1 and 9.3.2 analyse the gendered division of domestic work described by the interviewees and the forms of self-care they adopted, which could include alcohol consumption. Section 9.3.3 describes the mutual arrangements of partners’ occasions of domestic and public consumption, and Section 9.3.4 explores the place children had in the drinking occasions and participants’ views regarding the involvement of their children in the consumption settings.

9.1. Sharing and reworking of drinking practices in the development of couple relationships

Alcohol consumption was described as a practice through which some participants began and developed their relationships and bonded more strongly with their partners, contributing to the negotiation of their identity as a couple. Participants underlined different aspects of this process, which implied a sharing and recreation of drinking practices between genders, families, and social classes.

In their interviews, Louise and Valentina talked about the personal connections alcohol helped to establish in the early stages of their relationships. Louise recalled that during their first date, her husband introduced her to artisan beer. This act appeared an expression of attention that was still remembered and had become part of her reminiscing because of its affective salience. Over time, Louise had acquired new knowledge and expertise as an alcohol consumer, and reworked the use of a product traditionally associated with an assertion of masculinity (Thurnell-Read, 2016). She stated that she still liked beer, but in line with perceived social norms around women and alcohol, reported her preference for lagers with a mild taste:

“I didn’t like beer, I remember when I went on my first date with [husband] I told him I didn’t like beer and he was like, ‘I’ll find the beer that you like!’ and he quite quickly got me onto drinking beer... I think I went through a period after meeting [husband] where I would probably mostly drink beer, and I do still quite like beer, but I quite like kind of not particularly strong tasting lagers, and, but my favourites are like wheat beers and things like that? Which do have a strong flavour, but I prefer that kind of flavour” (Louise).

Alcohol consumption was also involved in the negotiation of the couple’s relationship in Valentina’s account. She reported an episode of intoxication that occurred in the first few weeks of their relationship, in which she was verbally offensive towards her partner. In this case, Valentina, through her excessive use (presented as involuntary) of alcohol, felt she had proof of sensitivity and the affective involvement of her partner. Intoxication led Valentina to expose some unpleasant and vulnerable parts of herself, which she felt he fully understood, hence, she decided not to repeat similar experiences:

“I remember the first time I got drunk in front of him, again I didn’t remember a thing. And apparently I, I was quite nasty to him and it was only a month into our relationship. And because, oh he was like, ‘Oh you were drunk, you make mistakes, you say things.... And he was really understanding, and I think that understanding made me realise I’ve got a good one there and I’m not getting into that state again” (Valentina).

In Gemma’s account, drinking socially with her partner represented an element of connection for their relationship. Gemma and her husband got to know each other when, in her early 20s, she joined a local music band. After the rehearsal, the band members gathered for a drink. In the context of the narrative, this shared occasion of consumption appeared as a sign of equality between the partners, since the two of them had an equal opportunity to socialise and relax. However, by the time of the interview, her description of her relationship had markedly changed. Gemma reported an unbalanced division of parental responsibilities, reflected by the drinking habits of her partner, which had remained unchanged against her expectations (see Section 8.2.2). At the end of her account, Gemma recalled the period of their getting together nostalgically:

“I joined the... band that he played in and so we got to know each socially, that’s why I suppose one of the reasons why drinking was, you know, a social thing between us. So, after the rehearsal, the band had its own rehearsal room, which was almost like a working men’s club set up... after rehearsals you’d sort of stay and have a drink with everybody and so we would, we got to know each other through that... so it was quite a nice social thing, but unfortunately we don’t do it anymore. Life got in the way but... yeah, it was good” (Gemma).

Andrea’s account underlined, instead, how the negotiation of the drinking practices between her and her partner involved their respective family beliefs and moral views. While Andrea was brought up in a relatively permissive family environment, her partner’s upbringing was strongly influenced by the Anglican religious views of his family, which had a morally loaded approach towards alcohol. As a result of this, Andrea described her partner as a person with an instinctual, negative reaction to anything he considered wrong or transgressive of his set of rules. In the first years of their relationship, while Andrea considered it normal to go out drinking, her partner could not understand the point of going into town just to consume alcohol. Because of these different approaches, they faced several conflicts.

Andrea remembered a time when they went to a local concert, at which her partner drank excessively, and she had to assist him:

“I think we must have taken some gin or something, and I had to, like, take him out of the party and take him home and he threw up on the street. And he still talks about this event, like it, as a really shaming event for him, and I just think it’s a completely normal thing that happens from time to time... I mean it’s not the end of the world, but he really experienced it as, he thought we were going to split up and everything. Anyway, after that event, he was really quite particular about making sure that he didn’t drink too much and so on, it obviously really affected him” (Andrea).

While Andrea considered the situation as unproblematic, her partner felt that episode was so shaming (and conflicting with his identity) that it threatened the existence of the couple. This event, which happened a long time before, was still recalled and appeared indicative of the different approaches the partners still held in relation to alcohol. According to Andrea, this difference manifested a few weeks before the interview. She was looking for some wine given to them at Christmas and, with slight concern, realised that her partner had finished the whole bottle without her noticing. Regarding that occasion, Andrea thought that her partner did not need to conceal his drinking, as she did not have a judgmental attitude towards alcohol use. Andrea concluded that, while her approach to alcohol was transparent and free from preconceived ideas, that of her partner was still ambivalent and characterised by an underpinning feeling of guilt. The sense of potential judgement concerning drinking was described as rooted and, as such, difficult to deconstruct:

“If I’m at home by myself and there’s like, an open bottle of wine with just, maybe a glass left in it, it’s completely normal that I would drink, have a glass of wine, that’s totally fine, it’s not a problem and I would just leave the bottle on the side. Whereas he would maybe drink the wine, clean the bottle and put it in the recycling, so that it wasn’t so obvious that he’d just drunk the wine or something?... Anyway, I’m sure it’s all linked up with his puritanical, evangelical, Christian judgement thing.... Even though it doesn’t matter how many times I repeat to him that I’m not judging him... there’s just a whole judgement structure which [is] a significant part of his psychology” (Andrea).

In Margaret's account, alcohol consumption seemed to be a practice representing the class identity negotiated within the couple. Margaret described her background as "upper working-class," a phrasing which seemed to indicate her desire to distance herself from more disadvantaged working-class identities. The meeting with her partner, who was in a professional job, entailed that she considered this indicative of a change in her social status, which was in turn reflected by a marked change in drinking habits: from "the big night out" and the use of "cider and vodka" to what she considered as a more civilised "nice glass of wine":

"I never used to drink wine before I met him, I used to drink vodka and cider occasionally, and then when I met him, he introduced me to wine and I think he made me a bit more... I suppose a little more sophisticated, when you have one glass of wine as opposed to five vodkas and lemonades. It's nice to have a meal and just a nice glass of wine" (Margaret).

Finally, in the cases of Stella and Lorna, the negotiation of drinking practices with their partners was associated with the development of 'healthier' selves. Stella and Lorna were both habitual drinkers when they met their partners. The formation of each couple led to a reciprocal regulation of alcohol use, which was mutually disciplined. Both interviewees described an initial phase in which partners mutually encouraged drinking, followed by a stage in which they supported each other to reduce their consumption.

"Maybe, maybe years ago... if I wanted to stay out and keep drinking, he'd stay out and keep drinking. I think we've influenced each other to pull away from it" (Stella).

"We were both big drinkers before we even met each other. I think we probably led each other on to drink even more when we got together.... And then I think we backed each other up when, when we were, when I got pregnant with our children... because I got alcohol constantly around my life, it was just like, I just saw that it was the norm to drink every day, and he's like, "Why are we drinking every day?" (Lorna).

These last narratives suggest that the reciprocal rearrangement of drinking practices between partners has been functional not only in increasing their self-awareness, but also in the construction of their

adult and parental identities. The place of alcohol in the negotiation of parental roles is explored in the next section.

9.2. Alcohol consumption and negotiation of parental responsibilities

9.2.1. Partners' support in women's abstinence during pregnancy

As discussed in Section 7.3, all participants demonstrated awareness of the importance of not drinking during pregnancy and stated they perceived their abstinence as their responsibility. However, the support of partners was not felt as neutral or irrelevant, but much appreciated, as it was perceived to be a sign of affective investment and the sharing of a path. Even if the majority of interviewees did not prevent their spouses from drinking, in all the occupational groups most (but not all) male partners modified their consumption. Often, this did not imply complete alcohol avoidance, but instead occasional consumption, preferably not in the presence of the interviewees.

The importance of their partners' reduction of consumption can be better understood from the words of the women who expressed their recognition or disappointment in relation to it. Lorna and Laura were two of the participants expressing appreciation for the support received. Lorna stated that, during her first pregnancy, her husband profoundly surprised her. Social drinking had always played a substantial role in their relationship, but they both had to modify their consumption styles to improve their chances of conceiving (Section 7.2). At the end of her account, Lorna stated that it was helpful being supported in a period in which she could not drink (see quote below). During the second pregnancy, Lorna's partner did not reduce his drinking to the same extent, but this appeared less important to Lorna compared with the previous time, as she experienced that period with less apprehension. In a comparable manner, Laura expressed esteem and gratitude towards her husband. They thought that they would not be able to become parents, and in this context her husband not drinking can be read as an expression of solidarity and attention in an important phase.

“Actually yeah, he did shock me. We hardly have ever drunk when I were pregnant. She was actually due on the [date], and the first time he had a drink was...his birthday, so he said...“I’m not gonna have a drink, it’s too close” and I’m like “Ok, ok”, and [the next week] he says “I’m gonna go out for a drink tonight”. I went “Ok, have a drink!”, ‘cause he begged me all my way through and I went into labour [that night] [laughs loudly] Oh wow, typical!....He stayed pretty much sober with me throughout pregnancy, which I think that’s what

you need. The last thing you need is somebody else getting drunk [laughs loudly] when you can't" (Lorna).

"My husband, when I was pregnant and he didn't drink, I'd say as much, sometimes he wouldn't drink actually. He was incredible, incredibly supportive husband, very hands-on, very helpful, very thoughtful, considerate" (Laura).

In contrast, participants whose partner continued to drink reported feelings such as concern and disappointment. Kate, for example, defined her partner's drinking habits as "a bit OTT", and initially was hesitant to describe the necessity to monitor her husband's alcohol use. Kate exhorted her husband not to drink during the last month of her pregnancy, so that he would not be affected by alcohol if she went into labour. However, when discussing his drinking practices after the birth, Kate felt that she could not openly complain, because she had known he was "into drinking" before they married (e.g., her husband was keen to go to the pub, to have some wine during the evening meal, and enjoyed drinking when he had the chance of doing it):

"I need to, I have to, I try, I have to control him almost. So like when I was pregnant the last kind of month I said he couldn't go drinking at all, because what if I went into labour? So he adhered to that one and he claimed he was not really drinking anymore after she was born, but he's definitely drunk more than me since she was born... he's a bit OTT but I knew that when I married that he was into drinking, so I can't really say much about it in terms of, you know, what is, mm mm" (Kate).

Stella and Margaret expressed discontent as their partners drank more than usual during their pregnancy, because the men took advantage of the fact that the women, as non-drinkers, could drive to social or family events. Stella's pregnancy was unplanned, and represented an abrupt interruption of her working life. She openly stated her dissatisfaction, describing her frustration about the lack of comprehension of her partner, who, she felt, made the most of her not drinking while pregnant. Margaret, who related similar experiences, adopted a defensive approach towards her husband's conduct. Initially, she reported his sudden increase in drinking during her first pregnancy, but later she questioned her perceptions of the situation. Margaret pointed out that during the second pregnancy her husband's consumption had remained unchanged, thus re-establishing his position of sensible consumer:

“He still drank. If we had an occasion to go, he’d still have a drink, he would. Yeah. That would really frustrate me, but yeah. It’d have been good if he didn’t but he still did drink... I think he’d, I think in a way he probably took advantage that I could drive, so if we needed to go somewhere, usually one of us would always drive, but obviously when I was pregnant, it was me that was the designated driver all the time so he’d probably take advantage of that and enjoy a drink while I’m sat there with my lemonade [Laughs]” (Stella).

“When I got pregnant last time he seemed to drink loads, suddenly! I don’t know if it was because ‘Ha! You can’t drink and I can!’ And suddenly he wanted to drink beer every night. But he’s never been really that into drinking particularly.... I don’t know if it’s because he knew that I would drive him home, and those sorts of things [Slight laugh], and it was over Christmas as well, or whether I just noticed it more because I couldn’t. Maybe he was drinking as much as he did before and I just suddenly went, ‘Ooh, why are you drinking and I’m not?’ so, but this time he has just stayed the same, he hasn’t really made much difference” (Margaret).

The narratives presented have shown that participants felt it was important that their partners tried to drink less or not at all while they were pregnant. When this did not occur, interviewees expressed irritation at their partners’ drinking, while they had to abstain from alcohol. Kate’s account also suggests that women could play a role in the informal control of domestic drinking, a theme explored in the next section.

9.2.2. Negotiation of drinking practices and responsible fatherhood

Most of the participants, regardless of their social class, stated that at the time of the interviews they and their partners had comparable drinking habits and approaches to alcohol. This alignment was attributed to sharing routines and similar drinking occasions, the need to remain focused with work, and limited possibilities to drink due to childcare needs. At times, however, the report of comparable drinking habits was not consistent with descriptions of men drinking a larger share of alcohol than their female partners, or drinking more frequently. The perception of similarity, I felt, might be attributed to the fact that respondents tended to consider their partner’s drinking as a normal part of male socialisation (Section 9.3.3).

While in most cases the convergence towards comparable drinking styles was presented as occurring without much discussion, in some situations it was the result of uncomfortable negotiation. This negotiation seemed linked to the sharing of parental responsibilities with the partner, and as a consequence, to the formation of his paternal role. In such circumstances, participants did not perceive their partners' alcohol consumption as problematic in itself, rather it represented an unbalanced involvement in the family duties. Hence, the redefinition of partners' drinking habits was associated with a request for greater equality in the division of domestic work. Two significant accounts were reported by Sophie and Gemma, who experienced, either in the past or at the time of the interview, feelings of irritation towards the alcohol consumption of their partners. In the first interview, Sophie characterised her partners' drinking habits as very similar to hers, and subsequently explained the differences:

“He probably goes out to the pub a little bit more than me? Slightly. The only difference between us is when he goes out [slightly laughs], his cutting off point is lot more further and longer than mine, so he does tend to come back a little bit later. A little bit more alcohol than I probably would have, but he’s good, he’s good really” (Sophie).

Sophie here gave an ambivalent evaluation of her partner's drinking. She reported occasional episodes of unconstrained consumption, but concluded that he generally was 'good'; from the context: a sensible drinker, a trustworthy partner, and a present father. This description presented aspects of his conduct she did not necessarily approve of in a protective manner.

Sophie stated that, during her maternity leave, her partner maintained his previous consumption habits and went out once or twice a week. Sophie, instead, described herself as “stuck” at home with her daughter, who refused to sleep, and these different approaches to family life inevitably produced tensions. Initially, Sophie's partner was dismissive of Sophie's criticisms (“Well, you're off work, so it doesn't really matter does it?”), but after an episode of hazardous consumption, which she described as resulting in an ultimatum and turning point, he reconsidered his drinking habits:

“There was one night in particular when he got very, very drunk. He said that he was just going to the pub after work and that he would come back... around midnight I guess? So, I was kind of up quite a lot in the night, 'cause [daughter]

was waking up a lot so I was you know, when it was one o' clock, 'Ah, I', you know, 'Are you coming back soon? And... I didn't get any replies, but at the same time... I saw the message that popped up on his Ipad, so I could see that he'd been texting one of his friends but hadn't been texting me back.... We fell back to sleep, me and my daughter. And then, I think I woke up at 4.30 in the morning and found him, basically curled, [Slight laugh] curled up in a ball and he'd left the apartment that we were living... in a big mess, and he was very, very, very drunk. And it was at that moment I think that I, he didn't remember where he'd been or how he got home and I said that that was enough" (Sophie).

In the second interview, her partner's behaviour in this episode was described by Sophie as "not appropriate" because of the confluence of several factors: her partner did not reply to her text, she thought he would have come home earlier (as they previously agreed), the event was unexpected and, as a consequence of his drunkenness, the flat was left in a mess. Sophie deemed that her partner's conduct was not respectful of the tiring care work she was carrying out with their daughter. Hence, the 'inappropriateness' of that circumstance was defined especially in relation to her partner's lack of reliability and support of Sophie's parental role. Sophie reacted not towards the excessive drinking in itself, but towards the discrepancy in family responsibilities it signified. Sophie said that those events caused a strong feeling of shame in her partner, and that the episode marked a divide between her partner's 'previous' and 'current' attitudes as a drinker and parent. He rapidly acquired a heightened awareness of his family role that went hand-in-hand with greater moderation in his consumption. In the epilogue of the story, Sophie described her partner as much more sensible towards drinking and organised than he used to be (namely, overall, "good").

Similar feelings of irritation characterised the account of Gemma. During her first interview, describing her current drinking occasions, she referred to her recreational drinking at home as an "event," and compared herself to her husband, who was "very good at drinking just for the sake of it." Solidly built, he regularly consumed two or three cans of beer three or four times a week, and could have a bottle of wine during the weekend. Since Gemma stated that she felt "a little bit sad" for not joining her partner's drinking occasions, during the second interview I asked her to explain more about the feelings reported. Gemma expressed her desire to unwind together and associated the need to relax with alcohol consumption, an activity that in the past had characterised their time together. She expressed annoyance with her partner's drinking habits, which remained substantially unchanged after the birth of their child, and she felt they were a waste of money. Gemma found it frustrating that

her husband's priorities did not change as radically as hers, and this was mirrored by her perception of 'unequal' drinking:

"I think sometimes it's just, it's just nice to feel relaxed at the same time. I think sometimes I have a tendency, because *I am not* drinking [slight emphasis], to get annoyed at him, because he is drinking. And I feel like he's wasting all this money and I don't feel the need for a drink, so why does he feel the need for a drink? *Forgetting* [slight emphasis] that if it had been two years ago I would have been having a drink at the same time as him... so I shouldn't necessarily expect his habits to change even if mine have, so it's just a bit sad that my habits have changed so radically, and I'm expecting him to keep up with me, almost, and I don't know, I think... it was quite nice" (Gemma).

In the subsequent part of the interview, it became more apparent how Gemma's feelings towards her husband's alcohol use were connected to a sense of overload caused by the tensions associated with the caring responsibilities that she perceived as not equally shared. In Gemma's account, drinking appeared a key element of relaxation, which symbolised a pause from daily duties. However, while her partner was "allowed" to drink, and by extension, relax, she could no longer do so, since she felt focused on their children's needs. Hence, Gemma did not resent the use of alcohol as such, but rather that not drinking represented her being constantly aware of parental obligations, unlike her partner. What surprised me was that, as she reflected on the situation, Gemma seemed to question her position (and thus, I felt, her request for greater equity), confirming the societal expectation about the centrality of women in childrearing.

"Sometimes it's frustrating that his priorities haven't shifted in the way that mine have and that he is *allowed* [slight emphasis] to have the drinks, where I am *not* [slight emphasis] allowed to have the drinks, because somebody has to be always in control and *just in case* [slight emphasis] sort of thing. So maybe that's a bit sad as well, that I feel like I have to always be the one that's in control, ready to go at a moment's notice if anything were to happen, to sort of spring into action, and he doesn't think in the same way that, that needs to be him or that, that needs to be one of us ready to do that. I don't know if I make sense [I: Yes]. So yeah, I think maybe it's, maybe it's a bit wrong of me to expect that of him, and maybe it's not, maybe he's just a bit oblivious to that,

to me feeling that way. Maybe we haven't, I don't know that we've actually had a proper conversation about it other than me, occasionally getting really frustrated [emphasis] that he's having another beer or whatever it is. I don't know... I don't know if it's reasonable for me to expect him to change or not, just 'cause I have" (Gemma).

These episodes show how the regulation of drinking practices enacted by the research participants in the early maternity period may be connected to the negotiation of shared parenthood within the family. The two accounts also intersect with the theme of the informal control exerted by women on their male partners' drinking, which made use of different strategies, as described in the next section.

9.2.3. Informal control of partner's drinking

Some interviewees, while talking about their partners' drinking habits, referred to the informal control they actively exerted on their partners' alcohol consumption. This vigilance, often subtle and discrete, appeared as a practice enacted by women to maintain the regularity of family life and protect their children's wellbeing in early childhood. Narratives related to this theme were not associated with a particular social class, but rather with partners' drinking patterns.

Communications expressing an intent of control often occurred in a non-confrontational manner. Sophie, after the episode described in the previous section, reported that she was now more relaxed about her partner's drinking. Whilst she had decided there was no need to demand of her partner greater self-control, her behaviour indicated that she took on the role of attempting to regulate his drinking, reminding him about their scheduled plans and recommending not to drink heavily.

"Every now and again if he's planning on going out I'll say, 'Remember we've got that thing tomorrow, don't! [laughs], make sure you're not gonna be hungover, don't drink too much'" (Sophie).

Kate (see also Section 9.2.1) described several mild control strategies, including making enquiries to her spouse about his drinking, keeping track of his consumption, and using humour to communicate her concern. Without expressing criticism or judgment, Kate was able to communicate a message clear for both partners, who seemed to be aware of the role played by each other and communicated in a joking fashion.

“I rein [my partner] in, as he says that females stop males from drinking so much, so I will say to him ‘Oh, you’re not going out drinking are you?’.... Last night he got himself a bottle of wine to have and I had I would say a few... had a few sips to try, but literally a mouthful, and he drank the bottle himself... and he stayed up till half one last night and he had a bottle of wine, watching a film and then he had a beer, and he tells me he had no whisky but yeah, he probably would tell me if he’d had whisky to be honest” (Kate).

“I tell him ‘Oh, look at you, drinking again’, and he’ll just say ‘Oh yeah’ [miming the voice of her husband], he doesn’t really take it seriously, I would say. I do the nagging wife act, and he just probably ignores me the majority of the time” (Kate).

The preference for adopting a low-key or ironic approach to deal with their partners’ alcohol use was also reported by Lorna and Tracy. The former set the boundaries of joint drinking occasions with her partner by suggesting when it was time to stop. For example, she pointed out “It’s usually me that says it’s time to go home.” Tracy explained that her partner did not always know his consumption limits, and occasionally exceeded them. She expressed her preference for defusing, rather than a direct and perhaps counterproductive confrontation:

“I will gently point it out to him in a way that he doesn’t feel like I’m nagging...we don’t want to argue, we’ve had a really nice night so let’s just go and get a kebab and go home [laughs], that’s the trick” (Tracy).

In contrast, Stella had established firm rules regarding her partner’s drinking. In circumstances of episodic drinking, Stella described her husband as not able to stop his alcohol consumption, to the point that he could not walk or talk. When this occurred, Stella did not allow him to come into the domestic environment inhabited by the children; he had to stay in other places or downstairs. This position stemmed from Stella’s view, from her childhood experience, that children are vulnerable and potentially harmed by their parents’ heavy drinking, and her willingness to protect her child from any contact with alcohol and drunkenness, both visual and perceptual.

“I won’t ever, ever, have somebody being drunk around my son. I just, I told him from the start, I won’t have it because I saw that growing up. And even

though he's only a baby and he won't recognise or anything else, I just won't have it. So he, on the occasions you know, where he comes home and he is drunk, he has to stay downstairs on the sofa. He's not allowed upstairs. And I'm firm on that and he knows if he did, I'd kick him out, and he would, he would never get back in my house. I'm quite firm, so I don't like the idea of anybody, the idea of somebody being drunk and breathing on my son, or being anywhere near him, I won't have it. Not a chance" (Stella).

The narratives presented have illustrated the actions of informal control on drinking that women performed within their family contexts. Their vigilance seemed to be part of the caring tasks they performed in their daily routine to sustain the relational stability of the household. It could be argued that these accounts provide an incomplete picture, since they present the perspective of female participants only. Nevertheless, they are consistent with other narratives presented (Section 9.3.1), suggesting that caring responsibilities were still mainly attributed to women.

9.3. Negotiation of drinking habits in the new family

This section analyses how drinking practices were negotiated in the family context, following the birth of a child and the need to reconcile paid and unpaid labour. Sections 9.3.1 and 9.3.2 explore the theme of the gendered division of domestic work, and the practices of self-care enacted by participants. It is explained that drinking practices may be seen as practices through which participants took care both of themselves and their relationships. Section 9.3.3 analyses the negotiation of drinking occasions between the spouses, in the light of their new parental role, and Section 9.3.4 reports the findings concerning the place of children in their parents' drinking occasions.

9.3.1. Daily routines, self-care practices, and alcohol consumption

During the interviews, I asked the participants how their daily routine was organised and how they shared domestic tasks and childcare with their partners. All the interviewees reported, to different degrees, a gendered division of unpaid work that appeared attributable to several reasons: the culturally rooted presence of gendered binaries of care and paid work, structural factors (e.g., involvement in full or part-time labour) and practical reasons connected with a more efficient organisation of the daily routine.

The majority of professionals and participants with intermediate job profiles generally felt that their partners excelled in their paternal role, and were able to manage autonomously the care work when

needed. However, this was not necessarily associated with an equal sharing of time dedicated to childcare, especially for part-time working mothers. Many women appeared to have an egalitarian view on the organisation of domestic work, which was difficult to pursue in pragmatic terms. Most participants considered the division of tasks overall fair, but provided a picture in which they were doing more, or felt they were mainly responsible for childcare and household management. Their partners worked long hours, were in a career phase requiring intense commitment, or had a more relaxed attitude towards domestic labour compared with their female partners. In this context, women acknowledged these limitations, whilst expressing different strategies of management. For example, in relation to the household chores, Sophie tended to clearly communicate what needed to be done, Laura had a cleaner coming regularly, Kate and Andrea said cleaning was not their main priority and dedicated only limited time to it and Stella, after her return to work, had set up a shared organisation for household chores, involving all the family, including the children.

Non-professionals said that their involvement in domestic work was greater than that of their partners, but felt this was fair because most of them were in part-time jobs and therefore felt they ought to dedicate a substantial amount of their time to childcare and household chores. This led to a negotiation of domestic tasks in which the gendered division of labour was more marked. For example, Lorna said that she did “everything...all the washing, all the cleaning, all the meals,” apart from taking the bins out and washing the car. Margaret described her family as “traditional, he goes to work, and I look after the children.” She considered that her husband was ‘giving her’ the opportunity to look after a child without having to go back to full-time work. Non-professional participants were more likely to underline the importance of care of the domestic environment, a duty that seemed to be *their own*. Tracy talked about how she maintained the tidiness of the domestic environment, cleaning her house from top to bottom almost daily. Even if her partner had been assigned some small tasks, he never did them to her standard, so she preferred to do them herself. Similarly, Elizabeth defined herself as obsessive (“OCD”) about house cleaning, and provided a picture in which every family member contributed in maintaining the home as neat and tidy, though she took on herself most aspects of the work.

Although the groups had different expectations about gendered roles, participants were mainly responsible for the household management, and their time was planned around their children’s needs. Their daily routines were organised according to the timetables of work and childcare, attendance of playgroups, and babies’ health conditions. Early childhood was felt an invaluable and unique period, as well as an extremely tiring and sometimes boring phase. Interviewees tried to balance these aspects

in their accounts, and provided a picture of mothering as a sacrifice that was worth it for the wellbeing of the child and family. Julia, looking at herself and her role, described how she felt at the bottom of the list of family priorities, and Lorna observed how boring childcare can often be. Similarly, Lara said that her life was “consumed” by her child, a verb describing both the time spent together and a sense of being personally worn down.

