

**CONSTRUCTING MOTHERHOOD: AN ANALYSIS OF THE GROUP
CONVERSATIONS OF MOTHERS IN DRUG ABUSE TREATMENT
WITH THEIR CHILDREN**

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To my mother,
Whose nontraditional path
provided the inspiration for this project.

Abstract**Constructing Motherhood: An Analysis of the Group Conversations of Mothers in Drug Abuse Treatment with their Children**

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This study examines the group conversations of seven mothers in recovery from drug abuse and dependence. The methodological approach, discourse analysis, is based on the investigation of speech in action, how speech is produced in the social world. Feminist theory provides the foundational premise that mothers in treatment for drug and alcohol abuse have the right to represent and constitute their own identities in a society which has historically demonized and criminalized them merely for being mothers. The analysis of the mothers' conversations revealed the following: a) the mothers' constructions of motherhood included an identity of a mother as one who is "there" for her children, b) the mothers experienced a connection or bond with their children in spite of separations from them, and c) the mothers' discourse revealed both resistance and acceptance of the public discourse about them.

CHAPTER 1: INTRODUCTION

The use of drugs by pregnant and postpartum mothers goes against the grain of how we think an ideal mother should behave. Yet, according to the 2001 National Household Survey on Drug Use, more than 6 million children live with at least one parent who abused illicit drugs and alcohol during the past year. Montoya, Covarrubias, Patek and Graves (2003) state that the percentage of mothers living with one or more children, age 17 or younger, reporting past year drug abuse or dependence in 2001, was 4 %. The drug-abusing mothers in the report often have incomes well below the poverty level, are less educated, and have the primary responsibility for raising their children. Drug-abusing women, in general, frequently suffer from depression and posttraumatic stress disorder (Dansky, Saladin, Brady, Kilpatrick and Resnick, 1995; Eliason, Skinstad and Gerken, 1995; Montoya et al., 2003). While fathers are more likely than mothers to abuse or be dependent on alcohol or illicit drugs, mothers with children often present with more social and psychological challenges (Phares, 2002; Plasse, 2000). This fact makes it difficult for treatment professionals to design programs that meet the needs of these single-parent, female headed families.

This study focused on the group conversations of mothers in recovery. The goal was to understand how the mothers talked about their mothering practices with their own children, their identification as mothers, their connections with their children and how they internalized society's views of them as deviant. It also looked at how mothers who use illicit drugs are discussed in the literature and the media. Situating drug-abuse by mothers in a particular historical, social, economic and political context, the objective of

the study was to examine how the discourse produced might impact how mothers who use illicit drugs are viewed as mothers and how that in turn might impact their discourse. The constructs of motherhood, mothering practices and the relationship of those practices to drug using activities were unpacked for the purpose of revealing how any known drug use by mothers violates the gender expectations of women in our society (Bush-Baskette, 2000). As mothering and gender were viewed as closely connected (Glenn, 1994), gender was another construct of this study. Gender refers to the “socially constructed relationships and practices organized around the perceived differences between the sexes” (Glenn, 1994, p. 3). As a consequence, this study focused on the issue of gendered power relations and the practices that result. These were believed to be both represented in discourse and a product of discourse.

Historical Context and Trends

Although illicit street drug use in America had been a problem for decades, the issue of the epidemic number of pregnant and post-partum mothers, their infants, and other children did not come to the attention of substance abuse treatment professionals until the 1980's (Carten, 1996; Fritz, Stoll and Wagner, 1988; Hutchins, 1997). The advent of the most alluring of drugs, crack cocaine, into the drug culture market in the mid-1980's, set in motion a whole lifestyle and culture committed to its production and distribution (Wallace, 1991). Women, who were also mothers living in reduced social circumstances, fell prey to its addiction. While not necessarily an inner-city, low-income, ethnic minority problem, the focus has been on the inner-city, low income, and ethnic minority people who use crack cocaine.

Drug and alcohol abuse was reported to be implicated in the incarceration of 80%

of individuals in prison. A press release by the Associated Press and written by Anne Gearan (2004, November 8) reported that women are being incarcerated at nearly twice the rate of men. According to figures from McVay, Schiraldi and Ziedenberg (2004) of the Justice Policy Institute, the number of women in prison has grown 48% since 1995 when the figure was 68,468. It has now topped 100,000 (McVay et al., 2004). Taking a longer look at the historical trend it seems that women are the fastest-growing segment of the U.S. prison population which has increased 400% since the mid 1980's due to mandatory sentencing for drug violations (Sarr, 2004). The criminalization of use and possession has resulted in more and more incarceration of mothers, placement of their children in foster and/or kinship care, disruption of family life, loss of jobs and/or living arrangements, and the stigmatization of both mothers and their children (Chavkin, Paone, Friedman and Wilets, 1993).

The mothers in this study possessed unique problems in that they have been blamed for many of the problems of society, particularly the disintegration of family life. Women in prison were more likely than men to have ever used drugs, to have used daily the month before their offense, and to have committed their offense to get drugs (Murphy and Rosenbaum, 1999). More specifically, in a recent survey it was found that 44% of men and 52% of women in local prisons were *dependent* on drugs or alcohol (Bureau of Justice Statistics, 2005). Women currently convicted of drug offenses are often only couriers or "front" people. These "front" people, also called "drug mules", are trapped by mandatory minimum sentencing structures (Murphy and Rosenbaum, 1999).

The War on Drugs together with the controversial "crack baby epidemic" of the 1980's created an environment that denounced, criminalized and stigmatized mothers

who used and abused alcohol and illegal substances (Jos, Perlmutter, & Marshall, 2003). This has greatly affected treatment for women and has resulted in devastating outcomes for families (Goldberg, 1995).

Importance for the Field of Family Therapy

Substance abuse, as it is generally conceived, is an individual, family and societal problem. It is reported to be the foremost problem deserving national attention in the public health arena (American Psychological Association, 2001). In spite of this it is often neglected in family therapy theory and treatment. Couple and family therapy's original focus was on intrafamilial dynamics with little attention to the context variables that profoundly affected families such as poverty, economic and political oppression, sexism, heterosexism, classism and racial injustice (Hare-Mustin, 1978; McGoldrick, Pearce and Giordano, 1982). Drug abuse, particularly in marginalized populations such as single mothers, has not been a topic of study in this field. While models of treatment for families with drug and alcohol abuse are increasing (Bepko and Krestan, 1985; Krestan, 2000; Landau & Garrett, 2008; Rowe & Liddle, 2008; O'Farrell and Fals-Stewart, 2008; Schmidt, & Brown, 2008; Steinglass, 2008) mothers on drugs or in recovery treatment with their children are not a subject reported in the flagship journals of the field such as the *Journal of Marital and Family Therapy* or *Family Process*. An additional factor is that these treatment models have used quantitative measures in order to establish evidence based outcomes, thereby neglecting any discussion of the lived experiences and the socioeconomic, political, and other social context factors that affect the population under study.

Feminist family therapists have long held that problem construction concerning men or women needs to be seen as part of the dominant discourse about what constitutes male and female cultural norms (Abbott, 1994; Bepko, 1991; Bepko & Krestan, 1985; DiQuinzio, 1999; Taylor, 1993; Zimmerman, 2001). During the 1980's, many feminists challenged the prevailing assumptions of the family therapy field that pathologized mothers as "overinvolved" and "enmeshed" and decried the designing of interventions to bring the more peripheral father back into the family. The not-so-subtle implications were that "Father" was the more competent parent in the face of "Mother's" inadequacy (Goldner, 1985; Hare-Mustin, 1978; Walters, Carter, Papp and Silverstein, 1988). Others asserted that women's voices generally were being ignored in family therapy (McGoldrick, Anderson and Walsh, 1989). The main thrust of this new feminist family therapy was to consider gender constructions and how they might impact families. The prevailing structures of that time subsumed the traditional patriarchal assumptions which overlooked gender inequity and bias. In order to be more inclusive, feminist family therapists challenged these prevailing structures by critiquing prevailing practices and theories which did not recognize the unequal treatment of women in society or provide fair and equal treatment of wives and husbands in therapy (Walters, Carter, Papp and Silverstein, 1988). These conversations were groundbreaking and helped to mark the beginnings of a very pragmatic feminist family therapy (Beels, 2002). The field still has a long way to go in that it still marginalizes families that do not fit the traditional two-parent family model. What makes matters worse is that, as a whole, it is silent on the topic of mothers and children and drug abuse. This study was an attempt to fill this void

by analyzing the group conversations of mothers who were residing with their children in a drug abuse treatment facility.

A feminist theoretical framework was used which posits knowledge as socially constructed. How mothers in recovery from drug abuse represent themselves as mothers and how they discuss good mothering practice cannot be seen apart from how motherhood has been constructed and institutionalized in a patriarchal society. The field of couple and family therapy has long been interested in how problems are viewed and embedded in a larger context. As such, family therapists and researchers can be influential as change agents by shedding new light on the recent punishment orientation (Murphy and Rosenbaum, 1999; Young, 1994).

CHAPTER 2: FEMINIST THEORY: ITS EVOLUTION AND KEY CONCEPTS

In order to situate this study theoretically, an overview of feminist theory is presented here. A foremost qualitative researcher, Olesen (2000), wrote about the current thinking in feminism which encourages the "...unpacking of certain taken-for-granted ideas about women in specific material, historical, and cultural contexts" (p.215). Olesen (2000) summarized the attributes of qualitative feminist research since the 1960's in her discussion of the growing complexity in the feminist research enterprise. She viewed these in the following areas "...the nature of research, the definition of and the relationship with those with whom research is done, the characteristics and the location of the researcher, and the very creation and presentation of knowledges created in the research" (p.217). Olesen distinguished among the various strands of feminist research, that is, the more recent lesbian research, postcolonial feminist thought; writings by women of color, disabled women and other standpoint theorists. She did this by describing their differing locations and theoretical stances. Even more importantly, she examined how these diverse strands of thinking have a similar goal: to produce research that is not only *about* women but *for* women

The nature of feminist research involves a "sociology-of-knowledge perspective" according to Fonow and Cook (1991, p. 1). A study from this perspective locates mothering and motherhood "in a societal context organized by gender, in sync with the prevailing gender belief system" (Arendell, 2000, p.1193). Glenn (1994) discussed a rendition of motherhood which, although it varies from culture to culture qualitatively, it is a relationship "in which one person nurtures and cares for another". Mothering is seen

as an outcome of men's and women's actions within specific historical and political contexts. In other words mothering and motherhood cannot be seen apart from the social practices of mothering and fathering as they have existed and been viewed over time.

The study of mothers' conversations who are in treatment for their drug abuse and dependence when carried out by a female researcher entails paying close attention to her own as well as her subjects' experience. It follows then that the social context which is posited as a variable in this research endeavor is inexorably linked to how mothers feel about themselves as mothers, and how they may have internalized society's view of what constitutes "bad mothers". Any discussion of findings will include the researcher as part of the researched.

History of the Feminist Movement

There appears to be two main waves of feminism as discussed in the literature. The first wave also known as the "Woman Movement" began in 1840 (Chase and Rogers, 2001; Chodorow, 1978; DiQuinzio, 1999). It was part of the Abolitionist Movement by mainly white, middle-class mostly northern women in reaction to fellow abolitionist men who denied equal access to full participation in meetings. At this point the movement was not about challenging the idea that women were responsible for family well-being and the raising of children, but instead focused on fair treatment and being allowed the right to vote (Women's Suffrage Movement), attend a university, and have access to property and wages upon marriage.

Second-wave feminism also known as the "Women's Liberation Movement" took place in the wake of the Civil Rights movement in the late 1960's. The conditions at that point in history brought with them different ideas about motherhood. There were two

groups out of New York State at this time: (a) the Mt. Vernon and New Rochelle (MV/NR) group consisting of African-American, poor, and working class women fighting to bring programs to benefit the children in their communities, and (b) the New York Radical Women, who were white, well-to-do well educated social activists, described in the literature as single, heterosexual and childless (Chase & Rogers, 2001). The MV/NR women worked to improve social conditions for children. The basic ideological focus of both groups of second-wave feminists was that too much responsibility for care-giving resulted in women's oppression. The Mount Vernon/ New Rochelle group felt that having too many children was an oppressive situation while the more radical group felt that any children at all was oppressive. The more radical feminists have been given credit for passing the Equal Rights Amendment bill while the former more liberal group, the MV/NR women took on a political activist role as mothers. The MV/NR group were also referred to as "maternalists" (Chase & Rogers, 2001) and will be discussed in greater detail in later paragraphs.

The current era is called the third wave of feminism. It is often seen as similar to the first wave with less emphasis on separatism. It was a radical means of obtaining equal rights. In this era the emphasis was placed on the liberating aspects of feminism for both males and females (Donovan, 2004). The branching out and diversification of forms of feminism reflects the current inclusionary practice of qualitative research in general. Feminist theorists and researchers of today challenge the prevailing discourses of previous years which tended to marginalize the lived experience of women (Goodrich, 2003; Olesen, 2000). The more feminist researchers viewed these experiences as phenomena which could not be limited to quantification and which included the

researcher along with the researched as subjects of study.

Related to this research was that distinct differences emerged during the first and second waves of feminism. These differences led to the formation of diverse ideological groups. Various groups developed according to whether differences between the sexes were viewed as being biologically determined or not, and in addition, whether women's bodies were sites of oppression or empowerment. Those that saw the body as a site of oppression formed the more radical category and those that viewed the body as a site of empowerment constructed the more liberal feminist category ((Zimmerman, 2001).

Out of the more liberal thinking about feminism, the group called “maternalists” evolved (Chase & Rogers, 2001). The women felt that the ability and actual act of giving birth qualified and empowered women in social and political arenas that just had not yet been recognized by men due to the way that most of us have been socialized in our culture to think about gender. The activism of the maternalist women has been termed “maternalist politics” (Chase & Rogers, 2001). Historically situating the activism of the women, Chase and Rogers write the following:

Whatever the specific contexts and purposes of their activism, Progressive Era maternalists –both African American and European American—spoke an influential language. Theirs were mothers' voices. Theirs were voices articulating a ‘personalized’ culture of commitment” and a macro-level strategic personalism emphasizing personal bonds (p. 263).

Variations of Feminism

Whether one views the many varieties of feminism as philosophical periods or social movements, the diversity of subtypes warrants mention here. According to Martha

E. Gimenez (1998) four main currents within feminist thought could be identified in what she terms “the heady days of the Women’s Liberation Movement” (p.1). These subtypes are identified as (1) Liberal which was concerned with political and economic equality within the context of capitalism; (2) Radical which focused on men and patriarchy as the main causes of the oppression of women; (3) Marxist Feminism which sought to develop the potential of Marxist theory to understand the capitalist sources of oppression of women; and (4) Socialist which was critical of capitalism and Marxism and postulated various forms of interaction between capitalism and patriarchy; The recent postmodern critique of an essentialist view of “woman” together with critiques grounded in racial, ethnic, sexual preference and national origin differences have resulted in an evolving plethora of “identities, subject positions, and voices” (Olesen, 2000). An observation made by Fonow and Cook (1991) had important implications for this study. They stated, “There is a relationship between the subject and object of study which is more easily made visible when women are researching women” (p.140). They emphasized the importance of the dialogue between the researcher and the researched where both are assumed to be individuals who reflect on their experience and who can communicate that reflection.

Liberal Feminism: Core Concepts and Critique

Liberal feminism, the variety which was the focus in this study, has its roots deep in our American culture. Liberal philosophy, in general, emerged with the growth of capitalism. It raised demands for democracy and liberation of all regardless of race, creed, ethnicity, gender, sexual orientation, age or ability. The core concepts emphasized here involve full access to the taken for granted privileges now held by those with wealth

and power, those in the most privileged groups, namely, white, heterosexual able-bodied men of European descent.

According to Donovan (2004) liberal feminism is derived from Natural Rights Theory which in essence states “that people have certain inalienable or ‘natural’ rights upon which governments may not intrude... “ (p.17). Its core concepts which apply to feminist research are the following:

- 1) Alienation between subject and object is an inherent phenomenon. We need to recognize power differentials between the researcher and the participants and take ethical steps to prevent exploitation (Olesen, 2000).
- 2) Government is a part of the inherited phenomena and one needs not seek to oppose it (unlike Marxist or Radical feminists) (Gimenez, 1998).
- 3) The sanctity of the private sphere – the home is to be respected. This originated in the narrower version of the more liberal view that one needs to preserve the boundary between the public and the private domains. (Goodrich, 2003).
- 4) Liberation for women is liberation for all. (Donovan, 2004).

Donovan (2004) notes that while liberal feminists increasingly have political activity on their agendas they often clash with other strands of feminists such as the more contemporary feminists. For example, the liberal feminist would stand for a woman’s right to serve in the military. Contemporary feminists (third wave feminists) would resist military service in keeping with its position that the military philosophy in the current culture needs to be resisted.

According to Rothman (1994) liberal feminists work to defend a woman’s right to equal pay for equal work, to enter the world of men. Rothman also raised an additional

issue, “But what of our rights to be *women*?” (p.152). She was concerned that all the arguments break down, when we look at women who are or who are becoming mothers. In her chapter entitled, “Beyond mothers and fathers: Ideology in a patriarchal society” she addressed the issue of how our uniqueness as women can be preserved in an equality model. Unfortunately the equality approach often does not take into account the specific needs of mothers. Instead, it tends to negate the needs of mothers.

Recent Variations of Feminism

Other feminist thinking challenged the patriarchal models of parenthood which were based on an essentialist view of the female’s inherited biology and the resultant assignment of the care of children to mothers. These models were situated in a context that not only assigned the work of mothering to women but also challenged the devaluation of that work. This variation went beyond the liberal practices of demanding equality within patriarchy and instead focused on challenging the ideologies of technology and capitalism in which patriarchy existed. It did not wish to eradicate this public sphere of work and technology but strived to dissolve the distance between the public and private sphere. This challenge involved valuing the work that is motherhood and other accompaniments like intimacy and nurturance. This shifts our thinking from motherhood as a noun to mothering as an activity, a project. Sara Ruddick (1985) has described the intellectual work of mothering which included the attitudes, the values and the discipline of maternal thinking. This emphasized the aspect of mothering that is intellectual and not just physical or emotional.

