

176 Janus Head

When the Worst Imaginable Becomes Reality: The Experience of Child Custody Loss in Mothers Recovering from Addictions

Katherine J. Janzen RN, MN, ONC(C)
Sherri Melrose RN, PhD

This article describes findings from a qualitative study that investigated the lived experiences of four mothers recovering from crack cocaine addictions who lost custody of their children. The project was guided by feminist interpretive inquiry, van Manen's approach to hermeneutic phenomenology, and involved thematic analysis of in depth interview data. By telling the stories of these women and using their own words as well as interpretive poetry written by one of the authors to describe their suffering, our research offers important insights to professionals involved in the field of addictions.

For many women, becoming a mother is seen as one of life's most rewarding experiences—one that they may look toward from their own very childhoods. Having children changes not only how women view their own personal lives, but also how they see themselves in a broader social context (Stenius, Veysey, Hamilton & Anderson, 2005). For the addicted mother, this role becomes a source of ambiguity, strain and conflict when she finds herself trying to choose between being a mother and using substances (Brady, Black & Greenfield, 2009). According to the Canadian Mental Health Association (2011) and Streetworks (2011) (a harm reduction/needle exchange program), child custody loss has been described by mothers with mental health issues and addictions as the worst imaginable outcome of substance abuse. To date, the voices of recovering mothers who have lost custody of their children are not represented in existing literature. In this article, we advocate for this group of marginalized women by sharing their experiences with the worst possible outcome of their addiction, losing custody of their children.

This article is a culmination of the quest to (1) give 'voice' and, perhaps hope, to women who find themselves grappling with child custody loss, and to (2) provide insight into the complexity of these mother's experiences for professionals who treat and come in contact with them.

To provide context for the mothers' stories, we begin by presenting background literature that explores the ideology of motherhood; constructs a composite picture of the addicted mother; delineates child welfare and court practices; discusses trends in addiction treatment and ramifications

of child custody loss; and comments on resilience in recovering mothers. This literature underscores the no-win situation addicted mothers can experience. Next, we describe our research approach and emphasize three themes. First, mothers experience feelings of betrayal; second, soul-ache; and third, reclamation when they experience child custody loss. By representing our data with interpretive poetry arising from the transcripts written by Katherine Joyce Janzen (KJJ), one of the researchers as well as participants' verbatim comments to tell the mothers' stories, we are able to depict the richness of their experiences. Finally, we discuss the implications of our findings.

The following poem, written by KJJ, is addressed to our research participants and expresses our commitment to advocacy, to providing context, to giving voice, and to allowing them to find their own strengths.

QUEST
 You have shared
 Your life,
 Your story,
 Your soul.
 I now act
 As an advocate
 For you.
 I will be your voice.
 Your story
 Will live on
 Beyond the borders
 Of your spoken words;
 Touching others
 With its
 Profoundness.

Literature Review
The Ideology of Motherhood

The ideology of motherhood holds a variety of different meanings. For almost all mothers, the attempt to navigate the 'road of motherhood' can be filled with potholes and fissures as motherhood is both glorified

and demeaned (Dunlap, Sturzenhofecker & Johnson, 2006) in a carefully constructed “gender system” of social and cultural roles (Haddock, Zimmerman & Lyness, 2003). While becoming and being a mother is often romanticized, for centuries society has pathologized, demonized and demeaned mothers and presented them as failures as they reach to fulfill impossible expectations (Caplan, 2001; Dunlap et al., 2006; Irwin, Thorne & Varcoe, 2002; Litzke, 2004). Patriarchal systems, including those of law and custom, have judged and controlled mothers in terms of extensive idealization, scrutinization and denigration in their roles and behaviours (Reid, Greaves & Poole, 2008). Choices in motherhood are further constrained by power imbalances (gender, class, and ethnicity) and social roles which offer a perplexing medium where there exist many choices—none of which are easy (Dunlap et al., 2006). These include being/not being a mother, lesbian mothering, whether to use reproductive technologies, issues of balancing work with the constraints of extended families, being a single mother/parent, and potential poverty (Glenn, Change & Forcey, 1995).

The distance between the polarities of ‘ideal mothering’ and ‘real mothering’ further constricts the rights of mothers; significant conflict arises between legal and social responses to mothers who are deemed by society to “behave badly” (Reid et al., 2008) such as addicted mothers or mothers who neglect and abuse their children (Chelsler, 2011). Mothers who fail to live up to the stereotypical ideals and roles that society assigns, especially in terms of femininity and motherhood, exacts severe social stigma (Beck, 2006). This social stigma is further typified in the labels that addicted mothers are given.

A Composite Picture of the Addicted Mother

In our review of the literature we observed a pattern where mothers tended to be polarized into either “good mothers” or “bad mothers” (Brown, 2006). In North America, the stereotypical image of a “good mother” as is severely challenged and delegitimized when mothers abuse substances such as illicit drugs and alcohol (Caplan, 2001; Litzke, 2004).

[A good] “mother is one who is expected to perform a limited number of tasks all of which are never ending. Mothers are not allowed to fail any of these obligations. [This] ideal of motherhood is sacred; it exposes

all mothers as imperfect. (Chelser, 2011, p. 48).

This imperfection is even more pronounced with the addicted mother. Not only does substance use conflict with the traditional female role, it is also considered to be deviant (Powis, Gossop, Bury, Payne & Griffiths, 2000). This deviance is perpetuated and socially constructed in popular media (Meyers, 2004) and within the medical and nursing profession (Marcellus, 2003). Mothers with addictions have been stereotyped as “she devils” or “sexual... Jezebel[s] who [threaten] the lives and safety of [their] born and unborn children” (Meyers, 2004, p. 194). This has resulted in substance using mothers being given various labels including “good, bad, thwarted, [and/or] addicted” as they strive but often fail to meet the ‘ideal’ of mothering (Reid et al., 2008, p. 211).

Thus the addicted mother eventually is forced to see herself as either a ‘good mother’ or a ‘bad mother’ (Brown, 2006). An addicted woman’s view of being a ‘good mother’ often is tied to “trying to do the right thing for their children” (Reid et al, 2008, p. 231). Reid and colleagues support our observation by noting that these women are “very aware of the powerful social forces that have clear images of ‘good mother’ and ‘bad mother’ and often [try] to position themselves as mothers attempting to do good in a system and society that does not value or assist them” (p. 231). In her attempts to continue mothering her children, she may live with very high levels of shame, guilt, and self-blame due to her own perceptions of being an inadequate parent (Coyer, 2001). Even with emerging research which supports the presence of adequate parenting skills in addicted mothers (Doris, Meguid, Thomas, Blatt & Eschenrode, 2006; Huxley & Foulger, 2008), these mothers are further marginalized by social service and health care professionals (Brown, 2006), who deem them “unfit” (Powis et al., 2000; Smith, 2006). Shackled by these constraints, the addicted mother often eventually sees herself as being “weak” and “morally corrupt”—paralleling society’s view of her (Litzke, 2004).

Social pressures and situational constraints often create conditions where addiction becomes a tool for survival. Intense poverty, homelessness, social isolation, violent relationships, inadequate food/provisions, and a lack of care for their children often perpetuate addiction (Dunlap et al., 2006). Substance abusing mothers are often further impacted by intergenerational patterns of substance abuse, mental illness, and physical and/or sexual abuse (Cash & Wilke, 2003) which results in further societal stigmatization (Suchman, McMahon, Slade & Luthar, 2005). These

significant constraints are felt by society to be solely the problem of the mother and have no bearing on the 'system' or society at large further victimizing and vilifying the addicted mother (Reid et al., 2008). Litzke (2004) aptly describes addiction as "dehumanizing;" mothers are "hailed as addicts" instead of human beings (Aston, 2009, p. 611).

Despite all the barriers and constraints that these mothers face, the role of motherhood provides a sense of stability in recovery (Hiersteiner, 2004). Addicted mothers struggle with feelings about having and keeping their children (Suchman et al., 2005). These feelings result in the presence of considerable conflict which centres on their drug dependence and the fear of losing custody of their children (Powis et al., 2000). Giving up her children is seen as a mother's last possible resort (Coyer, 2001). Clearly, mothers are significantly impacted by the fear of losing custody of their children in their experiences with courts and child welfare agencies.

The Courts and Contemporary Child Welfare Practices

In the United States and Great Britain, 25% to 69% of addicted mothers see their children being placed in foster care or kinship programs (Kovalesky, 2001; Litzke, 2004). In the United States 33% of child welfare cases result in permanent custody loss while Canada's 2004 statistics reveal 62% of all children taken into care have permanent guardianship orders (European University Association, n.d.) which is an increase of five percent from 1999 (Human Resources Skills Development Canada, 2000). In multi-national studies, Canada has the highest rate of child placement (Mulchay & Trocmé, 2010). Rural areas in Canada see children placed at twice the rate of those in urban communities (Budeau, Barniuk, Fallon & Black, 2009). Canadian statistics portray 32% of children being removed from homes led by single mothers with alcohol or drug/solvent use (Trocmé et al., 2005). There has been a shift in which pregnant women now make up 30% of the overall cases mandated in court (Terplan, Smith, Kozlowski & Pollack, 2010).