“You’re used to kind of looking after yourself and looking after my husband and then everything is now focussed on her, and I think my husband comes second. And I come about, back of the queue! And so it’s just a different way of, of living now. Not that’s a bad thing, but it is a change” (Julia).

“My life’s a bit boring really... I stay home all day, I go to work, come home, do it day in day out. I enjoy it, it’s worth it” (Lorna).

“Life is pretty much kind of consumed with my son, so it’s yeah, it’s a little bit of working, a bit trying to do things that entertain him and not a lot of time for myself anymore, but yeah, it’s ok, it’s good” (Sarah).

In light of such ambivalent feelings, the majority of interviewees had developed strategies of resilience and self-care, which took the form of different leisure activities, performed in the limited time available.

9.3.2. Practices of self-care and alcohol consumption

Participants described self-care practices which cultivated their physical and psychological wellbeing, as well as their relationships. These included activities through which interviewees built informal networks or worked for them, such as: participation in sport groups, contact with friends and organised networks of mums, creative handiworks, and attendance of family-friendly cafés. While in most cases self-care practices entailed giving up tasks occurring during parenthood, at times the care of self overlapped with the care for children (for example, Elizabeth, Sarah, Stella and Valentina used their free time to play with them).

The way in which the intensity of domestic work and the tiredness resulting from childcare duties (see Section 9.3.1) influenced participants’ drinking practices was rarely mentioned explicitly in their own words (see Christine’s quote, Section 8.2.3). Nevertheless, interviewees belonging to all social classes

often associated their drinking occasions with the need for time and space for relaxation. Hence, alcohol consumption may be seen, either in itself, or in association with other practices, as a practice of self-care (see Jackson et al., 2018). An eloquent example is represented by Sarah's drinking occasion, which occurred at the end of a busy day at home. That episode was characterised by the silent and calm atmosphere, in which drinking was connected with a suspension of the hectic, ordinary time and produced pleasant, soothing effects which were felt as earned. In this narrative, the quantity of alcohol consumed was limited, but equally appeared as a substance producing a reconnection with herself:

“I kind of felt like I deserved [a drink], ‘cause I had a busy day and I was just like, ‘Ok, I’m gonna to have a drink’. We didn’t have any wine, which I would have preferred, but there was a beer in the fridge, so I was like ‘Ok, I’m gonna have that’. He was nearly ready for bed, my husband went out, so I was like, ‘Oh yeah, I’m just gonna have one beer’.... I don’t think I had like a full beer but yeah, it was like one... I think I thought it would have been refreshing and nice and just relaxing after the busy day” (Sarah).

The accounts presented in the previous chapter also show how consuming alcohol could be a practice participants used to restore themselves while taking care of their relationships. Drinking occasions corresponded with situations in which they dedicated and enjoyed their time with relatives or friends, as can be seen in the quotes of Laura (Section 8.3.1.1), Gemma and Wendy (Sections 8.3.2 and 8.3.3.2) and Tracy (Section 6.4).

The organisation of family routines and of time-out from daily duties led participants to negotiate the times and manners of domestic and non-domestic drinking occasions with their partners. The theme of mutual agreement, rearrangement, and reciprocal influence of the drinking practices between each couple is discussed in the next section.

9.3.3. Family readjustment and negotiation of drinking occasions between the partners

Involvement in work activities and childcare duties meant that the couples had to plan for social time outside their parental role. The need to negotiate social drinking occasions was reported by participants belonging to all the social classes, but was more frequent among interviewees with professional profiles, who less often had informal help for childcare. For example, while Lorna could go out with her partner approximately every two weeks, when her mother-in-law was available to babysit; Sophie said that, because of the lack of family support, she and her partner only went out

about every six weeks. She explained that after becoming parents they had fallen into a sort of “business relationship” managing family life, and had lost touch with their ‘previous’ selves. That metaphor, I found, was indicative of the impact that the logistic part had in the life of new parents.

Some interviewees described a gendered division of leisure time and, consequently, of the drinking occasions involving themselves or their partners. The description of female episodes of consumption presented in the previous chapters (involving same-gender friends, chats, and fun), to some extent mirrored those of their male partners. The drinking occasions of their male partners were often connected with sporting activities and social drinking in pubs.

Participants talked about the combination of their partners’ sports activities and their alcohol consumption. Lara stated that she and her husband have similar, low-risk drinking patterns, except for occasional weekends when he went fishing with his friends, where he would drink “a lot more”. In addition, Kate and Jane described that their partners routinely went out socialising, which was counterbalanced by other occasions in which these participants could spend time with their social circles. Kate said that her partner drank less compared to the amount he used to because he had to pick up their daughter from the nursery and could no longer go out after work. His drinking occasions occurred during the sports social meetings he had during the weekend with his friends. Similarly, Jane reported how her husband’s style of consumption was similar to her own, apart from the habitual mid-week football match. In both cases, Jane and Kate acknowledged that alcohol was a constitutive and regular part of these events, in which the restraints on drinking were loosened:

“I always know that if he’s going, he’s going to the cricket on a couple of the weekends and he’ll get wasted at the cricket and come home at like ten o’clock singing to himself [laughs] but that’s kind, I know it’s gonna happen, so it’s kind of inevitable and I might, well, yeah, whatever... let him get on with it, yeah”
(Kate).

“My partner’s [drinking habits] are very similar to mine, the only thing is that he plays five-a-side football, so he will go to the pub every Wednesday, drink goodness knows what, I wouldn’t dare to ask what he drinks during that time [laughs]... he has that social element but often when we’re in the home or we’re out together we would be drinking the same things” (Jane).

Similarly, Laura considered her partner's social drinking as an expression of male friendship and group inclusion. Both Laura and her husband drank sparingly because they were intensively involved in work activities and childcare. However, whilst Laura consistently presented her drinking practices as extremely light, she seemed more permissive towards her partner's drinking. Approximately two or three times a year, her husband went drinking with his working colleagues, and Laura represented his consumption as an occasion of fun occurring among peers ("the boys"), therefore occurring in a culturally accepted form:

"My husband does socialise with his work crew. And he has gone out, and he has had, you know, a good few drinks, he's come home tipsy and I'm happy for him, because it's, you know, it's letting loose, it's with the boys... I suppose in [partner's home country] the culture is there's a very big culture on going to the pub and drinking... you know, just that's very much the culture" (Laura).

The quotes presented suggest that, at the end of their accounts, female partners tended to accept, downplay, and understand their partners' single episodic drinking. Pointing out that these occasions were expected, or socially common, they seemed to bring them back to the sphere of legitimated fun. It is important, however, to acknowledge different experiences, such as those of Julia or Margaret, whose accounts did not present alcohol as part of their partners' socialisation.

The division of parental work and the organisation of separate social drinking occasions were also reported by non-professional participants, but to a lesser extent since they were more likely to receive some help for childcare from their social network. For example, Wendy said that she and her husband tended to meet on separate occasions with their respective friends, but that they could count on the support of an extended family facilitating the arrangement of their social time. Lorna stated she and her husband socialised together during the weekends in which her mother-in-law could babysit, and Tracy reported mixed situations ("he goes out with his friends once a month, and I go out with mine, and we go out together"), made possible by the availability of family to help look after her child.

A second theme emerging from the interviews was the negotiation of domestic drinking occasions. Home drinking was a common practice, partly because it was cheaper compared to drinking in public premises, but also because childcare needs encouraged the participants to be at home. Narratives showed mixed patterns: Valentina and Louise said the influences of the couple on each other were reciprocal, and that when their partners drank, it was more likely that they would also have a drink and vice versa, whereas Rosa and Julia stated that this did not necessarily occur. Julia explained how her drinking occasions were generated by a combination of circumstances, including the availability of

alcohol at home and her partner's work shifts. Kate underlined the presence of parental responsibilities, and explained that when she and her partner were drinking in the house, one of them would probably drink less because of childcare needs.

In other situations, the negotiation of drinking occasions was, instead, guided by the participants. Elizabeth described how her previous partner was extremely mindful about his nutrition (he was engaged in professional sports activities). Thus, his alcohol consumption was rare, except for some extended nights out with friends. In their domestic life, it was Elizabeth who generally elicited the occasions to drink, and therefore oriented their consumption as a couple. Similarly, Margaret described how her partner had a very different personality to hers, and that while their domestic drinking occasions might be reciprocal, her attitude to socialising could encourage episodes of non-domestic consumption:

“He didn't really drink... he'd probably have a drink with me on a Saturday night while he was watching a film, but that would have been like one drink and he probably, he probably felt, not that I put pressure on him, but because I was having a drink, 'Oh I'll have a drink', with me. If I wasn't there he probably wouldn't have had a drink, I don't think” (Elizabeth).

“I enjoy socialising more than him, he's quite quiet. And I think there, there'll be times when I've said, 'Let's go out!' Whereas he would happily stay in or go for a bike ride. And I'll kind of say, 'Let's go out.' So he'll have a few drinks, or a drink in the house. Friday night I'll say, 'Let's have a few drinks in the house.' Or, whereas he might not necessarily if I didn't suggest it. But then there's times when he will suggest it and he'll bring me some cider home or some wine, I've got some wine. So I think, I don't think he's heavily influenced by me but I think there probably has been times when he might not have gone out if it wasn't for me saying, 'Come on, we're going out'” (Margaret).

The negotiation of drinking practices within the couple could also affect the timing of drinking. Ellie said that following her return to work, she was more likely to have a glass of wine or beer at home in the evening than her husband. Consequently, her partner has followed her drinking patterns, and started to drink slightly more. During the second interview, I asked Ellie if their consumption habits had ever been an object of discussion between them, and she replied they had agreed to avoid alcohol during the first part of the week and to only drink from Thursday to Saturday:

“Sometimes he might say, ‘I, I’m going to the shop, shall I get some wine?’ and I’ll say ‘No, we can’t have any wine, because we had wine yesterday’ so we do, we do sometimes talk about whether, ‘there’s any wine’.... It makes it sound like we do it all the time but we don’t. Yes, so there’s those that we kind of have made an agreement that we won’t drink early in the week, just sort of Thursday ‘til Saturday” (Ellie).

Domestic drinking was possible because of the presence of alcohol at home, which was often chosen and purchased by one member of the family. Even if buying alcohol was a task which both partners on occasion performed, accounts suggest that women had a substantial role in the selection and provision of alcohol, thus influencing the home drinking practices. Laura stated she bought the alcohol for domestic consumption during her online food shopping, likewise Jane said she chose the alcohol more often than her husband as she usually ordered the food delivery online, and Julia reported that she frequently bought the beer her partner liked.

To sum up, this section has provided a picture of how participants, in the changed family context, negotiated social and domestic drinking occasions with their partners. While the first part has argued that childcare work led to a greater gender-based division of social drinking occasions; the second part has underlined the active role women had in framing home drinking practices. The next section analyses the role of children in the drinking practices reported, and the attitudes mothers had in relation to their involvement.

9.3.4. Drinking habits and presence of children

Whilst describing their drinking occasions, or prompted by direct questions, participants described the place their children had in those situations, what they deemed appropriate in relation to their own alcohol consumption, and the strategies of protection they adopted to ensure the well-being of their children. While the narratives presented in Section 7.5 refer to future educational intentions concerning alcohol use, these accounts describe the involvement of parents and children in the drinking practices and consumption culture at the time of the interviews. Unsurprisingly, from an early age children were present in drinking occasions that were part of everyday life, such as getting together for special occasions, meals at home, collective events (e.g., sport events, concerts), and were not present when alcohol consumption could be risky or was part of “me-time”, stepping outside the maternal role (e.g., public or domestic gatherings with friends, in the context of relaxation or release). Interviewees’ accounts were characterised by their progressive shift towards a ‘moral’ ground. People

are 'moral' social actors, and appear as such in their own eyes or of the others, only if they follow the basic norms guiding the specific interaction context (Mccarthy, Edwards & Gillies, 2000). Hence, for being 'moral parents', participants needed to recognise the ground rule, implicitly or explicitly, regarding the priority of their children's needs and well-being (Mccarthy, Edwards & Gillies, 2000).

Most interviewees were not concerned about the perception of parental drinking, considering their children too young to understand. Louise explicitly stated that she and her partner had not yet reflected on whether to drink or not in the presence of their child, but verbalised that this would probably be something to consider in the near future, since she was aware that parental practices model children's ones. She reported an episode during a wedding anniversary party, and observed how her son's learning process in relation to drinking developed through the reproduction of adult practices in the micro-context of daily life:

“Yeah, I think, I think it is really something that we’ve not thought about so much, because at the moment I think that we think that he’s probably not that aware of what we’re drinking and so on. But perhaps we will have to become more aware of it. I think actually [husband] had a glass of orange juice... but then obviously [son] saw what we had and we were trying to encourage him to drink water from a, from his baby cup, and he wanted what we were drinking so in the end we put some of the orange in his baby cup and you know, he was happy with that... So he wants the things that we’ve got. So, I think, yeah, as he gets older it might be that we decide not to drink alcohol in front of him” (Louise).

Likewise, Julia, who said she experienced some discomfort the first time she drank more than usual in front of their daughter (Section 8.3.1.2), explained she felt ultimately that the episode was unproblematic, since her daughter probably did not realise that she was drinking. Julia also said that, at times, her family went to the pub, where her daughter had age-appropriate drinks while interacting with other people. Referring to her and her partner's consumption style on that occasion, Julia stated that she deemed adults drinking alcohol in the presence of children as “acceptable” as long as it was not risky and was respectful of their needs. Julia felt that children are very sensitive and that the understanding of drinking practices at an early age involves an emotional dimension, that adults sometimes do not consider:

“I think I’ve just said about it, going to [Festival], with [child] and that’s the first time I had, I think I had a couple of glasses of Prosecco... and I was on my own with her. And I did feel kind of like, “Oh, this is a bit strange”, but then she was kind of off dancing and wouldn’t have known what I was drinking.... But, we, you know, every so often we go to the pub with her and just have a, in the evening, she likes to go and have an orange juice and a pack of crisps and talk at people. And we will, you know, have a drink each, but I wouldn’t feel it was acceptable to sit there for hours and drink, with her being there at all.... And I think I’ve seen, I’ve been at events or wedding or something and seeing people get quite drunk and just thought I’d, you know, kids might not be aware of exactly what’s happening, but children are very perceptive, and I don’t think that sometimes that people necessarily remember that” (Julia).

In Julia’s account, the pub was a setting in which her daughter could experience the association between drinking and socialisation. The pub was characterised as a drinking context suitable for adults as well as for children also in the accounts of other interviewees (Anna, Ellie, Elizabeth and Christine). This is indicative of the way in which families have contributed to diversifying the offer proposed in these consumption settings, thus leading to a greater heterogeneity of the practices of public drinking. While the previous narratives present children’s drinking practices (involving non-alcohol drinks) as an activity connected with sociability, Laura’s account suggests that, from an early age, this association between the drinking environment and its social dimension can be inhibited by the use of technology. Laura described going out for a meal for her birthday and keeping her son entertained by allowing him to watch a programmes on a portable device:

“We went for a meal, for my birthday, myself, my husband and my son and I had a beer and my husband had a glass of red wine.... It was just a busy, frantic, ‘cause my son was like ‘Ah, I wanna get out of this chair!’... I ended up putting on Fireman Sam on my phone, which is one of his favourite shows, which makes me kind of cringe now, because I always used to say, ‘I’m never gonna have iPhones at the table’, and sure, I did for the first time, and he’s only [n.] months” (Laura).

Professionals’ accounts more frequently referred to the presence of their children during their drinking occasions than the non-professionals, as they had less childcare support. Non-professionals, instead,

reported that in their heavier drinking occasions their children were looked after by other family members. Tracy and Lorna (but also Stella) expressed the intent to be reliable “role models”, and as part of this minimised their offspring’s contact with alcohol, since it negatively influenced their growing up. As a protection strategy, Lorna brought her children to the pub only once a year, at Christmas Day, according to family tradition:

“I don’t take my children into pubs, I don’t like them to be around alcohol... I am lying actually, Christmas Day we always take us children to pub, it’s just always been a family tradition... so we have a few there, but I don’t, I don’t want them to see, their life shouldn’t revolve around alcohol” (Lorna).

Other mothers made sure that the childcare could be available not only during the night, but also for the subsequent morning, in case they drank more than usual. Two participants reported that they soon realised the difficulty of accomplishing childcare tasks the day after drinking. Margaret stated that, shortly after the birth of her son, at times she went out and on those occasions could have “a few drinks”. However, she decided to limit her going out as parenting the subsequent morning was challenging. Similarly, Valentina reported an episode in which she went out with her partner when her son (looked after by her mother) was a few months old. Because of drinking, the day after she struggled to parent and firmly decided that children had the priority over anything else. The quote illustrates that, for Valentina, the personal choice of not drinking alcohol was essential to ensure the wellbeing of her children; and ended with a defence of what she perceived to be family values and respectability:

“We went out after having [first son], in [summer] –and I had him in [springtime]– and we felt so rotten the following day. And we, my parents brought him back about mid-day and he was, he’s only [n.] months old, and it was like, imagine being in charge of a toddler, you just, you can’t do it. You don’t feel, you can’t look after yourself never mind a baby! So, yeah we, that has never done, and we haven’t, we’ve never got drunk when we’ve got children, it’s just not worth it. It’s not worth feeling so poorly, and having people to look after as well. So you choose, you choose whether you want to have a drink or if you want to look after children. The children always come first for us” (Valentina).

To sum up, this section has explained the different positions mothers took in relation to their children during their drinking occasions. Drinking in the presence of children appeared acceptable when it was not risky and was respectful of their needs. Compared to the professionals, non-professional participants talked less frequently about the presence of their children during their drinking occasions. All of them presented themselves as “moral parents,” by considering that their children’s well-being was of value and a priority.

Conclusion

This chapter has described the role of alcohol consumption in participants’ lives in the light of the family readjustments occurring in the early maternity period. Alcohol consumption is presented as a practice contributing to characterise family life, and the subject of ongoing negotiation between the interviewees and their partners.

Firstly, I discussed how, in the accounts of some participants belonging to different social classes, drinking was a practice through which they built the relationship with their partners. In this context, the reworking of individual drinking practices was part of a process of reciprocal knowledge and identity negotiation as a couple.

Secondly, I have analysed the role of drinking practices in the formation of parental identity and the negotiation of parental responsibilities. Women valued their partners’ efforts to avoid alcohol during pregnancy, as it represented the sharing of a common path. During pregnancy and in the early maternity period, several participants from different backgrounds exerted informal forms of monitoring and regulation of their partners’ drinking. This occasionally generated feelings of discomfort and irritation. In such situations, partners’ drinking did not seem problematic in itself, but rather in relation to the unbalanced involvement in family duties it represented. In most cases, interviewees made use of discreet regulation strategies, typically adopting a non-confrontational approach. Surveillance and control on alcohol use were acts connected with gender-related expectations and seemed functional to negotiate shared parenthood and ensure a smooth development of daily routines.

Thirdly, I have explored the negotiation of drinking habits in the new family, beginning from the exploration of women’s daily routines and the gendered division of domestic work. To manage the repetitive and stressful aspects of their daily routine, interviewees had developed strategies of resilience and care of self. As drinking occasions often represented a time of relaxation, in which participants could cultivate their relationships, alcohol consumption may be seen as a practice they used to take care of themselves, performed in the pauses of daily life. I have subsequently described

the negotiation of public and domestic drinking occasions between the partners, necessary to address childcare needs. Finally, the place of children in drinking occasions has been examined. Children were considered too young for educational concerns about drinking, and using alcohol in front of them was acceptable as long as it was not considered risky for them. In their accounts, mothers presented themselves as 'moral parents,' prioritising children's safety and protection.

In conclusion, in the early maternity period, drinking practices may be seen as part of the negotiation of parental roles and the formation of the family routine. The practices of drinking are the subject of a process of reciprocal influence and transformation, connected both with pragmatic and emotional aspects, for example the readjustment of daily life, the gendered division of work, and affective investments towards family members. In this context, family relationships appeared as a privileged setting in which drinking practices were negotiated, reproduced, and regulated.

CHAPTER 10. Discussion

Introduction

This chapter reviews the main research findings and discusses them in light of the initial research questions and the existing literature. My study aimed to investigate how drinking practices were renegotiated in the early parenting period (conventionally defined as the period up to three postpartum years) by women belonging to different social classes. As participation in paid labour may influence female consumption habits in a variety of ways (Sections 2.3.2, 3.2.2), I explored how mothers belonging to different social classes configured their drinking practices following their return to work after childbirth. Considering participants' working status as a marker of social class, I tried to understand how their economic, social and cultural resources contributed to shaping their consumption practices.

The multiple potentially relevant theories considered to explain the relationship between work and motherhood ('role overload, 'classic social role theory, 'opportunity perspective', Section 3.2.2), whilst useful, did not provide sufficient purchase to frame the analysis of the complex connections between alcohol consumption, motherhood, work, and social class. By contrast, the social practice approach allowed me to understand the messiness underpinning the flow of everyday life and personal biographies. Because of the multifaceted nature of social practices (Section 2.6), the discussion draws from strands of literature considering the different facets of social practices (linguistic representation, bodily performance, classed and gendered aspects). I endeavoured to provide the reader with an analysis of the macro- and micro- processes that may account for differences and similarities in drinking practices among participant'groups.

This Chapter is organised as follows: Section 10.1 outlines the main research results, and Section 10.2 interprets the feelings of responsibility in relation to alcohol consumption expressed by participants. Section 10.3 discusses the common aspects of interviewees' drinking practices, whereas Sections 10.4 and 10.5 propose some explanations for the differences between the practices of consumption of professionals and participants with intermediate job profiles, and those of the non-professionals. In Section 10.6, I consider the processes of negotiation of drinking practices in the changed family context and the role of women in managing alcohol-related risks in the domestic sphere. Finally, the place my reflexivity had in this research, the implications of my study and its strengths and limitations

are discussed from Section 10.7 through to Section 10.10. Throughout the chapter, I hope to make an argument about the way in which social class shapes maternal drinking practices at the interface between paid and unpaid work.

10.1. Main findings

In this section I recall the main results and themes presented in the previous chapters. Chapter 5 contextualised interviewees' drinking habits in their family and social background. Participants were grouped into four clusters, along a socio-economic gradient: (1) professionals from a middle-class background; (2) professionals from a working-class background and participants with intermediate job profiles; (3) non-professionals from financially stable backgrounds and (4) non-professionals from a disadvantaged background. Interviewees are presented as active, reflective agents in relation to their alcohol consumption. The families they grew up in provided the first setting for socialisation into their drinking practices. Yet, over their life course, participants reworked their consumption habits, drawing on personal experiences, education, work commitments and family investments.

The exploration of drinking practices in the early maternity period was necessarily interlinked with the narration of the individual paths to motherhood, outlined in Chapter 6. These accounts provided a snapshot of the diverse ways of interpreting contemporary motherhood. Becoming a mother was depicted as an experience of transformation, but also appeared to be highly influenced by social class. Not surprisingly, and in line with other research around motherhood (e.g., Murphy, 1999, 2004; Lupton, 2011), regardless of their social circumstances, all women strove to present themselves as good mothers, and to provide their children with the best possible care.

Chapter 7 examined interviewees' reflections on their alcohol consumption from pre-conception up to the infant feeding period. Their accounts were characterised using rhetoric that aimed to defend themselves from the potential judgement of inappropriate drinking. This was shown through the variety of ways in which they sought to reassure the interviewer about their abstinence during pregnancy and intertwined their accounts with a "vocabulary of motives" inclusive of "excuses" and "justifications" to present their consumption as acceptable and responsible (Mills, 1940; Scott & Lyman, 1968; Murphy, 2004). Participants employed the concept of responsibility, together with that of moderation, to articulate their intentions about their approach to drinking.

Chapter 8 extended the analysis of interviewees' drinking practices up to the early maternity period. The section initially reported on participants' accounts regarding the perception of their alcohol

consumption. They all described their drinking as reasonable and within age and role expectations, referring specifically to their caring duties and their awareness about the potential effects of alcohol on their health. Those participants who described drinking less also attributed this shift to the changes in their bodily identity that occurred with motherhood, and to the desire to return to their previous physical selves.

Professionals and non-professionals manifested different positions in relation to the role paid work had in their lives. While the former dedicated considerable attention to the development of their professional self, non-professionals tended to emphasise the family sphere. Interestingly, both groups reported that they experienced the initial return to work after maternity leave as a time of ambivalence, and some described discordant feelings. In most of cases, this stage was not perceived as a time that substantially influenced their drinking practices, as interviewees viewed alcohol consumption and their productive time as separate. Workplace conditions were, however, very different for professionals and non-professionals (in terms of skills and values promoted), and I would argue that they indirectly contributed to frame their drinking practices.

The second part of the chapter analysed interviewees' drinking practices at the time of the interview. These can be considered as a continuum, spanning the regular and controlled alcohol use which was characteristic of the professional participants with a middle-class background, to the more sporadic heavier, and therefore riskier, consumption of the non-professional participants from disadvantaged backgrounds. However, it is important to note that interviewees' drinking practices shared many common elements in terms of their meanings, since they conveyed relational needs and a desire to step outside the everyday tasks of motherhood. The expression of these meanings, however, took different forms among the different social class groupings drawn in this study. While some explanations about this social class pattern have already been proposed, in this chapter the differences will be discussed in more detail.

Finally, Chapter 9 presented alcohol consumption as a family practice, contributing to the development of family life. In intimate relationships, the negotiation of drinking practices occurring in the early maternity period appeared part of a wider process of formation of parental identity. The findings presented also highlight the gendered aspects of alcohol consumption. Nearly half of the participants described maintaining informal surveillance around their partner's drinking, connected with functions of caring and risk management. I conclude by examining the place children had in

interviewees' drinking occasions. In their accounts, mothers highlighted the paramount value of their children's well-being and protection, thus indicating their identity as 'moral parents'.

10.2. Language of responsibility and Assumed Shared Alcohol Narratives

10.2.1. Language of responsibility and health risk management

The first research finding related to the pervasiveness of the language of personal responsibility and control in participants' accounts of their alcohol consumption and maternal role (Chapter 7). The "vocabulary of motives" mothers employ while accounting for health practices has already been explored with reference to infant feeding and nutrition (defined in Section 7.1, Murphy 2000; Murphy 2004; Bissell et al., 2018); but not, as far as I am aware, in relation to alcohol use and social class differences. This is one of the novel elements on this study. Previous research has interpreted women's reasoning on their children's nutrition as a means to present their actions as aligned to public health advice (Murphy, 2004). It has been argued that the use of narrative strategies described as "excuses" and "justifications" would enable interviewees to maintain a sufficiently positive maternal identity within their social network (Bissell et al., 2018). Likewise, my research participants also introduced Scott and Lyman's linguistic devices in their drinking narratives, and made use of a recurrent vocabulary to defend their responsible conduct as individuals, mothers and alcohol consumers. Whilst doing this, women sought to neutralise conduct that could be perceived as questionable, bringing them back to the expectations arising from their social context (Scott & Lyman, 1968). Consistent with earlier studies (e.g., Lupton 2011; Lupton 2012), the women had internalised a powerful background expectation regarding the importance of taking care of the health of their children and avoiding possible risks. Such expectation is evident particularly in the quotes presented in Section 7.4.2, where interviewees made reference to their 'constant awareness' of their parental role, and tended to eschew even the thought that 'something could happen' because of their drinking.