The remaining concept to be emphasized here has to do with feminist perspective on how to conduct research concerning women’s issues. The core concept

which provided a foundation for this study was the liberal feminist focus on access to all what has been the privilege of only a few. By selecting the discourses of mothers in residential drug treatment as the focus I hoped to privilege the voices and experiences of the mothers and provide deeper insights into what it means to be a mother both on drugs and in recovery from drug abuse and dependence.

CHAPTER 3: LITERATURE REVIEW

The women's studies literature is replete with feminist analyses of motherhood. Literature on substance abuse in the family also abounds. This review is not exhaustive in its concern with feminist literature but uses a feminist view, that the voices of mothers who abuse drugs need to be heard and that mothers have every right to self-define as mothers who love their children.

Motherhood and Mother-Blaming

The manner in which our society has socially constructed motherhood has resulted in an increased social stigma attached to the use of drugs by women who are also mothers (Lewis, 2002). Conventional wisdom and community biases against the mothers add to the personal challenges they face in recovery (Harmer, 1998). Glenn, Chang, & Forcey, (1994), define mothering as "a socially constructed set of activities and relationships involved in nurturing and caring for people" (p.12). According to some authors (Chodorow, 1978; Jackson, 1994; Jackson & Mannix, 2004) motherhood is intertwined with notions of femininity. The literature on feminist theory talks about notions of femininity in a particular way. Motherhood and the term "mother" is a loaded term as it has been socially constructed. It has been institutionalized in ways that either idealize or demonize women. One study used an example of demonization in that "mother" has been used as a shortened form of an obscenity (Baker & Carson, 1997). At the opposite end of the spectrum is the view of the "idealized mother" such as has appeared in the sentiments expressed in Mother's Day cards.

Scholarship on the conceptualization and investigation of motherhood was discussed in a review published in the *Journal of Marriage and the Family* by Arendell

(2000). This review outlined two predominant streams of scholarly work: (1) the theorizing of mothering and motherhood and (2) the empirical study of the mothering experience. The author discusses why mothering is associated with women "...because universally it is primarily women who do the work of mothering" (p. 1193). In this work motherhood is characterized as laden with symbolism and is seen as the ultimate in relational devotion. While feminist constructions of motherhood were mentioned, this article did little to critique the scholarly work reviewed from a feminist perspective. Another glaring omission was that while the ideals of motherhood were delineated, there was no mention of mothers who fall short of these ideals such as mothers who use drugs. Arendell (2000) discussed the prevailing ideology in the United States, that of intensive mothering, but made no mention of its connection to patriarchy or the male-dominated discourses as the context.

Bograd (1990) in her book chapter in *The Social and Political Contexts of Family Therapy* discussed psychotherapy's enduring tradition of scapegoating mothers. Her distinction between the theory and practice of family therapy outlined the difficulties of making a practical change in the dominant culture of a patriarchal society. In spite of a circular interactional view of the problem, Bograd asserted that family therapists still tend to assimilate sexist images about women into their theory and work. Instead of talking about enmeshed systems, family therapists talk about "the enmeshed mother". She stated, "Through this common linguistic error, dimensions of the system are reified and placed inside the woman as static personal characteristics" (p. 71). This becomes another example of the view of mother alone as the one who has blurred boundaries; who is examined in isolation from the interactional context of family life. While this chapter

raises awareness of dynamics in two-parent traditional families, single-parenting mothers continue to be marginalized; there is no mention of the specific group of mothers who are seen as falling short of the ideal and punished more severely for their drug use than are fathers.

Motherhood: The Effects of Criminalization

The attempts of certain states to pass laws which result in the criminalization of drug use during a mother's pregnancy and the postpartum parenting period was hypothesized by Richard P. Barth (2001) as originating from the underlying assumptions held by those with power and influence. His concern involved the fairness of the child abuse reporting practices which these states have implemented over the last two decades and which have been taken for granted by many policymakers. A quick survey of other researchers revealed a similar view; the gravest risks related to children of drug-involved mothers during the earlier part of this period centered on the harsh and punitive treatment of mothers by aggressive and overzealous criminal justice prosecutors (Chavkin, Breitbart, Elman & Wise, 1998; Young, 1994). Our society, these researchers reported, is one in which attempts have been made to pass laws that would criminally prosecute women for the mere fact of being mothers while addicted to drugs. These practices involve screening and reporting drug-affected infants to child protective services, then removing and placing them in foster or kinship care.

Criminalization of mothers who abuse drugs represents a new level of legal interference with women's rights over their bodies, an interference which "...has no male counterpart" according to Goldberg (1995, p.793). Goldberg's examination of the literature on substance abuse problems and treatment among women revealed that women

of color are disproportionately tested for drug use and receive more child protective services interventions. Her conclusion was that even though the population of substance abusing women is diverse, some of the women are among the most oppressed individuals in the nation. Goldberg (1995) hypothesized this oppression as a causal factor in the creation and maintenance of substance abuse. It is also, she states “one of the greatest barriers to recovery” (p.794). Goldberg (1995), who is a social worker, places the women and their destructive behaviors in the context of violence at the hands of their intimate partners, sexual abuse victimization as children, cultural stereotyping that justify exploitation, and exclusion from appropriate treatment services. Her review was fairly comprehensive but neglected two stigmatization factors: stigmatizing drug abuse over alcohol abuse and, stigmatizing drug abusing mothers more than drug abusing fathers. The social constructions of motherhood and the ideals that are represented are omitted. With the exception of a previous work published by this author (Litzke, 2004), very few studies have look at how motherhood has been constructed over time and how those constructions could serve as a barrier to recovery for women with children.

This brings us to the question of treatment. One feminist theorist, Young (1994), discussed the punishment orientation towards mothers who use drugs. In her article she analyzed policies that target mothers. She made a case for why the usual punishment approaches that are recommended by law enforcement officers and legislators are not as effective as meaningful treatment programs which employ a “feminist ethic of care” (p.33). She was concerned that treatment as usual often serves to adjust women to dominant gender, race and class structures and “depoliticizes and individualizes their situation” (p.33). The practice of targeting the drug abuse of mothers, especially mothers

who are poor and of a minority culture, raises questions about the sexism, classism and racism which might be implicit in such practices. Women who are not pregnant or men who do not have primary care of their children are not punished to the same extent.

Women and Drug Activities

Women in the United States, historically, have been major consumers of both legal and illegal drugs. Drugs such as sedatives and tranquilizers have been prescribed for them by physicians at much greater rates than their male counterparts. Despite the fact that drug abuse occurs frequently among women, research has focused primarily on men (Abbott, 1994; Baker, 2000; Boyd, 2001; Brownstein-Evans, 2004; Covington, 2000; Kissen, Svikis, Morgan and Haug, 2001; Sun, 2000). This may be because drug dealing was most commonly seen as a male activity (Bush-Baskette, 2000). There was a shift in focus with the advent of crack cocaine. Women have become more involved in the drug's distribution. They are reported to be the ones to buy the firearms or rent the residences that will be used to support the crack cocaine business. The tactics, which law enforcement most often employs in the War on Drugs, focus on street-level drugs, such as cocaine, crack, and heroin, and street-level offenses, such as possession and trafficking. Policies at the present time require the same punishments for persons involved in a conspiracy to commit a crime as for the perpetrator of the substantive crime. The unfortunate, combined effects of these initiatives is that women, who use these drugs in highly policed or visible places (urban markets) and/or who are associated with males involved in the drug market, comprise the greatest portion of women convicted of and incarcerated for criminal offences. The more privileged middle class woman, abusing legal and illegal drugs in the privacy of her own home often goes

unnoticed. She is relatively unstigmatized or viewed as a criminal (Bush-Baskette, 2000; Brooks, Zuckerman, Bamforth and Cole, 1994; Brownstein-Evans, 2004; Kissen, Sviki, Morgan & Haug, 2001; Murphy and Rosenbaum, 1999).

Psychosocial Factors in Women's Drug Use

Other literature on substance abusing mothers identified the various psychosocial factors which accompany addiction (Dansky, Saladin, et al., 1995; Eliason, Skinstad, & Gerken, 1995; Harmer & Sanderson, 1999; Hirsch, 1999; Loneck, Garrett, & Banks, 1997; Sterk, Elifson, & Theall, 2000; Sun, 2000; VanBremen & Chasnoff, 1994; Wallace, 1999). Substance-abusing women frequently suffer from depression and posttraumatic stress disorder (Chavkin, Paone, Friedman, & Wilets, 1993; Dansky et al., 1995; Eliason et al., 1995; Montoya, Covarrubias, Patek, & Graves, 2003). Addiction treatment professionals have designed interventions that take into account the fact that most addicted women come from backgrounds replete with trauma and loss (Brooks, Zuckerman, Bamforth, & Cole, 1994). The prominent feature of the experience of mothers with addiction is shame. It was the focus of various articles (Brooks et al., 1994; Cosden and Cortez-Ison, 1999). These studies raised the issue of the consequences of shame such as the increasing withdrawal from non-using family and friends. Instead of being able to draw on a stable and close social support system there is increased dependency on the welfare system and possible dependency on an abusive male. Whether women put themselves at risk due to their shame and guilt or whether the shame and guilt is the consequence of how they are treated was the topic of one work by Mason (1991). This author discussed the consequences when women are made to feel "less than" or treated as objects. She carefully outlined the phenomenology of shame as an underlying

dynamic of addiction. As one might suspect the women often turn toward abuse of alcohol or other drugs. The substance of choice is often used to medicate the pain of these early experiences as well as the anxiety and shame they feel as a result of their use (Sandmaier, 1980). They often view themselves as bad mothers. These unfortunate circumstances then become salient factors in the transmission of the legacy of substance abuse to the next generation.

One very interesting study by Luthar, Doyle, Suchman and Mayes (2001) examined the affective experience of mothers in terms of their level of ego development and psychological difficulties. Their counterintuitive findings revealed that women with higher levels of development tended to internalize societal demands and therefore possess more guilt. This could be very instructive for policy makers and substance abuse treatment providers. It raised the significant issue of whether treatment is part of the solution or part of the problem (Barrett, 1996).

The intimate relationship realm was also a neglected area of study. Women's relationships with men or a more dominant same sex partner were often overlooked in the family therapy literature. More than one source stated that heterosexual women often began to use drugs as part of a common activity with boyfriends or under the threat of violence by male significant others (Millar and Stermac, 2000). Women who are in relationships with abusive and more powerful men or same sex partners encounter social welfare systems. Their powerlessness and maltreatment was also discussed as a factor in the transmission of the patterns and dynamics of addiction to the next generation. When one begins to examine the effects of the practice of incarcerating women who are found to be in possession of an illicit substance one sees the injustice of treating women

differently from men. Family therapists have slowly begun to examine substance abuse as a preemptive issue in family, community and social life (Bepko and Krestan, 1985; Landau & Garrett, 2008). The field as a whole has been reluctant to look at issues of power and privilege as a contextual variable that affects this slow response. Gender privilege allows men to be exonerated in terms of their fatherhood. In other words they are not expected to have access to their children nor are they blamed for neglecting them. Of course there is a cost to them for this in terms of important connections they could make if this were not the prevailing view.

Status of Drug Abuse Treatment for Mothers

Drug abuse treatment has evolved to include treatment programs designed for women with their children. While this denotes progress, women with drug abuse problems often have particular needs in the social arena such as housing, employment, general health and mental health care and most of all, family issues (The National Abandoned Infants Assistance Resource Center, 2000). Newer models of treatment use interventions that address the original traumas and losses (Montoya et al., 2003). These interventions are seen as efforts to stem the tide against future victimizations thereby preventing the loss and abandonment which leads to relapse, namely the returning to drug use for the purpose of self-medication. While most of the women have losses that may precede the substance abuse, the measures we take as a society to deal with women who are mothers addicted to alcohol and other drugs can either enhance or serve as a further barrier to recovery. The added glaring omission of how motherhood is socially constituted in a patriarchal society has been seen in this study as exacerbating the problems of mothers in recovery.

Drug treatment research has historically focused on men as if men and women suffered from the same disease. This research ignored the social and cultural experiences and stresses that are unique to women. Within the last two decades a few researchers have looked at the problem of gender discrepancy in drug treatment research, focusing on women using a feminist perspective (Bepko, 1991; Murphy and Rosenbaum, 1999; Taylor, 1993). One article published in *Pediatrics* by Wallace (1999) was designed to inform pediatricians and other health professionals of the key contextual factors that elevate African and Hispanic Americans' likelihood to use substances. It discussed selected protective mechanisms that may shield members of these populations against substance abuse and reported on historical and contemporary racialized practices and ideologies that influence higher prevalence rates in these groups. These include laws and norms favorable to substance use, the availability of substances, neighborhood poverty and disorganization. This was one of the few articles that went beyond looking at both intrapersonal and interpersonal phenomena and examined the environmental, social and economic factors.

Ehrmin (2001) included the resource of culture and heritage in order to examine the unresolved feelings of guilt and shame in the maternal role of substance-dependent African American women. In African families it was noted that "motherhood is the ultimate greatness and nobility of a woman's life" (Montilus, 1989, p. 11.) The problem with this study was its shortsighted focus on the mothers' internal experience of guilt and shame. It omitted the larger societal view of drug abusing mothers as the pariahs of society and how that view has possibly impacted those feelings of guilt and shame. This feminist research abides by the belief that women differ from men in their substance

abuse patterns with different antecedents and consequences of abuse and therefore require sensitive substance abuse treatment programs designed to meet their unique and complex needs. Since shame has been posited as a critical issue and possible barrier to recovery for women (Ehrmin, 2001; Mason, 1991) as well as recovering families (Mason and Fossum, 1986), further research needs to be conducted in order to access to the internalized feelings of women who are mothers.

The Mother's Own Narrative Accounts

One of the richest accounts of mothers' experiences of being a mother while a resident of a substance-abuse treatment program for women and children is the ethnographic research of Baker & Carson (1997). This was the only study found that explored women's cultural knowledge about motherhood while in addiction treatment. The researchers conducted semi-structured interviews with seventeen women at the center, "A Place to- Be". Data of only 15 of the women could be transcribed as the tape recorder malfunctioned on the other two interviews. Of the study sample, 15 of the women were white and 2 were African American. The women ranged in age from 20 to 41 years. They were considered poor or working class due to the subsistence concerns which dominated their lives. Baker and Carson (1997) note that drug- abusing mothers are often at the mercy of the criminal justice and child welfare systems – an issue not present for women from more privileged classes. In their study, crack cocaine and crystal amphetamine were the drugs of choice for 14 women, 2 were addicted to alcohol, and painkillers were the drug of choice for 1 woman. Regardless of the woman's demographics, motherhood emerged as a fundamental part of their lives. Their stories revealed complexities and contradictions about the quality of their mothering practices.

Their view of themselves oscillated between extremes of good and bad mothers. This depended on whether they were discussing the dangers of their drug-using lifestyle for their children, the times when they were unable to care for their children emotionally, financially, and physically, or, when they narrated accounts of times they protected their children from harm, fulfilled what they viewed as their children's practical needs, and were able to cope with everyday life stressors without losing their tempers.

Many articles focus on the pathological aspects and the presence of parenting problems among substance-abusing women and children. One exception was an article by Richter and Bammer, (2000), They spoke of the strategies employed by the mothers to reduce harm to their children. These researchers conducted a study in Canberra, Australia using participants who were 22 heroin-using women with children less than ten years of age. Semi-structured interviews lasted from 90 minutes to 3 hours. The interview method would begin with "Tell me about your day yesterday" and then was guided by a list of prompts developed from a literature review, issues raised at a focus group of user advocates and service providers and participant observation at a syringe exchange and playgroup. The interviews were then coded and analyzed in order to develop grounded theory concerning harm reduction techniques and their potential use in drug treatment programs for women and their children.

The mothers in the Richter and Bammer (2000) study were 20 to 38 years of age. They had an average of 1.4 children (1-4) who ranged in age from 10 months to 10 years. All were heroin dependent or in a methadone maintenance program. Almost half of the study participant mothers still used heroin occasionally. Seven strategies were identified as those used to reduce the negative impact of dependent heroin and other illicit drug use

on the family. In order to reduce harm to their children the women said they tried to (1) stop using completely; (2) go into treatment, especially methadone maintenance treatment for heroin use; (3) maintain a stable small habit; (4) shield children from drug-related activities; (5) keep home environment stable and secure; (6) stay out of jail. If they were unable to meet their children's needs they attempted to: (7) place children with a trusted caregiver and maintain as active a parental role as possible. It is hard to tell if the mothers' reports were impacted by how they wish to be seen by those conducting and taping the interviews; the article did illuminate the challenge of "... combining the highs and lows of dependence with the highs and lows of motherhood" (p. 419). Again there is no mention of how the Australian society has constructed motherhood over time and how that might impact the women's recovery experiences.

Another work by Woodhouse (1992) made an attempt to illuminate the lives of women who were substance abusers. This life history study was conducted on 26 women in an inpatient substance abuse treatment facility in order to make the realities of their lives more visible. The author's intent was to produce research that would highlight the women's experiences in their larger world context. The subjects came from Pennsylvania, New York and New Jersey. One half of the population was White and the other half African American with a few Latino women. The data collection process lasted for four months for an average of 5 hours in interviews, written segment exercises, focus groups and "life line" exercises. The researcher also examined charts and was a participant observer in gender groups which contributed to the data.

A glaring theme throughout the Woodhouse (1992) study was the pervasiveness of violence and abuse in the lives of the mothers. Male domination was consistently

reported. Many of the accounts were about being introduced to drugs and alcohol at a very young age and more often than not by a man. The women appeared to assume vulnerable childlike states which may have contributed to their addiction problems. When asked what they have done to prevent their substance abuse and dependence, many said that as women they needed to become more independent.