Rigid restrictions have been in effect for over 10 years in the United States that cause permanency hearings (for permanent guardianship by the State) to be enacted after 12 months, and parental rights terminated if a child is in foster care for longer than 15 months (Smith, 2006; Semidei, Radel & Nolan, 2001). In Canada, children can spend up to three years waiting for a permanency decision which arguably creates a scenario where

the children are literally in “limbo” and constrains the development of secure attachments (Knoke, 2009). Given this situation, in the authors’ jurisdiction, when three temporary guardianship orders have been in place, the child(ren) are either placed permanently or returned to their parent(s) (Alberta Children’s Services, 2007). In both the United States and Canada, there has been a move in the judicial system to shorten these timelines in an effort to enforce quicker permanency decisions (Alberta Children and Youth Services, 2009; Semidei et al., 2001).

Despite the presence of adequate parenting capabilities, mothers who become totally abstinent are still considered to be high risk by the child welfare system (Reid et al., 2008). Social workers’ professional relationships with addicted mothers are often strained, even confrontational, with social workers enforcing their own agenda, and paying little attention to the concerns of the mother (Forrester, McCambridge, Waissbeing & Rollinick, 2008). The understanding of both the court and child welfare agencies related to addictions/addictions treatment is deemed lacking which translates into a lack of a “just and equitable standard” for working with recovering mothers (Burman, 2004; Kruk, 2008; Smith, 2006). Risk assessment remains a contentious issue but there have been attempts to use a strengths-based harm reduction model (Weaver, 2009). This model sees recovery as a continuum where social workers meet addicted mothers “where they are at” (Kullar, 2009, p. 10). It is of note that advances in addictions treatment programs are beginning to act as a bridge between child welfare and the courts.

Trends in Addictions Treatment

Recovery from addictions is not a straightforward process. While the medical model (complete abstinence) continues to guide many treatment philosophies, advances have been made in addiction treatment. The harm reduction model (relapse being a temporary condition) is increasingly gaining acceptance on a global level (Burman, 2004; Snow & Delaney, 2006). Gender-responsive treatment is another trend that has emerged since the 1990’s, and this model attempts to mediate the complexities of addiction in the context of gender roles, sexism, poverty, and other environmental issues (Grella, 2008). Before 2004, however, models which involved mothers and their children had not yet emerged (Cash & Wilke, 2004).

Models of treatment that include not only family members, but also children, have become more common (Werner, Young, Dennis & Amateri, 2007). This shift in thinking reflects the profoundly negative impact that occurs when, in order to gain access to treatment, mothers are separated from their children (Barry, 2006a; Beck, 2006). In recent years, residential recovery programs have been offering programs and services that allow children to stay with their mother while she engages in recovery (VanDeMark, O'Keefe, Finkleseing & Gampel, 2005; Worley, Connors, Williams & Bokony, 2005). A call for multi-disciplinary teams that can share their expertise in terms of child welfare requirements and issues while concurrently treating the mother's substance abuse remains (Knoke, 2009). Once again, this reflects a pattern in the literature where the voices of women themselves are not represented.

The Ramifications of Child Custody Loss

Child custody loss has profound ramifications. There is very little known about mothers who are recovering from addictions who lose custody of their children. For mothers, the consequences of court-mandated treatment can leave them feeling powerless and victimized (Burman, 2004). Experiencing being labelled an "unfit mother" similarly results in intensified levels of stress, denial, depression, anger, and intense emotional pain (Barry, 2006b; Concoran, 2001; Shillington, Hohman & Jones, 2001). This emotional pain can become even more pronounced when a mother loses custody (Barry, 2006b). Further, the emotional turmoil often triggers increased impulses to seek relief through substance use (Schleuderer & Campagna, 2002) and feelings of traumatization intensify (Rockhill et al., 2008). Custody loss severely undermines a recovering mother's hope that her children will ever be returned to her (Rockhill et al., 2008). Irwin et al.'s (2002) research revealed that having children physically with her gives mothers the strength to make difficult decisions. The children act as a major motivator to continue recovery (Grella, 2008; Kovalesky, 2001) and as such custody loss can have a significant impact on mothers' efforts to recover.

Resilience in Recovering Mothers

There are only a handful of studies addressing resilience in

recovering mothers. Despite the paucity of research, the results of these studies offer more insight into these women's' lives. Recently, Sutherland, Cook, Stetina & Hernandez (2009) looked at problem solving skills and coping strategies as a measure of resilience in addicted and non-addicted mothers. They found that recovering women overall are less resilient than their counterparts who are not chemically dependent. However these researchers also found that the very custodial status of a mother's children seemed to be protective: recovering mothers who had custody of their children had greater treatment completions and decreased substance use in the post-recovery period.

In an earlier study, Hardesty and Black (1999) also identified that the presence of children became the marker of successful recovery where "motherhood served as a survival strategy" (p. 609). Children consistently remained a central focus in the lives of their mothers—even when custody was lost permanently. The emotional bonds created a sense of permanency as the mothers focused on what they viewed as a temporary physical separation. The primary motive of recovery then became a regaining and re-claiming of their children. Consistently, the mothers in this study reported that the worst possible outcome that could occur was having their children taken away permanently.

Paris and Bradley (2001) found mothers who had lost custody of their children told stories of "hope and resilience" (p. 663). Both Hardesty and Black (1999) and Paris and Bradley (2001) cited that a fundamental task of recovery was re-negotiating a maternal identity. Mohatt, Rasmuss, Thomas, Allen, Hazel and Marlatt's (2007) study reaffirmed Hardesty and Black's (1999) conclusions that resilience in addicted mothers was tied to a sense of interconnectedness with family/kin. Despite this interconnectedness, mothers are still ultimately positioned within a no-win situation.

Both the courts and addiction treatment centers desire early reunifications, but reunifications are hampered by the short timelines that currently exist within the judicial system (Hohman & Butt, 2001). Mothers feel substantial pressure to improve their parenting abilities and to stabilize their lives. But the very requirements for programs and services that are meant to help addicted mothers are "ambiguous, incomprehensible, or put [the mothers themselves] at risk" (Reid et al., 2008, p. 224). The social services system for addicted mothers is "all-powerful," and a source of "constant surveillance" as mothers live under the relentless "threat of

having their children apprehended” which results in a “constant source of fear which instilled distrust and powerlessness in the face of” social services (p. 224).

Attempts to use their identities as mothers to drive their recovery may become focused on constantly renegotiating the meaning of what it means to be a ‘good’ mother. There exists a platform where the labels of ‘good mother’ and ‘bad mother’ exist almost simultaneously in the literature. Hardesty and Black (1999) explain that an addicted mother needs to retain a “view of self as a good mother despite the addition... as a self-survival tool” (p. 609) and without this image she falls into a “numbing surrender to self-destruction” (p. 607). The literature is divided on the parenting capabilities of addicted mothers as well as the presence/absence of healthy relationships with their children (Doris et al., 2006; Huxley & Foulger, 2008). Thus, creating a definitive and accurate portrait of a typical addicted mother is difficult. Despite inconsistencies among research findings, existing literature does provide us with a picture of recovering mothers who have lost custody of their children as women who feel deeply ambiguous. The aim of our study was to expand understanding of this ambiguity and for us to provide a platform to give voice to recovering mothers who may have been ‘silenced’ as a result of losing their children. As Davis and Dodd (2002) assert, ‘silence’ remains a significant barrier to understanding women’s experiences, especially in sensitive-topic research. In sum, this literature review reveals much professional dialogue rather than the women’s own voices.

The Research Approach Feminist Paradigmatic and Theoretical Assumptions

The feminist paradigm is considered to either fall beneath the umbrella of the interpretive paradigm (Jansen & Davis, 1998), deemed as a theory (Creswell, 2007), or stand on its own as a distinctive worldview (Wilkinson & Morton, 2007). As a paradigm, feminist ontology theorizes “being” and in doing so rejects Cartesian duality and instead focuses on body, mind and emotion (Stanley & Wise, 1993). Stanley and Wise (1993) describe reality in this sense as the ‘self’ where reality is “relationally and interactionally composed”, having historic, contextual, and cultural influences where reality “subtly change[s] in different interactional circumstances” (p. 195). In relation to epistemology, the most central

concept relates to there being a “situated knower” and therefore “situated knowledge” (Stanford University, 2009). The relationship between the known and the knower therefore, is one of establishing a mutual conversational relationship of trust where the ‘known’ discloses his/her own personal experiences in an effort to be transparent, and the ‘knower’ in reciprocity is empowered, validated, and strengthened as she shares her experiences (Jansen & Davis, 1998).

Key assumptions of an interpretive-feminist paradigm are: the acknowledgement of the pervasive influence of gender, a primary focus on “consciousness raising”, a rejection of a separation of subject/object, denunciation of the “assumption that most personal experience is unscientific”, an unwavering concern for ethical implications of one’s research, and unequivocally (through research) women can be empowered and transformed (Milojevic et al., 2008 p. 8). Frisby et al. (2009) further add that as “multiple sources of oppression are embodied and experienced on a daily basis” (p. 19-20) by women, an assumption exists that a feminist paradigm creates a meaningful framework for making “sense of the physical, spiritual, and social worlds and for envisioning meaningful actions for social changes” (p. 15). Finally, Milojevic et al. (2008) cites that the feminist worldview is a means for “altering” the human condition.