The emphasis interviewees placed on their prudent and conscientious conduct has been explained by others as the result of the pervasive percolation and penetration of discourses around risk into everyday aspects of experience, alongside a cultural orientation that conceives the self as a project in constant development (Petersen, 1996; Lupton, 1999a). Referring to the theories of reflexive modernisation, Lupton (1999b) explains that, in contemporary Western societies, individuals are framed as free agents, capable of shaping their life trajectories independently from normative constraints arising from traditional institutional forms (such as family, religion, social class). This perspective offers people new possibilities, but also new obligations, since they become responsible for their actions and can be blamed for unsuccessful outcomes. They are, in other words,

'entrepreneurs of the self', as some have described this phenomenon. During the last century, Lupton (1999b) points out, parents – rather than the state or other local and national agencies - have been seen as increasingly responsible for their babies' safe development and growth for many reasons. These include scientific advancements, which have made many diseases preventable; and the decrease in family sizes, contributing to the perception of children as a precious resource. Children are also a major emotional investment, whose development mirrors or reflects parental skills and achievements. Thus, the emphasis mothers place on health and practices around maintaining health can be seen as part of the attempt to minimise the possibility of being liable or blamed for adverse events and to raise the 'best possible' child. Additionally, in the context of this research, a further emotional burden imposed on mothers could derive from their position in the labour market, as this could have increased the sense that the management of daily life depended on them.

In my research, women modulated their alcohol use and their adherence to public health advice according to the stage of the transition they were experiencing. In the pre-conception period, several women stated they stopped drinking, thus demonstrating an awareness of the potential consequences of maternal alcohol use. This was clearly expressed in both Lorna and Andrea's accounts (Section 7.2), which illustrated how the need to manage the uncertainty about their chances to become mothers led to an abrupt change in their drinking habits. They experienced the clash between the notion of drinking as a pleasant, social activity and that of alcohol as a dangerous substance; and felt the psychological consequences deriving from the shift of perspective (disorientation, isolation). Similarly, participants made explicit their abstention from drinking during pregnancy, using highly consistent language (Section 7.3). In the breastfeeding period, however, when the risk of harm to the baby was considered lower, some participants loosened control on their drinking, and expressed opposition towards the public health advice. Such opposition could be rationally justified, for example, in Section 7.4.1 Ellie referred to "very mixed messages", or, more often, presented as an instinctive, embodied reaction to the previous self-restriction. These accounts were grounded in a sense of the body as ambivalent, representing simultaneously a site of social control and the means through which people can transgress the social norms and negotiate alternative selves (Shilling, 2003). Hence, in this period participants' drinking practices and motive talk represented a tension between their identities of good mothers and adult women, expressing autonomous choices about their drinking.

To sum up, participants' motivational talk responded to the need to present themselves as parents able to manage the health risks for themselves and their children, and represented the conflicting and shifting aspects of their identity. Importantly, this all took place in a social space increasingly focused

around personal responsibility. The next section aims to discuss participants' motivational talk as a more extensive set of narratives, termed Assumed Shared Alcohol Narratives, and discusses the internalisation of public health messages in participants belonging to all the social classes.

10.2.2. Assumed Shared Alcohol Narratives

Qualitative studies are suggestive of a progressive refinement of the speech patterns that individuals employ to neutralise their 'untoward' conduct (Section 7.1). Bissell et al. (2018) have recently proposed that the narrative strategies their female participants used to account for food practices might be conceptualised as Assumed Shared Food Narratives (ASFNs). ASFNs are accounts which include linguistic devices such as excuses, justifications and rationalisations. Such accounts are formulated, consciously or unconsciously, to present the maternal identity as normal, considered and appropriate, and represent a response to the anxiety to be considered a good mother. Since ASFNs are employed to convey a positive image of self, they are expressed in an assertive or common sense style, so that the interviewer is invited to express their approval, rather than asking for clarifications or raise doubts (for instance: "no one can cook from scratch every evening", p.1151). Because of their colloquial style, ASFNs are not immediately recognisable, and can be viewed as discursive resources to maintain the fluidity of the conversation whilst avoiding possible criticisms from the listener (in this case, from the interviewer).

In this research, women's accounts were characterised by similar speech patterns, which can be similarly defined as Assumed Shared Alcohol Narratives (ASANs). ASANs are suggestive of the mothers' internalisation of the moral duty to adopt sensible drinking practices, as well as of their perceived need to articulate defenses for being considered as responsible individuals. The clearest example of ASANs can be found in Section 7.3, where participants referred, unprompted, to their abstention during pregnancy (e.g., "obviously during pregnancy I didn't drink nothing", Sophie). This verbal defense, aimed at avoiding the charge of being an unreliable mother, was presented in a common-sense style and took the form of a highly standardised reply.

Interestingly, ASANs were a linguistic resource drawn on by all the interviewees, independent of their social class. This conformity to the health messages expressed by participants may be explained in light of the progressive 'democratisation of risks' in relation to maternal drinking practices (Armstrong & Abel, 2000; Lee, Sutton & Hartley, 2016). This expression is "used to draw the attention to the expansion of the definition of the problem of drinking in pregnancy to include any drinking and all women" (Lee, Sutton & Hartley, 2016, p.247). The democratisation of alcohol-related risk is a process

that can be implemented at different levels, from the inaccurate interpretation of study findings by researchers up to misreporting of the content by the media. Hence, women may be exposed to oversimplified messages that, while leading to a wide recognition that drinking during pregnancy is problematic, at the same time can amplify their apprehension in relation to *any* alcohol consumption (Lee, Sutton & Hartley, 2016).

ASANs included not only accounts connected with Scott and Lyman's motive talk, but also expressions of "othering". "Othering" is the process through which people distinguish those who differ from themselves and construct their identities by social comparison. "Othering" is often something that is produced negatively, by drawing a negative comparison with another's behaviour. Othering practices serve to define personal values, to establish and represent positions of dominance or inferiority, and to protect the self, moving away from undesirable identities (Johnson et al., 2004; Peacock, Bissell & Owen, 2014b).

In this research, 'othering' was accompanied by concurrent processes. These included the constant self and social surveillance of the quantity of alcohol drunk (as in Laura, Section 7.4.2: "I had three beers but my other peers, who also have children...continued [drinking] until 5 in the morning"), the classed presentation of self as a respectable and caring mother (as in Rosa, Section 7.4.2) and the formulation of "no legitimate dependency" narratives (Ellie, Section 8.2.3) (Peacock, Bissell & Owen, 2014b). These narratives are characterised by three features: heavy self-criticism for not being able to reach very high standards, 'othering' and, less frequently, expressions of protest and ambivalence.

Peacock et al. (2014) have argued that, at the micro-level, this type of narrative manifests the tensions arising from living in highly unequal and individualistic societies. In such a context, people internalise the emphasis imposed on personal responsibility and on the capacity to manage their life events autonomously, and consequently perceive the need to rely on others as a sign of weakness. Ellie's account of her alcohol consumption after her return to work was characterised by the three features of the "no legitimate dependency" narratives. She blamed herself for her alcohol consumption and for not choosing healthier alternatives, expressed a resistance by claiming her 'right to drink' on the basis of the efforts put into daily tasks; and employed 'othering' to defend herself from the unwanted identity of binge drinker. Ellie's words are indicative of how the emphasis on individual responsibility for alcohol consumption acts at the micro level, as she worked hard to make sense of her different positions about alcohol and presented her drinking as an acceptable coping strategy.

Finally, the narrative resources interviewees used to preserve a positive maternal identity included expressions that were commonly accepted (i.e., "safe", "moderate" and "responsible" drinking,

Section 7.5), and drawn from public health promotions and alcohol commercial campaigns (Barry & Goodson, 2010). Participants introduced such expressions when talking about the messages in relation to alcohol that they would wish to transmit to their children, a theme discussed in the next section.

10.2.3. Messages to children and approaches regarding alcohol consumption

At the end of the first interview, I asked participants to describe the message about alcohol consumption they would give to their children (Section 7.5). I employed the term ‘message’ as I thought it could capture what participants deemed salient in their experience as drinkers and wished to transmit to their children, both verbally and/or through role modelling. The question elicited several reflections on the approaches participants would adopt with their children in relation to alcohol consumption.

The messages mothers would give to their children in relation to alcohol consumption were rooted in the concepts of moderation and responsible use. They hoped their children could appreciate alcohol, but also understand the risks associated with drinking, and develop a balanced approach in relation to drinking. My findings are similar to those of Jayne and Valentine (2016), who examined the place alcohol had in British family life. The parents participating that research reported on the approach towards drinking they wished to convey to their pre-teen children (aged 5-12), expressing orientations similar to the mothers taking part in my study. My results, however, underlined the widespread use of a socially legitimated vocabulary in relation to alcohol, and the recalling of popular and easy to remember slogans, such as “everything in moderation” or “enjoy responsibly” (see Anna and Jane, Section 7.5). These expressions can be seen as part of the ASANs, because they were discursive resources through which mothers expressed their opinions while placing their practices and beliefs within a set of values recognised as positive. At the same time, they implicitly conveyed a perspective on drinking as an activity driven by individual control and personal choice.

During the data analysis, I wondered if I could have worded the question differently. Asking about the message participants would give to their children about alcohol consumption, I may have elicited an association with the dominant social messages, rather than replies grounded in personal experiences. However, an aspect mitigating this concern is the reflective content of the answers. While in some cases, the messages of responsibility and moderation clashed with interviewees’ own experiences or with what could be realistically expected; in other cases they appeared the result of an original elaboration of background events. For example, participants considered the place alcohol has in the

socialisation of British young people, referred to the knowledge acquired through their own risky drinking practices, and reflected on the different social contexts in which their drinking took place.

A particular aspect of participants' reflections regarded their contacts with acquaintances, friends or close relatives, who, in the past or at the time of the interview, were described as inappropriately using alcohol. Through their comparison with these individuals, participants widened their experiential knowledge about drinking, and tested out both situational norms regulating consumption (e.g., times and places in which alcohol use is legitimated) and notions about symptoms and consequences of drinking. My research data confirmed the high prevalence of people harmed by the drinking of another person, estimated to be at 79% in North-West England (Gell et al., 2015). More than half of interviewees talked about people in their social circles with hazardous drinking habits, and the accounts of these situations were equally spread across all the social classes. Participants reported they suffered situations of emotional discomfort and hurt, rather than physical harm, and referred to episodes spanning from unsafe situations to parental neglect. Such experiences contributed to the development of participants' parental identity, as they drew upon them to orient their approach towards drinking in their current position as mothers.

Participants' also reflected on the role of stigma when relationships with salient others were involved. Stigma is "the situation of the individual who is disqualified from full social acceptance" and is "reduced in our minds from a whole and usual person to tainted, discounted one" (Goffman 1963, cited in Phelan et al., 2008). Schomerus et al. (2011) have argued that alcohol dependence is more stigmatized than other mental illness because it is considered an outcome of a voluntary practice, for which individuals are responsible. People who suffer from alcohol dependence are blamed and considered unpredictable and dangerous. They elicit negative emotional reactions and a desire to maintain social distance (Schomerus et al, 2011). Even if these attributes were present in participants' accounts, the stigmatization of heavy drinkers was relieved by the sharing of kinship and affective ties. Because of this proximity, stigma had the purpose to re-establish the social norms, clarify values deemed important, and delineate boundaries between what is or is not acceptable (Phelan, Link & Dovidio, 2008). Thus, the empathetic understanding of other people's experiences was associated with the mitigation of stigma stemming from drinking and, I would add, of the distancing processes characterising "othering" (Sections 7.4.2, 8.2.3).

This section has discussed the importance of the concept of responsibility and moderation in participants' accounts, and the linguistic strategies employed by participants to present themselves

as caring parents and conscientious drinkers. The next section focuses on the common features of interviewees' drinking practices.

10.3. Shared features of participants' drinking practices

My research question explored how new mothers of different social classes negotiated their drinking practices in the interface between motherhood and paid work. Before discussing the comparison between social class groups, it is important to consider the commonalities among participants that emerged in the research. These included views regarding the consumption style considered appropriate in their life phase, their embodied experience of motherhood and its influence on alcohol use (Section 8.1), and the relational meanings attached to their drinking (Section 9.3.2).

10.3.1. Perception of alcohol consumption in relation to life stage and embodiment of maternal drinking practices

Regardless of their social class, participants largely shared common views and expectations regarding the way in which alcohol should be consumed in relation to their specific life phase (i.e., the early parenting period). Drinking was deemed appropriate and acceptable when entailing a sense of control and an evaluation of possible risks. Such characterisation of alcohol consumption allowed them to meet their parental obligations and adapt to accommodate the needs of others, whilst taking care of their own health (Section 8.1.1).

These findings are in line with previous studies. Backett and Davison (1995) found that women and men associated their life phase with lifestyles and health-related expectations. Excesses in drinking were felt acceptable by research participants when they were "young and single," but considered inappropriate when "married with children." Similarly, in Emslie et al. (2015), the women in midlife accounting for their drinking are grouped into the following categories: single without responsibilities, partnered with no children, and mothers with older or younger children. In the last two groups, alcohol allowed participants to temporarily remove themselves from their maternal and adult selves and to express a variety of identities, such as a 'transgressive' or 'younger' self, even if always within the gendered expectations that regulate female drinking. My results however, show that in the early maternity period the gender and role expectations concerning drinking, together with psychologically and physically intense caring duties, set particularly tight boundaries around consumption that was deemed as acceptable (Sections 8.1.1 and 8.1.2). Even when women occasionally infringed upon the expectation of responsible consumption and engaged in drinking occasions comparable to those described by Emslie, the salience of their maternal identity remained strong. This produced feelings

of concern and apprehension regarding alcohol consumption, which was perceived as incompatible with mothering.

In light of what is discussed above, interviewees' drinking practices can be associated with the concept of "normative drinking", i.e., what is considered reasonable and appropriate consumption by non-problematic drinkers (Muhlack et al., 2018). Muhlack et al.'s review found that middle-aged women and men deem their drinking practices normative when they do not prevent everyday duties and are not dangerous for themselves and others. The conceptual model elaborated by Muhlack describing the notion of normative drinking includes four themes: 'gender', 'identity', 'play' and 'learning to drink'. This means that normative drinking is shaped by gendered expectations, used to represent aspects of the self, is associated with leisure time and with a gradual acquisition of drinking skills. However, I argue, this model omits a further theme, 'the body', central in the understanding of alcohol consumption and in the drinking experiences of the mothers interviewed.

Health is a practice continuously enacted via the body in biographically, socially and historically located circumstances (Saltonstall, 1993). In alcohol-related literature, bodies have been discussed as material sites enabling the regulation of consumption and the experience of a range of feelings associated with drinking; and gender is a fundamental dimension underpinning this sensorial dimension of alcohol use (Lyons & Willott, 2008). Research has started to explore the embodied perceptions of women's alcohol use, but there are still unexplored areas, partly because the body interacts simultaneously with many realms of everyday life, including paid and unpaid work, and leisure time, and partly because biological changes transform drinking experiences over the life course.

The place of the body in maternal drinking has already been considered in relation to the pregnancy period. The female participants of Killingsworth's ethnography, for example, observed that their abstinence was mainly driven by "the intuition of their own body", rather than by public health guidelines (Killingsworth 2006, p.373). What has not yet been explored is the place of the body in women's drinking in the early maternity period. In this research, participants' bodies represented both their transformed identity and a vehicle for their apprehensions in relation to alcohol use. What I refer to as 'embodied anxieties' included narratives regarding the attempts by participants to reconcile the breastfeeding routine with the timing of alcohol consumption (as in Elizabeth, Section 6.3), the need to limit drinking to maintain concentration when necessary (Laura, Section 8.3.1.1), the attention to the shift in tolerance levels (Lara, Section 8.1.2), and the desire to reconnect with their previous embodied selves (Gemma, Section 8.1.2). This reconnection included attempts to lose weight and 'get

in shape', contributing to the decision to reduce consumption. Compared with studies representing the transition to motherhood as 'protective' in relation to drinking (Section 3.3), participants' 'embodied anxieties' showed the tensions and dilemmas surrounding alcohol consumption in the early maternity period, as drinking entailed the familiarisation with, and management of, their changed bodies.

This section has discussed the way in which the prominence of participants' parental identity shaped their idea of acceptable and appropriate consumption; and the bodily expression of their drinking practices. The next section discusses the leisure and relational needs represented by interviewees' drinking.

10.3.2. Drinking practices as expression of relational needs and leisure

In all the interviewees' accounts, drinking practices expressed women's relational needs and appeared as a form of leisure aligned with their gender identity and performed in the interface between paid and unpaid labour. However, as discussed in the next section, these meanings took different forms in participants' practices of consumption, according to their social class.

In relation to the former aspect, a feature of many drinking occasions reported by participants was their association with family and extra-familial relational contexts: consuming alcohol was common during special occasions, gatherings with friends, relatives or other mothers, and in community events (see Chapter 6). Alcohol consumption in adulthood has been framed as an activity performed by men to preserve their relational ties and enabling them to express their emotions. For example, Emslie et al. (2013) found that, for middle aged Scottish men, drinking in pubs was an expression of hegemonic masculinity which, simultaneously, legitimised the performance of practices not associated with gender-related expectations, such as talking about their feelings and psychological well-being. Even, as it has been noted, that women may have a wider range of contexts and possibilities to cultivate their relationships (Emslie, Hunt & Lyons, 2013), more recently it has been observed that this is not always true, and that adult female alcohol consumption is connected with the same needs of socialisation and time out from the daily routine expressed by men (Emslie et al. 2015; Jackson et al. 2018, see Section 3.2.3). However, among women, the demarcation between paid and unpaid work is further blurred compared to men, since their involvement in domestic work is typically more intense (Rojek, 2005). This was particularly evident in the early maternity period, when participants' available time was severely reduced. Thus, their occasions of consumption represented, using Gemma's words, a time of "compressed fun" (Section 8.3.2). Drinking accompanied the resocialisation process following the transition to motherhood, marked by the first occasions off going out with partners and

friends, and also took place in the intervals of daily life, such as after dinner or watching the TV, and was planned around the needs of children. Although interviewees' drinking was presented as conforming strongly to the gendered demands of 'good motherhood', participants in both groups presented episodes which transgressed the gender norms parallel to those mentioned for men (see accounts in Sections 8.3.1.2 and 8.3.3.2). This suggests that the gendered boundaries of drinking practices are highly flexible, to respond to other identity needs felt as equally important.

A second common characteristic of interviewees' drinking practices was that they represented a form of leisure, as opposed to the everyday constraints and exigencies of family life. Leisure "belongs to a cluster of concepts that includes idleness, rest, free time, play, and work (to which it is often mistakenly opposed)" (Sager, 2013, p.5). Etymologically, the term 'leisure' derives from the Latin word 'licēre', 'be allowed', and describes the time in which people can choose activities they feel valuable for themselves (Sager, 2013). In studies of leisure time, the feminist perspective has initially focused on the exclusion of women from leisure time in comparison to men. Subsequently, women's leisure has been conceptualised, in an empowering perspective, as a resource they can draw upon to deal with the constraints of their daily lives (Henderson, 2013).

This characterisation mirrors participants' accounts, whose drinking represented an act of restoration and reconnection with themselves, experienced through the gratification and pleasure deriving from alcohol consumption. Such gratification stemmed both from social and embodied aspects connected with their drinking occasions. Alcohol consumption occurred in situations where participants could *pass* their time with, rather than *spend* their time on, other people; and was also connected with feelings of relaxation and openness, the enjoyment that comes with alcohol use. Regarding the embodied nature of pleasure, Falk (1994) has pointed out that consumption is not a purely cognitive act. Through consumption, people constitute and display their identity to others, and the primary means to do that is the human body, "sensorial and sensual" (Falk, p.10). Women's alcohol consumption has already been associated with elements of pleasure, but in relation to motherhood, the negative characterisation of drinking tends to prevail (Section 2.2.3). In this research, mothers' drinking practices were instead frequently connected with enjoyment and fun, which were expressed differently according to participants' social class.

After having explored the common features and meanings of participants' drinking practices, the next section discusses the differences observed among social classes.

10.3.3. Drinking in the interface between work and domestic spheres: “ethics of production” and “ethics of consumption”

As mentioned above, the common meanings conveyed by drinking practices were expressed in a classed manner. A second main finding from my study is the identification, in the early maternity period, of drinking practices shaped differently according to participants’ social class. At the most simple descriptive level, these could be aligned along a continuum, from the regular and restrained consumption of the educated middle class professional, to the sporadic but heavier drinking of the non-professionals from a disadvantaged background. It has been noted that previous qualitative studies exploring maternal alcohol consumption through a social class lens have not always provided a clear description and interpretation of the differences between groups (Baker, 2017); or have explained increasingly risky consumption by women in light of the opportunities women have to access alcohol or possible ‘stress effects’ (Waterson, 2000, Section 3.2.3.1).

In this research, these explanations offered only a limited insight into the differences among participants’ drinking, because they did not account for the interaction between socio-cultural factors and the individual, embodied experiences of motherhood. Since my research question regarded the ways in which women’s practices of consumption were influenced by their return to work after maternity leave, they needed to be interpreted using a more complex theory, explaining how involvement in the labour market can shape health practices.

Crawford (2000; 2006) has analysed how the macro socio-economic context influences the way in which people articulate their health lifestyles, and pointed out the consequences of a crucial contradiction of the capitalist economy. According to Crawford, the current market system is characterised by the coexistence of two opposite sets of values and ethical principles: those necessary for production and those required for consumption. While the sphere of production emphasises the importance of qualities and practices oriented to self-control, delay of gratification and capacity of sustained effort; the sphere of consumption supports the adoption of practices inclined to gratification, indulgence and excess. He observes that health reflects the presence of the two contradictory logics and is “a practice through which people struggle over, try[ing] to make sense of and attempt[ing] to achieve a ‘balance’ between opposing mandates” (Crawford, 2006; p.413). Although no one can be excluded from this struggle for an equilibrium between work- and pleasure-related requests (their co-presence is a systemic condition), the adherence to one or the other set of values and practices is associated with social class prestige and belonging. He argues that people internalise a given mandate on the bases of their social background, family education, working

position, age, as well as their motivation to achieve objectives associated with the logic of production or that of consumption (Crawford, 2000). I found this a novel way to understand the tensions in participants' accounts in this study.

In this study, to different degrees all participants experienced the tension between the work ethic and consumption ethic. However, while participants with professional and intermediate job profiles primarily reported controlled and disciplined drinking practices, non-professionals more often reported accounts of drinking practices characterised by a lower adherence to the principle of moderation. Such difference is discussed in the subsequent section.

10.4. Drinking practices of professionals and participants with intermediate job profiles

10.4.1. "Ethics of work" and controlled consumption

Crawford's considerations were helpful in understanding the drinking practices of professionals and participants with intermediate job profiles in light of their socialisation process and the place paid labour played in their lives (Section 8.2.1). While previous research found that mothers in professional occupations were more likely to drink at levels of increasing risk, since they could be involved in job-related drinking occasions (Waterson, 2000), my interviewees seldom took part in occasions of consumption arising from their working context. Drinking did not appear as an activity functional to networking, or to gain more appreciation in their work environment (as in Waterson, 2000 or Watts et al., 2015). Participants, instead, considered alcohol consumption incompatible with the daily tasks, and this contributed to the moderation of drinking practices.

Even if professionals and participants with intermediate job profiles appeared to drink more frequently than non-professionals, the distinctive feature of their drinking practices was the inclination towards control. In line with Crawford, it is possible to argue that participants may have acquired drinking habits oriented to the work ethic, an expression explicitly recalled in Anna's account (Section 8.3.1.1).

According to Crawford, self-discipline in relation to personal health-related practices, including alcohol consumption, has been historically connected to the rise of the middle class and their productive activity (Crawford, 2006). In the nineteenth century, he argues, in the English speaking countries, the expansion of industrialisation and the creation of a professional middle class were accompanied by the formation of the temperance movement, calling for a total abstention from alcohol (Crawford, 2006). In England, this movement brought together the interests of governmental and non-

governmental groupings, such as the productive bourgeoisie and Protestant churches, and promoted a programme of moralisation of the urban working classes. The temperance rhetoric associated teetotalism with respectability and self-improvement, as alcohol non-consumption could lead to a healthier, more prosperous and productive life (Yeomans, 2011). Alcohol was removed from places of work and drinking became associated with leisure time. Prior to this point, alcohol had a prominent place in British work and life, with drinking a common activity in all social groups. Among the working classes, widespread consumption was supported through practical factors, as water supplies were often unsafe, and alcohol also provided an affordable calorific intake (Yeomans, 2014). Hence, during the 'gin epidemic' (1720-1751), low-cost gins and spirits were preferred to other unsavoury foods comprising the working-class diet and, up to 1887, workers could be paid purely in beer (Warner et al., 2001; Yeomans, 2011). With the temperance movement, such a situation changed dramatically, and alcohol drinking was regulated both by social sanctions and more restrictive legislation (Warner et al., 2001; Yeomans, 2011).

The regulation of drinking, representing middle-class beliefs and interests, also transformed the pleasure derived from alcohol consumption. Coveney and Bunton (2003) observe that, with the temperance movement, the "carnal" gratification derived from drinking, entailing bodily manifestations, open display of feelings and risk-taking practices, left space for more disciplined and rationalised expressions of pleasure. As alcohol consumption was viewed as something that can be intentionally controlled, drinking was considered an 'illness of the will', needing medical care and interventions. The pathologisation of alcohol consumption supported the development of a form of pleasure that is safe, reasonable, and controlled, which is at the heart of public health messages. Though spread across the social groups, practices associated with a disciplined pleasure remain associated with the middle class work ethic (Crawford, 2000, 2006). Through the denial of pleasure, and its bodily expression, these would recreate the conditions to maintain and pursue successful social functioning (Crawford, 2000, 2006).

In my research, such controlled and disciplined pleasure, in which acute intoxication held minimal sway, characterised the drinking practices reported both by the professionals (especially those from a middle-class background) and the participants with intermediate job profiles. Their drinking occasions were characterised as "lovely", "nice", "relaxing" and "sociable", and the pleasure derived from alcohol was often expressed through a form of emotional closeness, in which it was possible to share deep conversations, experiences and interests. This sense of 'balanced' consumption may be found, for example, in Andrea's description of her family dinner (Section 6.1), in Julia's statement on her

'moderate' attitude towards drinking (Section 8.3.1.2), in Ellie's account of her drinking trajectory, associating drinking with a 'sensible' pleasure (Section 5.2.1), or in Louise's recounting of two recent occasions of consumption, which both occurred during a weekend while watching the TV with her partner. She described the drinking as "nice tasting and relaxing", and so light that she felt she "didn't have enough alcohol to feel the effects of it on any of those occasions".

This regulation of alcohol consumption also connected with participants' needs to maintain their health and bodily functionality, to present themselves both as good parents and workers. The value of health and bodily functionality emerged through the difficulty that was at times perceived by participants, to reconcile bodily needs (lack of sleep, new rhythms) with personal and work-related expectations. This was apparent from Laura's account (Section 8.3.1.1), and in the sense of exhaustion and need to 'keep going' through the daily routine characterising the stories of other interviewees (e.g., Sophie, Gemma and Ellie, in Sections 9.2.2, 8.2.3). Alcohol had a very limited place in participants' routines, as it could negatively impact their ability to undertake daily activities, both in paid and unpaid work. By valuing a measured use of alcohol, participants communicated a message of awareness and care of their health; showing themselves as reliable, not only as a mother, but also as an employee. These aspects were particularly evident in Anna's story, whose contact with alcohol was limited by the pursuit of professional aims (Section 8.3.1.1); in Laura's account, stating that she felt it "wrong" to consume alcohol during the week, as she felt it was "work time...concentration time" (Section 8.3.1.1), and in Lara's report, who categorically excluded the possibility of drinking in the working context, as it could have dangerous consequences (Section 6.2).