When the women did talk about motherhood all of the mothers talked of experiencing great pain at what their substance abuse had done to their children. They had concerns that their children would emulate their abuse and were worried about what their children had seen. This worry was exacerbated by their own memories of what they themselves had seen as children which may have shaped their present behavior. Motherhood for the mothers in this study was grounded in the reality of their lives.

Summary of Literature Review: Findings and Gaps

The literature concerning motherhood and drugs has been reviewed to address trends in the area of policy-making and treatment practice. The overcrowding of today's prisons and the relation of drug abuse to the increase in crime, out-of-home placement of children and the dissolution of the American family has been rationalized as the means by which society and its most vulnerable citizens, its children, are protected. This shortsighted view blames mothers for their addictive behaviors and often views the issue of alcoholism/addiction as an individual problem. Whatever the means by which the women enter the criminal justice, child welfare or clinical treatment systems; there seems to be widespread agreement in the literature that the women are stigmatized and seen as morally corrupt and weak.

The issue of how the mothers talk about themselves as mothers, if dealt with at all, was discussed in terms of the mothers' parenting practices. With a few exceptions (Brownstein-Evans, 2004; Litzke, 2004; Murphy and Rosenbaum, 1999; Zerai and Banks, 2000) the whole topic of how motherhood has been socially constructed as phenomenon separate and distinct from fatherhood and how those constructions have taken place in a male-dominated, patriarchal society has been grossly neglected as a context of any mother's illicit drug use. Motherhood as an ideal, and the concomitant feelings of failure of not living up to this ideal, was rarely if ever mentioned. Instead, the focus seems to be on parent skills training and psychoeducational parenting groups (Camp and Finkelstein, 1997; Nurco, Blatchley, Hanlon, O'Grady and McCarren, 1998; Plasse, 2000; VanBremen and Chasnoff, 1994). There has been little to no research in the area of comparing the effectiveness of parent skills training to other more gender-sensitive models which might privilege the felt experiences of the women who are in recovery while parenting their children.

CHAPTER 4: METHODOLOGY

This study examined the discourse of mothers in drug abuse treatment. Its methodological aim was to amplify the voices of those carrying out the discourse, the important stakeholders of the subject: the mothers themselves. The investigation focused on how language functioned both as a way to represent reality while simultaneously constituting it and how the mothers' discourse functioned in the larger social world.

Discourses concerning motherhood can be extremely complex. Baker and Carson (1997) examined the narratives of mothers in recovery. They found that the mothers' evaluation of themselves as mothers contained many contradictions. A few years later another study conducted by Baker (2001) pointed to a need for recovering mothers to construct new realities of themselves as both mothers and women.

Issues of reality construction concerning identity are outlined by Gale, Lawless and Roulston (2004). These clinical researchers viewed identity as "an active discursive accomplishment that is maintained and transformed within joint social interactions" (p. 127). Gale and his colleagues positioned this as a dynamic social process, stating, "... through our social encounters, the construction of one's identified 'self' is continuously being upheld, repaired, or changed" (p.127). Language which constructs our identities is firmly rooted in the social context in which it takes place. This forms the basis for the choice of discourse analysis as the method in which to study transcribed text of the mothers in recovery group conversations.

Over the past two to three decades, the focus of discourse analysis (DA) has been on language as it is used in everyday life. DA, along with its related analytic method,

ethnomethodology, can access how members of a group or society conduct their social life, share their reality and make sense of their world.

In order to examine the conversations of the group mothers in my study, I used the foundational idea that talk is not “just talk”, talk is action (Austin, 1962). People are doing things with words and speech utterances. Statements possess referential meaning but they also have force. For example a different reality is constituted when one uses the word “bump” when describing an auto accident than when one uses the word “crash”. This perspective, that speech both represents things and accomplishes things, forms the theoretical context for this study. Questions dealt with here are the following: “What is discourse analysis?”, “What is meant by ‘discourse’?”, “What are the many varieties of discourse analysis?”, “How did discourse analysis come to be viewed differently by different theorists and researchers?”

Defining Discourse and Discourse Analysis

Jaworski and Coupland (1999) characterized discourse as “a reaching out beyond the visible or audible forms of language into social context and as exploring the interplay between language and social processes” (p. 47). The study of discourse originated in the works of two linguistic philosophers, Wittgenstein (1953), and Austin (1962), who went beyond the abstract to the practical use of language. Ludwig Wittgenstein (1953) recast language as something other than a unified system of signs and signifiers. He emphasized its *function* as a main focus of concern. According to this way of thinking language does not become a reality until it is used. Wittgenstein invented the metaphor, “language games” in order to elucidate how language is used differently in a multitude of different

contexts, each with its own aims and rules. Language used in different contexts actively constructs different realities.

Austin's (1962/1965) philosophy of language has three key features. These features are the locutionary, the illocutionary and the perlocutionary functions of language. Statements of content make up the locutionary feature. What the speaker is doing when she is speaking, referred to as her speech *acts*, comprise the illocutionary aspect. The effect of the discourse on the hearers, that is, its impact, is the perlocutionary feature. These last two features, sometimes called the social features, are especially salient for discourse analysis. In discourse analysis the emphasis is on what talk is doing and achieving. This can be illuminated through examining how the speech affects the listeners.

In the field of family therapy Hare-Mustin and Maracek (1994) reflected on 'discourse' as a term originating from the Latin verb, *discurrere*, which means "to run around". They then discussed the circulating aspects of speech and stated that different and competing discourses may make the rounds but are not all equal in prominence and power. In other words some are more privileged and have more force than others. These discourses become readily accepted as standard practice which then tends to constrain how language is used in the future. White and Epston (1990) used the phrase, "dominant discourse" to refer to discourses which define how certain realities are privileged over others. Those who are a part of the dominant discourse get to define what a good mother is, how the institution of motherhood gets talked about, how it has been constituted historically, and how it is understood and discussed in the mainstream of society.

History of Discourse Analysis

The study of language, linguistics, began as an inward looking discipline. Generally, it did not consider the relevance of language and discourse to people other than linguists. It was narrowly focused on “providing good descriptions of the grammar and pronunciation of utterances at the level of the sentence” (Jaworski & Coultard, 1999, p. 4). Only in the last three to four decades has the study of language consisted of an examination beyond its structural components.

Both Wittgenstein (1953) and Austin (1962, 1965) expanded the focus to include the action aspect of language, that is, language as having both meaning and force. In other words speech acts are not only *about* things but they *do* things. In particular, Austin’s work, *A Plea for Excuses* (1965), outlined the entrapment aspect of language. He stated that in order to not fall into traps, we need to use our tools (words) carefully, “We should know what we mean and what we do not” (p. 383). He acknowledged that words have meanings but claimed that we cannot stop there. When we hear words used, we are not merely thinking about the words but also forced to examine “...the realities we use the words to talk about” (Austin, 1965, p. 384). In other words, there is a one-to-one correspondence with the everyday social practices and the words we use to talk about those practices. This new intellectual paradigm, which formed the basis for his methodological approach to discourse analysis, linked language usage to the social world in which it was embedded (Wood and Kroger, 2000). In another book, *How to Do Things with Words* (1962), Austin made a distinction between his theory of discourse and an essentialist theory. For him words were only tools having no inherent meaning or

purpose. He referred to these words as tools which when sharpened “will hone our perception of the phenomena” (p.384).

Writers and historians of discourse analysis agree that the DA approach was first used by Sinclair and Coulter (1975) in their studies of classroom interaction (Phillips & Hardy, 2002; Potter, 2004; Wetherell, Taylor & Yates, 2001; Wood & Kroger, 2000). This radical new approach (Potter & Wetherell, 2001) involved a change in how language was viewed. In this model, language became a window through which one could understand how certain social realities were created. As a detailed history of linguistics was too large a subject for this purpose, particular relevant philosophical foundations are summarized.

Basic Assumptions of Discourse Analysis

Austin (1962) used particular assumptions in order to further an understanding of discourse analysis. Historically speaking, Austin in his focus on talk as *action* (1962) diverged from a focus on the technical methods by which people produced “orderly social interaction” (Potter 2004, p.38). Austin’s fundamental assumptions differed from conversation analysis and other analyses which pertained to the structural and sequential organization of talk. Austin’s DA concerned itself with the examination of social research issues such as gender, race relations, class differences, and social control.

This approach centered on the study of discourse as the study of talk and texts in action, the rhetorical aspect of language (Potter, 2004). It embodied three unifying assumptions of discourse analysis: anti-realism, constructionism and epistemological reflexivity (Potter, 2004). These are described here along with another foundational

assumption, non-essentialism, in order remain consistent with the feminist theoretical orientation of this study.

Anti-realism

Potter (2004) summarized anti-realism as the supposition that ordinary speech acts are not objectively true or false accounts of reality. There are multiple versions of the world and that “DA emphasizes the way versions of the world, of society, events and inner psychological worlds are produced in discourse” (p. 202). Hammersley (2003) described the methodological form to which DA is committed. He stated, “This is not a technical matter, not simply a denial that what (is produced) can ever reach an appropriate level of likely validity. Rather that everyday accounts must be included within the analytic focus” (p.752). These everyday accounts occur in a social world. Both Potter (2004) and Hammersley (2003) emphasized the multiple versions of reality that get produced in discourse.

Constructionism

Constructionism is an approach to discourse and other social interaction (Gergen, 1991). The constructionist assumes that there is no one authentic understanding of another’s experience. Instead the constructionist views accounts of the world as varied and part of the world described (Silverman, 2001). Discourse actively constructs its subjects. It includes the manner in which participants constructions shape and form identity and how those identity formations are accomplished and/or undermined. This assumption underscores language as not merely signifying an actual event but constructing that event as well.

Epistemological Reflexivity

With anti-realism and constructionism serving as backdrop assumptions, the idea, that language involves reflexivity, takes center stage. Heritage (2001) defines his version of reflexivity as a property whereby the “changes in an understanding of an event’s context will evoke some shift or elaboration of a person’s grasp of the focal event and vice versa” (p. 51). This version interprets the meaning of reflexivity as the referential and self-referential aspect of language use. Language is always saying something about the language user as well as representing what the user is talking about. This has been highlighted as having great import in the actual carrying out of qualitative research. It is important in this approach for the researcher to reflect on how she is interpreting the data and make that a part of the data to be analyzed and discussed.

Austin (1962) also underscored the function of reflexivity. He held that there was a subtle distinction between talk (speech) and doing (practice). For Austin, reflexivity relates to the way ideas are put into practice as well as the ways that practice impacts ideas. Austin’s assumption is that language both represents a topic according to its use in everyday practice and constructs its topic. The positions of the speaker and the person who is hearing the language were underlined in this approach to the inquiry. Using a previous example, if I hear the auto accident referred to as a “bump”, I assume that the use of the word “bump” will have a different effect than a “crash” on those who hear the discourse. If I were an insurance agent or a police officer hearing the descriptions as “bump” or as “crash”, the consequences would vary accordingly. Using this example, a

“bump” not only represents an action but it does something different than a “crash”. It also has a different effect on the hearers.

Non-essentialism

Gavey (1989) provided other epistemological assumptions. Her article posited that DA is consistent with the poststructuralist approach, which also emphasized the way language both represents and constitutes a reality. In other words there is no objective reality apart from the language used to represent and constitute it. The anti-essentialist position is that experience has no inherent essential meaning. This feminist position critiques positivist social science research that claims to be value-free and objective. Feminist poststructuralists argue that the constitutive function of language remains largely unrecognized. The feminist poststructuralist holds that language and how it is used constructs gender relations as much as it represents them. This summarizes the basic theoretical foundation for this research study.

Varieties of Discourse Analysis

While discourse analysis originated in the fields of linguistics, literary theory, branches of philosophy, and sociology, it has more recently crossed into diverse disciplines such as anthropology, communication, education and psychology. There are many types of discourse analysis. These differ in their orientation towards language due to a variety of investigative purposes and foundational assumptions. Two types are described here.

Comprehensive Discourse Analysis is a level of analysis that expands what is said to what is meant by linking information from different levels such as the level of syntax, proposition, sequence, the biographical, the social and the cultural. It has also

been called “sociological discourse analysis” (Grimshaw, 1992). In most of these varieties the interest is in the linguistic features of the discourse not in their own right, but in their relationship to social action.

Discourse Analysis in Social Psychology (DASP) is the variety described by Potter, Wetherell and others (Potter, 2004; Potter & Wetherell, 2001; Taylor, 2001; Wetherell, Taylor & Yates, 2001). This method informed my study in its examination of discursive practices and their relationship to the larger social contexts.

Potter and Wetherell (1987) included in their discussion the variety known as Critical Discourse Analysis (CDA) which focuses on the roles that power and power relations play in language usage. Critical Discourse Analysis begins with a social problem and studies the discourse concerning it (Fairclough, 2001). Feminist Discourse Analysis, a version of CDA focuses on how gender and gender relations, power and discourse converge (Olesen, 2000). This variety was chosen due to its focus on gender relations and the power inequities that accompany the gender relations.

Analytic Strategy and Techniques

The current study evolved from an interest in motherhood and how it relates to mothers talking about mothering and mothering practice. It differs from Critical Discourse Analysis in that it does not begin with an investigation of gender relations in our society. Instead it used gender power relations as a *context* in which to study drug abusing mothers in treatment. Situating the data for analysis in the context of feminist theory, I began with Harding’s (1991) feminist critique of science and technology. Harding noted that “scientific rationality certainly is not as monolithic or deterministic as many think...” (p.3). In other words, scientific thought is subject to many interpretations

and is influenced by cultural change. This critique relates to the social sciences and the many varieties of social research. Harding's critical analysis influenced my choice of feminist theory as the lens through which I examined the data of the group conversations of mothers talking about motherhood.

Feminist Research

Feminist Discourse Analysis, an offspring of Critical Discourse Analysis (Olesen, 2000), does not use microanalysis as employed in Conversation Analysis. It does not examine the structure of language as in other micro-analytic varieties of DA, but focuses instead on a macro-analysis of discourse. Fairclough (1995), the originator of Critical Discourse Analysis, was concerned that social scientists, who agreed in principle that language was an integral part of social life, failed to consider text analysis as a useful as a way to examine "a whole range of social and cultural practices" (p.187). His approach involved broader approaches to texts. These include the context of prevailing social practices of the day. In keeping with the focus of this research endeavor I have chosen gender-related cultural and social practices, particular those which impact women who are mothers in recovery.

A macroanalysis of text requires the analyst to stand back and examine language at all levels of use. In this case, it involved discerning *how* the mothers talked about themselves as mothers and what their speech was *doing* or accomplishing. This was deemed to be as important as *what* they talked *about* in terms of their experiences of mothering and motherhood. The *effect* that a particular speech had on others provided a window to understanding what the mothers were saying and doing. The observation that the mothers were not only talking but they were talking in a particular social context is

critical to this approach. This focus on the macroanalytic aspect of discourse then informed which strategies and techniques were emphasized more than others.

In order to be consistent with the aims of feminist discourse analysis (Olesen, 2000), I endeavored to remain as close to the voices of the participants of the study as possible. According to Olesen, this is accomplished in part through the researcher's efforts to make transparent her own values, beliefs and experiences as a way to limit their influence on the study. Therefore, it is important that I identify how my social location influences the interpretations I made concerning why a particular mother says this and perhaps not something else. The researcher is a factor in the research and as such cannot be considered separate from the analysis of the findings.

Positioning the Researcher

As a qualitative researcher, I was a critical instrument in the analysis. Through the act of reflection I endeavor to make not only my power position visible, but also my belief that academic research is a form of political practice, having political consequences. I attend to what happens when researcher and that which is researched are seen as circular, each having an effect on the other, a cybernetics of "observing systems" as discussed by Maruyama (1968, p.3).

By situating myself in relationship to the study, I account for reflexivity and use the following example to further the understanding of this concept. The researcher as part of the researched is like a camera equipped with a lens which focuses back on the picture-taker. As the researcher, I considered the ways in which my implicit personal, social and professional lens shaped my hearing and interpretations of the data. In so doing I held

myself accountable for my particular interpretations and took my own context and world stance into consideration. What follows is a reflexive statement which exemplifies this.

I am a White, Anglo-Saxon, Protestant, middle class woman currently in a traditional long-term marriage of over forty years. As a wife, mother and grandmother I am aware of my position as a female and the often marginalized roles that have been prescribed for me from the time of my birth. I am also the daughter of a mother whose non-traditional path received much critique. In the late 1950's, any mother who handed the primary custody of her children over to the children's father was viewed negatively by family and friends. She was characterized as a mother who was abandoning her children. These characterizations were imposed on my mother. The discourse concerning her decision to relinquish custody of my sister and me to our father was a discourse which omitted any references to her economic situation or the oppressive realities that she faced. I found myself challenging those critiques. My challenge may have sprung from my loyalty to her, my experience of her as loving and nurturing, or my sense of the unfairness of the situation. My view has been and continues to be that my mother was being held to a standard much higher than that of any father who might have made a similar decision. My bias is that it is important to examine not only the actions mothers might take that violate particular social norms, but how social norms concerning good mothering practice are constructed in a patriarchal society.

For me, as a woman who came into motherhood in the early 1970's, the decision to conceive a child was based on normative expectations of me. College educated or not, the women in my cohort group were expected to get married and have children. In retrospect I accepted and internalized this societal norm. Thus, for me, the path to

womanhood was to be fulfilled through motherhood. As I proceeded to do the work of mothering, my judgment of myself as a good or bad mother became part of how I viewed myself as a woman. In other words I was socialized into a gender role where one's identity as a woman was related to her identity as a mother. This identity brought with it very high standards of what constitutes good mothering practice, an injustice when compared to standards for fathering practice. There were also marginalized roles assigned to women which limited their work to the private sphere, a sphere which has historically been devalued (Silverstein & Goodrich, 2003). Women were not only held to a higher standard than men but even if they lived up to the standard set for them, their work was not viewed as important. The act of devaluing and stigmatizing mothers who deviate from the norm forms the basis for the choice of research question, subjects for research, theoretical lens, methodology, and interpretation of research findings.