Feminist Interpretive Inquiry

Feminist interpretive inquiry has an end result of a conscious mindfulness of power in terms of gender, but also promotes trust, creates a platform for individual stories to be told, and allows for holistic findings that are not necessarily captured by qualitative research (Elmir, Schmied, Jackson & Wilkes, 2009; Jansen & Davis, 1998). One of the key strengths of feminist inquiry as the giving of voice to voiceless silenced populations (Frisby et al., 2009; Oakley, 1998) who have lived under a “framework of invisibility, marginalization and powerlessness” (Jansen & Davis, 1998, p. 294). Jansen and Davis (1998) cite other strengths of feminist interpretive inquiry such as: supplying the context of the experience, focusing on the strengths of the participants, diminishing hierarchy, de-emphasizing hierarchy, promoting an atmosphere of mutual understanding by allowing the participants to share in the experiences of the researcher, and signalling a non-judgemental stance.

Oakley (1998) cites that the primary limitations of the feminist

paradigm are bias and validity. Although the intentions of qualitative research exclude generalizability, a small sample size can signal bias in terms of false inferences when viewing the placement of the story in a wider social and political context (Oakley, 1998; Skene, 2007). Validity can come into question in terms of the veracity of the participant's stories (Oakley, 1998; Porter, 2007). Feminist researchers "challenge detachment and objectivity" which may be seen as a bias within itself where the researcher seeks to understand the ways that a research topic is "autobiographical" (Glense, 2006, p. 119).

Hermeneutic Phenomenology

Hermeneutical Paradigmatic and Theoretical Assumptions

Hermeneutics is grounded in the interpretive paradigm (Rapport & Wainwright, 2006) which encompasses distinctive assumptions related to ontology, epistemology, and methodology (Koch, 1996; Shah & Corley, 2006). The ontology of hermeneutics is a conviction that truth is founded on relativism where truth is "composed of multiple local and specific realities" (Weaver & Olson, 2006, p. 462). Epistemologically, reality is established intersubjectively or with a "shared subjective awareness and understanding" (p. 462). Methodology reflects the progression of constant revision where theory emerges inductively and the principal goals are understanding and change in a social world that esteems the promotion of practical knowledge.

Key assumptions of interpretive inquiry include: understanding as a key outcome, a acceptance that the world is contextual, holistic inquiry, narrative description, investigation as context laden, theory and practice being interactive and specific, and the presence of a participator-researcher relationship (Bridges, n.d.). Assumptions that are explicit to hermeneutics are: the existence of a distinct interpretation (Shah & Corley, 2006), common life experiences presenting a fertile medium for the study of meaning, a focus on human experience rather than conscious understanding, and the "presupposition of expert knowledge on the part of the researcher" being a "valuable guide to inquiry" (Lopez & Willis, 2004, p. 729).

Melding Hermeneutic Phenomenology with Feminist Interpretive Inquiry

A melding of hermeneutic phenomenology with interpretive feminist inquiry complements hermeneutic phenomenology in several ways. “Hermeneutic phenomenology [from the perspective of van Manen (1997)] is quite amenable to feminist forms of knowing, inquiry and writing” (p. xviii). Both are based upon the construct of “being” (Stanely & Wise, 1993; Heidegger, 1962). Ceci (2003) describes that “facets of feminist thought...have drawn attention to the politics of knowledge through theorizing the significance and the situatedness of knowers and knowledge” and thereby by viewing our characters as “meaning-constituting [it stresses] the interpretive nature of our being in the world” (p. 63). Hermeneutical phenomenology as a “philosophy of actions” has the potential to not only “radicalize thought” but make a difference in the world (van Manen, 1997) by giving voice to the women who may feel “silenced” as a result of losing their children (Davies & Dodd, 2002). This is highly congruent with the aims of feminist thought where “feminism is a program for social change... and [offers an] alternative vision [for] the future” (Milojevic et al., 2008, p. 1).

Rather than the theoretical, abstract detachment that is characteristic of empirical research, hermeneutics is both a science and art form where the researcher and the researched, as co-creators, intimately engage with each other in the “pragmatic and poetical” (Barnacle, 2001; Litchman, n.d.). Interpretive feminism enhances this view where researcher and researched meet on equal ground. “Trust is built not just for the purpose of collecting meaningful data, but for a human purpose in relationships” which sees the participant and the researcher “enrich each other’s lives” (Jansen & Davis, 1998, p. 308). Finally we believe, as did Heidegger (1962), that it is impossible to bracket one’s own life experiences, values and assumptions—a conviction that the writers’ own “life-worlds” can enhance the study as the research process unfolds—a precept held in high regard within the interpretive feminist paradigm.

*Additional Considerations of Research
Researcher Subjectivity*

When choosing a phenomenological tradition for this research, immediately the question of researcher subjectivity arose. In the Husseralian

tradition, the researcher brackets his/her pre-understandings and in effect 'divorce's' the research from these influences (Smythe, Ironside, Simms, Swensen & Spence, 2008). We felt it was impossible to tell the 'story' without recognizing that we are both mothers and that being a mother and caring for our children is at the heart of all we do. Deciding to use van Manen's (1997) method was conducive to this end as our experiences are honored and valued in this phenomenological tradition. Investigating the experience as it was lived involved using our own personal experience as a point of departure. Personal experience is considered by van Manen to contribute and not detract from the research process as possibilities were opened up and kept open. This allowed us, as researchers, to exact 'clues' for orientating ourselves to the phenomenon and further connection with all the other phases or steps in the research process (van Manen, 1997).

Sensitive topic research "creates a space for self-disclosure by the researcher that might not be appropriate in other types of research" (Dickson-Swift, James, Kippen & Liamputtong, 2006, p. 857). The purposes of self-disclosure "level[ed] the playing field" (p. 857). For us as researchers, it also "level[ed] the power relationship between researcher and participant" (Shields & Diccio, 2011, p. 496).

Li (2002) explains that "by being able to share with others our own feelings, experiences and secrets in this world, we also encounter the other person's secrets and vulnerabilities of which we must be respectful" (p. 94). By sharing our 'sacred' experiences, the women were invited to share their 'sacred' experiences. This potentially allowed a deeper sharing of experiences, feelings, and meaning.

The Use of Interpretive Poetry

For van Manen (2007) telling the 'story' becomes balanced and enhanced by the use of literature (phenomenological and otherwise), the arts (such as poetry), etymological sources of words, and biography. Utilizing these sources of data, results in more reflective depth, promotes dialogue, and assists the researcher and reader of the research to potentially see beyond (their) "limits" and to "transcend beyond the limits of (their) interpretive sensibilities" (van Manen, 1990, p. 74-76). Perry suggests that "to provide a hermeneutic analysis...[poems express] the nucleus or heart of the narrative" (p.134). Kockleman (1987) supports this view:

In the human reality there are certain phenomena which reach so deeply into a [person's] life and the world in which [they] live that poetic language is the only adequate way through which to point to and make present a meaning which we are unable to express in any other way. (p. ix)

“Poetry [then becomes] appropriate medium of analysis as it bridges non-verbal and verbal expression and it allows for communication in succinct and creative ways... expos[ing] the tacit, which is difficult to express otherwise” (Perry, 1994, pp. 134-135). Interpretive poetry, written by researcher Katherine J. Janzen, became an integral part of the research process where “together the narratives, poems and literature provide[d] an [enhanced] understanding” (Perry, 1994) of the mothers’ experiences where words alone would at times fail to capture the experiences and feelings of the participants.

Research Question

Our research asked the question: *What is the lived experience of mothers in recovery who have lost custody of their children?* We used a hermeneutic phenomenological approach based on the work on Canadian phenomenologist Max van Manen (1997). Methodology includes elements of (1) philosophic structure, (2) essential assumptions of that framework and (3) the features of the human science perspective. Van Manen saw that phenomenology was a retrospective “study of the lifeworld—in the world as we immediately experience it pre-reflectively rather than as we conceptualize, categorize or reflect on it” (p.9).

The purpose of human science is to provide “plausible insights” to our everyday life experiences in terms of discovering the very “essence” of a phenomenon rather than pursuing explanations or control (van Manen, 1997). Rigour, exactness and precision are distinguished by human science’s own criteria. Objectivity is realized in the researchers being “true” and “oriented” to the “object being studied” and subjectivity exists in terms of the researcher perceptiveness, insightfulness and discernment “in order to... disclose the object in its fullest richness and greatest depth” (p. 20). As a result, “grasping and formulating thematic understanding” becomes “a free act of ‘seeing’ meaning” rather than a “rule-bound process” (p. 79). Six research activities guide van Manen’s human science research:

(1) Turning to a phenomenon which seriously interests us and commits us to the world, (2) investigating the experience as it is lived rather than as we conceptualize it, (3) reflecting on essential themes which characterize the phenomenon, (4) describing the phenomenon through the art of writing and rewriting, (5) maintaining a strong and oriented pedagogical relation to the phenomenon, and (6) balancing the research context by considering both the whole and the parts. (p. 30-31)

Sampling

Participants were selected from a purposive sample of English speaking mothers living in Western Canada who had a crack cocaine addiction. Inclusion criteria included: currently living in a residential addictions treatment centre and having one or more children who were not in the participant's custody during a period of active addiction. Mothers with severe mental health issues, and participants who were heavily medicated were excluded from the sample. A recruitment poster was placed in the host facility and participants contacted the researcher through the agency. All participants gave informed consent. The study protocols were approved by the University Research Ethics board and the Board of Directors at the host recovery institution. No compensation was given for participation in this study.