Importantly, not all the drinking practices of the professionals and participants with intermediate job profiles were at low risk, and some of them reported risky episodic drinking (such as Ellie, Kate, Gemma and Stella, Sections 8.3.1.2, 8.3.2). Referring back to Crawford's conceptualisation of consumption, these drinking occasions, deliberately heavier than usual, may represent acts counterbalancing the 'denial of pleasure'. In this way, participants could resolve the tension between need for pleasure and need for control, and, in turn, this created the precondition to restore the ordinary restraint on alcohol consumption.

10.4.2. Class distinction and low-risk drinking

Social class differences around drinking have been discussed by some authors as a means through which more affluent groups differentiate themselves from others by demonstrating certain practices that place them in a positive light (Cockerham, 2005; Pampel, Krueger & Denney, 2010). The adoption

of healthy practices, for example, in terms of patterns of nutritional consumption or physical exercise regimes, contributes to “distinction” in a Bourdeusian sense; and reinforces the social class differentiation by promoting the maintenance of better living conditions over time (Pampel, Krueger & Denney, 2010). Likewise, among the professionals, and to a lesser extent among participants with intermediate job profiles, it can be argued that controlled and low-risk consumption, represented a means to display their cultural capital (Section 8.3.1.3).

My findings confirm the popularity of a “home drinking habitus” characterised by wine consumption at home (Brierley-Jones et al., 2014). Wine, considered in other countries a common drink, still represents in the UK a form of refined consumption in some segments of the middle classes, and remains associated with “responsibility, dignity...sophistication”, and status achievement (e.g., Ellie, Section 5.2.1 and Jane 5.2.2; Brierley-Jones et al., 2014). Almost all the professionals tended to choose high quality products, which were intended to be consumed in limited amounts and drunk slowly to appreciate their qualities. Conversely, among the participants with intermediate job profiles, the references to alcohol qualities were infrequent (Section 8.3.1.3). The use of alcohol as a cultural product that needs to be known for its properties rather than used for purposes of disinhibition supports the idea of low-risk consumption patterns (Beccaria & Rolando, 2016). In addition, refined forms of consumption were associated with the use of alcohol as a subject of conversation, focused on its aesthetic qualities (see Kate’s and Sophie’s accounts, Sections 8.3.1.3 and 6.2). This practice appeared not only an “adult way to legitimise drinking” (as observed by Sophie), but also a substitutive act of consumption. In relation to this, my findings are comparable to Killingsworth’s (2006), whose middle-class mothers felt it was important to talk about drinking, rather than drinking itself. Similarly, in my research, participants’ speaking about alcohol represented an expression of disciplined pleasure, which reconciled in a respectable manner their identities of parents and adult women.

10.4.3. Education and self-efficacy among professionals

An important factor associated with the disciplined drinking of the professionals and participants with intermediate job profiles was their education. In Bourdieu, education is discussed as an expression of cultural capital, and compared to a “patent of nobility” (p.137). Through education, members of the privileged classes are socialised to the canonic culture and may have access to more prestigious and better remunerated jobs, thus reproducing the power differences amongst social groupings. Subsequent scholars have pointed out that education contributes to the reproduction of social inequalities because it indirectly influences all the spheres of daily living, including health. Ross and Mirowsky (2010, p.33) have argued that “education...is a root cause of good health”. Education

supports the development of social and psychological resources through the involvement in jobs with creative and autonomous tasks, and improves the sense of self-efficacy and personal control, positively associated with health (Ross & Mirowsky, 2010). For all the professionals and Lara (intermediate job profile), education represented a substantial part of their background, and played a prominent role in their academic working contexts, where they could exercise and develop on a daily basis skills of problem solving and critical appraisal. Hence, it is arguable that, over time, they built mental and emotional skills enhancing the ability of self-regulating alcohol consumption.

The effect of education amongst the professionals may also be described as the manifestation of a common “cognitive habitus” (Bourdieu, 1979; Nash, 2003). This concept refers to a set of mental dispositions to communicate, classify and process information, including those related to health- and alcohol-related practices. The cognitive habitus is part of a wider set of socially acquired attitudes, and is intertwined with non-cognitive expressions of the habitus (e.g., bodily performances, cultural meanings). In my study, participants’ cognitive habitus was brought to the surface by their narratives and accounts of drinking practices. It took the form of alcohol-related knowledge acquired through the study path (Julia, Section 8.3.1.2), or of a critical discussion around the public health advice received and their own health practices (for instance, in Andrea, Ellie and Sophie, Sections 6.1, 7.4.1, 6.2). Finally, it also became manifested through the controlled approach, cognitive and embodied, that participants described in relation to their drinking.

10.4.4. Social capital and socialisation to drinking

It is an obvious truism that becoming a mother led to a change in participants’ social relationships. Across the whole sample, whilst maintaining previous social contacts became more difficult, the virtual or face-to-face connection with organised groups of new mothers mitigated the potential sense of isolation. Considering participant’s social capital in terms of their social support (defined in Section 2.5.4), while the three participants with intermediate job profiles lived close to other family members and received regular support with childcare; many professionals could only count on inconsistent domestic help from their relatives. They were more likely to live far from the family they grew up in and, in the cases of greater proximity, felt they could rely only partially on the extended family.

Their accounts mirror the growing atomisation of families and communities that has occurred over the last few decades in many Western countries (Cortright, 2015; Ferragina & Arrigoni, 2017). This process refers to the progressive fragmentation of family and social networks, and has led to the erosion of relationships of reciprocity and social trust, particularly that associated with the extended family. Amongst the causes of social atomisation, these include peoples’ increased geographical mobility

(including that for working reasons), the growing time spent at work or in the domestic environment, dynamics of socio-economic segregation, and the privatisation of care-work (Cortright, 2015; Ferragina & Arrigoni, 2017).

Because of the weakening of social ties, combined with increased work flexibility, the picture of my professionals was different from that of Waterson (2000), whose study took place almost twenty years ago. My research participants referred to economic insecurities and expensive childcare facilities rather than to babysitters and home cleaners facilitating drinking in leisure time. I felt a sense of overload and anxiety caused by the responsibility of domestic duties (Sections 9.2.2, 9.3.2). At a practical level, for the professionals the lack of a proximal network translated to an extremely restricted leisure time. Hence, after the transition to motherhood the social occasions of alcohol consumption were relatively rare and carefully preplanned (Section 9.3.3).

The influence of social capital (defined in Section 2.5.4) on participants' drinking practices needs to be also considered in relation to their social networks and group memberships, which in turn, oriented interviewees' alcohol consumption, promoting some practices or sanctioning others (Pampel, Krueger & Denney, 2010). In this research, families represented a primary setting for the socialisation to drinking, entailing explicit norms and modelling processes. In relation to this, the biographic approach has allowed me to recognise the prominence that stories and memories regarding family members, represented only partially in the results, have in this learning process (see Gemma and Jane's account, Section 5.2.2). Findings are suggestive of some differentiation between the professionals from middle-class backgrounds, often belonging to kinship groups oriented to a low-risk alcohol use (Ellie, Anna, Julia, Laura, Sections 5.2.1, 8.3.1.1, 8.3.1.2); and the professionals from working-class backgrounds, and participants with intermediate job profiles, who appeared to have family drinking habits that were more varied. Whilst during the teenage years the regulation of alcohol consumption occurred through mutual peer pressure to drink or not, in adulthood participants reported social drinking occasions frequently shared within networks with a similar, sensible approach to drinking (e.g., family members, other mothers, friends with similar drinking habits).

Finally, participants' social networks may have encouraged their light alcohol consumption through the dynamics of social cohesion occurring at work, where they spent an important part of their time. Even if such a hypothesis was not supported by accounts explicitly referring to this theme, it is indirectly endorsed by the interviews of participants working in health-related research fields. Compared with participants working in other settings, their replies (presented in aggregated form in Section 9.3.1) showed a greater emphasis on the importance of maintaining their physical and relational well-being, suggestive of a spillover effect of the workplace on health-related practices (Thomson et al., 2011).

To sum up, Section 10.4.1 has argued that among professionals and participants with intermediate job profiles, drinking practices tended to be associated with qualities associated with Crawford's ethics of production (such as self-restriction, regularity, discipline). These characteristics stemmed from the internalisation of values and ways of being affiliated to the 'productive sphere', the attempt to present themselves as reliable parents and employers, and to factors that related to their cultural and social capital.

10.5. Drinking practices of non-professionals

Non-professionals' drinking practices were characterised by a different orientation to the professionals. Interviewees consumed alcohol infrequently but, following the "ethics of consumption", their drinking practices were characterised by a greater propensity to drink high levels of alcohol in a single occasion. 'Exceeding limits' is a feature often associated with the representation of the working-class in popular media and political rhetoric, which conveys a typically negative moral evaluation of practices considered as lacking discipline and self-control (Jackson & Tinkler, 2007; Rúdólfssdóttir & Morgan, 2009; Jones, 2016). In contrast to this view, some alcohol-related research focused on young, working-class female consumers has interpreted their drinking practices in light of a set of values different from the ones associated with the middle-class (Day, Gough & Mcfadden, 2003; Griffin et al., 2013). My discussion aligns with such perspectives and, as in the previous section, contextualises non-professionals' episodic risky drinking within their reference values, cultural capital resources, and social network.

10.5.1. "Ethics of consumption" and respectable drinking

In Section 8.2.1, referring to Edin and Kefalas (2005), I suggested that for the non-professional women children could represent a more prominent form of meaning-making than paid labour. Nonetheless, paid labour was valued as it allowed them to avoid an over-identification with the traditional working-class, and to set up a clear demarcation from the 'underclass', depicted as lazy and morally questionable. At the same time, non-professionals appeared aware of their status in the labour market (Section 8.2.1). While many of the professionals worked in a university, non-professionals were employed in less prestigious and routine jobs in the service economy. Hence, their social recognition could be mainly derived by the development of what Skeggs (1997) named a 'caring self'. Caring for others, and for children in particular, is an historically legitimate way through which women may use their femininity as a resource, and allows them to demonstrate respectability (Skeggs, 1997).

As Skeggs notes, the idea of respectability is deeply tied with ideas of Englishness and class categorisation. Respectability is associated with individual moral authority and worth, and includes a set of inclinations and bodily practices through which, from the eighteenth century, the middle classes have used to distinguish themselves from the less affluent social strata. Being respectable means having a good reputation, cultivating the 'right' physical appearance, the legitimate kind of knowledge and maintaining role and context appropriate conduct.

In my research, professionals and, to a lesser extent, participants with intermediate job profiles, seemed to struggle less with the idea of respectability than non-professionals. Respectability is a constitutive feature of middle class identities (see above) and, as such, it is lived as normal (Skeggs, 1997). Amongst the professionals, respectability took several forms: it could be conveyed through their mothering practices, their partners, or the way they displayed themselves. However, the primary sites where respectability was negotiated and maintained, not without effort and commitment, were education and work. Given that professionals could derive social legitimation in a variety of ways, they could also potentially transgress the framework of respectability with their drinking practices, without seeing it compromised (see Kate, Section 8.3.1.2).

Respectability represented an important issue for the non-professionals, but this quality could be expressed in different ways. It appeared, for example, associated with the cleanliness of domestic spaces, the aesthetic care of their bodies, or their sensible management of money. As the non-professionals had a vulnerable position in the labour market, their main sources of respectability were their relationships, families and children. Non-professionals' investment in family and relational spheres, rather than in paid work, markedly influenced their drinking practices. Risky levels of consumption occurred in several occasions, in which participants could take part in the consumer culture, within the limits set by respectability and their maternal self.

10.5.2. Economic restraints and participation in consumer culture

As Bourdieu (1979) observed, economic capital is at the basis of all other forms of capitals, and shapes consumption practices contributing to distinctions amongst social groups. A visible effect of the impact of economic capital on non-professionals drinking was represented by their difficulty in accessing alcohol. As explained below, limited access could generate, amongst the non-professionals, drinking practices with specific features. A primary factor shaping the drinking practices of non-professionals (both from advantaged or disadvantaged backgrounds) was the availability of economic resources. Even though none were in a state of severe material poverty, I could observe that, compared to the professionals and the participants with intermediate job profiles, their spending

power on alcohol was likely to be substantially lower. This was illustrated in the accounts of Rosa and Valentina (Sections 7.4.2 and 8.3.3.1), part-time working mothers, who spoke of their careful budget keeping in relation to alcohol. References to alcohol-related costs were, among the non-professionals, a means through which they presented themselves as respectable, by distancing from the 'wasting' of money that could be otherwise be spent on their children.

Even if non-professionals could not afford to purchase alcohol frequently, they tended to counterbalance the periods of restraint with drinking occasions heavier than usual (e.g., Tracy in Section 6.4, Rosa and Wendy in Section 8.3.3.2). These practices appeared as an attempt to break the daily routine by adhering to the consumer culture, from which they tended to be excluded (Crawford, 2000; Rojek 2005, pp.148,149). According to Rojek, although leisure time practices of working-class members may express forms of solidarity, they are mainly a "response to their class's isolation from decisive control over property and knowledge". "Working-class leisure forms", he continues, "ritualise freedom from the necessity... by employing a version of conspicuous consumption", with carnivalesque features (Rojek 2005, p.149).

Carnival has been conceptualised by Bakhtin in opposition to the official celebrations, and described as the "world inside out", a context in which the "laws, prohibitions, and restrictions that determine the structure and order of ordinary, that is noncarnival life, are suspended" (Bakhtin 1984, in Haydock 2016). In relation to drinking, the idea of the carnivalesque -in my research manifested in a mild version- has been used to describe a deliberately excessive consumption, occurring in contexts that allow people to transgress proscriptions and experience unusual events (Hubbard, 2013; Haydock, 2016). Carnivalesque drinking occasions are the time to enjoy a free interaction with people, as opposed to the hierarchical order of everyday life, and loosen the boundaries of everyday moderation. Hence, this form of consumption is associated with the material pleasure of the body, rather than a disciplined gratification (Coveney & Bunton, 2003). In these situations, people enjoy the possibility of inhabiting a self different from that of everyday life, but only for a limited time, since the exceptionality of the situation is its own precondition (Haydock, 2016). The features of carnivalesque consumption, could be found in several drinking occasions described by the non-professionals, for example Rosa's birthday and Wendy's hen-do (Section 8.3.3.2), and Tracy and Lorna's nights out (Sections 6.4 and 8.3.4). These represented circumscribed episodes in which parental duties and rhythms were left aside and participants could take part in the enjoyment of a hedonistic pleasure within a collective transgression of the daily routine.

Non-professionals' drinking occasions occurred mainly in public contexts, rather than at home, and expressed a demand for fun and pleasure experienced among peers or kinship. In contrast to many

professionals, alcohol consumption was felt to be an inherently collective activity. For non-professionals (and generally, for participants from working-class backgrounds), it seemed important to contextualise their drinking within broad groups of friends and relatives, in which alcohol had a function of social lubricant. This emphasis on collectivism is different, observes Savage, from the “more individualised forms of cultural engagement of the educated middle classes” (Savage 2015, p.348). Hence, participants in all the clusters valued their relationships and enjoyed the relational aspects associated with alcohol consumption, but the way in which these were characterised within the drinking practices presented variations across the groups (Section 10.4.1).

The salience of the relational and ‘caring’ aspects went hand in hand with non-professional participants’ defense of their respectability and parental responsibility, which occurred in two ways: framing the situation as exceptional and provisional, or pointing out that drinking did not lead to a complete loss of self-control (Wendy, Rosa, and Christine in Section 8.3.3.2). In addition, Tracy and Lorna’s accounts (Section 8.3.4) suggest that drinking during leisure time was considered more respectable and accepted than other practices such as smoking, which generated a greater sense of guilt. Drinking appeared, instead, a social activity in which mothers could modulate the risk, thus being more compatible with a ‘good’ maternal identity than tobacco use (Hammer & Inglin, 2013).

To sum up, this section has interpreted non-professionals’ episodic risky drinking as an expression of participation in the consumer culture, while temporarily stepping out from their involvement in caring and domestic duties (Graham, 1993). The sociability and enjoyment deriving from alcohol consumption, however, was presented as responsible and, as such, respectable. Below, I further discuss non-professionals’ drinking occasions in the light of the class-related cultural and social aspects shaping their consumption practices.

10.5.3. ...Taste-less?

In “Distinction” (1979), Bourdieu examined the theme of taste and aesthetic appreciation in different social classes in France. He argued that people’s choices of consumption, including those related to alcohol, represent and affirm their positions in the social class taxonomy. Bourdieu observed that such choices are led by the possession of economic capital (Section 10.5.2), and discussed how, once people’ material needs are fulfilled, the consumption of goods and lifestyles acquires a symbolic value. Hence, the daily practices would represent the attitude or the lack of capacity to conform to the cultural tastes of the dominating classes, which represent the aesthetic canon. In the Bourdieusian perspective, the possession of cultured tastes shows social class prestige and create distance from the working classes, whose consumptions would be considered tasteless and unreflective.

My findings suggest that the representation of these differences is still common. During the data collection, I began to explore how interviewees typically described the drinking practices of other social classes. The question was soon abandoned, as I was concerned it could elicit a defensive reaction, but the few answers obtained suggest that contrasting views of class-related drinking habits persist.¹⁴ However, my data also shows that cultural tastes of relatively disadvantaged classes are not monolithic and unreflective. In contrast with long-standing representations, non-professionals were far from being unaware consumers, and expressed a clear understanding of the ways in which social class classifications operated through the choice of alcohol and of the main market trends (see Section 8.3.3.2 and Rosa's ironic comment on the 'refinement' of her pint of cider in 8.3.3.3). Almost all the non-professionals, however, had limited spending power. This could translate to an exit from consumption, as with Valentina (Section 8.3.3.1), or in sporadic access to products and 'luxury' goods affordable to them in the alcohol market (Sections 8.3.3.3 and 10.5.2).

Finally, non-professionals' choice of alcohol appeared associated with the aim and meanings of their drinking practices. In many participants' accounts, alcohol seemed more important for its function of creating connections amongst people. This characterisation of drinking, together with participants' economic circumstances, translated into the consumption of a variety of drinks, such as wine, spirits or cocktails. Hence non-professionals' drinking practices tended to express a cultural capital focused more on collectivism, rather than on the expression of cultural knowledge around alcohol (Skeggs, 2011; Savage, 2015).

10.5.4. Education and self-efficacy among non-professionals

The different recruitment settings highlighted the importance education had in shaping participants' attitude towards drinking (Section 10.4.3). With the exception of one participant (Tracy, Section 6.4), non-professionals' education spanned GCSE's to vocational courses, and though some of them began University studies, they soon "pulled the plug" (in Wendy's words).

Among the non-professionals, the role of education did not appear relevant to the acquisition of advice on alcohol consumption during pregnancy and breastfeeding (see Sections 7.3, 7.4.1), but could be recognised when they began to drink more regularly. Compared to the professionals and

¹⁴ For example, when asked to provide a description of middle class drinking habits, Anna said that "stereotypically", middle class people "have wine with their dinner, or if they go out for dinner have a drink... more in a social group than (pause 3 sec) just during the day". Conversely, working-class people would "come home from work and drink a lot at home" and "drink every evening... by themselves".

participants with intermediate job profiles, drinking practices seemed less attuned to the public health messages of self-regulation and moderation, two qualities closely associated with education (Section 8.3.3.2). Non-professionals' consumption, tended, instead, to adhere to another popular 'rationale' underpinning drinking, that of defining alcohol as an important component of social life (Järvinen, 2012). According to this rationale, which Järvinen found more common among working-class participants, people drink "to enjoy life, because it is important to relax in one's spare time, because one should be cheerful and sociable at parties, and because alcohol is a 'natural' means to do this".

The role education had in influencing drinking practices was represented by the stories of participants who grew up in relatively disadvantaged families, both in professional and non-professional jobs (Gemma, Sophie and Tracy, Sections 5.2.2, 6.2, 6.4). In Bourdieu (1979, 1986), education is part of the cultural capital, and school is an institution which tends to re-create classed habitus and inequalities. In the accounts of some participants, however, education also represented a factor supporting the reorganisation of their consumption practices, as it allowed them to positively project themselves in the future, and provided motivations to change. For example, at the end of her account, Tracy stated the intention to go back to her studies. This desire seemed to reflect her aspirations of overcoming the difficult aspects of her story, including those related to drinking, by developing her skills. Sophie recounted that she was a bright student, and decided to lower her drinking because going out with her friends jeopardised her GCSE results (Section 6.2). Hence, education seemed to increase participants' ability to address situations of social disadvantage and to make sense of their own and family experiences, including those related to alcohol.

10.5.5. Social capital: resource or limit?

Mirroring the structure of Section 10.4.4, this paragraph discusses the influence of social capital on participants' drinking practices. In relation to the participants' social support, among the non-professionals I found less social isolation than reported by older studies involving relatively disadvantaged mothers (Oakley & Rajan, 1991; Waterson, 2000). This was mainly due to interviewees' use of social media, involvement in paid work outside the domestic environment, and their limited work-related mobility. Compared to the previous clusters, they received more practical and emotional support from their family. The proximity to the kinship network provided opportunities for having breaks from paid and unpaid work, which in many cases included the drinking occasions reported. Some participants, however, experienced physical and emotional strain in their network, since they were expected to 'care for' and 'about' family members in need of assistance.

Discussing social capital in relation to social network and group belonging, the two sub-clusters of non-professionals reported a variety of orientations and views (or 'habitus', Section 2.5.4) in their families regarding drinking. While those from relatively stable backgrounds were socialised in the use of alcohol as a social lubricant (see Valentina's profile, Section 5.2.3), Tracy and Lorna's biographies provided an insight into how poorly functioning or under-developed social networks may support the development of unhealthy drinking practices (Sections 5.2.4, 6.4). Within their primary networks, from childhood they experienced a permissive attitude towards alcohol consumption, and were exposed to stressful conditions which appeared associated, later in life, with the use of alcohol as a coping strategy. Despite this, Tracy and Lorna's accounts expressed a resilient attitude in relation to their family experiences, and show that the habitus is open to transformations. Such transformation, however, appeared only partial, as their drinking practices were still presented as an important leisure time component, and played a prominent role in the maintenance of emotional balance, both as individuals and as mothers (Section 8.3.4).

Consistently with what is discussed in Section 10.5.5, processes of peer selection and mutual influences among the non-professionals contributed to the formation, from adolescence to adulthood, of networks characterised by homology in drinking habits (Bullers, Cooper & Russell, 2001). As with the previous groups, non-professionals after the transition to motherhood, referred to fewer possibilities to meet up with their social circles. Yet, they still moved in relational environments in which friends, partners and kinship members took part in their drinking occasions and shared similar approaches to alcohol (as the accounts in Section 8.3.3.2 suggest). Hence, their drinking practices appeared aligned with those prevalent in their relational networks.

Finally, work-related relationships and environments seemed to exert an indirect influence on non-professionals' drinking practices. Only two non-professionals explicitly referred to the presence of work colleagues at their drinking occasions (one of them was Wendy, Section 8.3.3.2). However, they were involved in occupations whose cultural content was lower compared with those of the professionals and participants with intermediate job profiles. Hence, the transition of competencies and skills from work to the family setting could be less prominent in orienting their drinking practices towards control and moderation.

To sum up, this section has associated non-professionals' drinking practices to qualities characterising Crawford's ethics of consumption, that is, a tendency to exceed the limit and an emphasis on collective

enjoyment. These characteristics have been discussed in light of the ‘carnavalesque’ features of participants’ drinking practices, and of factors related to their cultural and social capital.

10.6. Alcohol consumption as a family practice

Gender dynamics are fundamental to the understanding of the formation of drinking practices within the intimate relationship of the family unit. Gender has a relational nature, as it is negotiated through the enactment of practices, including those related to drinking, and characterised as ‘feminine’ or ‘masculine’ (Bottorff et al., 2011, Section 2.2.1). My study design, however, has not fully captured the relational dimension of gender because the primary aim was to explore women’s drinking experiences. Hence, I have not included their partners’ perspectives on drinking. Whilst acknowledging this limitation, my data provides an original insight about the gendered aspects of family drinking practices. The study findings suggest that participants interpreted their roles, as carers and “moral guardians” of the wellbeing of the family, by means of their drinking practices, (Lupton 1995, p.42), two themes discussed below.

10.6.1. Alcohol consumption and social reproduction

Research findings consistently highlight the part women play in the process of social reproduction. Taking a feminist perspective, Laslett and Brenner (1989) define as “social reproduction” the whole set of

“Activities and attitudes, behaviour and emotions, responsibilities and relationships directly involved in the maintenance of life on a daily basis, and intergenerationally.... Social reproduction can thus be seen to include various kinds of work –mental, manual and emotional- aimed at providing the historically and socially, as well as biologically, defined care necessary to maintain the existing life and to reproduce the next generation” (pp. 382-383.)

Hence, the activities associated with social reproduction seek to sustain and renew daily life, and the performance of caring practices have a central role in this process. Women are expected to be ‘natural carers’, but the work they perform on a daily basis is scarcely recognised (Noddings, 1986; Skeggs 1997). Care practices exerted within the family include not only those traditionally associated with domestic work, such as food and clothing preparation, but also a range of actions to take care of their own health and that of other family members. Considering a sample of working mothers, Kushner (2007) identified a typology of health-related works women perform both for their family members

and themselves. The former included actions to construct routines and ensure stability, to face challenges, and to promote a sense of mutual support and personal growth. The latter consisted in acts of self-care aimed to enhance their wellbeing, keeping up with the daily commitments and bring changes to their routines.

Many of these health-related, caring activities were also performed by my research participants, and were associated with their drinking practices. For example, by sharing alcohol, participants took care of others by constructing meaningful routines and relationships. This is the case with drinking occasions shared with other family members, such as described by Andrea or Laura (Sections 6.1, 8.3.1.1). Interviewees' alcohol consumption was also functional to foster a sense of 'being there for each other', for example when they drank with their partners or friends (Sections 6.2, 8.3.3.2) or to promote their children's personal development such as by protecting them from disruptions caused by inappropriate drinking (see Stella in Section 9.2.3). Besides this, drinking was an activity that preserved the care of self, since it allowed participants to have a break from their routine and introduce elements of change. These findings partially reflect those of Jackson et al. (2018), who interprets female drinking as a practice of care for themselves and for others, performed with restorative purposes when alternative forms of care provided within their primary relationships are insufficient. However, Jackson does not explore the class variations in the drinking practices as an act of care of self. My findings suggest that, in situations of social disadvantage, drinking as an act of self-care may border on a form of self-medication when the need of interrupting the daily routines, often entailing repetitive jobs, economic difficulties, and domestic responsibilities, becomes dominant (Section 8.3.4; Graham, 1993; Bissell et al., 2016).

The notion of 'social reproduction' is not only associated with the concept of care, but also with the ideas of development and transformation. The next section discusses these aspects by considering the role participants had in the management of risks associated with the drinking practices in the family unit.

10.6.2. Drinking practices and women's role of risk management

Mothers' caring activities are deeply intertwined with the exercise of informal social control and health risk management within the household. Historically, mothers have been exhorted by public authorities to take an active part in the promotion of health education and preventive actions aimed at the safe development of the family members. For example, between the nineteenth and twentieth century, in Western countries, mothers were encouraged to prevent illness through the maintenance

of domestic hygiene, and “were urged to take responsibility for the moral standards of their family members for the sake of their nations’ health” (Lupton 1995, pp.42, 43). In that period, women’s mandate in terms of exerting informal social control on health within the domestic environment can be traced also in alcohol-related research. For example, Raitasalo (2008, p.17) reports that during the 1920s and the 1930s, the Swedish State attributed to women the duty to regulate their husbands’ alcohol consumption providing them with “curative ration books”.