While my sociopolitical stance is that drug abusing mothers are often talked about in ways that only reference and legitimize certain aspects of their mothering practices, I am also aware of my own participation in these oppressive practices. I hold membership in a treatment community where mothers are often described as neglectful, abusive, harsh and punitive and said to be serving as poor role models to their children. I am also a member of a privileged group that enjoys the benefits of unlimited access to wealth, success and often taken for granted services which support good mothering practice. This forms the context for the often negative attributions of mothers who do not live up to privileged group's view of what a mother should be. In this project I am aware of how the participants discussed their struggle to recover from addictions in a society that by its very language use serves to reproduce their marginalization.

Method

The objective of this study was to examine the discourse of mothers in recovery from drug and alcohol abuse in order to understand how they were constructing their ideas of motherhood. Discourse analysis was chosen for this purpose. As the data was examined the following more specific questions emerged:

- How do mothers, recovering from drug abuse and dependence, represent themselves and good mothering practices?
- How do mothers represent their connections with their children both under and outside of their direct care?
- How does the mothers' discourse of their mothering experiences resist or accept the prevailing views of them as deviant?

These questions pertained to *what* the mothers talked about in terms of motherhood and mothering practices, what their speech acts were *doing*, and how the discourse of each speaker *affected* the other mothers in the group. As the researcher I took a macro-analytic approach using the critical lens of feminist theory, a theory which situates the discourse in a society where gender is not neutral and where drug-abusing mothers are viewed more negatively than drug-abusing fathers. I used the organizational and theoretical framework of Austin's (1962, 1965) philosophy of language. See Appendix E for a further depiction of the relationship between method components.

This discourse analysis used the genre of naturally occurring talk. Naturally occurring talk encompasses events that are not for research purposes (Potter, 1997). Examples are speeches, non-research connected interviews, and conversations which occur in the everyday world of the speakers.

A group, called the “Mothers Group, was convened for clinical purposes. The conversations which flowed during six group sessions provided the data for this study. This use of naturally flowing conversations as the data for study differs from the more common group or focus group interview protocols. The interview method for data collection entails a researcher to pose preset questions related to specific aims and goals (Green & Hart, 1999). In contrast this genre, the previously held group conversations of mothers in recovery, focused on the examination of speech, as it unfolded in that setting. Because the group was conducted using a nondirective approach, the group conversations were generally unstructured. The group facilitators merely offered opening statements and prompts throughout the group sessions. The objective was to give the mothers an opportunity to talk freely and naturally about the mothering they provided and received. The group participants did not directly name the subject of motherhood nor openly discuss their views on how they were characterized by the larger society. According to Billig (1999), this requires the researcher to pay attention to “matters that the speakers do not” (p. 543). In order to pay attention to these matters I carefully listened and transcribed the audiotaped recordings remaining as close to the mothers voices as possible. This and the attempts at transparency formed the basis of my claim for the trustworthiness of the data analysis.

Participants

Seven mothers in treatment for drug abuse and addiction participated in a group called the “Mothers’ Group”. This group was held at a residential treatment facility for mothers and children. The ages of the group members ranged between 24 and 42 years. Some of the mothers’ children were in foster or kinship care while others were residing

with their mothers in the treatment program (See Table 1). Six women identified as African American and one woman identified as Caucasian. A majority of the women reported experiences of sexual and physical abuse. With the exception of one mother, all were living on welfare at the time of the study. Most of the women reported polydrug abuse (n=6). One woman stated that her main drug of choice was alcohol. All of the women had been in the residential program for at least two months with four of the women being at the residence for six months when the mothers' parenting group began. (The maximum number allowed was nine months.)

Setting

The data for analysis were the group conversations which emerged from the "Mothers Group", a group which was conducted at a residential urban drug treatment program for women and children. This group was part of the intervention phase of a larger research project conducted in 2002-2003 by a team of researchers who wanted to examine the attachments of mothers in drug abuse treatment with their children. As a member of the research team, I attended team meetings and functioned as the liaison between the research team and the residence. I did not lead or participate directly in the group sessions. The larger research project continued for approximately one year. The results are reported elsewhere (Polansky, Lauterbach, Litzke, Coulter, & Sommers, 2006). The six group sessions were audiotaped. The group facilitators used two tape recorders in the event that one tape recorder malfunctioned. As a member of the research team I listened carefully to the tape recordings and read the facilitators' process notes in order to participate in team meetings. As I reviewed the process and results of the group sessions I became curious about *how* the mothers were discussing motherhood, how they

talked about their own mothers and how they discussed the mothering of their children. As I listened to the voices of the women speaking about being mothers in recovery, I reflected on my own bias, which is based on my experience: that drug abusing mothers are held to a higher standard of conduct than drug abusing fathers. Throughout my reading of the literature and experience in the dominant culture I noticed certain assumptions about mothers who use drugs as necessarily neglecting their children. I reflected on the fact that since single mothers often have the sole responsibility for rearing their children they unfairly bear the burden of blame and shame when something goes wrong. A year or two later I decided to begin this study of how mothers in recovery construct a reality of motherhood in the context of their marginalization and oppression.

Data analysis

For this project I used the retrospective data from the original attachment project. I wanted to investigate how the mothers discussed motherhood generally and more specifically: how they identified as mothers, and how they identified good mothering practices. I was interested in the manner in which they discussed these issues and how they were discussing them in their particular social and political contexts. I transcribed and then reviewed the completed transcriptions, listening again for how the mothers were talking about the mothering they received as children and the mothering they produced. I then entered the data into a data management computer program. Again I reread the text paying attention to what the mothers were saying *and* what they were doing when they spoke. I selected quotations which stood out for me as having some relevance to my general research question: “How do mothers in recovery from drug abuse and addiction discuss motherhood?” This general research question served as a filter for lifting out

certain portions of the mothers' speech to be analyzed. Because the mothers did not always speak about the mothering they provided and received, the only passages selected were those which directly or indirectly related to my general research question.

Stephanie Taylor (1997) called such selected passages "selection specimens" (p.24). She further described this act of selecting "specimens" as a decision making process. She stated "Discourse analysis is not a neutral, technical form of processing but always involves theoretical backgrounding and decision-making" (p. 24). For my theoretical backgrounding and decision-making process I used Austin's (1962, 1965) theories concerning language categories as the theoretical and organizational frame for the data. Feminist theory (Chodorow, 1978; Donovan, 2004; Fonow & Cook, 1991; Giminez, 1998; Rothman, 1989) provided the theoretical lens.

Upon selection of the data, I used the methodological approaches outlined by Potter, Taylor, and Wetherell (Potter, 1997; Potter & Wetherell, 2001; Taylor, 1997; Wetherell, Taylor & Yates, 2001), as the procedural starting points for my analysis. My approach diverged from the discursive analytic approach specifically due to the large amount of text. The support for the deviation from an exact method, the method of Discourse Analysis in Social Psychology (DASP) was that discourse analysis can be described as "a field of research rather than a particular practice" (Wetherell, Taylor & Yates, 2001, p.5). I based my approach mainly on the work of Taylor (1997) who ascribed to the theory that the analysis of text involves more than just discovering patterns in what is talked about; it includes the ways in which language constitutes a particular social reality. Discourse is not passive in its function. It does different things depending on what the speaker is trying to achieve and how it is situated in a particular

context. The procedures outlined by Taylor are the ones most closely related to my procedures in the attention given to both the representative and constitutive functions of speech.

For Taylor (1997), the analysis begins with the first line of transcription. Listening to the mothers' voices was as important to the study as putting their words to paper. For this reason I made the decision to experience the transcription process firsthand instead of outsourcing the transcribing task. I subsequently transcribed nine hours of group conversations and then entered the text into a computer analysis program. I read and reread the text looking for passages which related to my original research question: "How do mothers in recovery from drug abuse and addiction discuss motherhood?" I highlighted those passages and entered them as selected quotations. I created memos for each quotation outlining the reasons for each selection. Once I obtained the quotations and the memos, I read both again and highlighted phrases for each quotation of interest due to my focus on the general topic of motherhood discourse. I then used those phrases to provide initial codes. See table 3 for a listing of the coded themes.

Writing up/Reporting/Generating. After I coded and created comparisons between and among code categories, I used the patterns discovered to generate discussion ideas, general conclusions and recommendations for further research concerning recovering mothers and motherhood. I attempted to make my reflections visible as *my* reflections locating those reflections in the context of the mothers' experience and my interpretation of the general societal discourse on the topic.

The codes presented are conceived only as a means to an end and not ends in themselves. Conceiving the data as ends in themselves could omit the multiple meanings of the mothers' experiences. To rely solely on a computer program for categorization, that is, to determine the form and content of the interpretive activity would fail to take into account important situational and context factors. As the researcher I am primarily concerned with inductive methods and take care not to present only the codable data in discussing the analysis results.

Alternative Justifications in Discourse Analysis:

Soundness, Trustworthiness and Reliability

The next question to be asked concerns the status of the analyst's findings: "What do we want to claim for our work" (Wetherell, 2001a, p. 385). The material of the transcribed discourse was examined, some analytic concepts were identified, and then employed in the hopes of finding some patterns and regularities. It was the goal of this researcher to generate plausible findings having logical coherence and grounding in previous research while simultaneously producing new perspectives and areas needed for further research.

Validity and trustworthiness

According to Denzin and Lincoln (2000), "Feminist qualitative researchers address or worry about validity, also known in more recent incarnations as 'trustworthiness' in different ways depending on how they frame their approaches" (p. 230). This research was conducted from a postpositivist vein: reality is not out there to be discovered but is a constructed phenomenon. As the researcher I used ways of achieving validity that were consistent with that underlying assumption and approach. Since it is

important in feminist research to stay close to the subjective voices of women, the women's actual words were used as illustrative examples (excerpts) to elucidate how the women were constructing a reality.

Reliability

It is hoped that this study can add to the efforts of other feminist researchers who have examined the phenomena of drug abusing mothers, so that alternatives to the punishment approach could emerge (Murphy & Rosenbaum, 1999; Young, 1994, Zerai & Banks, 2002). By starting with the words and phrases that the mothers actually used I stayed with the goal of remaining as close as possible to the mothers' voices. This was consistent with the goal of feminist research which aims to treat its female participants as subjects rather than objects.

The write-up made no authoritative claims and was not meant to be reductive in its approach. Instead it examined and included as many versions and interpretations as possible. While there was no way to ensure absolute authenticity it was hoped that by systematic selection of quotes, coding and identification of certain themes I provided some access to possible answers to the question of how the mothers talked about motherhood, their mothering practices and how they resisted or accepted certain societal constructions of themselves as mothers in recovery from drug abuse.

CHAPTER 5: ANALYSIS

This chapter reports the analysis findings of the naturally occurring speech of mothers in recovery from their drug abuse and dependence. Seven mothers discussing the subject of mothers and children provided the retrospective data. The seven group participants were given the code names of G1, G2, G3, G4, G5, G6, and G7 in order to identify which mother was speaking. The Mothers' Group was facilitated by a male psychologist who was a member of the study team (L1) and a female family therapist employed full-time by the facility (L2). Both of the leaders were Caucasian and middle class as is the author of this study. This is theorized as an important consideration concerning how the mothers' discourse was received and discussed. Despite the decision to use a *macro-analysis* instead of a *micro-analysis*, I included two symbols throughout the selected quotations:

- (1) ... indicating pauses in the selected excerpts of the transcribed text.
- (2) *italics* indicating words emphasized by the speaker.

Data

The data under analysis in this study were collected during six group sessions held in June and July, 2002. The group sessions took place subsequent to the administration of the Adult Attachment Interview (AAI). Upon completion of the interviews, researchers designed the group as a clinical intervention for the purpose of providing a format for discussing both the group participants' attachments to their own mothers and to their children. As previously stated, instead of an interview design, a method in which the mothers would be directed to answer predetermined questions, the

leaders simply posed opening statements concerning the purpose of the group or to offer a starting point for the discussion. There was very little direction by the group leaders so that the group could determine its own process and content for discussion. The result was that the conversations flowed relatively freely and naturally. The themes then emerged through an analysis of the transcriptions of these conversations.

The discourse theory of Austin (1962, 1965) provided the discursive theoretical foundation for this study as a means for organizing the data. This theory focused on speech as action. It was not only *what* the mothers were saying that was the subject of analysis (content) but also what they were *doing* with their speech, that is, the performance or action aspect. Austin's theory (1962, 1965) moves our thinking further in that it also focused on what happens as a result of the particular speech act, that is, its influence on the hearers. These components of speech were identified by Austin (1962), as the locutionary (content), illocutionary (action) and the perlocutionary (effect). Due to the fact that each of these three components of speech shape and constitute the other, the locutionary, illocutionary and the perlocutionary could be considered together. For the sake of clarity, however, the results are reported in separate sections.

The overall research question provided the filter with which to more effectively manage the data. This method involved sifting through the large amount of text and highlighting those portions directly related to my study. The analysis then consisted of examining the selections for themes and patterns. Originally 13 themes emerged from the highlighted data. Only four of those were seen to relate to the overall aim of the study. These are two *content* themes: identity and connection and two *action* themes: resistance and acceptance. *Effect* is analyzed as a category not related to the research questions but

is the third component described in Austin's theoretical framework which helped to organize my data. The subcategories of the *effect* category are reported here as guidance, consolation, emotional resonance and ignition. The discourse also revealed that the mothers were embedded in a world of chaos and violence. As this issue permeated a majority of the mothers' discussions, it is discussed along with the other context issues. The specific questions which emerged from the overall aim of the study and the initial reading of the transcribed text along with their coded themes and theme definitions are as follows: (See Table 3 for further listing and the findings.)

- How do mothers, recovering from drug abuse and dependence, represent themselves and good mothering practices?

Coded Content Theme: Identity

Theme Definition: *What* the mothers identified as a good mother

and good mothering practice.

- How do mothers represent their connections with children both under and outside of their direct care?

Coded Content Theme: Connections

Theme Definition: What the mothers discussed concerning the

bonds with both their mothers and their children.

- How does the mothers' discourse of their mothering experiences resist or accept the prevailing views of them as deviant?

Coded Action Theme One: Resistance

Theme Definition: *How* the mothers resisted views of them or utilized face-saving moves concerning the mothering they both received and the produced.

Coded Action Theme Two: Acceptance

Theme Definition: *How* the mothers accepted or internalized the views others held of them as bad mothers.

This chapter presents exemplars around each function of speech and will conclude with an analysis of the themes. Locutionary, illocutionary and perlocutionary are replaced with content (locutionary), action (illocutionary), and effect (perlocutionary) in order to employ commonly used language. The following chapter will discuss the meaning of this analysis in the context of the larger literature.

Content Component

What the mothers were saying, the content component, was analyzed in this first section. The content of the mothers' speech was broken down into two themes related to the research questions: (1) identity and (2) connection. Another theme, violence, permeated the mothers' discourse. As such it is worthy of mention though not included in the three research questions. The following themes related to the research questions emerged from the data.

Identity

This theme was used to identify what a good mother is. The mothers often referred to their idea of a mother as one who is "there" for you. This defined both what a mother is and what a mother does. This reference was used consistently when

representing the mothering they received and produced. The following exemplars illustrate this.

Exemplar A There When I Needed Her

Transcript 2

G7 My mom *was there* ... like when I was really down she would be there. She really wasn't no enabler. She say "You know what you gotta' do. You need to just get out there and do it.

Exemplar B She Was Always There for Me

Transcript 1

G2 I go back at the age of 5 years old...and I know that my mom...I'm in a family of...my mother only had two children, two girls and I'm the oldest...and I really know that my mom...you know...*was always there for me*. I never needed nothin'. I always got my wants and needs...cause she said...I never want for anything...cause my mother came from a family of 14 children and... you know... she was like...the third child and when I was little we used to have *parties*, and my mom was always there to help set it up and this and that...she used to always put me and my sister in her arms...to do patches (inaudible)...to do pastry...and how she was always there for us...you know she was like...my best friend.

The women often discussed their own mothers with much love and affection, “She was my best friend”. Even though the thoughts seemed at times to be disconnected, this mother may have been referring to the mother who provided what she wanted and needed in spite of the scarcity her mother experienced in her childhood.

Another description of this theme is exemplified in the following:

Exemplar C My Mom Was There and Not There

Transcript 1

G4 My mom was never really...my mom *was there*... but she wasn't. She was always drunk or in the bars...and my dad, he would be there with my mom, stay there for a month, leave for a month...then be with this lady or that lady and uh...I can remember my mom always sending us out looking for food.

This excerpt followed the previous accounts of the mothers' own mothers being there for them. One mother saying she was there and not there pointed to the complexity of the mothering practices.

The following excerpt represents this mother's concern with "being there" for her own son:

Exemplar D Keeping It Consistent.

Transcript 2

G6 How can I be there for him if I am tryin' and callin' and makin' that connection... and then I am not keepin' it consistent?

This appeared to be related to the manner in which the speaker was identifying herself as a mother and her view of herself as a good or bad mother. This also related to the attribution of "being there" as what a good mother is and does. In this exemplar the mother who was speaking appeared to take responsibility for her part in what it takes to be the ideal of a good mother and how difficult that is.

The issue of how the women constituted their mothering identity in relation to the "ideal" mother surfaces again in the next exemplar:

Exemplar E Now I Am Supposed to Be a Mother

Transcript 2

G3 I want to say something and I'll make it real fast, too. My mom...my mom ...when she found out I was coming here she was like..."I'll take the kids"... you know what I mean...but all through my addiction she had the kids ... Now I'm kinda' regrettin' I didn't (inaudible) a kid...(laughs) ...it's real hard you

know but I'm workin' on it but uh... I didn't feel right you know...you know...especially now that I am supposed to be a mother...maybe I can try to be the mother of my kids for the rest of my life now. No more excuses...