Data Collection

In-depth semi-structured interviews with four recovering mothers were undertaken over a five month period. Out of the four women who were interviewed, two had lost custody of their children permanently, one was still trying to regain custody, and one had recently received temporary custody while still facing imminent court proceedings related to custody issues. Face-to-face interviews with each participant lasting 45 minutes to one and three quarter hours were recorded on a digital recorder. Other sources of data which are consistent with van Manen's (1997) approach included the researchers' reflections, journal entries, etymological sources of words tied to the research, phenomenological literature and descriptions outside the context of the research such as readings and poetry. These

additional representations of data were incorporated to provide context and support for the data.

Data Analysis

A combination of manual and computer-assisted coding was undertaken utilizing QRS NVivo8 qualitative data analysis software (QRS International, 2009) to ascertain themes from the data. Using a dual method of analysis was advantageous as it did not estrange us from the data and allowed the data to be examined with both closeness and distance from the data which is essential in hermeneutic phenomenology. NVivo8 complemented this process with its excellent capabilities to cross-reference, annotate, and index the data. The data analysis as a result was richer and served to enforce analytic strategies that methodologically guide the hermeneutic research process (Seale & Gabon, 2004). Lincoln and Guba's (1985) techniques for operationalizing trustworthiness were employed in the process of data analysis. Member checks affirmed authenticity of the themes. Katherine Joyce Janzen wrote the poems. Van Manen's (1997) hermeneutic reduction strategies guided the data analysis.

Findings

Staying true to van Manen's (1997) philosophy of "thematic understanding" being a goal of hermeneutic research (p. 79), three themes, each with three sub-themes emerged from the data. The three themes represent scenes or dimensions that the mothers passed through as they moved through the experience of child custody loss. These scenes—betrayal, soul-ache, and reclamation—represented key stages in their experiences. Each scene was further divided into three sub-scenes which add additional filters to understand the elements of the scenes. The four stories of the women that were interviewed—Charolette, Crystal, Cristine and Hanna (all pseudonyms which the mothers chose themselves)—are described with illustrative quotes from the mothers which embodied their experiences. Interpretive poetry written by KJJ was used to provide another layer of depth and breadth to their stories (Perry, 2009).

Scene One: Betrayal

Estés (2003) describes betrayals taking many forms... “roads not taken, paths that [are] cut off, ambushes.. or [even] deaths” (p. 365). Betrayers (*bitrayens*) mislead, deceive, and act as traitors (*tradres*) to what and who individuals believe in and people and things accepted as truth. Betrayals and betrayers took many forms—both animate and inanimate. The betrayers of the four mothers we interviewed were not always bodily betrayals but always betrayers of the soul and represented small deaths—*las meurtes chiquitas* and large deaths—*las meurtes grandotas* (Estés, 2003). The primary betrayers became substances, self and others, and child welfare. Each betrayer exacted a price—a price that came as a result of the mother’s implicit trust in the betrayer. The following betrayals are explored using the mothers’ own words and interpretive poetry.

Substances

While each mother described crack cocaine as being her “best friend” in a life that “revolved around [their] addiction,” mothers’ were also very aware that over time crack was “slowly destroying [their] soul.” Their relationship with crack was understood as a progressive, destructive relationship. Charolette knew how deeply the addiction took over her life. “I was so addicted. So addicted. And my addiction was so strong and intense and the negative talk, and it really weighed out, like really took over.” Mothers were pinned between both lives—that of a recovering mother and that of an addict. Said Crystal, “I’ve been clean for periods of my recovery...but it’s always been like okay, my body would be in the door but my foot would be sticking out...” Cristine sadly explained that conflict. “But it’s hard when you feel stuck, right? Like what choice do you make? Do you make a choice to say goodbye to the addict or goodbye to your kid? It’s not as simple as making that choice.” Despite this conflict each woman knew that the “ultimate” outcome of being “on the streets [and using cocaine] was going to be death.” While cocaine held the elusive promise of coping with their worlds, cocaine in the end would result in a last final betrayal—the loss of their very lives.

REALIZATION

The first time I met you
It was so good
The feeling I had
That I lost years of my life
Making love to you; needing you before all others.
Somehow you mocked me
As I turned to you to solve life's problems.
I realize you have betrayed me
With elusive promises
My best, old friend—cocaine.

Self and Others

Even with the presence of multiple betrayers these mother's single most significant betrayer was the mother herself. Charolette knew that she had betrayed herself. "I fed into it. I made it more believing. I convinced myself about it. So I gave up more to life." Hanna knew that her decision making process was faulty when her children were apprehended. She relates, "I didn't pick up the phone and call my treatment centre. I picked up the phone and called my drug dealer."

There were also other multiple betrayers. Christine experienced this with her boyfriend, his parents and even her own parents thinking that they were 100% behind her and realizing this was not the case. Crystal was extremely surprised when her children were told she was their aunt. Hanna identified that others betrayed her with their attitudes about addiction. She felt she was shunned, even if others knew she was in recovery. Hanna explained that even her own mother was reluctant to hug her once she started using again...

Yeah, what's that in the Bible? The disease you give, leprosy, you know that you're just contagious. And actually when I started using again I used to say that to my Mom. "Don't worry, if you hug me, you're not going to catch an addiction."

TREACHERY

While you betray me
 With thoughts
 With words
 With actions
 The worst betrayer of me
 Is me.

Child Welfare

These women described valiant efforts to stay “clean” and adhere to the requirements of their child welfare worker in the belief that they would have their children returned to them. When they completed requirements, however, there were always more conditions imposed on them, which left them feeling confused, alone and discouraged. Charolette sorrowfully described the implicit trust she put in child welfare— “I trusted them with my life and [the] lives [of my children] because I thought they were there for me. They didn’t understand. I felt so alone at those times.” Hanna described the process with child welfare as “jump[ing] through hoops” and then being given “10 more.” The decision to be honest about drug use was always a difficult one. Cristine knew the pain of betrayal... “It was tough, you know, like when they stepped in and it was like I was the bad guy because I was honest with them... I told them the circumstances, everything. It didn’t matter.” Charolette summarized the feelings of the mothers amid the tears that she cried—“They won. They got what they wanted... Not once did I have a worker that supported me, that was there for me or that encouraged me to keep going to get my kids back. Not one. So I gave up.”

CIRCUS

I don’t see it coming
 As I jump through hoops
 Placed before me
 Each one higher
 And in the end I fall.
 Do I tell the truth
 When it leaves me imprisoned;
 Trapped
 Without an advocate?

*Scene Two: Soul-ache**GIVING UP*

A terrible sadness comes in May
 With too much light and unreal green;
 A sadness like a jail cell
 With no corner left to hide.
 Clearly I see a little face.
 Soft eyelashes shade her cheeks
 And she has such a trusting smile;
 Beryl runs forever on a lawn-starred with dandelions.
 And always she is six years old.
 Again she's asking what I cannot give,
 The pain, the tenderness is there once more
 The old reproach of selfishness.
 While other people raised my child
 I sought sanctuary in madness.
 (M.C. Jones, 1970, used with permission)

Madness comes in many forms when trying to live with loss: seeking relief in continued use of substances, trying to end one's life, and falling into deep depression while struggling with living itself. Madness was found within the spaces of accountability—where blame was situated for events that had happened. Eliot (1969) described this madness as “the pain of living and the drug of dreams,” where one is “neither living nor dead.” (p. 38). This was the true space of soul-ache.

The Moment of Loss

The very moment that the mothers' lost custody of their children represented a death for the women who remained—deaths without funerals or spaces to mark them. This 'death without death' was considered worse than if their children had physically died. In many ways the mothers felt that they had themselves died right along with their children. Each woman could recall the moment of loss vividly.

Charolette experienced the loss of her children in a court room where she voluntarily gave up custody. She had been battling her addictions and came to the point where she believed that there was no hope left for their return. She saw the decision as one of “giving up,” a decision which

“broke [her] heart.” Crystal abandoned her children when she was 18 and left for another city when she didn’t have enough food for her children and didn’t know where to go for help. She felt she had “failed” and “couldn’t give [her] kids what they deserved.” Cristine lost her son when he was 11 weeks old. She was trying to deal with post-partum depression and couldn’t manage a little baby and the emotions that were surfacing related to the death of her first infant son. Hanna lost custody of her new born daughter in a hospital room. She related, “I’ve never cried so hard in my life. Like nothing breaks my heart more.”

WHITE CROSSES

I mark the spaces of soul-ache.
One for each time my heart broke.

Accountability

Each mother had great difficulty coming to terms with how accountable they were for the loss of their children. Crystal had no food for her children; Cristine was suffering from post-partum depression. Charolette had been beaten so badly by her husband that she had a brain injury; Hanna thought she would be able to make a decision of where her children were placed. Despite this, each woman came to accept her role in the loss of her children.

