

BEING THE MOTHER YOU ARE TOLD TO BE:
A QUALITATIVE ANALYSIS OF MOTHERS IN RECOVERY

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To My Auntie Diane,

For the 9 years of sobriety. You are a great mom.

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*I would like to thank my mom and family,
Thanks for your love and support. Also, my professors for their dedication and time. I would also
like to thank the participants for their willingness to share their stories.*

ABSTRACT

“Mother” is a socially constructed role that is defined and maintained through social interaction. Expectations to uphold the responsibilities associated with the role of “good mother” are created—alertness, parenting, gendering, nurturing and balancing that are performed, therefore, come to define the institution of motherhood in modern families. This is problematic for women recovering from drug addictions. Ten mothers who are former substance abusers, and who have attended or completed a formal recovery treatment program geared toward mothers completed semi-structured interviews to provide in-depth perception about managing their identity as a mother while battling addiction. This research provides a critical feminist approach to understanding women’s roles as mothers in society from the voices of moms who were not always considered good moms. It suggests that if there is a notion of “good” and “bad” mothers then the possibility of redemption as “good mothers” for drug addicted women will require more programs, education, advocacy for changes in laws and policies, and more accessible resources to reduce the economic and environmental barriers that these women face. It also advocates for programs for mothers in recovery that will effectively empower them to be good moms and encourage the balance of recovery and mothering.

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INTRODUCTION

According to the Bureau of Justice Statistics, more than 70% of women in prison have children. The most common offense for 59% of women in federal prisons and 25% of women in state prisons is violation of drug laws. In addition, the rate of incarceration for non-Hispanic black females is nearly three times the rate for non-Hispanic white females. Policies such as the Adoption and Safe Family Act of 1997, and the Mandatory Minimum Sentencing Reform Act of 1994 have not only increased female incarceration and separated mothers from their children, but have further legitimated notions of what it means to be a "good" and "bad" mother, especially among women of color who are disproportionately impacted by these policies (Solinger et al. 2010).

Recognizing the stigma of incarceration and drug addiction for these women, scholars including Baker and Carson (1999), Couvrett, Plourde, and Brochu (2016), and Roberts (1991 and 2016) argue that mothers and their children benefit more from drug treatment facilities rather than being incarcerated. Programs aimed at helping mothers often allow women to reside with their children while going through treatment, assist mothers in regaining custody of their children, and provide parenting-skills training and practice along with recovery counseling. However, these programs also promote a "good" or "bad" mother ideology (McCorkel 2013). Women in the programs must negotiate and manage identities as "good" mothers and resist (self and other's) perceptions of them as "bad" mothers. A few studies have examined how substance abusing women manage their identities as mothers (Kerwin, Giorgio, Steinman, and Rosenwasser 2014; Silva, Pires, Guerreiro and Cardoso 2012; Virokannas 2011), and this study adds to and updates the literature, but also considers how past participation in or completion of a recovery program

for mothers influences their current perceptions and identities, either positively or negatively. I am particularly interested in how women, once outside of a recovery program, manage their identities as mothers.

The purpose of this research is to examine how former substance abusing women manage their identities as "good mothers," and how past participation in recovery programs have shaped their self-perceptions as good (or bad) mothers. Specific research questions include: How do mothers in recovery describe their experiences as mothers? What do they describe as barriers to recovery, and the impact of recovery programs on their experiences as mothers? This research pays particular attention to how the intersections of race and gender legitimize meanings of good and bad moms.

LITERATURE REVIEW

Background: A History of Racialized and Criminalized Motherhood

Historically women have been punished more harshly than men by global society in many areas of their lives as an outgrowth of the control of women in patriarchal organizations. The rapidly increasing incarceration rate for women in the United States for drug offenses and nonviolent crimes demonstrate gendered structures in criminality. Angela Davis notes in her book entitled, *Are Prisons Obsolete?* literature for women in prison is underdeveloped. In the chapter titled, "How Gender Structures the Prison System" Davis states:

... the economic and political shifts of the 1980s—the globalization of economic markets, the deindustrialization of the U.S economy, the dismantling of such social services programs as Aid to Families of Dependent Children, and, of course, the prison construction boom—produced a significant acceleration in the rate of women's imprisonment both inside and outside the United States (Davis 2003: 65).

Davis continues, “Masculine criminality has always been deemed more ‘normal’ than feminine criminality” (Davis 2003:66). As a result, many women are punished more harshly because they are women and not because of the severity of their crimes.

In the 1980s, Reagan waged the “War on Drugs” which set up punitive laws that targeted marginalized citizens. In 1994, Bill Clinton signed the Violent Crime Control and Law Enforcement Act of 1994 that mandated a minimum sentencing for people found with drugs on their persons. These laws disproportionately affected women battling with addiction especially those in poverty-stricken neighborhoods and black communities. The laws that further criminalized women by race and class have created matrices of power that challenge women battling with addiction in their roles as mothers. In addition, these laws have contributed to the social and cultural construction of motherhood by legitimizing and normalizing prescribed roles for mothers in the United States (Davis 2003; Dorothy 1999, 2016).