As I converted this speech to text, what stood out for me was the change in inflection and emotion as the mother talked. This speech followed a general discussion about who took care of the children while the mothers were out on the street using drugs. G3 mentioned her situation somewhat casually at first but as she spoke her voice tone got more serious. This occurred as she spoke about her goal of being committed to her children “for the rest of my life now”. Then the talk turned from this casual reporting of what happened to her children while she was using to her commitment to getting sober for her children. Her tone changed very dramatically and may have represented the convergence of past, present and future: the past “I didn't feel right, you know”, with the present “especially now that I am supposed to be a mother” and the future, “maybe I can try to be the mother of my kids for the rest of my life now. No more excuses”.

Many of the mothers relate how they fall short of the ideal as a “good” mother. The next exemplar is the mother's realization that she may not have the right to return and claim her children after treatment.

Exemplar F I Have No Rights to my Children

Transcript 2

G4 I can't take my twins off their father...because in 1995...I had umm...just up and left. And left the twins with their dad and his mother...and like...I feel like I don't have the right...like I've been in their lives...I mean like ..on the week-ends...but I feel today I don't have no right to go there and say "Well these are my children, my babies..."

Group: Right!

G4 I didn't have nobody to dump my kids on...I was just sittin' here thinkin'...but once I did I had his mother...but on the weekends disappearin'...and I was with him...my ex...and just dumped my kids...like you know .I went to the store ...you know...didn't come home... left on Friday and don't come home till Tuesday.

At various times throughout the group conversations the mothers discussed very graphically what a mother is not. See the following:

Exemplar G I Was Not What a Mother Is To Be

Transcript 2

G6 I said, "I have to stop. It's time for me to grow up and be an adult and be a parent because I am going to be a mother again...K will

be two next month and I have a grandson...*Who really wants to say, "there's my mother or there's my grandmother" pointing to a broken down drunk. I mean, that's ridiculous...when I think about it ...it's really ridiculous.*

This mother used the word “ridiculous” when describing a mother or grandmother as a broken down drunk”. This was poignant in that she began with “I was not what a mother is supposed to be...” As I stood back and considered this particular speech act I was struck by this statement which conjured up a vision not merely what this mother does not want to *be*, but also what she does not want her child or her grandchild to *see*. When she stated “who wants to see a broken down drunk and say there’s my mother or grandmother” she was referring to an ideal mother as one who is not a broken down drunk. This could be interpreted as a move to take responsibility for her actions. Her speech may have pointed to her deepening commitment to sobriety.

Connections

The second major theme, categorized the connections the mothers had with their children both under and removed from their care. This addressed the second research question. It was the theme which has the most quotations associated with it and was a recurrent theme as the mothers talked about their relationships with their own mothers and the feelings they had about their children. The mothers whose children were in placement discussed their desire to remain connected to these particular children and often expressed much emotion over being separated from them. At times the women talked about how they felt differently about children who are in their care from those out

of their care. This was accompanied by emotion and shame about not feeling the same bond with all of their children. At other times the women discussed connections with their own mothers as well as those with their children. The next section deals with the connections with their own mothers.

The first two exemplars reported the power of the bonding experience even if the mother was only present for the first few years of the speaker's life. One poignant speech act was carried out by G6, a woman who lost her own mother when she was 6 years old. After recounting how she wanted to change her life and not drink anymore (alcohol is this mother's drug of choice) she began to cry softly about missing her mother.

Exemplar H I Missed Ever Knowing My Mother

Transcript 1

G6 (Crying) For me...uh...I need to say the (inaudible) every single day. I love my mother...I didn't share earlier that... that was part of this ...why I was feelin' that way today...anything I shared privately I can share today...because this has helped me out...nurturing that little girl inside of me because (emotional voice) to me ...I am a little girl (sobbing). I ...um...don't blame my mother because I know now how she died. It's ...I never got to know her.

Group member It's Ok.

She continued by talking about the memories of her time with her mother describing her mother as a "beautiful lady". She also recounted how she was raised not knowing her

father and how he never got to know her children. She then returned to the subject of her mother.

Exemplar I I Long for My Mother Every Time I Am Alone

Transcript I

G6 Sometimes you gonna be...we all gonna' be alone at some point in the course of a day...I think that um...this is what I...I say...(emotion in voice)...I would give my life...my life, to have just one day with my mom (voice quivering)...

This discourse revealed a longing for a deceased mother and the impact of the mother's death on the speaker.

Connection and bonding experiences with children were often reported with much ambivalence as is illustrated in the following exemplar:

Exemplar J I Don't Have the Bond with my Older Son

Transcript 2

G6 I don't have the feel...I love him but I don't have the feeling like I have for my youngest or my next youngest. Sometimes I say, (raises voice) "Is that wrong of me?" I mean like I love him but it's not like I would say "Let me do that, let me get him, but it's like I want to see him but it's like...I don't have any connection with him. I know he's my son and I love him but I don't have any connections with him...like...ok ...yesterday he

was supposed to come in for a family session. He wasn't able to make it...which...he has a job...my God....but I broke down in tears in the office when I found out...I broke down in tears... over that.

L2 Hmm.

G6 If someone was coming to get me right now I would go home...why don't I feel that way about him?

Here G6 was lamenting over the fact that her child did not come to a scheduled family session at the treatment center. She represented this as a lack of connection with him due to his being out of her care. Then there was a turn in her discourse when she talked about how she would “go home” if she had the opportunity. Does “going home” represent her deepest connection? Then she asked, “...why don't I feel that way about him”. Is she referring to her lack of connection with her son, comparing and contrasting that with the connection she has with “going home”? She may not have been viewing her son as part of what she experienced home to be. As I read this and decided to fill in the spaces between one account and the next seemingly unrelated account, I thought it plausible that G6's longing and deep emotional connection with her own mother was a context for her remorse over not feeling connected with her son.

Violence as a Context. There were many examples of intimate partner violence (IPV) at the hands of a boyfriend or husband. While the mothers themselves did not connect this to the descriptions of their mothering practices, violence was certainly a factor not only in their abuse of drugs but in the quality of their parenting. This next quote is an

example of the experience of IPV by one mother. Presented here is a reply and commentary on the prevailing question, “Why doesn’t the woman just leave?”

Exemplar K It’s Scary Laying Up With a Man Like That

Transcript 4

G2 You know on TV, you see women in abusive relationships and they always find a way of getting out of it. But it’s scary laying up with a man like that knowing what he is capable of doing and fathering kids...having kids by him is dangerous too because he can say he got his kids now. That can take him off his squid. He think “I might as well go crazy” If he goes to jail he might never see his kids again, so he might try to take ‘em.

Grp Member: That’s what you’re worried about ...uh huh...

G2 He knows he’s going to do time and umm... never see his kids again, so he might try to take ‘em... you see what I am saying. He might think “she going to have my kids but she ain’t going to do nothing but go out there and get high and then the system is going to have them”.

Some of the women talked about being held hostage by the violence. Exemplar L is taken from the fourth session, which was just one example of the many accounts of how violence is perpetrated on the mothers by their partners.

Exemplar L I Had No Way to Escape

Transcript 4

G4 I got shot when we were... I was only 16. and umm.. the guy who used to lock me up and uhh... we had an apartment on top of a store (inaudible) they were on the second and we were on the third. I got a scar right here...you know that glass...the real thick glass ...it got the lines and all through it and on the door it had the bars... and I used to try to break out...I couldn't get out and we were on the third floor...it was too high to jump. He used to lock me in from the outside...cause he was on the drink and wouldn't let me out. My mom was passed on and he took guardianship of me. He had came in or something... when I was trying to get out the roof or something...

L2 Were you married at this point?

G4 Yeah. You know those third floor apartments they had these stops between first second and third...I was just standin' there and he shot me and then he took me to the hospital... (inaudible) He kept saying it was an accident. He was so abusive... I mean ...he kicked the baby out of my stomach...stabbed me in three places...telling me that when my mom had died and that my mom came to him and said for him to take care of me...and I was so young and naïve ...I didn't know where I was going ... or what I was doin' when my mom died.

This speaker seemed to be a victim of extreme violence at the hands of her intimate partner. It is hard to know whether the baby kicked out of her stomach survived or if the baby was fathered by the man who abused her so violently.

The Action Component

The next section of this chapter focused on the action (locutionary) component that is, what a mother was doing with her speech. This represented the practical aspect of the discourse namely, what the discourse was achieving. This was described by Austin (1962) as the illocutionary aspect. Presented here are two themes: 1) *resisting* the dominant view held of her, or (2) *accepting* what others might think and say about her. This addresses the third research question concerning what the mothers were doing or achieving with their speech. How were they talking about their lives? At what points did they resist or challenge the dominant discourse about them? How were they acquiescing to others descriptions of them as mothers not taking care of their children or as women coming from dysfunctional families, a characterization of the nurturing they received?

Resisting or Challenging

Analyzed in this section is whether the women resisted or challenged the attributions of the larger society through various defensive face-saving acts. There were times when the mothers appeared to be defending against the usual characterizations of their own mothers, their families of origin, the parenting of their own children, and their drug using activities. This was analyzed as a face-saving move and appeared to be a survival strategy. The leaders of the group, the research team and the treatment program personnel were all mandated reporters of suspected child abuse. If the mothers revealed

abuse and neglect of their children, the child welfare system could move in and remove the children from their care. Of course this had already happened for many of their children. As a result, the mothers often stated that they made arrangements for their child's care while they were out using drugs. They often emphasized the difficulty in surviving economically which necessitated leaving their children with someone else.

In the following exemplar a mother tells of how she made sure that her children received care.

Exemplar M I Saw to It That My Kids Had Care

Transcript 2

G5 Some days I would have (inaudible)...watch my kids to see that my kids had some place to stay...and I didn't do that to her all the time...I just did that to her sometime...you got to pay your way some kind of way and you know I pay all the bills and all that and I say you gotta' watch my kids or somethin'...

There seemed to be shame about disappearing for a night. What then followed was a statement declaring the necessity of working so that this speaker could provide for her family – a possible face-saving act or an action to inform the group about her particular constraints.

The following mother resisted a characterization of her own mother as merely an addict. She defended her mother's action as an act of good mothering.

Exemplar N My Mom Did the Right Thing in Spite of Her Addiction

Transcript 1

G4 See my mom died when I was 15 of lung cancer and she was like...I (was) aware that she had an addiction...that she was an alcoholic but she did the best she could raising two kids...you know..."

Here G4 seemed to use her speech to defend against any indictments of her mother. Instead she discussed the obstacles and how her mother somehow managed to "do the best she could". This was another example of how the mothers resisted a dominant view that alcoholic (or other drug addicted) mothers completely abandon their children.

Mothers who abuse drugs are viewed as coming from a neglectful and abusive family. The speech which follows counteracted this stereotype.

Exemplar O My Mom Was a Traditional Mother

Transcript 5

G3 My mother used to sew...Mom used to clothe ...we be bad but my mom used to make almost like all our (clothes)...the same thing but with different colors and stuff and I remember the dress she sewed for me for fifth grade graduation...it was a pink dress that came out... (possibly pointing where the bottom of a dress would be).

This excerpt took place when the women shared good memories of their childhood. Here G3 seemed to be resisting any characterization of her mom as unwilling or unable to care for her children. Sewing for your children fit the traditional concept of the “good mother” thus served the purpose of resisting the stereotype that mothers who use drugs come from homes where there is little nurturing or warmth.

The next excerpts are examples of the mothers’ resistance of only one way that a mother bonds or connects with her children. At times the mothers challenged the idea that a requirement for motherhood is a consistent presence in the child’s life. The following exemplar illustrates a mother’s belief that the bonds formed at birth are permanent and can be reestablished once she and her child are together:

Exemplar P I Do Have a Bond with My Children

Transcript 2

G2 but we still have a bond once we be around each other...you know what I mean...it’s like a mother-child. It’s automatic...whether you been around them or not...it’s automatic to have a bond with your child whether you been around them ...

This mothers’ speech followed a discourse where another mother refuted the idea that the only way to claim the title of “Mother” was to be consistently present in your child’s life. This previous speaker stated that the mere fact of giving birth is an automatic entitlement to call oneself a mother. This, she stated, is what ultimately establishes that mother-child bond.

The pejorative label of “crack mother” was resisted in Transcript 2. G3 minimized her addiction to drugs and denied that she neglected or abandoned her children. For her, crack use was the line one crossed which signified that a mother was being completely irresponsible. She defended against a portrayal as a crack-using mom as follows:

Exemplar Q My Addiction Wasn't That Bad

Transcript 2

- G3 Listen when that urge hits you...I thank God ... I still thank God that my urge was never that bad...my sister had it like that ...I take my children and start grabbin' their coats...I NEVER ...my mother said she wasn't watchin' 'em...you know what I mean and I had money to go get high and I swear I would do something else.
- G7 But you had that other issue – the weed...
- G3 I did have the urge to go get crack...you see like...I would get high but it was nothing like...you had to go...you know what I mean...so it was like...well I can't go out...so I can't get high...I might as well get a bag of weed and just sit there and watch TV...you know what I mean...

This is an interesting quote and one of the few times that one group member actually held another mother accountable. When G3 used the phrase “something else” the reader gets the idea that she refrained from any drug use at that time.G7 then reminds her that she did

do “weed”. What the first speaker (G3) was doing was minimizing her use of “weed” as if it did not count as a drug. She was at least making a distinction between “weed” and “crack” in order to possibly resist the pejorative label of a “crack” user.

Exemplar R I Ain't Gonna Sign No Paper Givin' My Child Up

G4 ...and see I am thinking about my oldest son, L, cause my son he don't live too far from me but L, he got a nasty attitude (inaudible)...well I was like...my son is older, he is 16...I can't say to him to help nobody...they like...don't say nothin' to the kids or we are going to stop the visits...you know ...we're gonna...if I was to say something to J, they're gonna pull him from the visits...and when I go back to court, July 8 and this didn't happen they still gonna pull him outta' the visits...and the first thing my kids...be like “Mom, where's J? Why he ain't comin to the visits? And then I am going to have to tell them...you know ...I ain't gonna lie to 'em...That's why I ain't gonna' set myself up to signin' no paper...to give them up like that...they are gonna' have to take 'em from me if they want 'em...they gonna have to take em...cause I ain't gonna sign them over like that ...cause if I ...my oldest son... he might have a fit...He probably be mad at me for the rest of his life.

G4 was talking about her position as a mother who had to fight for her kids. She saw herself as helpless in a system where it seemed inevitable that her children would be removed from her care. She stated that she will not sign them over in any case. The purpose of this speech act may have been to resist the notion that the women give their children up so easily. The mothers all seemed to have a huge stake in being viewed as good mothers as their children could be taken from them if they are viewed as abusive or neglectful.

Accepting. There were times when the mothers accepted the dominant discourse that there is one way to be a mother. The idea was put forth that a traditional mother is best or that there is only one way to mother. There were also times when the mothers questioned whether they are connected or bonded to their children. There were also times when they accepted violence as a part of their lives. The following excerpts show how the mothers accepted identities portrayed by a larger culture. They offered complex accounts, at times asserting a normal childhood and at other times recounting occasions of chaos and violence. The following are examples that would be in agreement with those identities.

Exemplar S My Family Was Dysfunctional

Transcript 1

G3 That's why confusion started in my life as far as in the household. Everything else...everything was fine up until ... the mess with my mother... and my stepfather... about the time actually up until the

time my stepfather moved in...so that's when like the...fightin' started.

L2 Who was fighting?

G3 My mother and father...At that age ...up until...God!...I was 16 or 17...you know but like...it was dysfunctional.

L2 Dysfunctional?

G3 You know. It was like....now that I sit and think about it now it was dysfunctional but then I didn't find it to be too awkward you know....cause we would do like...you know... because we would do like...you said you would go to Atlantic City ...see we would go like...to Atlantic City almost every weekend if there was a reason for us.

It seems likely that the term dysfunctional was introduced to the women through their treatment program. In this exemplar G3 was giving an example of her acceptance of the characterization of her family as dysfunctional, thus accepting the prevailing notion that mothers on drugs come from dysfunctional families of origin where there was little to not time spent as a family.

One mother in her speech was acquiescing to the demands and control of the child protective systems.

Exemplar T I Feel Good With DHS in my Life

Transcript 3

G5 I left for four days and they snatched my kids up...I'm so glad. I feel good with DHS in my life cause they help me with my kids...cause my kids got some issues...My oldest son he is sixteen he has got some serious issues...and my daughter...they got her in the slow class with a bunch of boys and they are wondering why she is actin' out...she in a slow class with boys. I had to braid her hair when I go visit her ...

What was G5 doing here? Was she saying this about the child welfare establishment in order to look good in the eyes of the leaders? Was she sincere in appreciating the help she receives from the DHS (Department of Human Services) worker? These questions were not answered but needed to be raised. This followed her act of reporting her life as chaotic, crazy and out of control. She was emphasizing that she never wants it to be like that again.

The mothers often took responsibility for their actions in their group conversations as seen in the following:

Exemplar U My Kids Are Better Off in a Loving Family

Transcript 2

G2 ...I came to a point to say...I did this to myself...I came to the point that I had to accept...the things...I did...you know...and I

had come to a point that my children are safe ...that they now have a...have a lovin' family...that care so much about 'em...cause I didn't care about 'em...because of my addiction...my addiction overtook me...they come last...it came first...

This mother, who had talked very little in the six sessions, was accepting responsibility for her actions. She was also acting to assert the rarely accepted idea: that good mothers can leave their children, especially when they have made sure they are going to be well cared for by a “loving family”.

The Effect Component

The locutionary aspect elucidated the content of the speech and the illocutionary aspect illumined the function or action component, the perlocutionary aspect, relating to what happens next is discussed here. This concerns the effect of the speech on those who might be hearing it. For the purpose of this analysis I have conceptualized this aspect according the following themes. These categorical themes are the following: (1) guidance, (2) consolation, (3) emotional resonation, and (4) ignition. Each will be described along with their exemplars or references to previously mentioned exemplars.