This has implications for the current age. Although women’s position in society has changed, the legacy of their activity in terms of informal surveillance is still apparent, and represents an important element of caring, and the construction of gender. In relation to alcohol, studies have consistently observed that, within the couple, women are more likely to exert surveillance over their partners’ alcohol consumption than vice versa (e.g., Room et al., 1991; Suonpaa, 2005; Dietze et al., 2013). Likewise, I have found that participants performed practices of regulation and control directed towards their male partners’ drinking (Sections 9.2.2 and 9.2.3). The telos of these actions, I argue, was twofold: constructing the idea of “the responsible father”, and preserving the wellbeing of the family by preventing possible physical harm and emotional disruptions. By regulating their partners’ drinking, participants also fixed their identity in a particular place, that of a carer and considerate woman.

To explain the first aspect, I draw upon Fox’s study (2009), which explores the dynamics leading to the strengthening of gender identities occurring in the transition to parenthood. Fox interviewed 31 middle-class and nine working-class Canadian heterosexual couples, from women’s late pregnancy up to the end of the first postpartum year. She observed that a central process involving both partners was the negotiation and formation of parental identity. In the period following childbirth, Fox’s female research participants gradually recognised the overwhelming responsibilities associated with their parental role, and for this, receiving support from their partners and proximity network appeared crucial. When such support was lacking, women eventually took the initiative to involve their partners in the care of the baby. Such involvement occurred through different strategies. For example, they saved specific tasks for their partners, left them alone with their children or, most importantly, encouraged the sharing of housework. Household chores were intertwined with childcare and represented a tangible expression of parental commitment and responsibility. In this way, whilst attempting to build a more egalitarian sharing of care duties, women actively constructed their partner’s role as father. These transformations, revealing how gender was performed and negotiated within the family setting, could entail feelings of irritation among women, and resistance in men.

In my study, the control and regulation of male partners' drinking followed a similar pattern. In Chapter 9 (Introduction), I have explained that family practices are oriented towards another family member to define his/her place within the group. Hence, the control participants exerted towards their partners' consumption represented more than a concern about their drinking. Rather, it can be interpreted as an attempt to negotiate and construct their role of fathers when they were perceived as not sufficiently responsible and collaborative. Interviewees' accounts described "smooth" and "turbulent" adjustments of male partners' drinking habits (Sevón 2012; see Section 2.4.2). While in the former case, which was the most frequent, the transition to parenthood was followed by unproblematic and non-conflictual shifts in consumption practices, in the latter case women expressed disappointment or took action about their partners' drinking. Examples of "turbulent" adjustment of drinking habits are those of Gemma and Sophie (Section 9.2.2), who felt an unbalanced distribution of domestic and caring duties within their households. In these situations, their partners' enjoyment of drinking represented an unequal distribution of tasks and responsibilities between the couple, including those related to their parental roles. Thus, alcohol consumption was an effective lens through which interpret the processes of negotiation of gender identities and parental roles.

Women's actions in terms of informal control on drinking were not only directed to negotiate and construct parental responsibilities. They also sought to mitigate tensions in daily life and avoid potentially risky situations for the wellbeing of the baby. This latter aspect may be observed in the quotes of Kate, who prevented her husband from drinking in the last stage of pregnancy (Section 9.2) and Stella, who established with her partner the ground rule of keeping a 'safe distance' from their children in the event of heavy drinking (Section 9.2.3), mirroring the gendered aspects of parenthood (Section 2.4.1). Women's rationale for the surveillance and regulation of their partners' drinking appeared based on practical needs and a comprehensive evaluation of the situation. Such a rationale included ideas about (in)appropriate parental conduct (e.g., Sophie, Section 9.2.2), the perception of what was good or not for children's growth (Stella, Section 9.2.3), and the importance of preventing possible family tensions (Tracy, Section 9.2.3). This last theme is discussed in the next section, which discusses the communication style interviewees used in their practices of informal control.

10.6.3. Informal control on alcohol consumption: gender-related aspects of interactions

Women described exerting informal control on drinking in an assertive and non-confrontational manner (Section 9.2.3). My findings partially support those of Sounpaa (2005), who explored the

strategies used in intimate relationships to exert surveillance on alcohol consumption. Similar to this research, in almost all cases he interviewed only a single member of the couple. Sounpaa found that older couples (25-60 years old) used overt strategies of regulation, including explicit communications of concern, and open criticisms about drinking practice, compared to younger ones (20-29 years old), who used milder forms of control, such as calm suggestions of not drinking or more neutral statements. This difference was interpreted through the individualisation process, which, Sounpaa explains, has intensified in the second half of the twentieth century and has progressively permeated intimate relationships. According to the individualisation thesis, people are considered under late modernity to have the agency to pursue their self-realization and self-fulfilment, as they would be less conditioned by traditional norms and models in order to pursue what they believe are self-defined goals (see Section 10.2, 'reflexive modernisation'). According to the perspective, individual autonomy has a prominent value and, in the domain of intimate relationships, the disregard of it would represent an important factor of instability. Paradoxically, the uncertainty of individual life trajectories, it is argued, produces a strong desire for stable relationships, alongside the idealisation of romantic love (Beck, 2004). Referring to this tension, Sounpaa speculated that, compared to the older participants in his study, younger interviewees tended to use mild control strategies with the intention of not invading the sphere of the other and to respect their partners' autonomous choices in relation to drinking. Mild strategies were also preferred to explicit blaming as this could be damaging for the relationships and generate a risk of loss.

While my findings about the use of mild control strategies are in line with those of the previous study, my interpretation differs somewhat from Sounpaa, as he did not consider the gendered aspects underpinning the practices of informal control. As Smart (2007) notes, individualisation theories have endorsed a view of human beings as disconnected and self-centred. Such ideas, together with the common emphasis on 'good quality' relationships, has generated the pessimistic beliefs that interpersonal bonds are fragile and that people can easily move away from unsatisfactory ties. Smart highlights instead, the importance of investigating how people, through commitment and affective investment, deal with upsetting aspects of their relationships, which often lead to personal growth. Compared with the individualisation theory, Smart's perspective appears more in tune with the importance of relational aspects of female identity. Participants' accounts showed how they addressed what they considered to be the problematic or 'disliked' aspects of their relationships, and their negotiation efforts to deal with the difficulties deriving from the sharing of daily life with their partners, including those associated with drinking (Sections 9.3.1, 9.2.2, 9.3.3). These negotiation

efforts were performed and expressed in a gendered manner, and represented a means employed to accomplish the emotional and relational labour within the family context.

The communication style adopted by my research participants was functional to mitigate possible tensions, to exert control on partners' drinking whilst maintaining a caring and positive relationship. This can be noted in Kate's account, using irony and playing the role of the "nagging wife", or in Tracy's account, who talked about her gentle approach towards her partners' drinking, and in Sophie's indirect comments reminding her partner of their plans for the next day and thus recommending not drinking too much (Section 9.2.3). The mild style of communication also characterised participants' description of their partners' drinking practices during leisure time (Section 9.3.3). These were negotiated between the parents in relation to childcare needs and spoke of the common need of a break from the daily routine. Such practices presented features associated with the expression of masculinity: they were often shared with other men, associated with sport activities, companionship, and heavy drinking. Participants presented these events as a normal 'release valve', and protected their partners' respectability by talking about them in a joking fashion or making reference to the social acceptability of their drinking. Thus, interviewees seemed to evaluate much more severely their own alcohol consumption, compared to that of their partners.

This attitude, and the discussion articulated in the previous sections are suggestive of the importance the overarching principle of "putting the children first" had in guiding participants' drinking. This moral aspect of parenthood, and its implication for female drinking, is discussed in the section below.

10.6.4. "Moral tales" and protection of children

Risk management exerted by women in order to ensure the well-being of their babies took different forms. Accounts of participants' drinking occasions referred to situations in which they managed the timing of consumption (e.g., they drank when their children were in bed, or when they considered it sufficiently far from breastfeeding times), the choice of drinking settings (away from home, relying on their family members for care duties), or the quantity of alcohol used, were usually limited.

Narratives reported in Section 9.3.4 underline that for mothers, the protection of their children was imperative. The accounts about how they managed the presence of their children in relation to their drinking occasions may be seen as "moral tales" (Mccarthy, Edwards & Gillies, 2000), based on the foremost principle that "adults must take responsibility for children in their care and therefore must seek to put the needs of children first" (Mccarthy, Edwards & Gillies, 2000, p.789). Mccarthy et al. explain there might be situations in which that moral imperative cannot be fulfilled. However, to be

considered as moral adults, individuals have to put themselves in the position of having tried to do their best to adhere to their obligations.

The efforts my research participants went to in order to act and present themselves as moral adults are reflected in the research findings (Sections 7.4.2, 7.5, 8.1.1). Likewise, the paramount focus on children's wellbeing was a key principle underpinning all women's actions regarding risk-management in relation to alcohol consumption. Through their accounts, mothers presented themselves as 'moral drinkers' as, at the end of their narratives, they directly or indirectly stated the principle that 'children come first', thus placing themselves on higher ethical ground. Even if there may have been situations in which participants had to compromise with their educational ideals, it seemed at least important to declare their intentions, to show that the parental duties were accomplished.

Finally, it is worth underlining that participants' accounts also provide a snapshot of the ways in which drinking practices are reproduced within the family, thus generating diversification and changes in the wider consumption culture. For instance, Julia's narrative (Section 9.3.4) is suggestive of the way in which middle-class families contribute to the changes in the services offered by many pubs and the practices of public drinking (see also Anna's account, Section 8.3.1.1). Family-friendly pubs have acquired popularity, and are venues where the boundaries between alcohol and food consumption, children, entertainment and socialisation are flexible (Karsten, Kamphuis & Remeijnse, 2015). Another example of how new practices of consumption are negotiated within the family is represented by Laura's account (Section 9.3.4). Her words suggest that technology can influence children's participation in drinking occasions from a very early age and are indicative of how the socialisation to drinking is changing in recent generations.

10.7. Reflexivity

In the FANI method, researchers' reflexivity plays a fundamental role in the research process (Section 4.3.1.). Reflexivity is an ongoing constituent of practice and an instrument of knowledge production, rather than an "attitude" or a "capacity" of researchers to reflect on the implication their roles have in generating research outcomes (Malterud, 2001; Seale, 2004; Hollway & Jefferson, 2013). My reflexivity, and my way of exploring drinking practices, has been primarily influenced by my being Italian. I was an 'outsider' in relation to the local area, in which, however, I had been living for approximately one year and a half at the start of interviews. Hence, while I had already acquired several cultural references, at times I could not draw upon background meanings, linguistic nuances, or lived experiences to which my participants referred, and that I have understood over time.

In addition, being Italian meant coming from a country with a cultural approach to drinking that I believed was very different from the English one. In Italy, the drop in alcohol consumption that has occurred over the past three decades has been accompanied by a diversification of drinking practices. Nowadays, traditional drinking practices (typified by frequent, but not excessive consumption), coexist with practices “strongly influenced by [an] Anglo-US cultural zeitgeist,” characterised by more sporadic, but heavier, drinking (Gordon, Heim & Macaskill, 2012, p.3). Even though the practice of ‘binge drinking’ has become more frequent, especially in adolescence and early adulthood, Italian consumers still tend to belong to a “non-intoxication culture,” characterised by informal social control over drinking and drunkenness (Allamani, Beccaria & Voller, 2010). Because of these cultural features, before coming to the UK I had rarely experienced risky drinking practices, which I rather associated with northern European drinking styles. This representation has been reworked thanks to the contact with the specificity of participants’ experiences; influenced by gender, life stage, and class. During the data collection, I also had some insights into English perceptions of the Mediterranean way of drinking. Participants recognised me as Italian, and brought in the interview their assumptions about my drinking culture and norms. At times, in the small talk occurring after the interviews, ‘Italian’ drinking was associated with moderation and an emphasis on ‘quality’ consumption, and I explained that this is not always the norm.¹⁵

Besides nationality, my reflexivity was influenced by my previous work identity. I am employed as a social worker in a treatment service of the Italian NHS, and before starting the doctorate my daily work was focused on the adverse consequences of alcohol use. I explicitly chose to focus my research on a topic exploring alcohol consumption from an angle external to the treatment service. This entailed questioning the knowledge, beliefs, and experiences acquired in my working activity. In the development and accomplishment of my research, however, the consideration of alcohol as a potentially harmful substance has been accompanied by the broadening of my views on drinking, which was supported in several ways (e.g., by discussing my perspectives with my peers, or taking part in the local drinking culture). This was helpful for setting aside moralistic and judgemental attitudes in the interview setting, and for analysing the accounts of practices in their complexity. On the other hand, my work experience has provided not only implicit assumptions regarding drinking but also skills, which turned to be helpful in the research, as the capacity to listen, to discuss my points of view and to look at things from different angles.

¹⁵As nearly all of my research participants were white and born in England or other English speaking countries, I did not have a real chance to explore the contact, and my reflexivity, in relation to further cultural drinking styles.

A third aspect influencing my reflectivity was my social class. Social class has been the subject of many reflections. The book "Formations of class and gender" (Skeggs, 1997) struck me profoundly. I identified in the analysis of participants' lives processes that shaped my personal and professional development. At the same time, I recognised in Skeggs' discussion of how she experienced higher education –a contributing factor in generating differentiation from her research participants- my attempts to build autonomy and respectability through knowledge. Discussing her positionality as an ethnographer in relation to social class, Skeggs described herself as a "nomadic subject", who engaged with the women from a position of identity, but was also subject to potential changes from that encounter" (p.35). Similarly, during the doctoral programme I felt in a transitory phase in relation to my social class. If I had to position myself in one of the clusters identified in this research, I would probably be amongst the 'professionals with a working-class background.' However, during my student period I had only partial access to my professional identity, from which I derived social recognition and a sort of middle-class position. At the same time, I was not used to have an academic status, and being a legitimate knower.

During the data collection I was aware that being a Ph.D. student could be seen by some non-professionals as a privileged position. However, the status of student, still in training, helped to close the potential social distance they might have felt in dealing with academia. I perceived instead, my social class less influential in my relationship with the professionals, as we shared a similar cultural capital and, probably, a similar use of knowledge as a form of empowerment. In relation to the theme of class, it is also relevant to add that in the research encounters I was very careful in the way in which I took care of my appearance (choice of casual dresses, no accessories), to purposefully convey the idea of class neutrality.

My not being a mother might also have influenced the relationship I had with the participants. This topic needs to be contextualised within the choice of this research subject, resulting from the convergence of several factors. These included my interest in exploring alcohol consumption with a gender perspective, the interest in the study of how health practices were transformed during the life course, and the desire to better understand the particular stage of family life I was living. When I started this research, my family was experiencing a generational shift, and in a few months I became an aunt of three children. In a short time, both my brother and sister changed lifestyles and, partly, their ways of being. I do not have children, but I discussed at length with my sister about the personal and social discrepancies which become manifested with motherhood. We talked about her feeling medicalised, and about her concerns and thoughts on how to be a good parent. We still reflect on the personal costs of motherhood, still underrecognised despite the huge collective benefits. As a childless

Italian woman, I have also experienced that, despite this underrecognition, the status of mother may be much more socially accepted and understood than other choices or aspirations, especially if connected to the exercise of the power. Coming back to my research, not being a mother might have influenced the establishment of identification between me and my participants. However, the discussions mentioned above allowed for approaching the research topic with a knowledge partial and indirect, but not superficial, about my participants' lived experiences of motherhood.

Finally, it is important to mention the role my personality had in the research. Discussing the importance of bringing the personal into research, Moser (2008) observed that the role personality plays in the study context should be considered more carefully. She argued that when getting personal about their work, researchers chose to discuss themselves in terms of impersonal categories (such as ethnicity, gender, social class, education), rather than bringing the discussion to a further level. I agree with this statement, recognising that my personality traits were at times a strength or a hindrance in my relationship with participants (I have a friendly, but not outgoing temperament). However, during the data collection, I recognised that researchers need to find a "place of compassion" for themselves (Garfield, 2010). The acceptance of personal aspects I found irritating or counterproductive has been the starting point to gradually improve the quality of the research work. For example, the desire to control some aspects of the research process, such as the research timescale, which was one of the main concerns, has been a limitation at times, as this mostly raised my apprehension. When I started to give less emphasis to time and consider my study as a learning process inclusive of trials and errors, the quality of my work began to increase substantially.

10.8. Study contributions. Implications of the findings for theory, practice, and policy.

This study fills a literature gap providing a unique picture of female drinking in contemporary England, and of the way in which women from different social classes negotiate their drinking practices in the interface between paid and unpaid work in the early parenting period. The social practice approach adopted represents a specific strength of the study, as it allowed considering women's drinking practices in their entirety, and to examine them from different perspectives. This enabled me to address my research questions in an original manner, and analyse how female practices of consumption stem from the interaction between the macro- and micro- context of daily life. My research also provides several important contributions, outlined below. These regard how female drinking is considered, and may have constructive implications for policies and practices:

- I. The study highlights the role women have in the transmission and reproduction of drinking practices. Even if consuming alcohol was a relatively common activity in participants' daily life, interviewees appeared aware consumers, knowledgeable of the consequences of their drinking. In contrast with the concerns surrounding female and maternal drinking, my research provides evidence that participants articulated concerns about responsibility in relation to their alcohol use, and hoped to convey to their children a message of sensible consumption. As parents have a primary role in children's education and socialisation, including drinking, such awareness might contribute to a further shift decline in drinking amongst the younger birth cohorts.
- II. This study contributes to understanding the role the transition to motherhood has in the social reproduction of gendered drinking practices. This research highlights that longstanding characteristics of female consumption practices, still associated with values linked to the sphere of 'caring', reflect persisting power inequalities between genders. Investigating the transition to motherhood allowed me to explore how gender inequalities are reproduced within intimate relationships, productive environments, and individual and collective representations. Compared to their male partners, for my research participants becoming a parent often entailed reduced opportunities of investing time and energies in activities other than caring (paid work, free time) and greater domestic responsibilities. Such inequalities, in turn, translated to a level of self-restriction of their alcohol consumption, and in the meanings expressed by their drinking practices (Sections 10.3.2, 10.6.1, 10.6.2). Hence, the transition to motherhood appeared as a life stage in which the normative regulation of female drinking was strengthened, internalised and reproduced by women themselves.
- III. In relation to the implications for policies and practices, this research contributes to our understanding of contemporary motherhood. Motherhood is a classed practice, and paid work has a crucial role in the social polarisation of motherhood (Section 2.5.1). My study suggests that paid work is crucial to transfer in the domestic environment competences and attitudes concerning health practices, including those related to drinking. Hence, greater attention should be paid in the working contexts to promote interventions raising awareness about employees' health and wellbeing, independently from type of job and professional tasks.
- IV. A second implication for policies is connected with the need of relational spaces, expressed in participants' accounts of their drinking practices. A recent government document reports that

loneliness is experienced especially among new parents of children aged 0-2, and that more than 40% of mothers under 30 feel alone frequently or always (DDCMS, 2018). Even if my data provides a more positive picture (possibly because the work environment helps to build relationships), several mothers referred to difficulties in maintaining extra-family contacts. This feeling of loneliness may be exacerbated by the privatisation of care work, mostly accomplished by women. To address these socialisation needs, it might be helpful to promote strategies and interventions at the community level, to widen women's social and care networks.

- V. Thirdly, this study shows that even slight differences in the socio-economic gradient may contribute to the diversification of female drinking practices. My findings suggest that disadvantaged social conditions may foster 'compensatory' forms of consumption, which can also generate social and self-blaming attitudes, especially amongst people from more deprived groups. However, amongst relatively disadvantaged women, these practices represented a form of relief or respite, allowing them to experience a sense of social companionship. Hence, public health policies might focus on initiatives promoting other practices of self-care and wellbeing, accessible to all women, to promote relationships amongst people with different backgrounds.
- VI. Other implications for policies support the conclusions of existing research, which is worth re-emphasising. They regard the valorisation of care work, the promotion of family policies considering the different positions women and men have in the labour market, and the adoption of measures to mitigate social class inequalities and segregation (e.g., Wilkinson 2010; UCL 2010; Oláh et al. 2017). The issues listed have raised (and continue to raise) long debates, and there is a recognition that welfare state policies supporting women would be beneficial for their health, also in terms of alcohol consumption. Even if there have been advancements in relation to these themes, the construction of an equal society still needs a great deal of cultural and political work.
- VII. A practical (and ethical) implication this study may have for practice stems from the insights provided into how women elaborate forms of defense towards public health messages perceived as 'threatening'. This raises the point of how alcohol-related risks are translated and communicated to mothers (and women) in different settings. Health workers should convey clear and correct information to women regarding alcohol consumption. Since female and

maternal drinking are associated with preconceptions and worries, it might be helpful to provide contexts where practitioners could discuss tacit assumptions and personal beliefs underpinning their professional actions.

VIII. From a methodological perspective, a contribution of this study derives from the use of the FANI method. The method enabled me to explore the development of participants' drinking trajectories over an extended time period and to account for non-discursive aspects of experiences. These might include participants' apprehensions and personal investments, hopes for the future, perceptions, and ways of being associated with their social class. More broadly, using the FANI method to interview people in a recursive manner shed light on the importance of understanding people's stories in detail and in their entirety. The method has been rarely employed in alcohol-related studies, and this study offers an insight into the type of knowledge it can add.

10.9. Further research developments

In relation to future research, my study could lead to several developments.

One research area might focus on the role that parental practices are playing in the decline of alcohol consumption among young people in England, and the possible social class differences. This topic could be explored with a qualitative longitudinal study, investigating parental drinking practices and trajectories, and their interaction with those of their children. Such a study could improve the understanding of the changes in drinking practices occurring in contemporary England.

A second productive field of investigation concerns the actions of self-surveillance and interpersonal comparisons related to alcohol consumption. Further research might explore the circumstances and strategies through which people (men and women) exert surveillance on their own and on other people's alcohol consumption, and how those are influenced by public health messages. This topic could be equally explored in a sample stratified by social class.

Thirdly, the FANI method might have several applications in treatment settings and be applied in research-interventions. The biographical approach could be combined with other tools (e.g., timeline, genogram, social network map) to explore past consumption trajectories and future projections. The FANI method may be helpful to develop reflections on the desires for the future, factors of resilience, personal relationships.

10.10. Study limitations

This study has several limitations. The first is represented by the sample composition, designed to explore in detail a life stage through the collection of biographical accounts from women with different social classes. The composition of my sample, however, might have influenced how I looked at my data. Because of the difficulties in recruiting non-professional participants, the groups in which I stratified my sample presented substantial differences. While the cluster of ten professionals was relatively homogeneous (they were all employed in comparable working environments), those of the eight non-professionals and of the three participants with intermediate job profiles were more heterogeneous. These participants were from a much broader set of backgrounds and had varied working experiences, probably closer to the variety of experiences characterising the general population. The presence of groups different for internal homogeneity and numerical composition may have led to a clearer characterisation of the drinking practices of professionals, compared to those of the other groups. In addition, as the group of 'non-professionals with disadvantaged backgrounds' was composed only by two participants, my argumentations about possible social class differences did not always find solid support (see Section 7.5).

The sample composition may also raise questions regarding the transferability of my findings. For instance, life stories collected in other samples of professionals and non-professionals (e.g., with different jobs, or located in geographically different context) might have led to different observations. In relation to this, it is possible to advance some hypotheses about the transferability or not of my findings to samples different from mine, which was characterised by a somewhat limited internal differentiation. For example, it turned out that most women I recruited drank at low-, or very low-, risk level; all the participants were heterosexual, and the sample only included one single mother. In addition, professionals were academics with particular working conditions and good maternity leave and family friendly policies. In a sample of mothers drinking at higher levels, I would expect I might have found comparable results in relation to the linguistic strategies women employed to present themselves as responsible parents. This appears confirmed in Rolfe et al. (2009), who explored how women with risky alcohol consumption practices characterise their drinking. They interviewed 24 "heavy drinking" women, and observed that the mothers referred to their drinking as "self-medication", which, in turn, "positions women drinkers as having serious reasons for their drinking" (p.328). This suggests that alcohol consumption needs to be justified especially amongst heavy consumers. Regarding the generalizability of my results to a sample of mothers in a same-sex relationships, existing evidence suggests that parental identity may be more salient than sexual identity in shaping drinking practices (Emslie, Lennox & Ireland, 2017). While narratives regarding

maternal drinking practices might have been consistent with my results, findings on the renegotiation of gender identities within the changed family context might have been different, as the construction of non-traditional gender identities might have shaped differently intimate relationships and drinking practices. This is, however, a theme needing further exploration. Thirdly, the only single mother I interviewed reported an increase in consumption after been back at work from maternity leave. Single mothers are particularly exposed to the workload deriving from paid and unpaid work (Kuntsche et al., 2011). Hence, in a sample of single mothers, I might have found results that could have been quite different from those of my research. For instance, I might have observed a more marked perception of the effects that returning at work had on drinking, or a greater influence of economic and social capital on practices of consumption. Finally, recruiting professionals occupied in other working environments, such as in the private sector, I might have found different access to paid leave and flexible working arrangements. In the UK, the eligibility to these benefits is based on conditions which make reference to arguably outdated notions of work and employment (O'Brien et al., 2018). Hence, self-employed women, or those in precarious jobs, may not be eligible to the statutory maternity pay. This may lead to plan the return to work in relation to the economic coverage provided by the leave, and thus earlier compared to women in a public sector job. It is relevant to note that the length of the maternity leave may be influential for maternal and family health. A longer leave has been found to be related to an increase in the length of the breastfeeding period, and evidence suggests that it may be beneficial for maternal mental health (Baker & Milligan, 2008; Aitken et al., 2015). Thus, in other professional groups, the length of the leave, the timing of the return to work, and greater difficulty to organise a satisfactory work-life balance may influence participants' wellbeing and, as a consequence, their alcohol consumption.

Even though different findings may not be ruled out, I would argue for the wider resonance of my main findings. The responsible attitudes women in all the social classes showed towards drinking, and the role they had in managing alcohol-related risks are associated with long-standing features of female drinking practices. In addition, given the prominent place paid work may have in the daily life of women in professional jobs, the tendency to rationalise alcohol consumption is likely to be found in samples comparable to those presented here. Similarly, non-professionals' episodic risky drinking reflects characteristics of consumption already observed in literature. This does not exclude, however, that future research, might produce contradictory evidence, or find local or ethnical variations in maternal drinking practices.

Secondly, even though I piloted the application of the FANI principles before the data collection, part of the anxiety I experienced in the interview setting stemmed from not being a native English speaker. This had implications for my interview practice. For instance, at times I did not pick up immediately on the details of participants' replies, so that the second interview was helpful to ask for clarifications. All the interviewees, however, were very cooperative in relation to my linguistic uncertainties, in a manner sometimes revealing their personality traits (e.g., they asked for clarification or provided explanations with different levels of accuracy or chose different expressive modes).

On the other hand, even though important, these linguistic aspects might not have been crucial for the accomplishment of the interviews. Regarding intercultural interactions, Byram (1997, p.3) observed that "successful communication is not judged solely in terms of the efficiency of information exchange", but "it is focused on establishing and maintaining a relationship". Studies conducted in academic and healthcare settings confirm that linguistic production is only one of the many intercultural communicative competencies required for a positive interaction (Gibson & Zhong, 2005; Holmes & O'Neill, 2012). These include the capacity of understanding cognitive and affective aspects of peoples' experiences, cultural knowledge, and the comprehension of social roles and interactions, all factors that supported the development of my interviews. Hence, I would propose that my linguistic skills might have been an influential, but not central factor, in the communication and mutual understanding with my research participants.