The ways in which mothers are criminalized, according to relevant reviews of the literature (Solinger et. Al 2010; McCorkel, 2013), point to how social policy “naturalizes” social inequality by regulating punitive laws that further marginalize African American women as mothers. These laws not only criminalized black women who suffer economically because of their lack of resources but punished them for their inability to access effective health care which further devalued African American women as mothers. These laws systematically oppress women with children and limited their ability to actually be mothers. Historically, the racialized, gendered, criminalization of motherhood constructed in the United States was maintained by policies that punished them for not

having access to resources and allowing stereotypical images to perpetuate social ideas of not only Black people but Black women as mothers and by continuing to use these stereotypes as premise for new laws.

These stereotypes and further laws portray African American women as unfit to bear and raise children. In “Prison, Foster Care, and the Systemic Punishment of Black Mothers” Dorothy Roberts (2012) states:

The sexually licentious Jezebel, the family-demolishing Matriarch, the devious Welfare Queen, the depraved pregnant crack addict accompanied by her equally monstrous crack baby—all paint a picture of dangerous motherhood that must be regulated and punished. Unmarried Black women represent the ultimate irresponsible mothers—women who raise their children without the supervision of a man.

Roberts suggests that such stereotypes have prompted lawmakers to enact new policies that assume that black women in the lower class are more likely to commit welfare fraud. The portrayal of the black mother as a Jezebel suggests that African American women are more promiscuous and more likely to engage in unprotected sex, thus increasing her chances of getting pregnant and having many children dependent on welfare. Roberts argues that these stereotypes detract from criticisms that might otherwise target the social responsibilities of the government and on punitive laws that disproportionately impact black families.

This practice and approach is not new. During slavery, breeding children was a legitimized role for African American women that was maintained to contribute to the economic profit of the south; confederate government legitimized slave owners’ regulation of the reproduction of slaves. Black women have been systemically denied their rights of motherhood and were not valued as mothers but as breeders. Ironically, then, current laws penalize black women for having too many children by taking away their children for small

petty crimes, health conditions and other social factors that devalue them as mothers. These charges are often not related to their parenting skills but ultimately it is used to justify the removal of their children or results in their incarceration which further separates them from their children. These women are not deemed ideal mothers because they are not able to financially provide for their children. Instead of aiding these women they are further penalized by laws because they chose to have children. The construction of “good” mothers is based on how much they make, as well as appearance and other social factors women do not completely have control over. In this way, the construct of motherhood is racialized.

The primary concern of white middle-class women are laws that restrict choices otherwise available to them, such as statutes that make it more difficult to obtain an abortion. The main concern of poor women of color, however, are the material conditions of poverty and oppression that restrict their choices (Roberts 1991: 1461).

Baker and Carson (1999: 348) echo this idea: “Notions about mothering in the United States are based on a white, middle class, heterosexual standard that places the biological mother as the sole parent to deliver constant care and attention to her children.”

African American women and minorities who are on welfare are more likely to be criminalized and have their children removed because they have more contact with the government and social workers. Thus, the idea of who can be a mother and who is a “good” mother also is regulated by the government. In Dorothy Roberts’s (2012), “Prison, Foster Care, and the Systemic Punishment of Black Mothers,” she articulates how the two systems of prison and foster care intersect to continuously marginalize black mothers. Black mothers experience harsher sentencing. This affects the black community because in poverty-stricken neighborhoods women are the primary caregiver which keeps them economically oppressed. In addition, when they are released for charges of child neglect

or for using drugs or being in a violent relationship it is even harder for them to find jobs. Because African American women are already devalued as mothers they often find the only resources available are found through child welfare but by that time they have already been criminalized.

Scholars often disagree about the War on Drugs as they are unsure of how to approach the issue. In *Taking Sides: Clashing Views in Drugs and Society* (2012), there is a chapter entitled, “Should Women Who Use Drugs Lose Custody of Their Children.” Mark Testa and Brenda Smith argue that it is in the best interest for the child(ren) to be removed because treatment facilities are ineffective and that losing custody of their children should act as a deterrent to drug use. They argue that evidence shows maltreatment towards children and that the child(ren) need to be placed in a safer environment. Their argument suggests that the child welfare is more important than the mother’s ability to deal with her addiction. Their argument does not offer any solutions to assisting mothers with their addiction.

Moreover, Jeanne Flavin and Lynn Paltrow in the same book, argue that the stigma of drug use is the reason why people avoid prenatal care and treatment, poor women are more likely to become targets and that this is a health problem rather than a legal issue. “In 1989, Illinois became one of the first states in the nation to approve legislation making intrauterine exposure to illicit substances, by itself, evidence of child abuse and neglect” (Goldberg 2012: 119). Jeanne Flavin and Lynn Paltrow argue “too often, however, a single, unconfirmed positive drug test is accepted as incontrovertible evidence of a woman’s criminality or unfitness to parent” (*Should Women Who Use Drugs Lose Custody of Their Children?* Issue 5; 143). The lack of resources and support criminalizes

these mothers rather than help them and further legitimizes their notions of motherhood. In addition, they bring up cases similar were poor women on welfare had been offered treatment nor could they afford to pay to attend a treatment facility. They brought up cases like Regina McKnight, Brenda Vaughn and Cornelia Whitner, who begged the judge for assistance in getting in a treatment facility. “I need some help, Your Honor.” She stressed her need and desire for inpatient treatment. The judge just responded, “I think I’ll just let her go to jail” (Goldberg 2012: 133).