Guidance

This theme referred to the times when the effect of the speech was one where one speaker offers another speaker direction or something else to think about. In this example, what happened next was that the group facilitator responded as if the speaker was venturing into dangerous territory. She guided the speaker away from discussing her drug using activities. These stories are known in Alcoholics Anonymous as “drunkalogs”.

This group facilitator may have been impacted by the speaker's description of drug actions and concerned that such descriptions may be a trigger for drug cravings.

Exemplar V Descriptions of Drug Effects and Potential for Triggering Cravings

Transcript 6

- G3 You talk about a minefield...Angel dust will get you...you know weed is like...ok yeh, yeh...Dust is like...I mean it took me an hour...it felt like anyway ...to walk from my house ...to the corner of my block... we live in a little block...it was every time I (inaudible -laughter) I turned around...there was a stop sign (talking about an hallucination?) I started to run... and say "Mom, Mom!... I told my mother...I remember that...(I) say...don't talk so hard...I turned around and those stop signs...(much laughter as she tells this) (inaudible).
- G5 One time I was walkin' up steps that wasn't there (laughs)
 ...(Chaos and talking at once now.)
- L2 Let's not start that...our drug use.. cause we all know where it is.

This could also be viewed as an example where one group member's speech ignited the other group member's to talk at once. That was what happened. The facilitator's concerns were warranted as G-5's speech stirred memories of the drug use and there was a considerable response to the topic by the other group members.

Consolation

There were times when group members consoled one another. This appeared in the next exemplar. G6 begins by talking about her mother's death and seemed to be one of the strongest displays of emotion by a group member throughout the six group sessions.

Exemplar W "It's Ok."

Transcript 1

G6 (Crying) For me...uh...I need to say the (inaudible) every single day. I love my mother.. I didn't share earlier that that was part of this why I was feelin' that way today...anything I shared privately I can share today...because this has helped me out... nurturing that little girl inside of me because (emotional) to me...I am a little girl. (sobbing) I um don't blame my mother because I know now how that she died. It's ...I never got to know her.

Group Member It's ok.

When this member, G6, sobbed in talking about loving and missing her mother. Another group member moved to console her. There are other times such as when one mother was discussing her situation with a child in placement and started to cry. Another group member acted quickly to console her.

Emotional Resonation

An effect related to consolation is emotional resonance. This occurred when a lot of emotion was displayed. In the first transcript one woman (G6) spoke about how things might have been different if her mother were still alive. It is obvious that the group was impacted emotionally by G6's speech utterance. Here the group resonated with G6 in terms of the emotion she displayed. This was expressed by G4 when she stated that she thought she could speak for everyone who could feel G6's pain: "...it affected us all". There were times when there was silence in the group which lasted for 10-15 seconds. Although it was rare, what followed was another group member being affected and checking in with the emotional speaker to see if she was alright.

Ignition

The fourth session was full of stories about anger and violence and the result of one story was that it seemed to kindle more stories. It awakened the memories of other group members and moved them to recollect stories of the violence they witnessed or in which they participated. The pitch of this speaker's voice seemed to get higher and higher as she talked about particular violent episodes as in the following:

Exemplar X There Were Many Times I Was Involved with Guns

Transcript 4

G2 One time when I shot off ..um...gun ...with my dad...he was reloadin' the gun and the gun went off and it hit the ground and (inaudible) my leg...so I got it twice...it ricocheted and it hit two people so by the time it did hit me...it hit my mom...like grazed

past my mom and hit me in my leg...There was just something about guns...I used to go out to the shooting range...and stuff like that...It's just something about 'em...GUNS...you know...like the power behind a gun...you know what I mean...don't ever experiment...it's just chilling...the power behind a gun...it's a problem...it's real dangerous for people to have guns and stuff like...you...whatever... I've seen what people get out of that ...It's like a feeling that you get...that you got to follow...you know ...it's like a real strong feeling that you get when you have a gun in your hand...when you shoot off a gun.

People talking at once (inaudible for next 45 seconds -laughter)

- L1 I've got a thought about that. I wonder where it is with guns and drugs. Guns are like the ultimate power...and drugs...I am not sure if this is...(I'll) try...but drugs are like...nothing bad can happen to you...like you are either all powerful or you are either vulnerable.
- G3 You know when you talk about guns and drugs together there is a power that you feel because like... I didn't realize really until I was into it...it all depends on the way you look at it...you can see that...I used to smoke weed...and the reason I used to smoke marijuana because the arguments, the fightin' in the house were unmanageable...because like I said...if I wasn't high I'd be cryin' (Sounds like she breaks down here.)

This excerpt illustrates the influence of violence in the life of the speaker and followed many accounts of anger, stabbings and shootings. The result is that the other group members talked rather excitedly about their experiences. The group facilitator moved to make this interpretation: guns and drugs are power and that both guns drugs have the potential to counteract any feeling of vulnerability. The effect of this statement on one of the group members illustrated how she connected with his interpretation. She alluded to her use of drugs as the only way to escape.

Analysis Summary

The endpoints in this analysis are summarized in Table 3 and Table 4. Using the research questions as reference points, an analysis of content resulted in the emergence of four themes: (1) Identity and (2) Connection, 3) Resisting, and 4) Accepting. While the third component in Austin's (1962) linguistic theory is the effect on the listeners, this did not emerge as a theme but defined and shaped the other two categories of content and action. The content (locutionary) themes of identity and connection emerged as subjects of the mothers' conversation when discussing motherhood. These were related to the more specific research questions concerning what the mothers identified as good mothering practices and the references concerning their own mothering.

Identity

The first research question served as a filter sorting out the content which pertained to motherhood and good mothering practice. In interviewing the material I asked, "What did the mothers reference as a good mother?" Using specific exemplars I reported phrases and clauses, such as "being there", "my mother was there for me", and

“I want to be there for my children now”. As one speaker after another joined this discussion there was a pattern; the group appeared to agree on the concept that a good mother is one who “is there” for you. Whether this implied that a good mother is one who is physically present or emotionally available and supportive, it is obvious to this observer that “being there” was referenced as a minimum requirement for good mothering practice.

Connection

The second major theme concerned the connection the mothers had with their children both under and outside of their direct care. The mothers whose children were in placement discussed their desire to remain connected to these particular children and often expressed concern over the separation from them. At times the women talked about how they felt differently about children under their care from those placed in foster or kinship care. This was accompanied by emotion and shame about not feeling the same bond or connection with all of their children. At other times the women discussed their relationships with their mothers and how that was connected to the relationships with their children.

What the mothers were discussing was one aspect of their discourse. *How* they were discussing their subjects and the possible function of each speech act is reported here as well, the action component of the mothers’ discourse.

Resisting or Challenging

The second component focused on the practical function of the discourse namely, what the discourse might be achieving (the illocutionary aspect). As each mother spoke, she was doing something with her speech. I focused not merely on what the speaker was

doing but what she was doing in a society in which mothers who use and abuse drugs are viewed as pariahs and outcasts. The mothers often resisted the characterization that they were somehow totally neglectful of their mothering responsibilities. They also resisted the widespread belief that all drug abusing mothers come from dysfunctional home environments.

Accepting

There were instances where the mothers accepted the idea that being on drugs meant that one was unworthy of being called “Mother” or should have their children placed with relatives or otherwise removed from their care.

It was often difficult to discern what the mothers were saying and doing as they spoke. For this reason, Austin’s (1962) third categorization of speech is described here as useful. Speech, when it is heard, has an effect. This effect can inform us about what the speaker may be accomplishing or at least attempting to accomplish (doing) with her speech. An analysis and coding in terms of categories of the content and action functions of speech would not be fully understood without examining the impact of the speech, its effect.

Analysis of data does not take place in a vacuum. This analysis took place in a specific context which included the microlevel of the treatment community and the macrolevel of society and its gendered power relations. The following chapter discusses the findings as well as their implications using a feminist theoretical perspective.

CHAPTER 6: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

This study examined the discourse of mothers in treatment for drug abuse as they discussed motherhood. Austin's (1962, 1965) theory, the theory which viewed language as composed of three important aspects or components, provided the organizational framework for the study. These components were named by Austin as the locutionary aspect (what is talked about), the illocutionary aspect (what the speech is doing or what reality it is constructing) and the perlocutionary aspect (the effect of the speech on its hearers).

As previously stated, my choice of feminist theory with its goal of emancipation, reflected my bias that mothers in recovery are the ones who deserve to define *themselves* as good or bad mothers in a world that views them as deviant. This bias served as the foundational lens for my research endeavor which was to increase awareness that any public or private discourse concerning the topic of motherhood takes place in a patriarchal society. The use of the theoretical lens of feminist theory influenced the privileging of one statement concerning the mothers in my study over another. As I privileged certain statements I deemed that the mothers in my study deserved extra consideration due to their marginalized social locations. This stance may have resulted in efforts to exonerate drug abusing mothers instead of holding them accountable for the effects of their drug abuse on their children.

This study did not begin with a social problem as would have occurred in a Critical Discourse Analysis but began with an inquiry concerning a particular area of interest to the researcher, namely, the institutionalization and idealization of motherhood.

I decided to examine the discourse of mothers in treatment for their substance abuse and dependence to ascertain how they were constructing motherhood as they talked about their experiences with their own mothers and with their children.

As I discuss the specific findings, offer reasonable conclusions and recommend areas for future study I am aware that no study is exhaustive in its scope. My intent here is to remain true to the aims and goals of feminist research by locating myself in the discussion of the analysis, the analysis findings and directions for future research.

The Process of Analysis

I began with an interest in the subject of mothers and drug abuse. I noticed gaps in the current literature concerning the state of the art treatment approaches for mothers and their children in drug abuse treatment. There seemed to be an omission of social location. Treatment approaches failed to consider the fact that the persons for whom the treatment was designed were not only women but women who were mothers. This resulted in my examination of other literature which supported the notion that motherhood, as it has been constructed socially, has become so institutionalized and embedded in our psyche that we simply assume that mothers who deviate from the societal norms are bad mothers (Chase & Rogers, 2001; Choderow, 1978; DiQuinzio, 1999; hooks, 1981; Rothman, 1989). I then developed a hypothesis that these two areas of study were related and proceeded with an analytic method which I believed would further an understanding of how the discourse of the mothers in the “Mothers Group”, as well as the discourse about them, constructed a reality of motherhood. It was my hope that this would yield important information impacting treatment decisions for this population. I centered on the particular social context that influenced how the mothers constructed a particular reality of their

mother identity and mothering practices. I began my study with the theoretical understanding that these women existed in a world where gender was not neutral.

As I listened I reflected on my own life experiences and how I tried to live up to the expectations of me as a mother. I endeavored to hear the mothers' voices in terms of what the mothers were saying and how they were saying it. I wondered what each speaker was attempting to communicate to the other group members, including the group facilitators. As I listened a second time I was struck by the emotion often exhibited as the mothers discussed their many losses. The losses involved either their mothers or their children. I also heard how they were trying to live up to an ideal of what a mother was supposed to be. I was noticing a pattern. Instead of discussing their drug abusing lifestyle or even the attachments to their own mothers, they appeared to focus on themselves as mothers with children. Even though prompts in the beginning encouraged talk about their memories of their childhood, the conversation shifted to the topic of mothering their children. As I listened further I felt connected to the women in my study in terms of how mothering and a mothering identity could be both challenging and complex. As the discussions progressed I also attempted to consider the differences. The women in my study were denied many privileges that I took for granted. They did not live in safe neighborhoods or have access to the same opportunities. Their lives were replete with violence and neglect. I viewed this as related to their marginalized locations having to do with demographic variables such as race, gender and class. I was taken aback, however, by the fervor with which they told of the violence in their lives. They appeared to be emotionally disconnected from the content of their narratives. At times their discourse took on a competitive turn with each mother trying to tell a bigger and more violent story.

This conflicted with the bias I held at the beginning of the study that the mothers were passive recipients of the societal views and treatment of them as drug abusing mothers. I now had to consider that though their choices were limited, they were not solely victims of their circumstances.

In order to further a discussion of this topic and examine the outcomes of the analysis I revisit the original questions which I formulated to direct my study. I will then discuss the findings using the organizational framework of Austin's three aspects/components of discourse in order to further manage the data. I will then locate the findings in the context of the mothers' lives using a feminist theoretical lens.

Research Questions

The research questions are derived from the overall aim of the study which was to examine the discourse of seven mothers who were residing with their children in an addiction treatment facility in order to discover how they were talking about motherhood. From this overall aim of the study and the preliminary reading of the transcribed text three questions emerged as follows:

How did mothers, recovering from drug abuse and dependence, represent themselves and good mothering practices? (Identity)

How did mothers represent their connections with children both under and outside of their direct care? (Connection)

How did the mothers' discourse of their mothering experiences resist or accept the prevailing view of them as deviant? (Resisting and Accepting)

Austin's (1962) categories provide the underlying methodological framework for formulating these questions and directing the analysis. As the researcher I wanted to find

out how the mothers represented themselves and good mothering practices. Included in this inquiry was the question of how the mothers discussed their connections with their children, who were presently under their care as well as those placed with relatives or in foster care. What the mothers were doing with their speech was as important as what the mothers were representing. I based my conclusions not only on the mothers' discourse but the way in which the discourse was received by the other group members. By looking at the speech which followed the discourse, I could make inferences about the content and function of the speech which preceded it.

The underlying premise of feminist qualitative research is that research needs to be conducted so that it is *by and for* women, not carried out *on* women or being *about* women (Fonow & Cook, 1991). By going back and reading and rereading the transcripts I tried to consider what the mothers were doing and saying with their speech. I hoped to achieve the above by remaining close to the mothers' voices. The challenge was to find a way to speculate and discuss what was happening without violating or intruding upon the mothers' reality. My objective was to let the data speak for itself. What follows are closing statements that relate to my research questions and analysis findings. This explication is organized using the categories of content, action and effect.

Components of the Mothers' Discourse

Austin (1962) was a philosopher of language who theorized that speech can serve many purposes. He discussed these as aspects or components of speech (See Table 2). These components of speech as they related to the mothers discursive acts are discussed separately here.

Content (Locutionary Aspect)

The content themes of *identity* and *bonding/connection* were woven throughout the six sessions of the Mothers' Group. These content themes appeared to pertain to *what* the women talked about relative to their identity as mothers, that is, what a mother should be and how the women related to that identity. This is further delineated in the following paragraphs.

Identity. The first content theme refers to identity construction and reconstruction.

The mothers often named what a good mother is and what she does. It was important that others saw them as good mothers. The definition of a good mother was one who is not only there for her children in the physical sense but also feels an emotional connection with her children whether or not they were physically with her or in placement. One mother spoke of the ability to be physically present for her children as a strong motivator to remain sober. This identity transformation was discussed by Baker (2000):

...despite the rather extensive literature on identity transformation and the growing interest in gender-sensitive substance-abuse treatment, little attention has been paid to toward the identity transformation of women in substance abuse treatment (p.867).

This study by Baker and Carson (2000), which was discussed more fully in the literature review chapter, concluded that, through the narratives of their addiction and recovery, the women were able to form new identities as part of the social reconstruction process. This relates to the speech acts of the mothers in my study in that, through the support of the other group members, various speakers were able to examine their identities as mothers.

They seemed to clarify for themselves how they related to good mothering whether talking about the mothering they received or the mothering they provided for their children. When referencing the mothering they received, the mothers often described mothers who were there but then weren't there for them. These inconsistencies may demonstrate a "both-and" description instead of the usual binary descriptions of good and bad mothering. Mothers can be there and not there. The mothers, surprisingly, had memories of good times in their families in general and with their mothers in particular.

The discussions of mothering contained complex references. Some women recalled memories of a childhood where they were nurtured and cared for by their mothers. There were specific memories of traditional mothering. For example, one group member recalled how her mother would cook and sew for her children. While there were descriptions of childhoods filled with memories of happy times, there would often be an abrupt and dramatic turn to talk of turmoil and violence. These discursive acts contained inconsistencies. These inconsistencies may point to their desire to become better as mothers in spite of their past. Important for treatment professionals is the revelation that a mother's desire to *be there* for her children is the main reason cited for her motivation to remain in treatment. (Abbott, 1994; Baker, 2000; Baker & Carson, 1997; Plasse, 2000; Wobie, Eyler, Conlon, Clarke, & Behnke, 1997).

The mothers' discourse was replete with shame as they referred to their activities with their own children. This accompanied reports that they would leave the house for days at a time in order to get and use drugs. The conversations were varied on this topic as they also spoke about their efforts to make sure there was someone *there* for their

children before they headed out to the street. This is another example of their descriptions of a mother as one “who is there for her children”.

Connections. The second content theme was the mothers’ connections to children under and outside of their direct care as well as the connections to their own mothers. This is hypothesized as inexorably linked to how the women identified as mothers. Three of the group members, whose mothers died when they were young, had fond memories and spoke about their mothers and their emotional connections as withstanding the test of time. One particular mother (G6) recalled her mother’s death with much expressed emotion: “For me...uh...I need to say the (inaudible) every single day... I love my mother... I...um...don’t blame my mother because I know now how that she died. It’s ...I never got to know her” (Exemplar H). One could hear that this mother crying as she stated how urgently she felt about her need to share this with the group. This is just one example of a finding which contradicts the beliefs of mental health treatment professionals who often state that mothers who abuse drugs generally have poor relationships with their own mothers (Camp & Finkelstein, 1997; Carten, 1996; McComish, Greenberg, Kent-Bryant et al., 1999).