Charolette relates that although she knew she “was a part of the problem of giving them up... all [she] knew was to use drugs.” Cristine knew that her cocaine use was the direct reason for losing her two daughters, both of whom were born addicted to cocaine. She stated, “It cost me my life and my kids.” The most difficult part of losing custody was, as Hanna explained, “to know that [she] did it to [herself].”

Living with Loss

After the mothers lost custody of their children they went through a period in which they engaged more deeply with their addictions. It was a period of indifference in their lives—lives which ceased to have meaning except by that defined by cocaine. For the women it was a downward spiral into “losing everything” and “cutting everyone out of their li[ves].” Crystal described herself as being “broken.” The depth of despair was

overwhelming. Charolette knew in her heart that she totally “gave up” to the point she knew she would “die out there.” Hanna described the deadly effect of losing her children...

No. I didn't feel like [living]. I felt that all the hope was gone. What did it matter? I might as well go die and that's what I tried to do. Like honestly, that's why I ended up in [hospital] because I tried to kill myself. My mom took me to the hospital and told them. You don't put her somewhere, she's going to be dead. And I probably would have been.

THE VOID OF NOTHINGNESS

Her loss, like death, changes me

For a time the very jaws of hell gape open

And I fall into darkness

Until there is nothing

No words

No thoughts

No soul.

Scene Three: Reclamation

If soul-ache was the place of the soul that hovered between living and dying, then reclamation represented a place of rebirth where life was declared once more. This dawning hailed an entrance into a new stage in their lives—one where hope began to exist again. Reclamation consisted of three areas: learning to live again, the perfect day, and reaching toward the future.

Learning to Live Again

Learning to live again was a process for the mothers. Their hearts and souls began to be expanded. They began to feel hope which came from a place where each woman refused to believe that the separation from her children was permanent. They looked toward a both a future where that they would have relationships and contact with their children, and a present where they still saw themselves as mothers.

Each mother emphatically and assuredly stated that “[she] would always be their mother.” Crystal firmly stated, “Nobody's going to change

that, no matter what. Your children will always come back. Will always come back.” Charolette held on to the belief that in the future, she would be able to have contact with her sons: “Another thing that keeps me going is that, knowing I’m gonna—that I can possibly one day see my boys. See my boys and talk to them, or even get a letter from them. It’s a start.” The mothers’ fervent belief in God as their higher power had helped them and continued to help them regain not only their lives but their children.

Part of learning to live again was coming to terms with the role that child welfare had in their lives. Charolette expressed a sense of thankfulness for child welfare when she said, “ But yet I thank them. I thank them for the person I am now... I thank them because they’re there. They gave me that push in life.” Hanna summed it up this way—

I can’t hate the system forever for wanting better for my children and taking them out of a negative environment... A child in an addictive atmosphere where there’s drugs and alcohol going on is not a good place for them. So I can deal with that...

A Perfect Day

Each woman was able to describe a perfect day with her children which provided the motivation that carried her forward into her recovery. These days were of normal activities, but were profound for the mother herself. For Cristine and Crystal it would have been just in the act of “being with” them and “feeling of their energy and love.” The perfect day would be one of absorbing all the actions of their children as the children simply played around them.

The power of touch was something that was sacred to these women and represented the greatest gift that they could be given on a perfect day with their children. Cristine’s wish was just “to hold” them, while Crystal would simply want to “touch [their] faces.”

Hanna’s description of what a perfect day would be for her was filled with a longing that was bittersweet:

I think I would just hold her. So I would just hold her, and you know, I talk to their pictures every night. Clara...Clara she’s just... my mom says she’s just like me and it’s true...with Clara I would just hold her, I think. I would just want to be alone with her. The same with Izzy. And just do what she wanted to do.

THE VISIT

I touch your face
And you are real;
You are here.

I cry
Tears of heartache past,
Tears of present;
Tears of future hoped.

Reaching Toward the Future

Each of the mothers represented individuals who didn't just go on trying—they were able to both conquer and reconcile a past that otherwise may have crippled them and to reach toward a future that had promise. Without the shackles of addiction their life had new freedom—a freedom to dream; a freedom to become that which was in their imaginations. Many of the women's dreams centered on what most people take for granted: having a nice house, a good job, and spending time with their families. Charolette's dreams revolved around employment and her family with the resolve that she needed a secure job to "become a mother again." Crystal's motivation was found in her children. "Everything I do is because I want a better life for my children. In all instances... it's hope for my kids and grandkids." Cristine firmly recounted a simple truth—

For a long time I thought I was powerless, but you know what?
For the first time in forever, I finally feel like I can do this
because before I became overpowered by crack, I was an amazing
person. I worked two jobs. I had my own place. I took care of
my friends. Like I could do it... I could function and I could
make it happen because I was strong and able. Well, I finally feel
that way again so I can do it and I will... I will, for me and for
my kids because without my kids, I don't have me and without
me, I don't have my kids.

Hanna echoed this when she said, "I have my recovery. And with my recovery is going to come life, and with life comes my kids."

RECLAMATION
Once imprisoned
I have broken free.
Before me lies
My children...
My future.

Discussion

Motivation to Remain in Treatment

Thoughts of their children remained a primary motivator for the mothers to remain in treatment. Even when mothers permanently lost custody, they looked to a day when their children would surround them. This is consistent with Ferraro and Moe's (2003) study where they found that "even when women's rights were terminated and [mothers] were prohibited from interaction with their children believed that they would be reunited one day..." "This connection [with their] children helped [them] to survive and look toward the future with hope" (pp. 34-35). A 'perfect day' was conceptualized as a dream that she held close to her heart and soul and motivated her work not only toward recovery, but also how she lived her life. This dream provided a tangible foothold which brought forth the strength and "faith... [to] pursue a new direction (Jones, 2007, p. 207).

The power of 'touch' was a concept which permeated each interview. Each woman dreamed of simply holding her children—touching their faces. This image seemed to be healing for each of the women. Touch is considered to be both discriminative and emotional (McGlone, Vallbo, Olausson, Loken & Wessberg, 2007). Through touch emotions are communicated (Hertenstein, Holmes, McCullough & Keltner, 2009). It has been demonstrated that the sight of touch as well as the thought of touch light up the same areas in the brain in Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET) scans as if touch was occurring physically (McCabe, Rolls, Bilderbeck & McGlone, 2008; Seung-Schik, Freeman, McCarthyll & Jolesz, 2003). Touch, therefore may be both emotionally protective and simultaneously acting as a source of motivation for the mothers to continue in their recovery.

Redefining Life Without Children

This study adds to the determination of what constitutes intense emotional pain (Barry, 2006b) in recovering mothers. The women in this study felt that custody loss was worse than if their children had died. This represents an ambiguous loss for these mothers (Betz & Thorngren, 2006).

Ambiguous loss is a loss that doesn't fit within the traditional notion of death and are felt to be either loss where there is physical presence but psychological absence or physical absence but psychological presence. Recovering mothers who lose custody of their children fit into the latter category. This type of loss can be compared to a child that has been abducted, but in this case the child is apprehended. In this loss "the natural processes of their lives stop the day the child is" apprehended (Betz & Thorngren, 2006, p. 360). These losses find mothers "stuck [in an] uncertainty of what their role is" with subsequent feelings of "powerlessness, insecurity in their future... and examining [their] values and beliefs... calling into question who one truly is" (p. 360). In addition, in ambiguous loss, the loss of role is mourned and creates a situation where a redefinition of relationship, roles and responsibilities presents itself to the bereaved.

Ambiguous loss presents itself as a situation where there are no rituals for meaning-making and the loss is socially stigmatized (Betz & Thorngren, 2006). "For years [the mothers] may go through the cycle of hope only to be disappointed once again" (p. 361) where the "grief can be exhausting" (p. 362). Betz and Thorngren note that "with [this] ambiguous loss the [mothers'] cannot simply move on. Their immobility or inability to deal effectively with the situation becomes a combination of... feelings of failure [and] the impossibility of the situation that... leave[s] them powerless" (p. 362).

The death of a child is considered to be catastrophic (Craighead and Nemeroff, 2004) and the outcome for these women was indeed catastrophic. "I felt that all hope was gone. What did it matter? I might as well just go and die..." This wish to 'go and die' was acted upon as each of the mothers engaged deeper with their addictions—consciously attempting to end their own lives with increased crack use.

Carlson, Matto, Smith and Eversman (2006) describe mothers who lose custody of their children as experiencing "intense emotional reactions" where mothers may surrender to feelings of desperation. Wijngaards-de Meij et al. (2007) notes that outcomes of parental loss of a child can be

parental mortality. Jiong, Precht, Mortensen and Olsen (2003) cite that mothers are particularly vulnerable in the first three years after a child's death and are at much higher risk of suicide than fathers. The loss of hope appears to be omnipresent whether the loss occurs because of custody loss or child mortality (Roberts, 1999).

A grieving process ensued which was consistent with Florczak's (2008) notion of finding meaning in the loss of their children. The strength and courage to go onward could be considered to be "post-traumatic growth" which is the "highest form of change associated with grief" (Tedeschi & Calhoun, 2008, p. 31). Resilience was a demonstrated outcome where maladaptive coping (Sutherland, 2009) gave way to behaviours consistent with not only life and living, but also living well, which seemed to be tied to the ability to have hope, goals, and dreams.