A third limitation regards the application of the FANI method, and as with all researchers using a new methodology, I became more familiar with its strengths and limitations over time. Since the method aims at collecting stories, the significance of some themes (and the need to explore them with greater clarity) emerged during the research. For example, I began to explore the gender-related aspects of practices after the first two interviews, where the resonance of the topic for participants was greater than I expected. In addition, because of the narrative approach adopted, each participant brought to the research setting her unique experience. Thus, during the data analysis, I tried not only to make sense of commonalities and differences amongst different accounts, but also to highlight particular cases that could be telling of women's approaches to alcohol in the transition to motherhood.

Finally, as discussed elsewhere (Section 10.2.3), some questions could have been framed differently. For example, the term 'drinking occasion' has been used in research to describe a recognisable episode of alcohol consumption within a society (Section 2.6.3), a definition which may not correspond with lay perspectives on alcohol "occasions", which may exclude more mundane, everyday drinking. This

discrepancy may have influenced some of my participants' replies. For example, when I asked the interviewees to recount their last three 'drinking occasions' (implicitly attributing to this term the meaning employed in alcohol-related research), they could have interpreted such expression as "special occasions". This possible misunderstanding is suggested by Rosa's account (Section 8.3.3.2). She did not describe the light drinking episodes of her daily routine, but mentioned primarily those occurring during special celebrations. I would argue, however, that these misunderstandings were infrequent, as I usually clarified that I was interested in the description of everyday drinking practices, and of the last three times in which alcohol was consumed.

Conclusions

In this thesis, I have used a social practice approach and an adapted version of the FANI method to account for drinking practices in the transition to motherhood in women from different social classes. I have focused in particular on the ways in which they negotiated their drinking practices in the interface between paid and unpaid work after the return to work from maternity leave. In this conclusion, I would like to concentrate on three areas.

Firstly, regardless of social class, women appeared to have strongly internalised public health messages regarding the risks associated with alcohol use, especially in relation to their reproductive health. Such messages appear to have successfully tapped into women's feelings of parental love and on their efforts to be 'good' mothers. The emphasis on the harmful effects of alcohol consumption generated both defensive narratives and raised awareness about the consequences of consumption. This suggests that the increase in female drinking that has occurred over the past decades (Section 2.1) has also been accompanied by a progressive acquisition of narratives around responsibility in relation to alcohol use. Such processes could have positive effects on the intergenerational transmission of drinking practices and contribute to the decline in drinking occurring among young English people (Oldham et al., 2018).

Secondly, I have argued that social class appeared to be important in shaping drinking practices amongst the working mothers interviewed, in particular amongst those considered 'professionals' in paid employment. In the early parenting period, it was possible to draw a distinction between controlled and regular drinking practices (prevalent among professionals and those with intermediate job profiles); and sporadic but heavier episodes of consumption (common among the non-professionals). It is important to stress, however, that the difference among social classes and drinking styles appeared highly nuanced. Most participants did not describe significant impacts from the return to work on their drinking practices. However, I have argued that the place paid work had on their life

exerted an indirect influence on their consumption. In all participants, drinking occasions were associated with relational needs and appeared as leisure, through which they could break the routines of paid and unpaid labour. Yet, such meanings were expressed differently according to interviewees' social class. In professionals and participants with intermediate job positions, the characteristics of drinking practices were likely to align their consumption with Crawford's "ethics of production". The moderation of their drinking was related to the need to reconcile domestic work with job roles in competitive contexts, where they needed to appear as trustworthy employees. Conversely, non-professionals reported drinking practices more likely to be oriented towards Crawford's "ethics of consumption". Their episodic risky drinking represented both occasional participation in consumer culture and a source of pleasure and gratification. At the same time, participants presented their consumption as respectable and acceptable. Participants' accounts also showed how social class exerted an influence on their drinking trajectories through the dynamics of class distinction, education, and contacts with social networks promoting different normative approaches to alcohol.

Finally, I have analysed the role women's drinking practices had within the new family, focusing on gender-related interactions. In all social classes, participants' occasions of consumption within intimate relationships contributed to renegotiate interpersonal bonds and family roles. In this context, the meaning of female drinking practices was twofold. These were associated with caring activities, promoting personal and family wellbeing; as well as with actions of risk management. The control of alcohol-related risks was often performed through strategies of regulation of their partners' drinking, which aimed to maintain stability in family life. Participants' adopted a non-confrontational style of communication, to smooth tensions whilst maintaining relational bonds. Through their stories, participants appeared simultaneously "moral guardians" of the family and active subjects in the negotiation of drinking occasions within the domestic environment. Thus, the accounts presented are indicative of the ways in which gender operates and is negotiated through alcohol consumption within the family context.

This thesis provides a rich description of women's drinking practices in the transition to motherhood and confirms the importance this life stage has in shaping female alcohol use. A central concept expressed by mothers was that of "responsible consumption". Participants felt paid work did not influence their drinking. However, work-related attitudes and investments, and the differences in economic, social and cultural resources amongst the social class groupings, appeared to promote different approaches towards drinking amongst participants.

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Appendix

Appendix 1. Search strategy

Medline

1	((alcohol* adj2 (drink* or intake or consum* or "use")) or drink* behavio* or drink* habit* or drink* practic*).ti,ab.
2	((mother* or maternal or maternity or parent*) adj2 (new or early or role or transition)).ti,ab.
3	(postnatal or postpartum or post-natal or post-partum or perinatal or peri-natal or breastfe* or breast fe* or lactat*).ti,ab.
4	1 and (2 or 3)
5	exp Substance-Related Disorders/ Ethanol/ or exp Fetal Alcohol Spectrum Disorders/ or exp Prenatal Exposure
6	Delayed Effects/
7	4 not (5 or 6)
8	exp animals/ not exp humans/
9	7 not 8
10	limit 9 to english language

PsycINFO

1	((alcohol* adj2 (drink* or intake or consum* or "use")) or drink* behavio* or drink* habit* or drink* practic*).ti,ab.
2	((mother* or maternal or maternity or parent*) adj2 (new or early or role or transition)).ti,ab.
3	(postnatal or postpartum or post-natal or post-partum or perinatal or peri-natal or breastfe* or breast fe* or lactat*).ti,ab.
4	1 and (2 or 3)
5	exp Drug Rehabilitation/ or exp Drug Abuse/ or exp Alcohol Abuse/ or exp Alcoholism/
6	exp ETHANOL/
7	exp Fetal Alcohol Syndrome/
8	exp Prenatal Development/ or exp Prenatal Exposure/
9	4 not (5 or 6 or 7 or 8)
10	limit 9 to (human and english language)

CINAHL

1	TI (alcohol* or drink* or alcohol* consum* or alcohol* intake or alcohol* use or drink* behavio* or drink* habit* or drink* practic*)
2	AB (alcohol* or drink* or alcohol* consum* or alcohol* intake or alcohol* use or drink* behavio* or drink* habit* or drink* practic*)
3	S1 or S2
4	TI (mother* or maternal or maternity or parent*) n3 (new or early or role or transition*)
5	AB (mother* or maternal or maternity or parent*) n3 (new or early or role or transition*)
6	S4 or S5
7	TI postnatal or postpartum or post-natal or post-partum or perinatal or peri-natal or breastfe* or breast fe* or lactat*
8	AB postnatal or postpartum or post-natal or post-partum or perinatal or peri-natal or breastfe* or breast fe* or lactat*
9	S7 or S8
10	S6 or S9
11	S3 AND S10
12	(MM "Alcoholism") OR (MM "Altered Family Process: Alcoholism (NANDA)") OR (MM "Alcoholic Neuropathy") OR (MM "Alcohol Withdrawal Seizures") OR (MM "Alcohol Withdrawal Delirium") OR (MH "Alcohol Rehabilitation Programs+") OR (MH "Ethanol+") OR (MH "Alcohol Amnestic Disorder+") OR (MH "Liver Diseases, Alcoholic+") OR (MM "Liver Cirrhosis, Alcoholic") OR (MH "Amino Alcohols+") OR (MH "Alcoholic Intoxication+") OR (MH "Alcohol Withdrawal Syndrome+") OR (MH "Psychoses, Alcoholic+") OR (MH "Alcohol-induced Disorders, Nervous System)OR (MH "Alcohol-related Disorders+) OR (MH "Substance Use Disorders+") OR (MH "Organic Mental Disorders, Substance-Induced+") OR (MM "Epilepsy, Partial, Focal")
13	(MM "Prenatal Exposure Delayed Effects") OR (MM "Substance Abuse, Perinatal") OR (MM "Prenatal Nutritional Physiology") OR (MM "Delayed Onset") OR (MM "Cytopathogenic Effect, Viral") OR (MM "Fetal Alcohol Syndrome)
14	S11 NOT S12
15	S14 NOT S13
16	S14 NOT S13

Appendix 2. Recruitment email

Subject: Understanding drinking habits in new mums: GBP 25 shopping voucher

Dear colleague

My name is Serena Vicario and I am a PhD student in the School of Health and Related Research (SchARR).

My research explores the type of drinking occasions women from different backgrounds have (for example when, why, with whom and in which situations they drink alcohol), and how these may change when becoming a mother. This research is important to understand how the wider changes occurring in women's lives when becoming a parent (e.g., related to their daily routine, partnership, social networks or working patterns) may influence their drinking occasions.

If you have become a mother for the first time in the last 3 years, you have been back at work from maternity leave for at least 6 months, and if you drink alcohol at least once a month, I would be very grateful if you could take part in my research.

The participation will involve having 2 separate interviews lasting approximately one hour each in a place convenient to you. During the interviews you will be asked to talk about the occasions in which you drink, your views about drinking, and whether and how these have changed in the last few years.

As a thank you for your participation, you will be given GBP 25 - a GBP 10 high street voucher at the end of the first interview and a GBP 15 high street voucher at the end of the second interview.

If you are interested, or if you have any questions, please email me: svicario1@sheffield.ac.uk
Please include your telephone number in your message.

I will get in touch with you to respond to any queries and, if you are happy to go ahead, arrange a first appointment at a time and place convenient for you.

More information can be found at: <https://docs.google.com/document/d/1cwUUZ6BZl-qRvhp-z9-Uhex5z0v4xOf5BMFZPZ41Pxo/edit>

The work is supervised by Professor Petra Meier, SchARR, email: p.meier@sheffield.ac.uk

The study has been reviewed and approved by the SchARR Research Ethics committee.

I look forward to hearing from you.

Kind Regards

Serena Vicario

West Court, Mappin Street 2

S1 4DT Sheffield

svicario1@sheffield.ac.uk

Appendix 3. Research information sheet



The
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Research Project Title

Understanding changes in women's alcohol consumption after having a baby

You have been invited to take part in a research project and it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

✓ **What is the purpose of the research?**

While many studies have investigated women's drinking in pregnancy, this research is interested in whether and how women's drinking occasions change when becoming a parent (for example when, what, how, with who and in which circumstances they drink). For this reason, this study is focused on women from different backgrounds during their early parenting period. The research is important for understanding how the changes occurring in women's lives when becoming a parent (e.g., related to their daily routine, social networks and their work) may influence their drinking habits. I will be writing up this study for my PhD.

✓ **Why have I been chosen?**

You were chosen for this research because you have become a parent in the last few years and you have been back at work from maternity leave for more than 6 months. You are one of approximately 20 women invited to take part in this research.

✓ **Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep (and be asked to sign a consent form). You can change your mind and withdraw up to one week after the first interview without giving any reason.

✓ **What will happen to me if I take part?**

You will have 2 interviews, each lasting approximately 1 hour, arranged at a place and time convenient to you. The second interview will be scheduled up to three weeks after the first one. During the interviews you will be asked to talk about the circumstances in which you drink, and any ways in which your alcohol consumption has changed over time, especially since you have become a mother.

✓ **What are the possible disadvantages and risks of taking part?**

The interviews will have an informal and conversational style, and generally do not have adverse consequences. However, it is possible that talking about your drinking habits and daily routines may make you feel uncomfortable. In this case, you are free to communicate this to the researcher and to not reply to any specific question, or stop the interview at any time.

✓ **What are the possible benefits of taking part?**

Apart from helping in important scientific research, as a thank you for your contribution you will be given a £10 high street shop voucher at the end of the first interview, and a £15 high street shop voucher at the end of the second interview.

✓ **What if something goes wrong?**

If you have any concern about how the research is conducted, please contact the researcher, Serena Vicario (contact details below), or the project supervisor, Professor Petra Meier (School of Health and Related Research, Regent Court, 30 Regent Street, Sheffield, S1 4DA; tel. 01142220735, e-mail: p.meier@sheffield.ac.uk).

If the issue is not handled to your satisfaction, please contact Professor John Brazier, Dean of the School of Health and Related Research (Regent Court, 30 Regent Street, Sheffield, S1 4DA; tel. 01142225453, e-mail: j.e.brazier@sheffield.ac.uk).

✓ **Will I be recorded, and how will the recording be used?**

Yes, I would like to audio record the interview. The recording will only be used for analysis by the immediate research team. The audio recording will be transcribed (i.e., converted to text) and deleted immediately after quality checking. If you want to stop the interview, or if you do not want to have a second interview, the responses which you have previously given may be kept and used in the research unless you ask us not to. The transcription will be anonymised, that is, it will not include your name or any names you may mention. You will be given an individual code (e.g., A1), which will only be known to me as the researcher, and if you refer to any other individual by name they will also be given a code.

✓ **Will my taking part in this project be kept confidential?**

All information collected about you during the course of the research will be kept strictly confidential at all times, and nobody outside the research team will be able to see your personal information. Your name will not be associated with any reports or publications. Audio recordings and anonymised interview transcripts will be kept for 5 years.

The researcher is obliged to break the confidentiality in case of serious concern about children's health and wellbeing. In this situation, the researcher will refer to Children's Social Care. The confidential storage and handling of personal information will be preserved.

✓ **What will happen to the results of the research project?**

The findings will be written up in a PhD thesis. They may be published in an academic journal and presented at conferences. Participants in the study will not be identified in any publication or presentation.

✓ **Who is organising and funding the research?**

This research is funded by the Local Health Authority n.16, Padua, Italy.

✓ **Who has ethically reviewed the project?**

This project has been ethically approved by the Ethics Committee of the School of Health and Related Research at the University of Sheffield.

Contact for further information

If you have any question about the study or require any information, please contact me:

Miss Serena Vicario

Phone: 07909344459

Email: svicario1@sheffield.ac.uk

Post: School of Health and Related Research, Regent Court, 30 Regent Street, Sheffield, S1 4DA

THANK YOU FOR TAKING THE TIME TO CONSIDER THIS RESEARCH



The
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DRINKING HABITS IN NEW MUMS

Get involved in our research project

- ✓ Have you become a mother for the first time in the last 2 or 3 years?
- ✓ Have you been back at work from maternity leave for more than 6 months?
- ✓ Do you drink alcohol at least once a month?



If yes, I would be pleased to hear from you.

This study looks at women's experiences and points of view about drinking, especially when becoming a parent. You will be asked whether and how the occasions in which you drink have changed over the last few years.

You will be interviewed twice, at a time and place convenient for you.

If you would like to participate, you can contact the researcher, Miss Serena Vicario, by:

- Calling/sending a text to [07909344459](tel:07909344459)
- Sending an email to svicario1@sheffield.ac.uk

You will be asked a few questions to work out if you are eligible to take part in the study

As a thank you for your participation you will receive a £25 high street shop voucher

Research approved by SchARR Ethics Committee



Photos by Andres Chaparro, Daria Shevtsova and ELEVATE from Pexels

Appendix 5. Facebook recruitment post

WANTED: PARTICIPANTS FOR UNIVERSITY RESEARCH - £25 HIGH STREET VOUCHER FOR YOUR TIME.

Hi, I am looking for first-time, working mums for my PhD research about changing drinking habits. I'm trying to include women from different walks of life, and still need a few final participants who consider themselves to come from a working class background. You would be interviewed twice at a place and time that's convenient for you, and receive a £25 high street shop voucher to say thank you.

If you are interested, have become a mother for the first time in the last 2 or 3 years and have been back at work for more than 6 months, please click on the link below and fill in the form (it takes 2 minutes).

<https://goo.gl/forms/9qqDkN0PRJcQ4GZo2>

Alternatively, call/text 07909344459 or email svicario1@sheffield.ac.uk, providing your mobile or telephone number. I will call you back ASAP.

Thank you for your attention and...please share!

Serena

For more info: <https://docs.google.com/document/d/1cwUUZ6BZl-qRvhp-z9-Uhex5z0v4xOf5BMFZPZ41Pxo/edit>

Appendix 6. Informed consent



The
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Title of Research Project: Understanding changes in women's alcohol consumption after having a baby

Name of Researcher: Serena Vicario

Participant Identification code: _____

1. I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.
2. I understand that my participation is voluntary and that I am free to withdraw up to 1 week after the first interview without giving any reason and without any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to do so.
3. I understand that my responses will be kept strictly confidential. I understand that an exception will be made in situations of serious concern about a child's health and wellbeing.
4. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.
5. I understand that an audio recording of the interview will be made for use by the researcher. The recording will be destroyed after being transcribed.
6. I agree to take part in the above research project.

Name of Participant

Date

Signature

Researcher

Date

Signature

Any questions? Please feel free to contact me:

☎ Phone: 07909344459

✉ E-mail: svicario1@sheffield.ac.uk

📮 Post: Serena Vicario, SchARR, Regent Court, 30 Regent Street, Sheffield, S1 4DA

Appendix 7. Information for parents



The University
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Dear Participant,

Thank you very much for taking part in this research. In case this may be of interest, I have put together a list of local and national websites and services addressed to new parents. If you have any queries regarding the study, feel free to contact me.

Yours sincerely,

Serena Vicario

(s.vicario1@sheffield.ac.uk; tel. 07909344459)

HEALTH SERVICES AND ADVICE		
NHS direct	NHS direct is a 24-hours nurse-led helpline providing confidential health care advice on what to do if you are feeling ill, if you have health concerns about yourself and your family and if you need information about local health services, self-help or support organisations.	www.nhsdirect.nhs.uk ☎ 08 45 46 47
Birth to Five	It is an easy to use and practical guide for parents. It gives the latest advice and information on all the aspects of child health, family nutrition and your rights and benefits.	www.dh.gov.uk Search for Birth Five at Available also from your health visitor.
Parentline plus	Parentline Plus is a national charity offering help and information for parents and families via a range of services including a free 24-hour confidential helpline, workshop, courses, information leaflets and website.	www.parentlineplus.org.uk ☎ Helpline: 08088002222
MAST	MAST (Multi Agency Support Team) is a service organised by the NHS and Sheffield City Council, providing advice and support for parents and families. It helps parents to build and develop their parenting skills, to deal with family conflicts and crises, and to cope with stress. MAST also can help you by finding out what services are available.	☒ North Sorby House, 42 Spital Hill, Sheffield, S4 7LG Tel: 0114 233 1189 northmast@sheffield.gov.uk ☒ East Shortbrook Primary Site Westfield Northway, Westfield Sheffield, S20 8FB Tel: 0114 205 3635 eastmast@sheffield.gov.uk ☒ West Old Sharrow Junior School South View Road, Sheffield, S7 1DB Tel: 0114 250 6865 westmast@sheffield.gov.uk

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LIFESTYLE AND WELLBEING		
Change4Life	Change4Life is an NHS campaign, promoting information about healthier choices for you and your family. Recipes and games provided may help you to get more active in your life and to make changes to how you shop, cook and eat for a better life.	https://www.nhs.uk/change4life-beta/be-food-smart#C8POLLjstxzyppwb.97
Zest Community	Zest is a community enterprise which has been delivering high quality services to local people for almost 20 years. It offers a number of free workshops aimed at improving wellbeing and physical health, social activities and confidential advice on weight management.	www.zestcommunity.co.uk ☎ 0114 270 2040 ext. 208
NHS Stop Smoking Service	Sheffield Stop Smoking Service has a large number of fully trained stop smoking advisers, ready to give you advice and support. The new free service 'Smokefree Mums - time for me', is addressed to new mum living in Sheffield, and offers support to stop smoking and prevent relapse. It is available 7 days a week including evenings.	http://sheffield.yorkshiresmokefree.nhs.uk/ ☎ Info on the nearest service: 0800 612 0011 (free from landlines) 0330 660 1166 (free from mobile) ☎ "Smokefree Mums": 0114 209 4029
Fitzwilliam Centre	The Open Access Alcohol Service assesses drinking habits and provides support, advice and information to anyone wanting to make changes to their drinking habits. The service also provides advice and support to people affected by someone else's drinking, and refers to other services as appropriate.	☒ 44 Sidney Street, Sheffield S1 4RH ☎ 0845 3451549
CHILDCARE OPTIONS FOR PARENTS AND LEISURE TIME		
Free early learning and play	All children are entitled to some free early education from the age of three until they start school. You can look for part-time early education for your child in a school nursery class, nursery school, day nursery, playgroup or pre-school or with a registered childminder. Most families can access funding to pay for a substantial amount of their childcare costs through the tax credit system, subject to individual circumstances. Some employers can also give you a tax-free voucher to help pay for childcare.	www.sheffield.gov.uk/education/information-for-parentscarers/care-support/childcare/parents/early-learning.html www.childcare.co.uk www.sheffielddirectory.org.uk (local childcare options)
Sure Start Children's centres	Children's Centres offer free activities and advice for families with children under 5. Children's Centres typically provide: toddler groups, parenting courses, health support and clinics run by midwives and health visitors. They also offer information about healthy eating for your family, home safety, active lifestyle and many other initiatives.	https://www.sheffield.gov.uk/education/information-for-parentscarers/care-support/childcare/childrens-centres.html (info about Sheffield Children Centres and activities)

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ESCAL	ESCAL (Every Sheffield Child Articulate and Literate) is the award winning City-Wide Literacy Strategy. ESCAL promotes a range of services, projects, initiatives delivered to parents and young children across the city. Through a partnership approach the strategy aims to include literacy across services to families, children and young people.	<p>📧 https://www.sheffield.gov.uk/education/about-us/plans-partnerships/escal/about/contact.html</p> <p>☎ 0114 2930984</p> <p>✉ escal@sheffield.gov.uk</p>
Bookstart	Bookstart is a nationwide project, which aims to help parents and babies discover the fun of sharing books together. All babies from birth to 3 years old are entitled to a yearly free gift, containing baby books and information about the benefits of sharing books with your baby.	<p>Ask your health visitor, your local library or consult:</p> <p>📧 https://www.sheffield.gov.uk/libraries/childrenandyoungpeople/bookstart.html</p>

CHARITIES AND OTHER WEBSITES		
Carers UK	Carers UK provides information, advice and support for carers.	📧 www.carersuk.org
The NCT	The NCT is there to support parents. It disseminates accurate, impartial information so that parents can decide what's best for their family, and provides a platform to a network of local parents to gain practical and emotional support.	📧 www.nct.org.uk
Turn 2 Us	Turn 2 Us is a charitable advisory service which can help new parents access appropriate sources of financial support (for example, through welfare benefits, grants and other help).	📧 www.turn2us.org.uk
Working families	Working Families is the UK's leading work-life balance organisation. The charity helps working parents and carers and their employers find a better balance between responsibilities at home and work.	📧 www.workingfamilies.org.uk
Mumsnet	Mumsnet is a website for parents in the UK. It hosts discussion forums where users share advice and information on parenting and many other topics. Mumsnet also has a Bloggers Network with 5,000 registered bloggers and a network of 180 local sites run in partnership with local editors.	📧 www.mumsnet.com
HSE	The HSE (Health and Safety Executive) website provides useful legislative information and advice in relation to new and expectant mothers in the workplace. It will help employers and employees understand what their responsibilities are and what they need to do to comply with the law.	📧 http://www.hse.gov.uk/mothers/

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IF YOU WORK FOR THE UNIVERSITY OF SHEFFIELD		
University of Sheffield	<p>The UoS provide a range of information and programmes for new parents and women returning to work after maternity leave. Among the initiatives, you can find:</p> <ul style="list-style-type: none"> -Parents@TUoS Network. Launched in 2012, it aims to be a conduit for information about parental leave, offering a range of support to all staff and students through career breaks and sharing best practice and "how to" tips. -Women Academic Returners' Programme. WARP provides additional support upon return to work, to minimise the impact of extended leave on research activities. -The Student Union nursery, providing childcare for children from 6 months to 3 years -A range of support initiatives, including Women's Network and the University staff and family members' helpline. The latter offer free, confidential, 24 h staff helpline and counselling support. 	<p>📧 http://www.sheffield.ac.uk/hr/guidance/family/index</p> <p>☎ Staff helpline: 0800 0281947</p>

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Appendix 8. Interview topic guide

PERSONAL BACKGROUND

- I'd like you to tell me a bit about yourself, to get to know you a bit better. How would you describe yourself?
- Now I'd ask you to draw a timeline of your life, focused on the last 10 years. You can give it any form you like, or you can just draw a line and mark the key moments, events and interactions you feel have been relevant in your path. Give the participant a few minutes to think about and draw the timeline. Discussing with the interviewee the key life events.
- How was your return to work after your maternity leave?
- Do you have some forms of support, material or in terms of childcare, from your wider family?

DAILY ROUTINE AND HEALTH HABITS

- Can you tell me about your daily routine? What is a typical day like?
- Can you tell me about your health habits (eating habits, physical exercise, smoking)?

DRINKING HABITS

- Have your drinking habits have changed over time? Can you tell me how?
- Can you remember your first contact with alcohol?
- Is there a particular episode, or drinking occasion, or event that has changed your views about alcohol or the way in which you consume alcohol?
- Can you tell me if and how your drinking habits have changed in the last few years leading up to motherhood?
- Can you tell me if and how your drinking habits have changed since you have become a mother?
- Can you tell me if coming back to work after your maternity leave has influenced your drinking occasions?
- More in general, has your working activity changed your drinking habits, or the way in which you consume alcohol, or your views about alcohol consumption?
- Have your preferences about drinking changed over time? If so, how?
- What are the characteristics that you prefer in that kind of drink?
- Can you tell me about your last three drinking occasions? (where, when, with who, what quantity of alcohol you drank)

GENDER ASPECTS / PARTNER

- Division of domestic labour. Do you and your partner split the household chores? Do you feel the division is fair? Do you and your partner split the childcare? Do you feel the division is fair?
- Drinking habits. Can you tell me about your partner's drinking habits? Have you observed some changes in your partner's drinking habits since he has become a parent?

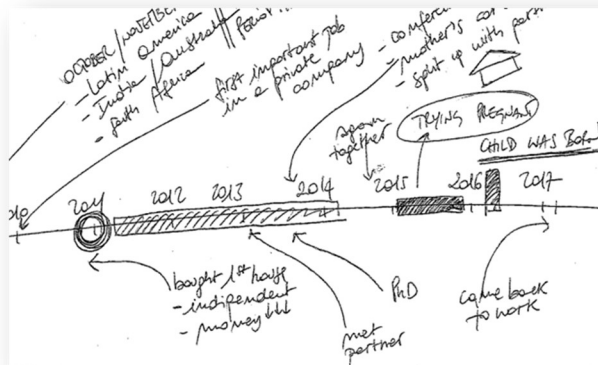
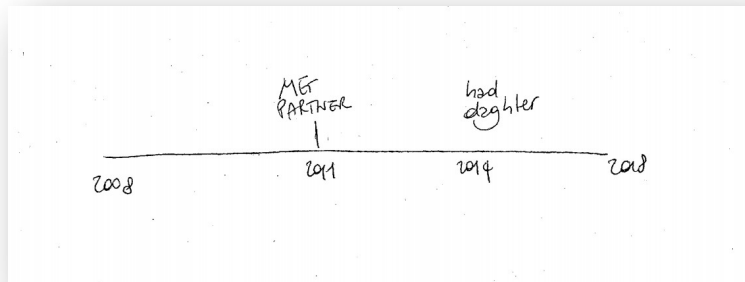
FAMILY AND SOCIAL BACKGROUND

- What are your parents' drinking habits?
- Can you tell me if and how your social background has influenced your drinking habits?
- How would you describe your family and current social position in terms of social class?