Another example is a mother who felt she had not earned the right to call herself a mother, a possible internalization of the larger social view of her. This was in relation to a child who was being well cared for by her next of kin. While she longed for that child, she represented herself as not being entitled to any rights to the child. This was a topic around which the group seemed to coalesce. Other mothers spoke in order to reassure her. It would appear that the group members were not only comforting her but were also dealing with their own emotions and pain. One group member exclaimed, “You have that

connection cause they're your child ...you have that connection cause you are their parent" (Exemplar F). Does the mere fact of giving birth entitle one to be called "Mother"? The public discourse on this issue, whether it concerns a mother or a father, is an admonition that one needs to do more than give birth in order to be a parent (Bush-Baskett, 2000). On the other hand, Boszormenyi-Nagy and Spark (1984) pose that giving birth does earn one the right to be called "Mother" and is conceived by these authors to be an important contribution to the bonding process between mother and child.

Action (Illocutionary Aspect)

A focus of this study was on the action component of speech. The action component relates to discourse being speech *acts*. How the mothers were discussing their identities as mothers and the connections with their children (what the women are *doing* with their utterances) may produce a deeper understanding of their discourse. These utterances included the words and the manner in which the words are delivered, the timing of the delivery (what comes before and what comes after the delivery) and how the utterances are received. The women at times *resisted* (challenged) and at other times *accepted* prevailing attributions of them as mothers. This was in line with what has been discussed in the literature (Baker, 2000; Baker & Carlson, 1997; Eliason et al., 1995; Ettore, 2004; Goldberg, 1995; McVay et al., 2004). The following paragraphs delineate the actions of resisting and accepting.

Resisting or challenging. The mothers often resisted the dysfunctional family of origin attributions. It was a serendipitous finding that the mothers began with happy memories of childhood. They talked about their families who celebrated holidays and birthdays just like any "ordinary" family. The women could basically speak of quality

time with their family and a mother who was *there* for them. When that discourse turned into narratives about abandonment, chaos, and worst of all, violence, a question came to mind, “Why think in all or nothing terms about the mothers and their families of origin?” “Why not allow for the fact that the mothers lead very complex lives in which they speak of *both* good times and bad times?”

There was also strong evidence that the women needed to hold on to their mother as a “good mother” or at least one who did the best she could in spite of great obstacles and difficult circumstances. Boszormenyi-Nagy & Krasner (1986) discuss this as filial loyalty, a loyalty born of indebtedness to the one who has given you birth whether she raised you or not.

So what were the mothers’ discursive strategies here? What follows are only plausible speculations and questions. Could it be possible that the mothers were intentionally defying the usual descriptions of their family life in order to save face or to portray themselves in a better light? One must remember that the women have concerns related to their involvement with the criminal justice and child welfare systems. This makes them vulnerable to state intervention. Their face-saving efforts become life-saving efforts for both themselves and their children.

What were other motivations behind the mother’s need to save face thereby resisting society’s views of her? Was she aware that the public media castigates her as deviant and wishes to separate deviants from the mainstream as stated by Ettore (2004)? A partial answer may be found in the earlier literature that was reviewed for this study where, according to Chavkin, Breitbart, et al. (1998) and Young (1994), the move to separate “deviant” mothers from society (and from their children) is operationalized as

an effort to criminalize mothers on drugs. Criminalization of mothers on drugs may be the result of the prevailing ideology that views nurturing as the sole dominion of mothers rather than fathers. Cowdery and Knudson-Martin (2005), in their rendering of how gender inequality works, sought to flatten the existing hierarchy where matriarchy is micromanaged due to the patriarchal ideals of society. Even though mothering, as influenced by the larger society, was not their focus, they attributed the centrality of motherhood notions as synonymous with general parenting practices.

Sollinger (1994) also discussed the impact of race and class on mothers with babies born out of wedlock. The mother's fertility can be used as a weapon by those in authority to keep such females vulnerable and dependent. The mothers did not reflect on these issues in their group conversations possibly due to the fact that they were not directed to do so by the facilitators. The context of public opinion is an important component of this study. The mothers exist in a society that treats them as deviant (Banwell & Bammer, 2006; Bograd, 1990; Boyd, 2001; Bush-Baskette, 2000; Chavkin & Breitbart, 1997; Goldberg, 1995; Hall, Baldwin, & Prendergast, 2001; Hirsch, 1999; Jos et al., 2003; Mahan, 1996; Maher, 1992; Murphy & Rosenbaum, 1999; Suchman & Luthar, 2000; Zerai & Banks, 2002). This context has been discussed in the literature as impacting drug abusing mothers whether they discuss that impact or not.

The mothers resisted the identity of "bad mother". Again there were examples where the women in this study displayed both loyalty and love for their own mothers. By resisting the idea that their mothers totally abandoned or neglected them, the women challenged the white middle class patriarchal idea of what a good mother is and does. This challenge related to their descriptions of whatever mothering they received as being

sufficient. When one woman spoke of her mother sewing for and clothing her children even when they are bad (Exemplar O), it appears she was talking about the unconditional love that her mother displayed. This could be interpreted as their representations of the ideal mother. One has to wonder if the idealizations of their own mothers are related to the need to identify themselves as good mothers.

Some of the mothers actively defended against the widely held notion that one cannot be on drugs and take care of the children. In this way the discoveries in this study were in accord with the findings of Baker and Carson (1997). When these researchers studied the narratives of mothers in recovery from drug abuse, they discovered a complex picture of the women's lives, embroiled in contradictions about their mothering practices. Unlike my study these authors used a content analysis which omitted any references that the discursive strategies that the women used in their narratives about motherhood.

One mother resisted and confronted a particular discourse of another in terms of her denial that she was not using drugs and taking care of her children: "but you had that other issue - the weed..." (Exemplar Q). This speaks to the power of the social group as instrumental in the creation of a new identity different from a drug abusing mother identity employing the defense mechanisms of denial or minimization of drug use. This was viewed by Baker (2000) as a necessary component of successful recovery

At times the mothers were saving face in terms of caring for their children. Generally the mothers wanted to be seen as mothers who make sure their children are cared for or at least have some place to stay while they are out to looking for drugs. This may point to their resistance to the dominant characterization of them as mothers who completely abandon their children.

Discourse which seems to defend against the prevailing characterizations of them as “bad mothers” may be related to the fear of the children’s removal by a child welfare agency. One mother spoke about leaving her children behind as an economic necessity. She did not say, but one could gather from her discourse, that she needed money and that she may have resorted to drug dealing or prostitution or both. These were not mentioned directly but characterized as necessary for the economic wellbeing of her family. This behavior, often mentioned as an act of neglect, may have also been a way to protect her child by separating him from her drug abusing activities.

Most of the mothers had at least one child who was not in her care. In one case a mother felt sufficiently empowered to act on behalf of her child. This mother stated that there was no way she was going to sign a paper to give her children up permanently (Exemplar R). She was emphatic but also alluded to the fact that it might not always be under her control. I believe this mother was going to great lengths to convince the hearers of her love and care for her children thereby resisting the idea that mothers on drugs give up their children easily.

The interpretation of these examples may be skewed due to a propensity on my part to view the mother’s resisting statements as actual representations of reality. The actual reality might have been that, more often than not, she did place her children in harms way by choosing to use drugs instead of attending to her children’s safety and well-being.

Accepting. The mothers in this study often accepted the “bad mother” identity as it related to their drug use. There were instances where the mothers internalized prevalent notions that drunkenness (intoxication) and mothering do not go together. None is more

poignant than when one mother revealed that alcohol was her drug of choice. In her discourse she discussed the irreconcilable identities of a mother or a grandmother as a “broken down drunk” (Exemplar G). Her acceptance of this label may have served as a motivator to enter treatment and to participate in the parenting group. Hardesty and Black (1999) observed that motherhood provides “a lifeline through addiction and recovery” (p. 602). These researchers examined the motherhood of Puerto Rican addicts and found that it functions as a strategy for survival. They stated that the life of mothers who are addicts needs to be examined more carefully. An examination such as this might result in result in treatment designs giving mothers an opportunity to escape problem histories and to repair the damage to their children.

Another mother mentioned being grateful for DHS, the local child protective service agency, in her life (Exemplar T). I stood back and wondered: “ What could she have been doing with this discourse? Was she acquiescing to the demands and judgments made of her as a mother who has abused drugs as one who needs surveillance by the Department of Human Services? The other possibility is that she was truly grateful for the DHS worker who was collaborative and helpful.

One of the hardest issues in the steps to recovery is accepting a pejorative label. Admitting and labeling yourself as an alcoholic or drug addict is a basic requirement for Alcoholics/Narcotics Anonymous. Some simply go through the motions. Women with children, who experience how their children respond when they are well cared for, find a powerful motivation to remain sober. One mother’s discourse gave testimony to the need to take responsibility for one’s behavior in the past. Putting her children first was a prerequisite for getting and remaining sober.

An interesting example of acceptance was one where a mother acted to accept the facilitator's interpretation of the function of anger, violence and drug use. At first it appeared that the mothers were getting activated and enjoying the various accounts of violence. The conversation turned when the mothers responded favorably to the leader's interpretation; anger, guns and drugs represent power. The fact that the women resonated with this might indicate a need for power in a world that functions to take away their power. Just talking about their anger seemed to empower them. Talking about guns and knives seemed to increase their adrenaline flow. This appeared to replicate the subjective experience of their drug use.

At times it was difficult to ascertain what the mothers were doing with their discourse. It often raised more questions than answers. Examining how the discourse was received by the other women provided a clue. The next section delineates the effect component and the themes which describe the various identified effects of the discourse on the hearers.

Effect (Perlocutionary Aspect)

Austin's (1965) work "How to do things with words" emphasized the performative aspects of speech. He described performative as that which goes beyond content or meaning and emphasized that all utterances *do* something. Austin used the illustration of persons uttering their marriage vows. He stated that there are two requisites: First it must "...have been heard by someone" and second "it must have been understood by him as promising" (p. 22). Promising is interpreted to mean that it is taken seriously. So what are we to gain by examining what happens when various speeches are uttered? According to Austin our discourses have no meaning or impact until they are

heard and understood by the listener(s). In this study the category of effect was found to contain the subcategories of guidance, consolation, emotional resonance and ignition. These were defined in the analysis chapter (p. 50) as the impact and influence of speech on the listeners.

Guidance. The data in this research, the transcribed group conversation of the mothers, revealed a few examples of times when the group facilitators intervened to guide the discussions. We can only surmise that they intervened at points where a particular speech prompted a thought. This may have led to a hypothesis about what was going on in the group. At certain times they closed one topic and opened another. The decision they made to intervene at a certain point appeared to be impacted by the discourse which existed before they spoke. The effect on the group members was evidenced by what the group member did next. If the group member who was speaking complied with the redirection, it would point to an acceptance of the authority of the leaders.

At other times the mother would return to the previous topic. If it was particularly nonproductive or emotional, the facilitators would use their own speech to ground the speaker. To accomplish this they asked for factual information. Asking factual questions is a technique often used by interviewers to control the flow and content of the interview. The questions generated here are “Why did the facilitator decide to control the conversation at this time? What prompted this?” While these questions can only be answered by the facilitator who was speaking, it seems safe to assume that the speakers content and action had an effect on the group facilitator at that moment and provided the impetus for the facilitator’s next speech action.

One mother would often follow another mother's narrative with advice based on her own experience. This seemed to be a result of a mother's question. An example was when a mother asked about why she did not feel the same bond with all of her children. Another mother was upset that her son, age 16, was not showing up for sessions. In these instances, when a mother was questioning her competence as a mother, another mother would rush in and try to redirect or advise the mother based on her own experience.

Consolation, resonance and ignition. The impact that various discourses had on the group was most noticeable when group members chimed in with a similar story or comforted one another after emotional displays (*consolation*). Sometimes they would just murmur "um hmm" softly as if to resonate with the speaker (*emotional resonance*). At other times the thread of the conversation would remind them of similar threads in their own life story (*ignition*). A story by one group member often elicited other stories. What was interesting was how the women were more and more supportive as the group sessions progressed. Mothers would often provide consolation as discourse unfolded which revealed much shame and guilt. If the mothers provided consoling words, it could be conjectured that the speaker was experiencing a great deal of sadness. In the case in point the speaker was talking about missing her deceased mother on that particular day.

The group would get activated around particular topics such as experiences of violence. This would happen when the narrator was telling some fairly dramatic stories that resonated with the other group members. One story would set off or ignite another story from another mother. The women had influence on each other whether it was when they were guiding, consoling, emotionally resonance or igniting.

Context Factors

There were factors which provided the context for the mothers' lives and therefore often permeated the mothers discourse. The context factors described here are the contexts of gender, race, class and violence against women. These are vital to any feminist qualitative research study and are discussed separately.

Gender

Gender issues, while not overtly discussed formed a backdrop for the discussion of mothers and drug use. The literature on mothers who use drugs clearly stated that there is an additional stigma due to the mere fact of being women who are mothers with children (Abbott, 1994; Camp & Finkelstein, 1997; Carten, 1996; Eliason, Skinstad & Gerken, 1995; Finkelstein, 1994; Goldberg, 1995; Loneck, Garrett & Banks, 1997). One of the findings of this study is that this stigma appeared to be a factor in the mothers' discussions of themselves, particularly as the mothers attempted to save face and defend themselves as ones who arranged for their children's care when they were out using drugs. This stigma seemed to be embedded in how motherhood has been constructed historically and the power related practices that result.

A feminist theoretical lens provided the context for examining the mothers' discourse concerning the characteristics of good mothers and mothering practices. More recent literature deals with how women in recovery construct their identities as parents differently from men in recovery (Ettore, 2004). The ideology that evaluates *womanhood* in relation to *motherhood* was first promulgated in the 1920's and 1930's and has shaped our ways of thinking about motherhood. What remains dominant is the notion: "normal" women want children and those who reject motherhood reject femininity (Glenn, Chang

& Forcey, 1994). These societal expectations form the basis of the relationship between motherhood and womanhood which has become part of the dominant public discourse.

A noted feminist author, Barbara Katz Rothman (1994) discussed feminism in relation to women who become mothers. She agreed with equal pay for equal work and access to a world previously dominated by and for men but maintained that equality gets lost when women become mothers. If we add to this equation a woman's use and abuse of drugs, it is mothers who are mainly held accountable for the neglect of children due to their drug use. Drug-abusing women who are mothers are the most maligned by society and therefore need and deserve special consideration (Goldberg, 1995; Hirsch, 1999). During the 1980's and 1990's various treatment programs for women and children were started. During the current decade however, there seems to be a trend toward incarceration as part of the crackdown on drug abuse and crime (Sarr, 2004; Zerai & Banks, 2002).

These power related practices result from the expectation that it is mothers who should be there for their children. This makes it difficult for mothers with children such as the mothers in my study to get and stay sober due to the often contradictory demands placed on them. At the same time a mother is expected to "be there" for her children, she is also directed to put her sobriety first by attending meetings and staying away from people, places and things. These are said to be her relapse triggers. Do these triggers include her children? Programs for mothers and children sprung up due to the consideration that mothers have additional issues. Parenting is just one of those issues. Being vilified due to merely being a mother is another.

The other issue is that women are often turned on to drugs by an intimate partner and often suffer violence which may be a precursor to their drug use. The stories of the study participants who were abused by their partners were horrendous. A few mentioned going to the hospital. One woman talked about the baby being kicked out of her stomach. Gender and violence often intersect when women are seen as the sole nurturers of children and have to depend on a male partner for support.

Gender issues are only one context variable that is omitted when discussing barriers to treatment and recovery for women, specifically mothers on drugs. Issues pertaining to race, class and the discourse concerning race and class are marginalized as well.

Race and class

The intersection of race and class were powerful context factors for this study. While not the focus of the analysis and discussion, the marginalization according to their demographic status served as an additional barrier to recovery. Six of the seven women were African American while the other woman was Caucasian. The issues of gender and class interfaced with race as the women discussed their struggle to physically survive in their families of origin as well as the families they had created. One African American mother mentioned the cultural imperative that “what went on at her house should stay at her house”. This speaks to the distrust of the dominant group, a category in which she may have placed the group leaders and other persons in authority at the facility. Another woman was very forthcoming in admitting how hard the sessions were for her as she stated: “I can speak for black people...they grow up with keeping their business in their house.” Many families in which there is substance abuse and violence are closed systems.

This means there are strong controls around which information gets in or gets out. It seems that this could be exacerbated by the understandable distrust of the powerful and privileged group by those who have been marginalized.

The work of mothering in the population of this study often conflicted with daily struggles to put food on the table and a roof over their child's head. Unfortunately a majority of programs have only recently developed treatment models for the non-white families who enjoy a lesser degree of economic security (Baker, 1999). The lone white woman in the group enjoyed the privilege of being able to visit a more affluent uncle with a swimming pool and remembering some of the happy times there.

The persons, who administered the Adult Attachment Interview which preceded the group proceedings and which formed the basis for establishing a group, were Caucasian, Jewish and middle class even though attempts were made to recruit research assistants of color. This entails a reflexive position for approaching the data. The researcher(s) are part of that which is researched. This reflexive position is one which informs how a researcher arrives at certain conclusions and questions and how those conclusions and questions are to be taken. As the context of race is extremely important as a lens for viewing motherhood and because a majority of the women were African American, this contextual variable is discussed in the paragraphs which follow.

There is much that has framed the identities of women of color and in this case, African American mothers of color. Mothers and grandmothers are highly revered in the African American community. African American mothers who use drugs go against the grain. The characterizations of the strong black mother who is very bonded to her children are numerous (Collins, 1994; hooks, 1981; Zerai & Banks, 2002). These strong

bonds, according to Patricia Hill Collins (1994), have their roots in slavery where men were often taken from their families and where women often had to beg to keep their children. Racial domination and economic exploitation have historically formed the mothering context and the identities of African American women (Collins, 1994). While the women do not refer directly to the issue of domination and exploitation there is one speech act in which the woman speaking is quietly rebelling against the dominant culture. She says:

you know stuff like that...I ain't goin' by no book...you know...but actually the thing about professionals and put the book together ... you work with kids...psychiatrists or something like that ...you know ...trying most stuff isn't working.