Re-conceptualization of Life and Role

While the literature points to recovering mothers re-conceptualizing their identity as mothers (Paris & Bradley, 2000; Sutherland et al., 2009) our study supported that it was their *role* as mothers that was re-conceptualized. Each of the women had a firm belief they were still mothers despite the loss of their children. This kept their identities as mothers intact. Hence it was not their identity that was relinquished when they lost custody but a process of renegotiation of role and what that role looked like. This role was primarily influenced by what having contact with their children would look like in terms of capacities and activities.

Making Sense of Losing Children

Frankl (2006) found that finding meaning is integrally "unique and specific" to those that seek it. A recovering mother appears to make sense of losing custody when she accepts accountability for the loss of her children. Part of making sense was accepting that "mistakes" were made and moving onward despite those mistakes. Cristine said, "Whatever I have to live today, I can't worry about yesterday... I know that what I did yesterday is going to affect my tomorrow, but right now I can just be here."

A solid relationship with their higher power was a lifeline for these women. The concept of a higher power is synonymous with recovery programs (McGee, 2000; Ronel, 2000). Brome, Owens,

Allen and Vevania's (2000) study revealed that a relationship with a higher power resulted in "more positive self-appraisals, more positive relationships with others, and an empowering coping stance" (p. 482).

Courage in the Face of Social and Societal Adversity

The presence of the kind of social and societal adversity these women experienced is supported in the literature (Aston, 2009; Poole & Greaves, 2009). The mothers faced considerable mixed messages from both society and the institutions that served them. These conflicting messages had a significant impact when one considers the recovering mother's efforts to use motherhood as a driver to recover. These ambiguities left them with a considerable burden to carry—furthering feelings of being lost, confused, and alone. These mothers valiantly tried to change their lives in the face of complex ever changing 'rules'—always hoping that adherence to these conditions would result in the return of their children.

As Powis et al. (2000) note there is a definite struggle between using drugs and keeping custody of one's children. What this study adds is that there comes a time when mothers ultimately make this decision. This 'giving up' could be understood as a process of deliberation which is influenced on many fronts but primarily by the betrayals they experienced. The literature is clear that child welfare workers have an impact on recovering mothers who lose custody of their children (Poole & Greaves, 2009; Reid et al., 2008). What emerged from our study was that betrayal was not framed singularly from child welfare workers. Rather, betrayal was multidimensional and included substances, significant others, and the mother herself. While the findings support that literature which describes addicted women as seeing themselves as thwarted and punished (Reid et al., 2008) what is further gained from this study is the magnitude of the impact that others have upon them. In Charolette's words, "A mother will lose her life."

While Aston (2009) notes that addicted women learn to "hail" themselves as addicts, what gave the women the courage to persevere despite the reactions of others was a central belief that, in the words of one of the women in this research, they were "not the addiction" but the "person behind the addiction." They were first and foremost human beings. This adds to current knowledge that even in their darkest moments, their identity was not solely reflective of their addiction.

As we listened to our participants' stories about their children and their treatment, we were struck by their courage in both the very thoughts of their children and in the philosophies of the addiction treatment center which they resided. Each woman felt she had been loved and supported as she progressed through recovery. All of the women noted they were "loved" until they could once more love themselves. This is consistent with what Kearney (1998) saw as "truthful self-nurturing" and what Aston (2009) described as recovery assisting mothers to see themselves differently. The mothers experienced truthful *other*-nurturing until they could truthfully *self*-nurture. What this adds to current knowledge is that Maslow's (Boeree, 2006) basic human needs—even in recovery—extend beyond physiological and safety needs and are seen within the seeds of being esteemed, belonging, affection, and most importantly being loved.

Strengths and Limitations

Although generalization is not an aim of qualitative research, a limitation of this study is a lack of generalizability. However, the goal of this research was not generalizability, but transferability (Glesne, 2006). Studies which have small samples are thought to "...deepen understanding and build breadth into their investigation through mindfulness of other work in the field. Thus... just one 'case' can lead to new insights... if it is recognized that any such case is an instance of social reality" (Crouch & McKenzie, 2006, p. 498). Although this study had a small sample, with any study there are considered to be tradeoffs between depth and breadth (Patton, 2002). With this in mind, the aim of our study was to explore in detail the lived experience of recovering mothers who had lost custody of their children, or in other words, to seek depth. The breadth of this study could be reflected in the provision of associated literature and first examining disciplinary knowledge in the form of a literature review and then, situating findings in the context of that literature.

Recommendations

There are several recommendations that arise from our research. For mothers in recovery, the ability to hold or touch their children, even if only in their minds, embodied motivation for the mothers. Guided imagery that simulates the experiences of holding or touching their children may

be valuable as a modality to sustain both well being and motivation in recovering mothers.

Tedeschi and Calhoun (2008) note that “the encounter with major losses teaches the bitter lesson that the individual is vulnerable to experiencing great suffering” upon the death of a loved one (p. 33). For mothers, this represented a figurative death. Losing custody can be viewed as an ambiguous loss resulting in disenfranchised grief in a society that does not recognize the immense suffering of mothers who lose custody of their children (Betz & Thorngren, 2006; Hazen, 2003). Grief counselling represents a viable strategy that could be easily undertaken as part of treatment in addictions recovery. Given the course of self-destruction that mothers engage in after losing custody, this may act as a buffer and provide new strategies to cope with the loss of their children and potentially decrease the risk of suicide.

The loss of custody has a profound impact on mothers. Hope is both lost and regained through the belief of others. Those who occupy positions of power, such as physicians, nurses, child welfare workers and addictions counsellors are called upon promote and communicate a sense of belief in an addicted mother to recover. Utilizing a strength-based perspective, examining personal belief and value systems as human beings and as professionals, as well as negotiating the underlying philosophies of their professions may do more to assist these mothers than any other single force in the recovering mother’s lives. Perhaps only then will society and social institutions begin to create a “just and equitable” system (Kruk, 2008) that meets recovering mothers “where they are at” (Kullar, 2009, p. 10).

This begins with giving voice to mothers who have lost custody of their children and providing opportunities for dialogue. Instead of viewing these mothers as ‘good’ or ‘bad’ perhaps it is time to see addicted mothers as human beings with strengths and frailties—and the capacity to change their lives given appropriate supports and resources. Examining personal and professional belief systems may help professionals and institutions realize inconsistencies between their practices and values which may have served to penalize and subjugate addicted mothers in the mother’s efforts to recover. The single phrase, “believe in me,” spoken of by one the mothers in this research, may have more power to change lives when acted upon by those who can and should enact change in our societal structures than any other phrase these mothers could utter.

SHERPA

Believe in me.

I am not the addiction.

I am the woman behind the addiction.

I laugh.

I cry.

I hurt.

I need you

To be my guide

As I climb

Over mountains

That rise above me.

Without you

I falter.

Without you

I fail.

Believe in me.

Conclusions

Human suffering can take many forms. For mothers with addictions the loss of custody of their children represents a dark, deadly period in their lives where there is intense suffering and pain. From a humanitarian perspective, this research has invited the reader to vicariously experience, through the stories of the mothers, the experience of child custody loss. While the reader may find this paper disturbing and unsettling, a bird's eye view of the pain, grief, and loss of recovering mothers becomes very 'real.' Perhaps more importantly, the message—that recovering mothers can recover from this loss—is paramount. Ultimately, the use of our findings has the potential to be influential as professionals consider their own practices, identify their beliefs and values surrounding addicted mothers in recovery, and perhaps as a result, take the first steps towards enacting social and disciplinary change.

Our research underscores the multiple contextual factors that are associated with substance abuse in mothers as well as their journeys to recovery. There exists a need to look at recovering mothers who have

lost custody of their children in a holistic sense while trying to ascertain influences that affect their drug use and subsequent custody loss. Examining the experiences of recovering mothers who have lost custody provides further insights that identify the needs of recovering mothers and the processes they go through in their journey to reclaim their lives. We hope that with further research, these processes will become better understood and assist in the progressive determination of policy and treatment options.