CLOSING QUESTIONS

- If you were to give your child a message about alcohol consumption, what would you like to tell him/her?
- Do you have some final feelings or thoughts you want to communicate?

Appendix 8. Timelines



Appendix 9. Literature review (Chapter 3). Summary tables

Table 1: Patterns of female drinking in the early parenting period and drinking trajectories

Paper	Aim	Study setting and method	Sample	Measures of alcohol consumption	Main findings
Borshmann, 2019	<p>To estimate the protective effect of the transition to parenthood in men and women.</p> <p>The study compares:</p> <ul style="list-style-type: none"> -Non-parents -Parents with youngest child(ren) <1 yr -Parents with youngest children 1-4 yrs -Parents with youngest child(ren) ≥5 yrs 	<p>Australia and New Zealand.</p> <p>Analysis of 3 prospective cohort studies:</p> <ul style="list-style-type: none"> -Australian Temperament Study (ATP) -Christchurch Health and Development Study (CHDS) -Victorian Adolescent Health Cohort Study (VAHCS) <p>Data collected at ages 21, 24, 30 and 35</p>	<p>2.151 women</p> <p>1.864 men</p>	<ul style="list-style-type: none"> -Alcohol abuse-dependence (Composite International Diagnostic Interview, not assessed in ATP) -Past week binge drinking -No. of standard drinks in the last drinking occasion 	<p>After adjustment for covariates: compared to mothers with child(ren) <1, non-mothers more likely to present criteria for alcohol abuse/dependence (RR: 3.5, 95% CI:1.5-7.9, p<0.001), to report past week binge drinking (RR:3.0, 95% CI:2.1-4.3, p<0.001), and to have a higher no. of drinks per occasion.</p> <p>Proportion of women presenting criteria for alcohol abuse-dependence and/or binge drinking, and mean no. of standard drinks per occasion increased alongside the age of participants' youngest child.</p> <p>Weaker association between parenthood and men's drinking behaviour.</p>
Levy, 2018	<p>To investigate the changes in drinking patterns occurring with childbirth</p> <p>The study compares women:</p> <ul style="list-style-type: none"> -living with child(ren) <1yr -of women not living with child(ren) <1yr -of women living with child(ren) 1-18 yrs 	<p>USA. Cross-sectional analysis of data from NESARC survey, representative of US adult population</p> <p>Data collected at wave 1 (2001/2002) and wave 2 (2004/2005)</p>	<p>435 women and 278 men living with child(ren) <1yr</p> <p>24.140 women 18.240 men not living with child(ren) <1yr</p> <p>9.502 women and 5.938 men living with child(ren) 1-18 yrs</p>	<p>In the past 12 months:</p> <ul style="list-style-type: none"> -Frequency of drinking: <ol style="list-style-type: none"> 1. Never 2. At least once a week 3. At least once a month 4. Less than once a month -Binge drinking (≥ 5 drinks per day for males and ≥ 4 drinks per day for females at least once) <ol style="list-style-type: none"> 1. Never 2. At least once a week 3. At least once a month 4. Less than once a month <p>Standard drink: 0.60 oz of ethanol</p>	<p>Mean daily ethanol intake lower among females living with child(ren) <1 yr than among females either not living with child(ren) <1yr (0.10 vs. 0.18, p<0.01) or living with older children (0.10 vs.0.16, p<0.01).</p> <p>Low drinking frequencies (3 and 4) decreased among women living with a child <1yr, compared with those:</p> <ul style="list-style-type: none"> -not living with child(ren) <1yr (AOR= 0.40; 95% CI [0.27, 0.58], p<0.01 in 3; AOR=0.56; 95% CI [0.40, 0.80] , p<0.01 in 4) -living with child(ren) 1-18 yrs (AOR=0.52; 95% CI [0.36, 0.75], p<0.01 in 3; AOR=0.66, 95% CI [0.46, 0.94], p<0.01 in 4). <p>No significant differences in binge drinking found among the groups.</p> <p>In men, drinking frequencies and binge drinking did not present significant differences among the groups.</p>

Liu, 2017	Identify trajectories of alcohol and cigarettes use in mothers from preconception up to early parenthood	USA. Data from Early Childhood Longitudinal Study-Birth Cohort (ECLS-B), representative of US births in 2001	8.800 mothers	no alcohol <1 drink per week 1-3 drinks per week >4 drinks per week,	At 9 months and 5-6 postpartum yrs, 63% and 64.8% of women abstained from alcohol. Of those drinking, most consumed from 0 to 3 drinks per week (33.2% and 28.1%).
		Mothers interviewed at 9 months after giving birth (retrospective interview on preconception consumption) and followed up at 2, 4 and 5 or 6 postpartum years		Average number of cigarettes per day (CPD) never smokers ≤5 CPD 5-10 CPD >10 CPD (heavy smoking).	6 trajectories: 1. Non-smoker and low probability drinkers (41%) 2. Non-smokers and moderate probability drinkers (26%) 3. Non-smokers and escalating high probability drinkers (8%) 4. Temporary reduced smokers (during pregnancy) and low probability drinkers (11%) 5. Temporary reduction in smoking (during pregnancy) and stable high probability of drinking (6%) 6. Persistent heavy smoking and declining probability drinkers (9%).
					Covariates differentially predicted class membership. ✓ Mothers with higher education more likely to be in group 2 compared to those with less than a high school diploma (AORs from 1.56 to 2.48, p.<0.01); but less likely to be in group 6 (AORs from 0.04 to 0.55; p<0.01) ✓ Income >185% of poverty line increased the probability of being in groups 2 (AOR= 2.25, p<0.01), and 3 (AOR=6.92, p<0.05) ✓ Part- and full-time employment increased the likelihood of being in group 2 (AOR = 1.55 and AOR = 1.51; p<0.01) ✓ Part-time employment increased the likelihood of being in groups 3 (AOR = 1.69; p<0.01), 4 (AOR = 1.35; p<0.01), and 5 (AOR = 1.76; p<0.01) ✓ Full-time employment increased the likelihood of being in group 6 (AOR = 1.40; p<0.05)
Baker, 2017	To analyse the prevalent drinking patterns of British mothers with children aged 0-3 and the associated factors	UK. Data from Millennium cohort study (sample of children born in the UK in 2000-2001)	15.510 mothers	-Frequency of consumption 5 categories from "never/<1 week" up to "5-6 everyday/week"	The 3 most common patterns were
		Mothers surveyed at 9 postpartum months (baseline, wave 1) and at three postpartum years (wave 2)		-Quantity of consumption (if frequency <1/week): 3 categories, from 1 unit/day up to >3units/day on each occasion	✓ Infrequent drinking (never/<1/week). In a multivariate analysis, disadvantaged childhood circumstances, educational disadvantage, income disadvantage, and younger age at first birth were significant predictors.
				-Quantity of consumption (if frequency was >1 week): 3 categories from <14 units/week up to >22 units/week	✓ Infrequent light drinking (1 unit/day, <1/week) was also associated with disadvantage. In the multivariate analyses, educational disadvantage, economic inactivity and income disadvantage, and being married increased the odds of being an infrequent light drinker.
					✓ Frequent light drinking (<14 units/week) in the multivariate analysis associated with younger age at first birth, being married and having fewer children living in the household.
Tearne, 2017	Describes consumption patterns of breastfeeding women living in rural areas	Australia. Prospective cohort of mothers from 10 non-metropolitan hospitals (recruitment: April 2010-November 2011)	489 mothers	-No. of standard drinks (SD) per week 0-2.0 2.1-6.9 ≥7.0	At 4, 6 and 12 postpartum months, 45.9%, 47.0% and 51.9% of breastfeeding women were consuming alcohol, vs.61.1%, 64.9% and 68.9% of non-breastfeeding women.
	The study compares -breastfeeding women -non-breastfeeding women	Self-administered questionnaire within 24 hours after giving birth (baseline, retrospective data collection on previous		-No. of SD per day	At 4, 6 and 12 postpartum months, 94.9%, 93.2%, 94.6% of breastfeeding women consumed 0-2 units per occasion, vs. 68.3%, 74% and 75% of non-breastfeeding women.

		consumption habits). Follow-up by telephone interview/online questionnaire at 4, 10, 16, 22, 32, 40 and 52 weeks postpartum.		Low risk: 0-2 SD per day Risky: 3-4 SD per day High risk: ≥4 SD per day -Timing of consumption Standard Drink = 10g alcohol Average no. of drinks/week converted in: no alcohol <1 drink per week 1-3 drinks per week 4+ drinks per week,	At the three follow-ups, 5.1%, 6.8% and 5.4% of women drank more than 3-4 drinks per week. Timing of drinking: the most frequent practice was consuming alcohol immediately after feeding the baby, reported by 44%, 30.8% and 28.2% of breastfeeding women at 1, 4 and 6 months postpartum.
Liu, 2016	Identify trajectories of maternal drinking and their social correlates	USA. Data from Early Childhood Longitudinal Study-Birth Cohort (ECLS-B), representative of US births in 2001 Mothers interviewed at 9 months after giving birth (retrospective interview on preconception consumption habits) and followed up at 2, 4 and 5 or 6 postpartum years	9.100 mothers		4 trajectories: 1. Low Probability Drinkers (LPD, 50%): low and stable probability of drinking (<0.1) 2. Escalating Risk Drinkers (ERD,12%): low probability of drinking in pregnancy (0.3), but higher probability (0.9) of drinking any alcohol (including 4+drinks per week) during postpartum 3. Escalating Low Risk drinkers (ELR,27.4%) mothers with low probability of increase their drinking in the early parenting years 4. Early Parenting Quitters (EPQ,10.2%): decreasing trend of postpartum alcohol consumption Class of reference: LPD ✓ Age >36yrs: increased likelihood of being in ERDs (AOR= 2.18, p<0.001) ✓ Higher education: increased likelihood of being in ERD or ELR (AORs from 2.9 to 4.52, p<0.001) ✓ Higher income: increased likelihood of being in ERD or ELR (AORs =3.96 and 2.57, p<0.001) ✓ Part-time employment: increased likelihood of being in ERD (AOR=1.76, p<0.001) ✓ Full-time employment: increased likelihood of being in ELR group (AOR=1.48, p<0.001)
Matusiewicz, 2016	To describe changes in alcohol use occurring with motherhood The study compares: -mothers -non-mothers	USA. Analysis of NESARC survey, representative of US adult population Data collected at wave 1 (2001/2002) and wave 2 (2004/2005)	Women 18-44, at least 1 drink per year before wave 1 -1.793 non-mothers (not having a child/being pregnant between waves 1 and 2) -325 mothers (having a child between wave 1 and 2)	In the past 12 months: -No. of drinking days -No. of drinks per occasion -Frequency of Heavy Episodic Drinking (HED:4+ drinks in a single occasion)	At wave 2, compared to non-mothers, mothers reported a reduction in: -no. of drinking days (-21.7 vs. +6.8) -no. of drinks per occasion (-0.8 vs. -0.3) -Frequency of HED (-15 vs. -0.3) The differences remained statistically significant (p<0.001) after adjustment for demographics and baseline alcohol use.
Liu, 2015	Analyse drinking patterns in mothers with different ages at childbirth. The study compares	USA. Data from Fragile Families and Child Wellbeing Study (cohort of mothers recruited from 1998 up to 2000, representing births in 20 US cities)	3.397 mothers aged ≥20 years 1.717 mothers 20-25yrs	In the past 12 months: No alcohol <4 drinks per occasion	At 1 postpartum yr, older mothers more likely to drink (22.1% group 20-25; 33.4 % group 26-35; 37.5% group ≥36). Mothers 20-25 twice as likely to binge drink compared to mothers ≥26 (6.8% compared to 3.3% and 2.7%)

	<p>3 age groups: -20-25yrs -26-35yrs -≥36yrs</p> <p>Identify longitudinal drinking trajectories by age group</p> <p>Identify covariates effects</p>	<p>Mothers interviewed at childbirth (retrospective interview about consumption in pregnancy) and followed up at 1, 3 and 5 postpartum years</p>	<p>1.367 mothers 26-35yrs 313 mothers ≥36yrs</p>	<p>≥4 drinks per occasion (binge drinking)</p>	<p>The situation reversed over time. Binge drinking at 1,2,3 postpartum yrs remained overall stable in mothers 20-25 (6.8% 8.4% and 8.3%), but increased in mothers 26-35 (3.3%, 5.5%, 9.3%) and in those ≥36 (2.7%, 18.4%, 26.6%).</p> <p>3 trajectories: 1. Low-level drinkers, LLD (52.7%, 52.1%, 45.9% in groups 20-25, 26-35, ≥36 respectively) 2. Non-binge drinkers, NBD (47.3%, 43.2%, 32.1%) 3. Binge drinkers, BD (introduced only for the two older groups, 4.7% and 22%)</p> <ul style="list-style-type: none"> ✓ Household income higher than 185% poverty line: 20-25yrs, increased of 5 times the likelihood of NBD (AOR 5.22, 95% CI [3.00–9.06], p<0.001). 26-35yrs, increased of 12 times the likelihood of being BD (AOR 11.73, 95% CI [1.45-94.67], p<0.01) ✓ Higher education:26-35yrs and ≥36yrs, increases likelihood of being NBD (AOR 2.44, 95% CI [1.04–5.74], p<0.05; and AOR 7.14, 95% CI [1.22–41.76], p<0.05) ✓ In employment:≥36yrs only, increases the likelihood of being BD (AOR 12.30, 95% CI [1.25,120.95], p<0.05) ✓ Being married reduced likelihood of NBD only in mothers 20-25yrs (AOR = 0.24; 95% CI = [0.13, 0.47], p<0.05) ✓ Postpartum depression: ≥36 only, increases the likelihood of being BD (AOR 41.18, 95% CI [8.37, 202.65], p<0.001) ✓ Smoking: strong association with postpartum NBD only in mothers 20-25 yrs (AOR 3.56, 95% CI [1.12-11.29])
Mellingen, 2015	<p>Investigate the relationship between marital status, family size and alcohol use from 0 up to 3 years after giving birth.</p> <p>The study compares -first time and experienced mothers -single and partnered mothers</p>	<p>Norway. Data from Norwegian mother and Child Cohort Study (recruitment 1999/2008)</p> <p>Women interviewed at 17 weeks gestation months, after giving birth (retrospective interview on preconception consumption habits) and followed up at 6, 18 and 36 postpartum months</p>	<p>77.137 mothers -55.6% first-time mothers -29.3% mothers with one child -15.1% mothers with two or more children</p>	<p>Self-reported consumption frequency and quantity (units per occasion at 0–3, 4–6, 18 and 36 months postpartum)</p> <p>The study only analyses reports from weekend consumption</p> <p>1 unit= 150 ml of pure alcohol</p>	<p>After adjustment for covariates: At 3 months postpartum, 44.6% of women reported having consumed any alcohol. From 3 to 36 months after giving birth: Increase in weekly consumption frequency (from 0.20 to 0.63) and mean number of units per occasion (from 1.13 to 2.59). Frequency of drinking and intake per occasion related to drinking patterns before pregnancy.</p> <p>Alcohol consumption varied by household structure and size. First time mothers drank less frequently and consumed fewer units than experienced mothers, and resumed consumption at a lower speed and level. First time motherhood had more impact on drinking than subsequent child. Single mothers had a lower increase in frequency of postpartum alcohol use compared to married or cohabiting mothers, but a steeper increase in the number of alcohol units per drinking occasions. This effect was less marked with increasing family size.</p>

Tran, 2015	Identify trajectories of maternal drinking and their social correlates	Australia. Data from Mater-University of Queensland Study of Pregnancy. Prospective pre-birth cohort study. Recruitment: 1981-1983	6.597 mothers	Consumption frequency (never-daily) and quantity per occasion (0-7 standard drinks) combined to identify 4 groups:	<p>3 trajectories:</p> <ol style="list-style-type: none"> 1. Abstainers/minimal consumers (53.2%) 2. Light drinkers (39.4%): from 0.37 glasses per day at baseline up to a slight decrease at 6 postpartum months 3. High consumption (7.4%): from 2.5 glasses per day baseline up to 1.25 at 6 postpartum months <p>After adjustment for age and education: Abstinence/minimal consumption associated with: lower family income (AOR=0.34, p.<0.001), being married (AOR=1), having more than one child (AOR=1.32, p <0.05) frequency of church attendance (AOR=1), low level of adversity (AOR=1), poor health lifestyle (AOR=1.61,p<0.001)</p> <p>Heavy consumption associated with: being unmarried (AOR=2.38, p.<0.001) having only one child (AOR=1), never going to church (AOR=1) having unhealthy health lifestyle (AOR=1.80, p.<0.001)</p>
Tran, 2015	Identify trajectories of maternal drinking and their social correlates	Australia. Data from Mater-University of Queensland Study of Pregnancy. Prospective pre-birth cohort study (recruitment 1981-1984)	3.715 mothers	Consumption frequency (never-daily) and quantity per occasion (0-7 standard drinks) combined to identify 4 groups:	<p>4 trajectories:</p> <ol style="list-style-type: none"> 1. Abstainers (11.9%) 2. Low-stable drinkers (58.0%, from 0.8 to 1.2 glasses per week) 3. Moderate-escalating drinkers (25.3%, from 4.5 to 6.9 glasses/week) 4. Heavy-escalating drinkers (4.8%, from 13.1 to 17.1 glasses/week) <p>Reference group: Low-stable drinkers.</p> <ul style="list-style-type: none"> ✓ Abstaining trajectory predicted by lower family income (AOR=1.8,95% CI=1.4-2.3), being married (OR=1), high church attendance (AOR=1), healthy lifestyle (AOR=1) ✓ Moderate-escalating trajectory predicted by higher income (AOR=1), being single (AOR=1.3,95% CI=1.0-1.8), not going to church (AOR=1.6,95% CI=1.2-2) ✓ Heavy-escalating trajectory predicted by being unmarried (AOR=1.6,95% CI=1.0-2.4), having an unhealthy lifestyle (AOR=1.7,95% CI=1.1-2.6), never going to church (AOR=1.9, 95% CI=1.1-3.3)
Hastrup, 2014	Literature review regarding: prevalence of drinking during breastfeeding, pharmacokinetics and effects of alcohol in lactating women and children.	Systematic search in PubMed from origin up to 2013	41 papers included in the review	None	<p>From 1990 to 2011, 8 studies retrieved on prevalence of alcohol intake (estimated from 36% to 83%). Recent studies reported lower prevalence.</p> <p>Studying effects of alcohol on infants poses methodological and ethical issues. Hence, there is little primary research and a small number of low-quality studies on harmful alcohol effects on children have gained attention.</p> <p>Inconsistent evidence on adverse outcomes of drinking during breastfeeding was found. Lactating women should follow the alcohol guidelines for the general female population.</p>

Laborde, 2012	<p>Compares “new mothers” drinking patterns with those of “other women”. Identifies individual characteristics predicting alcohol use</p> <p>-“New mothers”: living with a child ≤1 and pregnant in the last 5 yrs -“Other women”: not living with a child ≤1 and/or not pregnant in the past 5 yrs</p>	<p>USA. Data from California Women’s Health Survey (cross-sectional analysis of data 1997-2008)</p> <p>Monthly telephone interview with a randomised sample of adult women.</p>	<p>3.448 “new mothers” 25.089 “other women”</p>	<p>-Any alcohol use in the past 30 days</p> <p>-Frequent drinking: drink ≥ 4 days in the past 30 days</p> <p>-Ever binge drinking: drink ≥ 4/5 drinks ≥1 in the past 30 days</p> <p>-Binge 2+ times: ≥4/5 drinks ≥2 time in the past 30 days)</p>	<p>-After adjustment for individual variables, “new mothers” significantly less likely to consume any alcohol (OR= 0.73, 95% CI [0.66–0.80], p<0.05), to drink frequently (OR= 0.68, 95% CI [0.58–0.79], p<0.05), to binge drink (OR=0.56, 95% CI [0.47–0.68, p<0.05) and to binge 2+ times (OR= 0.62, 95% CI [0.46–0.82], p<0.05)</p> <p>-In new mothers:</p> <ul style="list-style-type: none"> ✓ Not being married and higher income increased likelihood of drinking across all measures ✓ Higher education and smoking status increased likelihood of drinking and frequent drinking ✓ Women not in paid labour less likely to drink, drink frequently and binge drink compared to those employed full time
Kuntsche, 2012	<p>To investigate association between family-related indicators (FRI) and parental drinking</p> <p>To test if employment status moderates relationship between FRI and parental drinking</p> <p>FRI:</p> <ul style="list-style-type: none"> - No. of children (1, 2, ≥3) - Age of youngest child - Childcare and household chores distribution - Employment (full time, part-time, unemployed) 	<p>Switzerland. Cross sectional analysis of Swiss Health Survey 2002</p>	<p>2.406 mothers 2.130 fathers aged 25–50</p>	<p>-Annual frequency of drinking (no. days/year)</p> <p>-Annual frequency of Risky Single Occasion Drinking RSOD in women: ≥5 drinks, RSOD in men ≥8 drinks</p> <p>-Average daily quantity (gr of ethanol) 1 drink: ~10g of ethanol.</p>	<p>Compared to men, mothers performed the majority of childcare and household chores (58% vs. 77.2% and 50% vs. 86.5%).</p> <p>Maternal responsibilities associated with lower annual frequency of drinking and RSOD. However, the number of children had a detrimental impact on the daily quantity of alcohol consumed in working mothers.</p> <p>Among fathers, FRI were associated with increase in quantity and frequency of drinking (as the number of children increased) and more frequent RSOD (the younger the children). However, among fathers paid employment had no direct effects on alcohol use.</p>
Maloney, 2010	<p>To investigate parental drinking patterns.</p> <p>Compares</p> <ul style="list-style-type: none"> -single parents -partnered parents <p>To identify individual characteristics associated with regular alcohol use</p>	<p>Australia. Data from National Drug Strategy Household Survey (2007), representative of Australian population aged >12.</p> <p>Self-completed questionnaire and subsequent telephone interview of a subsample</p>	<p>984 single mothers 3.875 partnered mothers</p>	<p>-Heavy drinking: ≥14 standard drinks per week</p> <p>-Binge drinking: ≥4 drinks per occasion</p> <p>2 thresholds of binge drinking: i) 1 or 2 times per week ii) 2 or 3 times per month</p>	<p>No significant difference in the prevalence of heavy drinking between single and partnered mothers (16% vs. 15%).</p> <p>Single mothers more likely to binge drink 2 or 3 times per month (21% vs. 13%, AOR= 1.72, 95%CI=1.32-2.24, p<0.001) and 1 or 2 times per week (11% vs. 7%, AOR= 1.59, 95%CI=1.12-2.26, p<0.05)</p> <p>Heavy drinking and binge drinking in parents were significantly associated with being male, higher psychological distress, smoking and lower education.</p> <p>Being employed and having a higher income associated with heavy drinking (p<0.05 and p<0.001) and binge drinking 2-3 times per month (p<0.05 and p<0.05).</p>
Kokko, 2009	<p>To study the consequences of early parenthood on social functioning in adulthood</p> <p>The study compares: “early” mothers (19-24) “on time” mothers (25-29) “late” mothers (≥30 years)</p>	<p>Finland. Data from Jyvaskyla Longitudinal Study of Personality and Social Development</p> <p>Participants recruited at the age of 8 and followed up at the ages of 14, 27, 36 and 42 (from 1968 up to 2001)</p>	<p>Final sample: 107 women 108 men</p>	<p>Alcohol consumption indicator of social functioning in adulthood</p> <p>-Binge drinking: ≥4 portions of alcohol/session</p> <p>-Consequences of drinking: CAGE questionnaire</p> <p>-Harmful drinking: Mm-Mast, modification of Michigan Alcoholism Screening Test (MAST)</p>	<p>Early motherhood associated with ‘binge drinking’ at 36 years (Mean 1.77, S.D 1.24) vs. on time (Mean 1.48, S.D 1.20) vs. late (Mean 0.85, S.D 1.05), p<0.05.</p> <p>Early motherhood was also associated with binge drinking at age 42 (Mean 1.79, S.D 1.43) vs. on time (Mean 1.51, S.D 1.36) vs. late (Mean 0.85, S.D 1.05) p<0.05.</p> <p>However, binge drinking differences at age 42 disappeared after control for Grade Point Average (p=0.237). Early motherhood was associated with ‘problem drinking’ at age 42 (Mean 1.63, S.D 1.81) vs. on time (Mean 0.91, S.D 1.74) vs. late (Mean 0.42, S.D 0.78) p<0.01.</p>

Giglia, 2008	To explore the drinking patterns of pregnant, lactating and other Australian women of child-bearing age using the 1995 and 2001 National Health Survey	1995 and 2001 National Health Survey	In 1995 and 2001: -84 and 137 pregnant women -1.461 and 1.248 lactating women -1.489 and 2.764 non mothers	-No. of standard drinks in the reference week National Health Medical Research Council guidelines: pregnant or lactating women should not drink more 7 standard drinks/week	Most part of women did not consume alcohol in the reference week, with the exception of non-mothers from 2011 NHS. Significantly more pregnant women declare dot be abstainers in 2001 than in 1995. 16.4% and 1.3% (95% CI 7.0-23.2) of pregnant women from the 1995 and 2001 NHS respectively, and 13% and 16.8% (95% CI: 6.5-1.1) of lactating mothers from the 1995 NHS and 2001 NHS respectively, were drinking above the national guideline. There were significantly more pregnant women in the 1995 NHS, and lactating women in the 2001 NHS exceeding the guidelines.
Giglia, 2007	Describes consumption patterns of breastfeeding women living in an urban area The study compares -breastfeeding women -non-breastfeeding women	Australia. Prospective cohort of mothers from 2 metropolitan hospitals (recruitment: September 2002-July 2003) Self-administered questionnaire completed in hospital or shortly after discharge (baseline, retrospective data collection on previous consumption habits). Follows-up by telephone interview/online questionnaire at 4, 10, 16, 22, 32, 40 and 52 weeks postpartum.	587 mothers	-No. of standard drinks (SD) per week 0-2.0 2.1-6.9 ≥7.0 -No. of SD per day Low risk: 0-2 SD/day Risky: 3-4 SD/day High risk: ≥5 SD/day -Timing of consumption Standard drink=10 gr alcohol CAGE "At risk" defined as meeting 1 of the following criteria: -drinking ≥7 drinks per week on average -Binge drinking (≥4 drinks per day at least once in the past month)	At 4, 6 and 12 months postpartum, 46.7%, 47.4% and 42.3% of breastfeeding women were consuming alcohol, vs.43.2%, 51.7% and 50.6% of non-breastfeeding women. At 4, 6 and 12 postpartum months: Most breastfeeding mothers consumed 0-6.9 SD per week (89.6%, 84%, 91.5% in the follow-ups). A smaller proportion exceeded 7 SD per week (10.4%, 16%, 8.5%). Timing of drinking: the most frequent practice was consuming alcohol immediately before or after the evening meal, as reported by 46.2%, 61.2% and 72.3% of breastfeeding women at 1, 4 and 6 months postpartum. Prevalence of drinkers: 41.5%. Most part of women were abstainers (56.2%) or drank 0-1 drink per week (30.1%). 997 women (12%) reported "at risk" drinking. Risky drinkers were more likely to consume ≥7 drinks per week before pregnancy (OR=5.8; 95% [CI]=4.6-7.2, p<0.01), to score 1 or 2 on the CAGE (OR=2.1 and 4.2 respectively, 95% CI=1.5-2.9 and 2.3-7.7, p>0.01), to smoke (OR=2.5, 95% CI=2.1-3.0, p<0.01), and be unmarried (OR=1.5, 95% CI=1.2-1.8, p<0.01). At risk drinkers were less likely to have breastfed in the past 7 days (OR=0.3, 95% CI=0.2-0.3, p<0.01), to be non-Hispanic or black (OR=0.6, 95% CI=0.4-0.8, p<0.01), to be older than 35 (OR=0.7, 95% CI=0.5-0.9, p<0.01), and to be "stay at home" mothers (OR=0.7, 95% CI=0.6-0.9, p<0.01).
Jagodzinsky, 2007	To investigate changes in drinking patterns occurring after giving birth and identify correlates of risky drinking The study compares -"At risk" drinkers -"Not at risk"drinkers	USA. Survey completed at postpartum visit (6-12 weeks after delivery). Retrospective data collection on alcohol consumption before and during pregnancy	8.706 mothers		
Alvik, 2006	To investigate alcohol use and smoking at 6 postpartum months and identify factors predicting "binge drinking"	Norway. Prospective cohort of mothers from an urban hospital (recruitment: June 2000-May 2001) Self-administered questionnaire completed at 17 wks of pregnancy (baseline, retrospective data collection on previous consumption). Follow-up at 30 wks of pregnancy and 6 months after giving birth	1.749 mothers	-Number of Standard Units (SU) per week <3.5 3.5-6.9 7-13.9 ≥14 -Binge drinking (≥5 SU per occasion) ≥12 8-11	50.8% and 80% of mothers drank alcohol at 3 and 6 postpartum months. At 6 postpartum months: -Mean number of SU 1.04, SD: 1.76 (vs.2.19 SU (SD 2.65) before pregnancy) -Binge drinking reported by 28.5% of women (vs.59.5% before pregnancy). Binge drinking: ✓ positively associated with number of SU per week and