It is also noted that the subjective experience of the women in my study is that there were many mothering figures involved in the care of their children. This relates to the culture of the African American community where mothers often give care to many children and is exemplified in the well-known African saying, "It takes a village to raise a child". Being forcibly separated from their children as a result of current child welfare practices is designed to disempower not only African American mothers but whole racial and ethnic communities. The deference to a white mother identity as the norm for good mothering practice not only subjugates women of color but all women everywhere (Collins, 1994).

Violence

Violence was not a topic of consideration in the original research questions. The literature, however, reports violence and neglect as comorbid with a mother's substance

abuse (Kissen, Svikis, Morgan, & Haug, 2001). While acts of violence perpetrated by mothers against their children were not a focus of this study, they were an “adventitious finding” (Cone and Foster, 2007). This finding enriched and clarified my understanding of intergenerational family violence from both the child’s and the mother’s perspectives given that participants spoke from their lived experience of each (i.e., being both the victim and perpetrator of violence).

As I reflected on the decision not to look at the variable of violence, I wondered whether it was my desire to broaden social science’s knowledge of substance abusing mothers or to exonerate the mothers due to the multiple obstacles that they faced. Focusing on a mother’s violence and neglect of her children would have been counterproductive to one of the study objectives: to place the mothers’ discourse concerning their parenting behaviors in the context of gender oppression. Upon reflection, my struggle was to balance the need to remain focused on the research questions with the need to give due consideration to the complexity of the mothers’ lives. This would have included the presence of violence. Due to this endeavor to stay focused on the mothers and their discourse concerning motherhood, the voices of those often viewed as the ultimate victims, the children, are not part of the discussion in this study. My position is that this was not out of a desire to omit this variable, but a result of my choice of focus for the study.

Whether the mothers were speaking about abuse and neglect, the violence they witnessed as children, concerns they had about neglecting their own children, or the abuse they incurred at the hands of their intimate partners, this theme of violence permeated their discussions. One particular example (Exemplar L), is an account by G4

in which she relates being shot at age 16 by a “guy who used to lock me up”. This mother was at her abuser’s mercy as she had no one who was “there” for her after her mom died. The narrative is an example of motherhood and pregnancy as a very vulnerable time for the women, often resulting in extreme and sometimes deadly violence by an intimate partner (Murphy & Rosenbaum, 1999). This could be a future topic of study examining the factors involved in how the issue of a woman’s pregnancy intersects with violence and rage by her significant other.

The mothers’ embeddedness in a context of violence appeared to be a backdrop for the mothering activities of the women. The leader’s interpretation, “guns are like a drug” was a turning point. How guns and drugs work together was a subject raised by one group member, “You know when you talk about guns and drugs together there is a power that you feel...” (Exemplar X). The women talked about their anger as well. This seemed to be related to the idea of power. The idea was that you can use your anger like a weapon. As the researcher in the study I could not help but consider the context of marginalization, stigmatization and criminalization as a precursor to the need for power. This could also be considered in terms of its reciprocal aspect. Does the drug use by mothers result in the marginalization, stigmatization and criminalization which the mothers experience as powerlessness? One might go to desperate lengths to acquire power guns, drugs and violence in order to offset being rendered powerless by the larger culture. What was omitted from the mothers’ discussions and various literature is the need for power. This was theorized as being located in a larger context (Salomon, Huntington, and Nicholas, 2002; Zerai & Banks, 2002).

Millar and Stermac (2000) alleged that mothers are often with drug-using partners on whom they have become dependent for drugs and/or economic support. Violence by an intimate partner was discussed by one mother in terms of how she felt guilty over not keeping her children safe. She stated “I’m angry with myself. Instead of protecting my kids I was protecting the children’s father the whole time. That’s why I am angry and I want to bring it out.”

There was an instance where the facilitator closed one conversation about drugs by stating, “let’s not start that...our drug use...cause we all know where it is”. This occurred after one of the mothers talked about her drug of choice in an exhilarating fashion. Many in the group were laughing as one member talked about the hallucinations that she had when on “Angel Dust.” It was just as the group members started chiming in that this facilitator stopped the flow of the speech. At this point the other facilitator offered his thoughts about the possibility that guns are like drugs. This was important as the group had been talking about the guns and violence in their lives. This seems to distract the group from the high of drug memories and allowed the mothers to step back and think about the connection between their talk about violence and their talk about drugs. The effect of the mothers’ speech on the facilitators and the facilitators’ impact on the mothers’ deserves consideration here. It would seem that at some level the facilitators were aware of what the women were doing with their speech. Substance abuse treatment professionals know that merely talking about the use of a drug and its effect can elicit a similar high to the high they experienced while under the influence of the drug. The family therapist who was employed by the facility would have had this knowledge and was intervening to limit the effect of the talk on the rest of the group as well as the

speaker. The male psychologist, who was the other facilitator may have been impacted by the family therapist's response and might have even experienced some tension in the group as she stopped their fun. He then used a process statement to bring the group back together and to keep it therapeutic. Nonetheless his interpretation of guns being like drugs, both producing a sense of power, was very effective. This was evidenced by the mothers' subsequent moves.

Women in recovery generally feel their powerlessness differently from men (Finkelstein, 1994). Characterizing guns and drugs as power appeared to be a potent intervention on the part of the male group facilitator. Feminist ideology concerning motherhood is constructed in various ways. Two of the ways mentioned are that motherhood is a source of power on one hand and a source of oppression on the other (Bepko, 1991; Collins, 1994; DiQuinzio, 1999; Glenn et al., 1994).

As the researcher, one of the serendipitous findings for me was the discovery that, not only were mothers embroiled in the violent contexts of their lives, but at times reveled in the narratives detailing that violence. There was an elevated tone and voice inflection as mothers would relate one story after another in dramatic fashion. This was in contrast to the lack of expression when discussing their children or their general narratives pertaining to mothering. I understood these nonverbal markers as indications that violence often took center stage while the children of the mothers were often waiting in the wings I was uncertain how I should understand the unspoken lack of concern for children's welfare in these same situations. The issue of children witnessing, and possibly being traumatized, may not have been articulated because of mothers' compromised

cognitive abilities at the time of violence, or because there were no conversational openings to discuss the impact on children.

Limitations and Challenges

The critical lens of this study was feminist theory and the methodology was that of discourse analysis. While the use of narratives in recovery is well documented (Baker, 2000; Baker and Carson, 1997; Banwell and Bammer, 2006; Coyer, 2003; Hardesty and Black, 1999; Woodhouse, 1992), the discourse analysis method has its limitations. In discourse analysis one is not looking at hidden meanings behind the speech but at the speech itself. This cannot provide the mothers' motivations and intent but only accesses what is said at face value and how speech functions to accomplish certain things. What is accomplished is often revealed in what happens next: its effect on those who hear it (Austin, 1962, 1965).

Due to the fact that I adhered to the research questions, the contexts of violence, race and class are discussed but were not subjects of analysis. Violence was a backdrop for many of the discussions and emerged directly in others. It seemed to permeate the mothers' conversations whether they were talking about their former drug-abusing lifestyle, the violence in which they were embedded, or the violence perpetrated on them by an abusive partner. This is an important context needing further exploration.

As a result of the premise that the language people use socially is a speech act, I centered on the action component of language. A pressing challenge was to focus on what the women were doing with their talk, to look at their discourse in context and to understand its impact. Discourse analysis is a fairly recent method or field of study. My thought is that as clinicians and researchers we are not socialized to think about what the

words and phrases do. We can more readily access what words and phrases name and reference. Language use is even less accessible in that macroanalytic varieties require the researcher to stand back and reflect on what each speaker is doing: how each speech functions in the overall discourse of those speaking together. What a discourse analyst cannot do is make definitive claims or conclusions. What a discourse analyst can do is note the gaps in research conducted so far, attempt to fill those gaps and generate other possible areas for study.

Recommendations for Future Study

As qualitative research is generative rather than conclusive, the findings of this study lead to more questions than answers. In a qualitative study it is important to go back to the literature and, using the research questions as the filter, examine the data anew for its relationship to what has already been reported and analyzed. While this study was an attempt to fill in existing gaps in the research literature future research projects replicating this same discursive analytic method could focus on the intersections of race, class and gender as mothers discuss their motherhood related to their drug use. This study focused only on the following contexts: the gender aspect of motherhood, how gender prescriptions affect how the women in recovery talk about motherhood, and how that talk might intersect with the dominant discourse concerning mothers on drugs. Another study could focus on the issues of race and class as well as the intersections of race and class relating to the discourses of mothers in recovery.

A further study is needed which would include the context variables of violence, loss and abuse. It could focus on how the mothers' discourse reflects the impact of the violence and abuse in their lives. This could then be related to how the mothers discuss

their motherhood. Although it was an adventitious finding and not related to the research questions, this theme permeated the mothers' narratives of their mothering and drug-using activities. The mothers lived in violent and oppressive circumstances. Loss was an additional issue not addressed directly by the research questions. The mothers' discourse also revealed this as an important experience in the mothers' lives.

An important follow-up study could look at the findings and questions raised in this study for their possible use in designing effective treatment programs. Too little research has been done *with* and *for* women as an alternative to the traditional method of conducting research *on* women. While a qualitative study generates important ideas and questions, a mixed methods approach using a much larger sample, utilizing interviews and administering questionnaires pertaining to the research questions could yield data which could more easily be generalized and replicated. It is hoped, however, that this research contributes to a further understanding of mothers and their constructions of motherhood in the context of their drug abuse. This could then inspire and inform further research endeavors concerning the topic of motherhood.

Summary

This study examined the discourse of seven mothers in a residential treatment program. Group conversations occurring during six sessions of the "Mothers Group" were the focus of the study with the goal of learning how the mothers were constructing their identities as mothers and how their speech functioned to construct their sense of what a mother is and does. The basic principle of discourse analysis is that language functions to "do things". The critical lens of feminist theory with its goal of emancipation provided the framework for the analysis.

The findings which emerged from the data were the following: a) the mothers' constructions of motherhood included an identity of a mother as one who is "there" for her children, b) the mothers experienced a connection or bond with their children in spite of being separated from them and c) the mothers' discourse contained both resistance and acceptance of the public discourse about them. The mothers in this study referred to some instances where the mothers arranged for their children's care while they were out using drugs. There were other times when neglect was evident. The discourse analysis did reveal examples of discourse which challenged prevailing notions of them as neglectful or not connected to their children. The mothers clearly stated that their identity of a good mother was one who is there for her child. This was related as the major reason to get and stay sober.

Drug-abusing mothers struggle to recover from addiction in a society that stigmatizes them and by its very language use serves to reproduce and maintain their marginalization and alienation. The analysis of the group conversations of seven mothers in recovery aimed to provide a deeper understanding of how the mothers accepted and/or resisted societal views of them and how their discourse revealed ideas of what a good mother is and does. It is the ultimate hope that this study can contribute to the present knowledge in the field concerning the need for more gender sensitive treatment of mothers with drug abuse problems.

Appendix A

Table 1 Group Characteristics

CODE NAME	AGE	TOTAL No. Of CHILDREN	No. Of CHILDREN IN RESIDENCE	AGE RANGE Of All
Group Member (G-1)	30	9	6	2 MO-13 YR
Group Member (G-2)	24	5	1	UNKNOWN
Group Member (G-3)	29	3	3	11 MO-4 YR
Group Member (G-4)	35	5	3	2-18 YR
Group Member (G-5)	34	5	1	0-16 YR
Group Member (G-6)	42	3	1	2-24 YR
Group Member (G-7)	31	10	2	18 MO – 14 YR

Appendix B

Table 2: Aspects of Speech and Emergent Themes

Aspect of Speech	Aspect of Speech Defined	Emergent Themes
Locutionary	Discourse as content: what the speaker is talking about.	<ol style="list-style-type: none"> 1. Identity 2. Connection
Illocutionary	Discourse as action or, the function of the speech: what speaker is doing and how she is doing it.	<ol style="list-style-type: none"> 1. Resisting/Challenging 2. Accepting
Perlocutionary	The effect the discourse has on hearers, shaped by and shaping what the speaker is saying and doing.	<ol style="list-style-type: none"> 1. Guidance 2. Consolation 3. Emotional Resonation 4. Ignition

Appendix C

Table 3: Questions, Themes and Conclusions

Research Questions	Themes	“Conclusions” or Statements
1. How did resident mothers, recovering from substance abuse and dependence represent themselves and good mothering practices?	Identity: What is identified as a good mother and good mothering practice.	1. A mother is one who is there for her children. 2. Being physically present is good mothering practice.
2. How did the mothers represent their connections with their children who are both under and out of their direct care?	Connection: The mothers bonding or lack of bonding experiences with their children and with their own mothers.	<i>Giving birth</i> itself creates the bond with the one’s children. <i>Different bonds</i> with children under and out of their care. <i>Strong connections</i> with their own mothers.
3. How might the mothers’ discourse of their mothering experiences accept or resist the prevailing views of them as deviant?	Resistance: Challenging the prevailing views of themselves as deviant. Acceptance: Internalizing the prevailing views of themselves as deviant.	The mothers often resisted attributions of dysfunctional families. The mothers both accepted and resisted views of themselves as neglectful and abandoning.

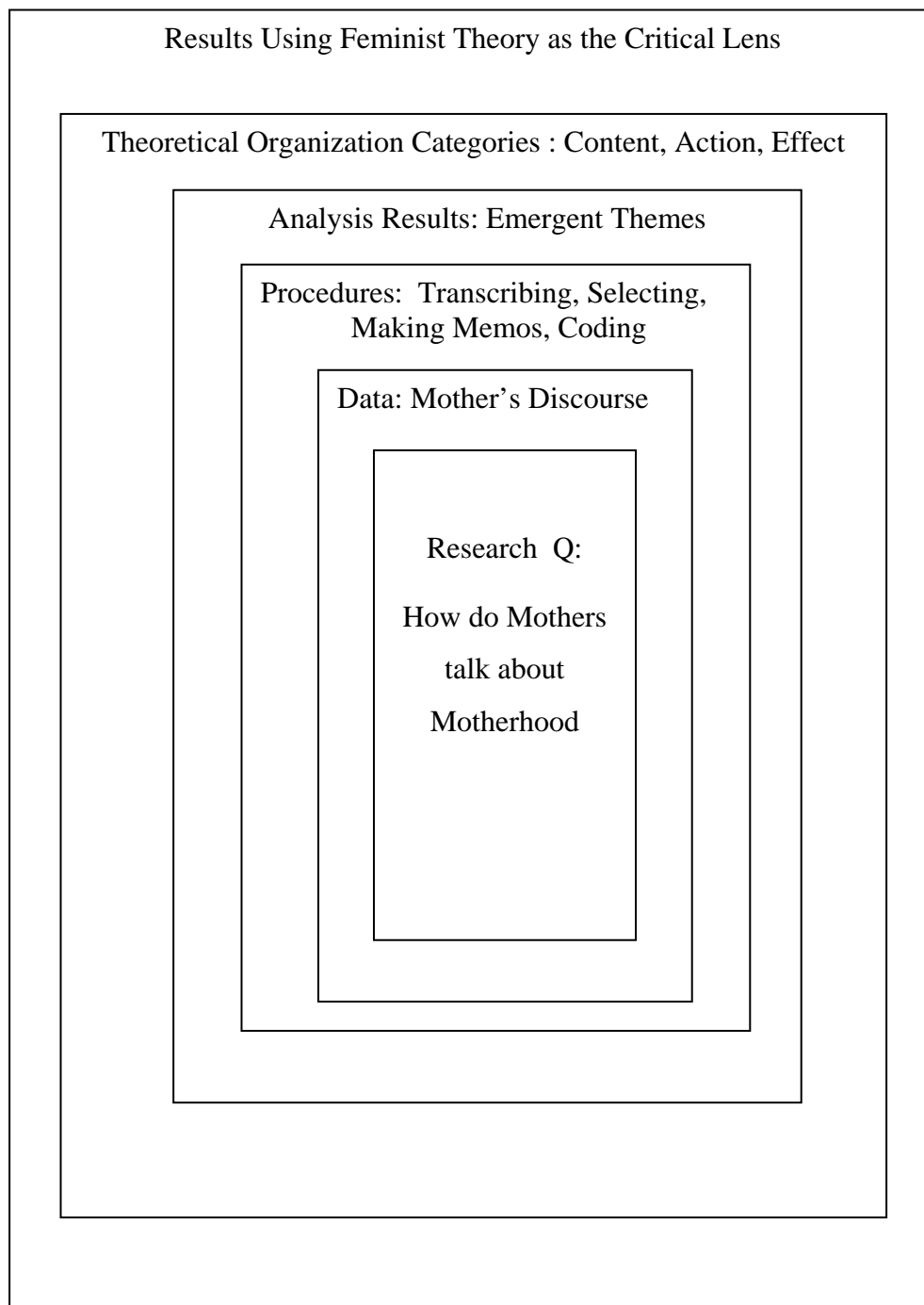
Appendix D

Table 4: Effects of Discourse on the Hearers

Category	Description	Conclusion
Guidance	<p>One member offering advice to another.</p> <p>A group facilitator tracking and guiding the conversations.</p>	<p>The mothers were supportive of one another.</p> <p>The group facilitators would guide speakers away from narratives which held descriptions of a drug and its euphoric effects: a relapse trigger.</p>
Emotional Resonation	Other group members connecting emotionally with the speaker.	<p>The mothers often had audible reactions to another speaker. One could hear the other mothers gasp at particularly poignant narratives. One spokesperson even stated “that affected us all”.</p>
Consolation	Rushing in to reassure the speaker or asking the speaker if she was alright.	The hearers of the discourse often relayed consoling gestures to the speaker. These took the form of relating a similar incident or simply using comforting words.
Ignition	The ways in which the story of one speaker activated another.	Especially in the area of violence each mother had a story to tell. These stories were told one after the other especially in the later sessions.

Appendix E

Figure 1: Scheme Depiction for Analytic Method



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