References

- Alberta Children's Services (2007). *Temporary guardianship orders*. Edmonton, Alberta: Author.
- Alberta Children and Youth Services (2009). *Enhancement policy manual*. Edmonton, Alberta: Author.
- Aston, S. (2009). Identities under construction: Women hailed as addicts. *Health, 13*(6), 611- 628.
- Barry, C. (2006a). A portrait of a recovering mother: A grounded theory exploration. *Masters Abstracts International*, (University of Calgary, 2006, UMI: AATMR13536).
- Barry, C. (2006b). *A portrait of a recovering mother: A grounded theory exploration*. Retrieved from <http://www.womeninpsychology.com/Recover%20Mother%20Cheryl%20Barry%2006.pdf>
- Beck, J.A. (2006). Recovering selves: Women and the governance of conduct in a residential treatment program. *Women & Therapy, 29*(3/4), 239-259.
- Betz, G., & Thorngren, J.M. (2006). Ambiguous loss and the family grieving process. *The Family Journal: Counselling and Therapy for Couples and Families, 14*(4), 359-365.
- Boeree, C.G. (2006). *Abraham Maslow*. Retrieved from <http://webpace.ship.edu/cgboer/maslow.html>
- Bridges, B. (n.d.) Educational consulting: Paradigm charts. Retrieved March 11, 2009 from <http://www.bridgescreate.com/brb/para.html>
- Brome, D.R., Owens, M.D., Allen, K. & Vevania, T. (2000). An examination of spirituality among African American women in recovery from substance abuse. *Journal of Black Psychology, 26*(4), 470-486.
- Brady, K.T., Black, S.E., & Greenfield, S.F. (2009). *Women and addiction: A comprehensive handbook*. New York, NY: Guilford.
- Brown, E.J. (2006). Good mother, bad mother: Perception of mothering by rural African-American women who use cocaine. *Journal of Addictions Nursing, 17*, 21-31
- Budau, K., Barniuk, J., Fallon, B & Black, T. (2009). Geographic location and short-terms service dispositions in Canadian maltreatment investigations: CIS-2003. *CECW Information Sheet #76*. Toronto, Ontario: Faculty for Social Work, University of Toronto.
- Burman, S. (2004). Revisiting the agent of social control: Implications for substance

- abuse treatment. *Journal of Social Work Practice*, 18(2), 197-210.
- Canadian Mental Health Association (2011). Women with mental illness. Retrieved from <http://www.ontario.cmha.ca/women.asp?cID=5693>
- Caplan, P.J. (2001). Motherhood: Its changing face. In J. Worrell (Ed.) *Encyclopaedia of women and gender: Sex similarities and differences and the impact of society on gender*, Vol. 2. San Diego, CA: Academic Press.
- Carlson, B.E., Matto, H., Smith, C.A., & Eversman, M. (2006). A pilot study of reunification following drug abuse treatment: Recovering the mother role. *Journal of Drug Issues*, 36, 877-903.
- Cash, S.J., & Wilke, D.J. (2003). An ecological model of maternal substance abuse and child neglect: Issues, analyses, and recommendations. *American Journal of Orthopsychiatry*, 73(1), 392-404.
- Ceci, C. (2003). Midnight reckonings: On a question of knowledge and nursing. *Nursing Philosophy*, 4, 61-76.
- Chestler, P. (2011). *Mothers on trial: The battle for children and custody*. Chicago, IL: Lawrence Hill Books.
- Concoran, J. (2001). Treatment approaches for child welfare mothers with addiction problems: An empirical review to guide practice. *Social Work Practice in the Addiction*, 1(4), 5-24.
- Coyer, S.M. (2001). Mothers recovering from cocaine addiction: Factors affecting parenting skills. *Journal of Obstetric, Gynaecological & Neonatal Nursing*, 30, 71-79.
- Craighead, W.E., & Nemeroff, C.B. (2004). *The concise Corsini encyclopaedia of psychology and behavioral science* (3rd ed.), Hoboken, NJ: John Wiley and Sons.
- Crouch, M., & McKenzie, H. (2006). The logic of small samples in interview based qualitative research. *Social Science Information*, 34(4), 483-499.
- Dickson-Swift, V. James, E.L., Kippen, S. & Liamputtong, P. (2006). Blurring boundaries in qualitative health research on sensitive topics. *Qualitative Health Research*, 16(6), 853-871
- Doris, J.L., Meguid, V., Thomas, M., Blatt, S. & Echenrode, J. (2006). Prenatal cocaine exposure and child welfare outcomes. *Child Maltreatment*, 11(4), 326-337.
- Davies, D., & Dodd, J. (2002). Qualitative research and the question of rigor. *Qualitative Health Research*, 12(2), 279-289.
- Dunlap, E., Sturzenhofecker, G. & Johnson, B. (2006). The elusive romance of motherhood: Drugs, gender, and reproduction in inner-city distressed households. *Journal of Ethnicity in Substance Abuse*, 5(3), 1-27.
- Eliot, T.S. (1969). *The complete poems and plays 1909-1950*. Orlando, FL: Brace Jovanovitch, Publishers.
- Elmir, R., Schmeid, V., Jackson, D., & Wilkes, L. (2011). Interviewing people about potentially sensitive topics. *Nurse Researcher*, 19(1), 12-16.
- Estés, C.P. (2003). *Women who run with the wolves: Myths and stories of wild women archetype*. New York, NY: Ballantine Books.
- European University Association (n.d.). *Inter-country comparisons of children in the public care: Are we comparing like with like when we use administrative data sources: Canada*. Retrieved from http://www.uea.ac.uk/polopoly_fs/1.85252!canada%20report.pdf.

- Ferraro, K.J., & Moe, A.M. (2003). Mothering, crime and incarceration. *Journal of Contemporary Ethnography*, 32(1), 9-40.
- Forrester, D., McCambridge, J., Waissbein, C. & Rollnick, S. (2008). How do child welfare practitioners talk to resistant parents? *Child Abuse Review*, 17, 23-35.
- Frankl, V.E. (2006). *Man's search for meaning*. Boston, MA: Beacon Press.
- Frisby, W., Maguire, P., & Reid, C., (2009). The 'f' word has everything to do with it: How feminist theories inform action research. *Action Research*, 7(1), 13-29.
- Glenn, E.N., Change, G. & Forcey, L.R. (1995). Mothering: Ideology, experience and agency. *Canadian Journal of Communication [Online Version]*, 20(4), 1-4.
- Glesne, C. (2006). *Becoming qualitative researchers: An introduction*. Thousand Oaks: CA: Sage.
- Grella, C.E. (2008). From generic to gender-responsive treatment: Changes in social policies, treatment services, and outcomes of women in substance abuse treatment. *Journal of Psychoactive Drugs*, 5, 327-343.
- Haddock, S.A., Zimmerman, T.S. & Lyness, K.P. (2003). Changing gender norms: Transitional dilemmas. In F. Walsh (Ed.) *Normal family processes: Growing diversity and complexity*. New York, NY: Guilford Press.
- Hardesty, M., & Black, T. (1999). Mothering through addiction: A survival strategy among Puerto Rican Addicts. *Qualitative Health Research*, 9(5), 602-619.
- Hiersteiner, C. (2004). Narratives of low-income mothers in addiction recovery centres: Motherhood and the treatment experience. *Journal of Social Work in Practice*, 4(2), 51-64.
- Hertenstein, M.J., Holmes, R., McCollough, M. & Keltner, D. (2009). The communication of emotion via touch. *Emotion*, 9(4), 566-573.
- Hohman, M.M. & Butt, R.L. (2001). How soon is too soon? Addiction recovery and family reunification. *Child Welfare*, LXXX(1), 53-67.
- Heidegger, M. (1962). *Being and time*. New York, NY: Harper San Francisco.
- Human Resources Skills Development Canada (2000). *Child welfare in Canada 2000*. Ottawa, Ontario: Author.
- Huxley, A., & Foulger, S. (2008). Parents who misuse substances: Implications for parenting practices and treatment seeking behaviours. *Drugs and Alcohol Today*, 8(3), 9-15.
- Irwin, L.G., Thorne, S. & Varcoe, C. (2002). Strength in adversity: Motherhood for women who have been battered. *Canadian Journal of Nursing Research*, 34(4), 47-57.
- Jansen, G.G. & Davis, D.R. (1998). Honoring voice and visibility: Sensitive-topic research and feminist interpretive inquiry. *Affilia*, 13(3), 289-311.
- Jiong, L., Precht, D.H., Mortenson, P.B., & Olsen, J. (2003). Mortality in parents after death of a child in Denmark: A nationwide follow-up study. *The Lancet*, 361(9353), 363-367.
- Jones, M. C. (1970). *Giving up*. [A collection of poems]. Copy in possession of Carol Clare Nicolas.
- Kearney, M.H. (1998). Truthful self-nurturing: A grounded formal theory of women's addiction recovery. *Qualitative Health Research*, 8(4), 495-512.
- Karnieli-Miller, O., Strier, R. & Pessach, L. (2009). Power relations in qualitative research. *Qualitative Health Research*, 19(2), 279-289.
- Knoke, D. (2009). Strategies to enhance substance abuse treatment for parents involved