				5-7 SU = 12-13 gr alcohol Binge drinking	binge drinking before pregnancy (ORs =1.1 and 3.7, p<0.001), and smoking after delivery (OR= 2.8, 95% CI=2.0-3.9, p<0.001) ✓ negatively associated with higher age (OR=0.96, 95% CI=0.92-0.99, p<0.01) and breastfeeding (OR=0.35, 95%CI=0.24-0.51, p>0.001) ✓ Not associated with higher education and postnatal depression
Avison, 2005	To evaluate the effects of single parenthood on alcohol consumption The study compares: a) Two-parent and single-parent families b) Mothers and fathers c) Young, middle-aged, older parents	Canada. Data from Canadian National Population Health Survey (1994)	5.598 parents (58% mothers) 20-64yrs living with at least 1 child <25yrs	No. of times in the past 12 months with 5+ drinks per occasion	parenthood was associated with antly higher consumption in women, but n. Compared to partnered mothers, single mothers reported a significantly higher mean number of drinking occasions of 5+ drinks (1.91 vs. 3.58, p<0.005) mainly due to women 20–34 yrs (single and partnered mothers: 2.08 vs.4.14, p<0.005).
Little, 1990	Compares postpartum alcohol and tobacco use with consumption before and during pregnancy The study compares women: -breastfeeding -weaning in the first month -not breastfeeding	USA. Data from a cohort of mothers recruited in a healthcare organisation (1982-1984) Women interviewed at 6 months of pregnancy (baseline, retrospective data collection on previous consumption habits). Follow-ups at 9 months of pregnancy and 1 and 3 months after giving birth	220 women who had breastfed for at least 3 months 112 women who had weaned by 1 month postpartum. 131 non- breastfeeding women	-any drinking -regular drinking: about 1 drink per day -binge drinking: 5 drinks in a single occasion 1 drink = 0.5 oz of ethanol Tobacco: -Any smoking -daily cig. number -heavy smoking: ≥20 cig/day	The proportion of drinkers decreased from preconception up to pregnancy (from 79% to 40%), and rose to 69% at 3 postpartum months. At 3 postpartum months, regular drinking did not differ significantly among the three groups (82%, 84%, 84%). After adjustment for preconception use, breastfeeding women were significantly less likely to binge drink compared to those who weaned at 1 st postpartum month (RR=4.1, 99% CI=1.72-9.62, p<0.001), to smoke (RR=1.5, 99%, CI= (1.14-1.96, p<0.001) and smoke heavily (RR=6.9, 99%, CI=2.80-16.90, p<0.001). Similar results were found in the comparison with women who never breastfed. Adjustment for socio-demographics did not alter the results.

Table 2. Female drinking and social roles

*Social roles: being a parent, being a partner, being in employment

Paper	Aim	Study setting and method	Sample	Measures of alcohol consumption	Main findings
Staff, 2014	To examine the association between changes in family social roles* and shifts in alcohol consumption from 16 to 50 years	UK. Prospective cohort study. Data from National Child Development Study (cohort of infants born in one week in 1958) Participants interviewed at ages 16, 23, 33, 42, 46, 50	7.212 women 7.377 men	1. Alcohol units in the past week 2. Heavy-daily drinking: ≥ 2 (for women) or ≥ 3 (for men) units per day in the previous week 3. Problem drinking (CAGE symptoms) 1 unit: 0.5 pint of beer, small glass of wine, 25ml spirits Quantity of alcohol per day (gr/ethanol)	Alcohol use was lower in women living with child(ren) <5 years, compared to those who did not [Estimate=-0.38, 95% (CI) = -0.43, -0.32 for past week units; (OR) = 0.47, CI = 0.36, 0.62 for heavy-daily drinking; OR = 0.66, CI = 0.50, 0.87 for CAGE]. Comparable associations were found in men. In women and men with three roles, past week units (est.=-0.51, CI=-0.61, -0.41 for women; est. = -0.34, CI = -0.44, -0.25 for men), heavy-daily drinking (OR = 0.49, CI = 0.30, 0.79 for women; OR = 0.47, CI = 0.35, 0.64 for men) and CAGE (OR = 0.44, CI = 0.23, 0.83 for women; OR = 0.39, CI = 0.18, 0.82 for men) were lower compared to those not in these roles.
Kuntsche, 2011	Investigate whether societal characteristics explain national differences in the association of alcohol use with the combination of motherhood and paid labour.	Australia, Austria, Canada, Czech Republic, Denmark, Finland, France, Germany, Hungary, Netherlands, Norway, Sweden, Spain, Switzerland, UK, USA. Cross sectional study, GenACIS project. National surveys conducted from 1993 to 2002.	12.454 mothers aged 24-49 grouped in: 1. partnered, non-working mothers 2. partnered working mothers 3. non-working, single mothers 4. working single mothers		Prevalence of mothers drinking in the past 12 months: from 49% in Spain up to 100% in the UK. Cross country variations in quantity of alcohol per day (10.6 gr France, 31.3 UK, 51.6 Norway). Compared to group 1, daily alcohol intake was significantly higher in group 2 (2.98g vs. 3.07g, $p < 0.001$), 3 and 4 (2.98 vs. 3.20g and 3.18g respectively, $p < 0.001$) Women holding 3 roles consumed less in countries with higher Gender Income Ratio-GIR (e.g., Nordic countries); and more in countries with lower GIR (e.g., Central/Eastern European countries). In countries supporting working mothers, alcohol use decreases as social roles increase. This effect was weaker in countries not supporting working mothers. Contextual variables significantly associated with intake per occasion ($p \geq 0.0001$). After control for individual variables, parenthood was not associated with alcohol intake per occasion.
Paradis, 2011	To assess whether the effects of parenthood on alcohol intake changes according to the drinking context.	USA. Data from Canadian Addiction Survey, sample representative of Canadian population. Telephone survey conducted in 2004 of subsample (age 18-55). Respondents reported up to 3 drinking occasions in the past 12 months	Analytical sample of 1.079 drinking occasions reported by 498 women 926 drinking occasions reported by 403 males	-Number of drinks per occasion Contextual variables: circumstance, location, group size, timing of drinking occasions	In <i>women</i> , drinks per occasion: 2.3 -As age and education increased, alcohol intake per occasion decreased. -Being married associated with lower consumption. -Women drank more during parties/get-togethers (vs. daily-life circumstance); on Friday or Saturday (vs. weekdays); in a bar/disco/nightclub, at home, and at someone else's home (vs. at a restaurant), in a large or medium size group (vs. a dyad). In <i>men</i> , drinks per occasion: 2.9 -As age and education increased, alcohol intake per occasion decreased.

					-Being married not associated with intake per occasion -Men had greater intake in occasions comparable to those reported by women (e.g., party, weekends, bar/disco/nightclub, home). Fathers consumed significantly more alcohol than non-fathers only at get-togethers (p = 0.02).
Paradis, 2011	To test the association between parenthood and heavy drinking. To test if drinking locations mediate the relationship between parenthood and heavy drinking.	Canada. Data from GenACIS Canada project. Sample representative of Canadian population. Telephone survey conducted in 2004-2005 in a random subsample (participants aged 18-55).	4.180 mothers 3.630 fathers	-Annual frequency of heavy drinking (≥5 drinks per occasion) Mediators: ratios of drinking occasions occurring at home at a friend's home, at a bar/pub/disco or at a restaurant	Being a parent may be associated with changes in drinking location, and drinking locations may be associated with variations in heavy drinking. Motherhood is related to a reduction in heavy drinking frequency. Such reduction is mediated by a decrease in the ratio of drinking occasions at bars (-0.026) and restaurants (0.007). Fatherhood is related to a reduction in heavy drinking frequency. Such reduction results from the balance between an increase in the ratio of drinking occasions at friends' home (-0.003) and a decreased ratio of drinking occasions in bars (-0.013).
Kuntsche, 2009	To test the association between number of social roles* and risky alcohol intake	Austria, Czech Republic, Finland, France, Germany, Norway, Sweden, Switzerland, UK, USA. Cross sectional study, GenACIS project. National surveys conducted from 1993 to 2002.	13.218 women 18.451 men aged 25-54	1. Heavy-volume drinking (HVD): threshold of 20 gr/ethanol per day for women and 30 gr/ethanol per day for men 2. Risky single occasion drinking (RSOD) on a monthly basis Cross-country difference in the number of drinks considered	Role number and HVD: after adjustment for age and education, the greater the number of roles women and men had, the lower the risk of HVD (total effect in all countries). Number of social roles had no <i>significant</i> effect on HVD for men and women in 4 countries (Czech Republic, Finland, France, Switzerland, UK). Role number and RSOD: 3 roles associated with the lowest risk of RSOD for both genders and across most countries (UK data about RSOD not provided). NB: the 3 roles model did not fit women in all countries. Paid labour associated with higher risk of HVD in USA and Switzerland and RSOD in Germany.
Christie-Mizell, 2009	To investigate whether the transition to three adult roles* contributes to maintaining gender gap in drinking frequency and quantity	USA. Prospective cohort study. Data from National Longitudinal Survey of Youth. The study considers 2002 and 2004 data waves	Weighted sample of 715 women 773 men aged 17-30 (average age 21.26)	1. Drinking frequency 8 categories from '0-2 times in the past 12 months' to 'daily' 2. No. of drinks per occasion Standard drink: not defined	✓ Drinking frequency: -Transition to parenthood and marriage: related to less frequent drinking in women (X=1.24), but not in men (X=3.09) -Transition to employment: increased drinking frequency, but significantly less in women (X=2.21) than men (X=4.10). ✓ Number of drinks per occasion: Women and men distinguished only by transition to employment. This was related to a decrease in quantity of drinking by women (X=3.18) and an increase in men (X=7.01). Parents' education and having a relative with drinking problems increases frequency of drinking and how much alcohol is consumed.
Wolfe, 2009	To investigate the relationship between age at first birth (before/after 23 years) and frequency of binge drinking To test the applicability of role incompatibility and stress proliferation theories	USA. Prospective cohort study. Data from National Longitudinal Survey of Youth (NLSY) The study considers 8 data waves from 1982 to 2002	11.693 respondents followed up from 17-25 up to 37-45 years	-Binge Drinking Frequency (BDF) in the past 30 days Binge drinking: ≥4 (women) or ≥5 (men) drinks in a 2-hour period	Women becoming mothers before 23 had a decrease in BDF comparable to those becoming mothers at 23 or after (coefficient values: -0.227, p<0.001 and -0.163, p<0.001 respectively). Fatherhood associated with a decrease in BDF, but this was significant only in those becoming fathers at 23 or after (-0.279, P<0.001). Both results were confirmed after controls. Models of drinking trajectories: -Birth before 23 lead to an increase in BDF each postpartum year. The trend reversed at 28 yrs for women and 24 for men. -Birth at 23 or after lead to decrease in BDF in both genders. In women only, the association becomes positive at approx. 40 yrs. ✓ Integration of "role incompatibility" and "stress proliferation" theories.

Cho, 2006	To examine effects of women's adult roles* on psychological distress and alcohol consumption	USA. Cross sectional analysis of data from the 1992 National Household Survey on Drug Abuse (NHSDA). Face to face interviews with a probability sample of US population.	10.193 women aged 21-65	1. Drinker status alcohol consumption in the past 12 months 2. Level of drinking number of drinks in the past 30 days 3. Drinking-related problems in the past year 18 items scale	-Women with 'partnership' or mother role consumed significantly less alcohol (2) and had fewer drinking related problems (3) than women without those roles (p<0.001). -Controlling for psychological distress, working women were more likely to be drinkers (p>0.001), but 3 did not differ significantly from those not working. -No. of roles negatively associated with psychological distress (p<0.001) and did not influence the likelihood of being a drinker or problem drinking. Holding more roles significantly decreased 2 (p<0.001) and 3 (p<0.001). Interactions of motherhood: ✓ With no partner and no job: motherhood increased the likelihood of 1 (p<0.01), decreased 2 (p<0.5) ✓ With job and no partner: motherhood not associated with 1, but drinkers had a lower level of drinking (p<0.001) ✓ With partner and no job: motherhood reduced the likelihood of 1 (p<0.05), 2 (p<0.001), 3 (p<0.001) With partner and job: motherhood reduced the likelihood of 1 (p<0.01), 2 (p<0.001), 3 (p<0.5)
Kuntsche 2006	To investigate gender differences within and across countries between: i) social stratification and heavy drinking ii) combinations of social roles and heavy drinking To test whether structural variables (e.g., social welfare, gender equity) may explain cross-country differences	Austria, Czech Republic, Finland, France, Germany, Sweden, Switzerland, United Kingdom. Cross sectional study, GENACIS project. National surveys conducted from 1993 to 2002	14.643 women 12.885 men aged 25-49	-Heavy Drinking (HD) threshold of 20 gr/ethanol per day for women and 30 gr/ethanol per day for men	Women with 3 social roles had the lowest risk of HD. Single women without children had the highest likelihood to be heavy drinkers. Employed women showed more often a detrimental (not significant) association with HD than a beneficial one. Women were more likely than men to be HDs with increasing education. Social welfare system associated only with women's HD. In countries with high work desirability, social welfare and higher gender equity (e.g., Nordic countries), women tended to HD more if employed, had low formal education and non-traditional roles. In countries with lower work desirability, social welfare and gender equity (e.g., Switzerland, Germany), HD associated with higher education and effects of social roles are small.
Neve, 2000	Compare the effects of role transitions* on alcohol consumption in younger and older drinkers To test how changes in the "structure of daily life" ^b affect consumption b) defined by number of social roles (index -3, 3)	The Netherlands. Prospective cohort study set in Lindburg. Data collected through interviews and mailed questionnaire in 1980 (T1, baseline) and 1989 (T2, follow-up)	1505 participants aged 16-64 surveyed in 1980 and 889 in 1989	1. Weekly alcohol units 2. Heavy drinking Weekly frequency of drinking ≥6 units per occasion 3. Problem Drinking Cahalan's Index (symptoms of alcohol dependence, social consequences, health problems, monthly frequency of drunkenness) 1 Dutch unit: 10gr ethanol	Effects of parenthood: ✓ 1 decreased less markedly in females (Δ=-2.7 units) than males (Δ=-3,9 units). At T2, women and men who remained in the original role referred on average Δ =-1.1 and Δ=+8 units per week compared than T1 ✓ 2: the frequency score decreased in women and men (Δ=-5 and Δ=-6), without significant differences ✓ 3: at T2, new mothers showed no score differences compared to those in the original role (Δ=-2, Δ=-2). At T2, new fathers scored higher than men who remained in the original role (Δ=0.7 vs. Δ=0) In people <35 at T1, changes in structure of daily life associated with a decrease in 1 (P<0.05), 2(P<0.05) and 3 (p<0.001). Conversely, in people >35 at baseline, changes in structure of daily life was positively associated with 1,2,3.
Hajema, 1998	To evaluate the effects of changes in social roles* on weekly alcohol consumption and heavy drinking frequency	The Netherlands. Prospective cohort study set in Lindburg. Data collected through interviews and mailed questionnaire in 1980 (T1, baseline) and 1989 (T2, follow-up)	Representative sample of 556 women 639 men aged 16-69	1. Weekly alcohol units consumed 2. Heavy drinking: weekly frequency of drinking ≥6 units per occasion 1 Dutch unit: 10gr ethanol	✓ Both in women and men, becoming a parent or spouse (but not an employee) was associated with a decrease in 1 and 2. Role loss generally not associated with changes in consumption ✓ After testing for interactions with age and education: in women and men, becoming a parent lead to a decrease in 1 (non-significant) and 2 (p<0.001 in women, P<0.05 in men) Age (but not education) significantly mediated relationship between acquisition of parental role and 1/2 (women and men 16-24 significantly decreased their consumption compared to other age ranges)

Chilcoat, 1996	To investigate: -whether transitions to marriage and parenthood influence the risk of developing DSM-III-R alcohol disorder and symptoms of alcohol disorder -the effects of marriage and parenthood on the persistence of alcohol disorder(s)	USA. Prospective cohort study. Participants randomly selected from a membership list of a health maintenance organisation. Participants interviewed in 1989 (T1, baseline) and 1992 (T2, follow-up).	477 women 292 men aged 21-30	1. Diagnosis of DSM-III-R Alcohol Disorder 2. Symptoms of Alcohol Disorder 3. Persistence of alcohol disorder(s): continuation of 1 or 2 from T1 to T2	After control for confounders, at T2 the highest likelihood of alcohol disorder symptoms was found in respondents who did not become parents (RR = 2.5, 95% CI: 0.92-6.77 compared to new parents, RR=1) and in those who got divorced (RR 6.0; 95% CI: 2.02-17.75 compared to those already married, RR=1). Similarly, parenthood and marriage were associated with decreased risk of onset of alcohol disorder and lower odds of persistence of alcohol use disorder(s).
Wilmsnack, 1987	Investigate the association between women's social roles* and problem drinking	USA. Cross sectional analysis of data from a 1981 US National Survey. Questionnaire administered between September and December 1981	Stratified sample of 917 women aged ≥21	Indicators of problem drinking (past 12 months): 1. Index of adverse behavioural effects 2. Index of symptoms of alcohol dependence 3. No. of times respondent felt drunk 4. No. of times with ≥ 6 drinks per day	Problem drinking associated with <i>role deprivation</i> . Among women 21-34, inconsistent results: Childless women more likely than those with children to report 1 (46% vs. 31.7%). Married, full-time working mothers living with >1 child(ren) over 18 showed a higher prevalence of 3 (58% vs. 28.4%) Women married and working full-time least likely to report 1,2,3,4 compared to those unmarried and unemployed (e.g., in 1: 32.2% vs. 46.6%);
Knibbe, 1987	To test association between 'structure of daily life' ^a and 'intense consumption' or 'harmful drinking' a) defined by number of social roles (index 0-3)	The Netherlands. Cross sectional analysis of data from 2 surveys conducted in 1980-1981 in Lindburg (rural area), and Rotterdam (urban area)	1.653 people in Lindburg, 1.721 people in Rotterdam, aged 17-70	1. Intensive consumption Level of consumption of the heaviest 10% drinkers (14> glasses perwk for women and 21/28 for men) 2. Harmful effects Index combining psychological dependence, symptoms, alcohol-related problems, frequency of drunkenness 3. Drinking style Defined by indicators of quantity, frequency and drinking place (e.g., "daily drinking at home")	Development of concepts of status, positional and situation roles ✓ Men with a less structured daily life had higher chances of 1. No significant differences were found in women. ✓ A less structured daily life associated with higher prevalence of 2 in both women and men. Young people, people with a less structured daily life and belonging to lower social class more vulnerable to 2 ✓ Women and men had different drinking styles. Women had much higher prevalence of "incidental moderate drinking", regardless age and social class.

Table 3. Qualitative literature and ‘meanings’ associated with mothers’ drinking

Paper	Aim	Study setting and methods	Epistemology-Theoretical approach	Sample	Main findings
Jackson, 2018	To understand non-dependent female drinking in daily life contexts	The UK. North-East of England. Data collected with semi-structured interviews (2014-2015) Thematic analysis	Social constructionist epistemology Interpretive approach Social practice theory Feminist Ethics of care theory	A Purposive sample of 26 women aged 24-67 yrs. -11 mothers of dependent children, 3 mothers of adult children, 2 mothers of dependent and adult children -10 non-mothers	Drinking featured practices of self-care with reparative functions. The relational element of drinking appeared central. Consuming alcohol offered the occasion to give and receive care in the context of intimate relationships, including those with partners, relatives, and friends. When the ‘care element’ was lacking or unavailable, alcohol consumption could become prevalent in care practices, changing their nature. The place of alcohol within mothers’ care practices was extremely limited. The expectation was that “mothers should put the needs of their children –including their adult children- above their own.”
Baker, 2017	To explore how mothers with different backgrounds perceive their alcohol use	UK, setting not specified. Data collected in 4 focus groups with images prompting the discussion Thematic analysis	Social constructionist epistemology Interpretive approach	A purposive sample of 18 mothers of children aged 0-5 years (9 from “advantaged” and 9 from “disadvantaged” background, identified by postcode)	Two main themes: 1. Drinking settings: several women drank more frequently at home. Motherhood was associated with a change in drinking venues, not with lower consumption. While some mothers considered domestic drinking acceptable, others avoided to do it in the light of their own adverse childhood experiences. Others preferred to drink outside the home with their children, especially if childcare was not available (e.g., single mothers) 2. Reasons for drinking Most of women acknowledged that social expectations influenced their perception of acceptable drinking. Drinking (and binge drinking) was a marker of free time, adult identity and relatedness. Age was considered a main factors influencing alcohol use patterns. Most participants, associated their drinking with their emotional states (pleasure, relaxation, escapism from routines).
Emslie, 2015	To explore the role alcohol has in the construction of gender identities in women aged 30-50 yrs	UK, West of Scotland. Data collected in 11 focus groups (6 mixed-sex and 5 single- sex) with semi-structured topic guide Thematic analysis	Social constructionist epistemology Social practice theory	34 women 30-50 years from different background 24 mothers (13 with children <5 yrs, 11 with older children) 10 childless women (5 single, 5 partnered)	Participants performed gender through drinking. Interviewees identified three life course stages connected with different expectations about drinking: 1) Single and carefree, 2) Married and childless, 3) Mothers living with children In group 2 and 3, alcohol represented ‘time out’ from paid and unpaid work. In partnered women, drinking marked ‘adult’ time and space for the couple. In mothers, drinking represented a ‘release valve’ from responsibilities. Interviewees considered themselves as primarily responsible for their children and were concerned about the effect on children if they saw their mothers drinking (excessively). For mothers with children aged <5 drinking appeared associated with metaphorical transportation across the life course (return them to their youth and a carefree self). Men supported their partners to resume socialising in contexts involving drinking and, by implication, the return to their ‘normal’ selves after having children. Social contexts drove the decision-making process concerning drinking. -Public drinking: family gatherings were settings in which consuming alcohol was felt acceptable because other adults could look after the children. Parents’ decisions to drink were driven by their parental obligations and by the time available to become sober. A major cause of risk was drinking under the influence. Drinking outside the home was felt beneficial since connected with sociability. -Home drinking: perceived as a negative example, especially for older children. A further risk was the lack of other adults in case of need. Drinking at home was rewarding since perceived as relaxing.
Wolf, 2015	Explore the factors influencing parents’ decision to drink in different circumstances; and their perceptions of risks and benefits	USA, four California cities Data collected with semi-structured interviews (2013) Thematic analysis	Realist epistemology Social learning theory	Purposive sample of 60 parents of children ≤10-year-old	

Giglia, 2007	Explore participants' knowledge of alcohol consumption during breastfeeding	Australia, Perth metropolitan area. Data collected in 3 focus groups (2004-2005) with semi-structured topic guide Thematic analysis	Epistemology: not stated Theory of Reasoned Action, Theory of Planned behaviour	17 women (28-40 years) breastfeeding at the time of the interview of in the previous year	Mothers were aware of the lay belief that alcohol would improve lactation performance. Participants lacked knowledge about the effects alcohol may have on breastfeeding, and reported difficulty in finding the correct information. Women declared they were more careful in abstaining during pregnancy.
Killingsworth, 2006	Explore the role alcohol had in the construction of contemporary female identity. Account for the gender and power relationships produced through alcohol consumption.	Australia, Melbourne. Data collected within an ethnographic project. Participant observation and in-depth interviews (2004/2005) Focus on a case study	Social constructionist epistemology Study expressively in contradiction with biomedical and sociological approaches framing female and maternal drinking as problematic and deviant.	A group of middle-class, educated women in their early maternity period; mainly first- and second- time mothers.	Mothers characterised alcohol in a positive way. Drinking appeared a means to resist expectations associating women to "stay-at-home" mothers. Alcohol use symbolised equality and agency, two values perceived as important. After pregnancy, women challenged the social disapproval they felt about their drinking through active actions (e.g., asking partners to be the "designated driver"). Consuming alcohol (in moderation) allowed women to bring together their multiple identities: previous self of childless women, current selves of caring mothers and independent women.
Waterson, 2000	To explore female drinking in women from advantaged and disadvantaged social backgrounds, identifying differences and similarities Provide a qualitative understanding of women's alcohol consumption within their material and social contexts	UK. London. Data collected through interviews, approx. 20 weeks after participants gave birth. -Narrative analysis of interviews (not clearly stated) -Two case studies presented	Social constructionist epistemology (not clearly stated) Interpretive approach (not clearly stated)	Purposive sample of 30 "professional" and 30 "non-professional" first-time mothers, aged 20-44 yrs. Socio-economic stratification defined on the basis of partners' occupation. Each group was composed of 15 'light' and 15 'heavy' drinkers (if interviewees drank less or more than 14 units per week).	Mothers in professional occupations drank with a higher frequency than non-professionals. Alcohol was for them more affordable and socially accepted. Professionals reported increased pressures from multiple demands (work-life balance) and dissatisfaction due to the difficulty in maintaining social contacts. Non-professionals presented higher psychological distress and more physical problems. They drank less frequently as they had fewer possibilities to go out due to economic, housing and transport difficulties, and lack of practical support. Non-professionals reported more frequent heavy drinking compared to the professionals. In both groups, drinking heavily was presented as an accessible strategy to cope with domestic demands.