- in child welfare. *CECW Information Sheet #72E*. Toronto, Ontario: University of Toronto Factor-Inwentash Faculty of Social Work.
- Koch, T. (1996). Implementation of a hermeneutic inquiry in nursing: Philosophy, rigor and representation. *Journal of Advanced Nursing*, 24, 174-184.
- Kockleman, J.T. (1987). *Phenomenological psychology: The Dutch school*. Dordrecht: Kluwer.
- Kovalesky, A. (2001). Factors affecting mother-child visiting identified by women with histories of substance abuse and child custody loss. *Child Welfare*, LXXX(6), 749-768.
- Kruk, E. (2008). *Child custody, access and parental responsibility: The search for a just and equitable standard*. Vancouver, British Columbia: University of British Columbia.
- Kullar, S. (2009). Working from our values: Managing risk and reducing harm in child protection services. *Perspectives*, 11(1), 10-11.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. New York, NY: Sage.
- Li, S. (2002). Variable experiences. In M. van Manen (Ed.) *Writing in the dark: Phenomenological stories in interpretive inquiry*. (pp. 85-96). London, Ontario: Althouse Press.
- Litzke, C.H. (2004). Social constructions of motherhood and mothers on drugs: Implications for treatment, policy, and practice. *Journal of Feminist Therapy*, 16(4), 43-59.
- Lopez, K.A. & Willis, D.G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, 14(5), 726-735.
- Marcellus, L. (2003). Critical social and medical constructions of perinatal substance abuse: Truth in the making. *Journal of Family Nursing*, 9(4), 438-452.
- McGlone, F., Vallbo, A.B., Olausson, H., Loken, L. & Wessberg, J. (2007). Discriminative touch and emotional touch. *Canadian Journal of Experimental Psychology*, 61(3), 173-183.
- McCabe, C., Rolls, E.T., Bilderbeck, A. & McGlone, F. (2008). Cognitive influences on the affective representations of touch and the sight of touch in the human brain. *SCAN*, 3, 97-108.
- McGee, E.M. (2000). Alcoholics Anonymous and nursing: Lessons in holism and spiritual care. *Journal of Holistic Nursing*, 18(1), 11-16.
- Meyers, M. (2004). Crack mothers in the news: A narrative of paternalistic racism. *Journal of Communication Inquiry*, 28(3), 194-216.
- Milojevic, I., Hurley, K. & Jenkins, A. (2008). Feminism, future studies and the futures of feminist research. *Futures*, 40(4), 313-318.
- Mohatt, G.V., Rasmuss, S.M., Thomas, L., Allen, J., Hazel, K. & Marlatt, G.A. (2007). Risk, resilience and natural recovery: A model of recovery from alcohol abuse for Alaskan natives. *Addiction*, 103, 205-215.
- Mulcahy, M., & Trocmé, N. (2010). Children and youth in out-of-home care in Canada. *CECW Information Sheet #78*. Montreal, Quebec: Centre for Research on Children and Families, McGill University.
- Oakley, A. (1998). Gender, methodology and people's ways of knowing: Some problems with feminism and the paradigm debate in social science. *Sociology*, 32(4), 707-

731.

- Paris, R., & Bradley, C.L. (2001). The challenge of adversity: Three narratives of alcohol dependence, recovery and adult development. *Qualitative Health Research*, 11(5), 647- 667.
- Patton, M.Q. (2002). *Qualitative research & evaluation methods* (3rd ed.), Thousand Oaks, CA: Sage.
- Perry, B. A. (1994). A description of exceptionally competent nursing practice. *Dissertation abstracts international*, (University of Alberta, 1994, UMI: AATNN95247).
- Perry, B. (2009). *More moments in time: Images of exemplary nursing*. Edmonton, Alberta: AU Press.
- Poole, N., & Greaves, L. (2009). Mother and child reunion: Achieving balance in policies affecting substance-using mothers and their children. *Women's Health and Urban Life*, 8(1), 54-66.
- Porter, S. (2007). Validity, trustworthiness and rigour: Reasserting realism in qualitative research. *Journal of Advanced Nursing*, 60(1), 79-86.
- Powis, B., Gossop, M., Bury, C., Payne, K. & Griffiths, P. (2000). Drug-using mothers: Social psychological and substance abuse use problems of women opiate users with children. *Drug and Alcohol Review*, 19, 171-180.
- QRS International (2009). *Products*. Retrieved September 1, 1009 from <http://www.qsrinternational.com/products.aspx>
- Rapport, F. & Wainwright, P. (2006). Phenomenology as a paradigm of movement. *Nursing Inquiry*, 13, 228-236.
- Reid, C., Greaves, L. & Poole, N. (2008). Good, bad, thwarted or addicted? Discourses of substance-abusing mothers. *Critical Social Policy*, 28(2), 211-234.
- Roberts, C.A. (1999). Drug use among inner-city African American women: The process managing loss. *Qualitative Health Research*, 9(5), 620-638.
- Rockhill, A., Green, B.L. & Newton-Curtis, L. (2008). Assessing substance abuse treatment: Issues for parents involved with child welfare services. *Child Welfare*, 87(3), 63-93.
- Ronel, N. (2000). From self-help to professional care: An enhanced application of the 12-step program. *The Journal of Applied Behavioral Science*, 36(1), 108-122.
- Schields, S.A., & Diccico, E.C. (2011). The social psychology of sex and gender: From gender difference to doing gender. *Psychology of Women Quarterly*, 35(3), 491-499.
- Schleuderer, C., & Campagna, V. (2002). Assessing substance abuse questions in child custody evaluations. *Family Court Review*, 42(2), 375-383.
- Seale, C., & Gabon, L. (2004). *Qualitative research practice*. Thousand Oaks, CA: Sage.
- Semidei, J., Radel, L.F. & Nolan, C. (2001). Substance abuse and child welfare: Clear linkages and promising responses. *Child Welfare*, 80(2), 109-128.
- Seung-Schik, Y., Freeman, D.K., McCarthyll, J.J. & Jolesz, F.A. (2003). Neural substrates of tactile imagery: A functional MRI study. *NeruoReport*, 14(4), 581-585.
- Shah, S.K. & Corley, K.G. (2006). Building better theory through bridging the quantitative- qualitative divide. *Journal of Management Studies*, 43(8), 1821-1835.
- Shillington, A.M., Hohman, M. & Jones, L. (2001). Women in substance abuse

- treatment: Are those also involved in the child welfare system different? *Journal of Social Work Practice in the Addictions*, 1(4), 25-46.
- Skene, C. (2007). Interviewing women: Using reflection to improve practice. *Nurse Researcher*, 14(4), 53-63.
- Smith, N.A. (2006). Empowering the “unfit” mother: Increasing empathy, redefining the label. *Affilia*, 21(4), 448-457.
- Smythe, E.A., Ironside, P.M., Sims, S.L., Swenson, M.M., & Spence, D.G. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies*, 45, 1398-1397.
- Snow, D., & Delaney, K.R. (2006). Substance abuse and recovery: Charting a course toward optimism. *Archives of Psychiatric Nursing*, 20(6), 288-290.
- Stanford University (2009). Feminist epistemology and philosophy of science. Retrieved October 17, 2009 from <http://plato.stanford.edu/entries/feminism-epistemology/>
- Stanley, L. & Wise, S. (1993). *Breaking out again: Feminist ontology and epistemology*. New York, NY: Routledge.
- Stenistus, V.K., Veysey, B.M., Hamilton, Z. & Andersen, R. (2005). Social roles in women’s lives. *Journal of Behavioral Health Services & Research*, 32(2), 182-198.
- Streetworks (2011). Women in the shadows: Why are women in Edmonton’s inner city not accessing prenatal care? In proceedings of *Alberta Harm Reduction Conference*, Edmonton, Canada., June 1-2, 2011. Retrieved from www.albertaharmreduction.ca/Presentations2011/WomenInTheShadows.ppt
- Suchman, N.E., McMahon, T.J., Slade, A. & Luthar, S.S. (2005). How early bonding, depression, illicit drug use and perceived support work together to influence drug- dependent mother’s caregiving. *American Journal of Orthopsychiatry*, 75(3), 431-445.
- Sutherland, J.A., Cook, L., Stetina, P. & Hernandez, C. (2009). Women in substance abuse recovery: Measures of resilience and self-differentiation. *Western Journal of Nursing Research*, 31(2), 905-922.
- Tedeschi, R.G., & Calhoun, L.G. (2008). Beyond the concept of recovery: Growth and the experience of loss. *Death Studies*, 32, 27-37.
- Terplan, M., Smith, E.J., Kozloski, M.J. & Pollack, H.A. (2010). “Compassionate coercion”: Factors associated with court-mandated drug and alcohol treatment in pregnancy 1994-2005. *Journal of Addictive Medicine*, 4(1), 1-6.
- Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J. Felstiner, C. Black, T., et al. (2005). *Canadian incidence study of reported child abuse and neglect – 2003*. Ottawa, Ontario: Minister of Public Works and Government Services Canada.
- VanDeMark, N.L., O’Keefe, M., Finkelstein, N. & Gampel, J.C. (2005). Children of mothers with histories of substance abuse, mental illness, and trauma, *Journal of Community Psychology*, 33(4), 445-459.
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, Ontario: The Althouse Press.
- Van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy*. Winnipeg, Manitoba: The Althouse Press.
- Weaver, K. & Olson, J.K. (2006). Understanding paradigms used for nursing research. *Journal of Advanced Nursing*, 53(4), 459-469.

- Werner, D., Young, N.K., Dennis, K. & Amateri, S. (2007). *Family-centered treatment for women with substance use disorders: History, key elements and challenges*. Rockville, MD: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
- Wijngaards-de Meij, L., Stroebe, M., Schut, H., Stroebe, W... & Dijkstra, I. (2007). Patterns of attachment and parents' adjustment to the death of a child. *Personality and Social Psychology Bulletin*, 33(4), 537-548.
- Wilkinson, S.J. & Morton, P. (2007). The emerging importance of feminist research paradigms in built environment research. *Structural Survey*, 25(5), 408-417.
- Worley, L.L.M., Conners, C.C., Williams, V.L. & Bokony, P.A. (2005). Building a residential treatment program for dually diagnosed women and their children. *Archives of Women's Mental Health*, 8, 105-111.