The Adoption and Safe Family Act of 1997. A specific example of these policies is *The Adoption and Safe Family Act of 1997 (ASFA)*. Its stated goal was to “improve the safety of children, to promote adoption and other permanent homes for children, and support families” (Solinger, Johnson, Raimon, Reynolds, and Tapia 2010: 77). Laws such as Ronald Reagan’s Anti-Drug Abuse Act established mandatory minimum sentences for drug possession that was heavily enforced and modified by Bill Clinton’s *Violent Crime Control and Law Enforcement Act of 1994*. This resulted in an increase of children in foster care and many mother’s rights were terminated mostly from incarceration due to drug related offenses (Solinger, et al. 2010: 80). These types of punitive policies and drug laws separate families and imply that these women are not good mothers by terminating their rights.

Despite its intentions, the ASFA seems to contradict what it is intended to do. The program places the children with a temporary foster parent. The biological parent, (in this case we will say mother) attends parenting classes and has some form of contact with their child(ren) and when they are released the child is back in their custody. One problem is that a child can only be placed in temporary care for no more than fifteen months, and then

rights of the mother/parents are terminated. This is problematic for restoring families because most people in jail/prison have a longer sentence than fifteen months. This is also the case for residential treatment programs.

Programs for Mothers in Recovery

Alongside (and following) these punitive policies, programs for mothers and children have been implemented in the last 10-20 years, now part of a larger movement focused on “family-centered” treatment (Iachini, DeHart, McLeer, Hock, Browne, and Clone 2015; Werner et al. 2007). Mother-child programs vary by location but operate under “the concept that these women could continue to meet their parenting responsibilities, bonding with children would be protected, child care would be provided, and these activities would allow for the women’s participation in treatment” (Werner et al. 2007: 8). It is important to note that more so than not the term “families” represents mothers, or women and their children only. Fathers are absent or not included in treatment models although about half of substance using men have children.

Barriers to the mother-child programs are noted in the literature and practice (Iachini et al. 2015). Traditionally, all recovery programs were designed for individuals rather than women AND children, or entire families (Werner et al. 2007). In addition, for the past 40 years substance abuse treatment programs have been male dominated, and any women were served in men’s programs or using a male model. Even as programs during the 1970s moved toward specific services for women, they were still based on what worked for men. A few residential programs for pregnant and parenting women emerged in the 1990’s, although these were few, limited, and excluded certain women. Some programs only accepted pregnant women while others excluded pregnant women due to costs and

complications. Programs also limited the number of children a mother could include with her in the program, and many limited the programs to younger children—older children (e.g., over 10 or 12 years) could not live with their mothers in the residential programs. These mothers and children were excluded from recovery and left untreated. Werner et al (2007:8) notes that these limits and exclusions “caused divisions that actually created new problems and further rifts in family functioning.”

It is apparent from the history of these programs that there was a lack of attention on women’s roles within families, and specifically as mothers. Women with children who needed substance abuse treatment lacked access to recovery programs, had difficulty obtaining quality child care to attend programs, and feared losing custody of their children if they entered residential treatment (Marsh, D’Aunno and Smith 2000; Werner et al 2007). For mothers who had access to programs they faced tough choices about caring for their children or following through with treatment. As Negar and Prinz (2015: 72) note: “Policies that require mothers to decide between caring for their children and completing drug treatment represent significant barriers that place mothers in the unfortunate situation where either choice may be considered wrong by influential authority figures on who’s opinion both the mother and child’s futures depend.”

At this point, most scholars argued that treatment for women was not effective. For example, in Oregon-based study reported that before implementation of the Adoption and Safe Family Act of 1997, a greater proportion of mothers involved with child welfare system who entered substance abuse treatment completed treatment. About half completed any treatment within three years. However, following the ASFA, these researchers found lower treatment completion rate for substance abuse—only 22 percent completed treatment

(Goldberg 2012: 123). These numbers would change if more people had access to treatment, and agencies such as child protective services were more effective at recommending treatment and could provide more supportive services.

Mother-child programs and “family-centered” models are designed to address these types of barriers for mothers in need of substance abuse treatment and improve outcomes for women and their children. They allow women to maintain or regain custody of their children, have their children live with them in the residential programs (or transitional housing), and provide parenting skills, practice, and support (Inachini et al 2015). However, the complexities of the models inhibit implementation, follow-through, and ultimate program success, which “hinges on inter-agency collaboration” (Inachini et al 2015: 177). Stakeholders from substance abuse treatment programs, child welfare, and other social service agencies who must collaborate for these programs to succeed note a lack of knowledge of this new area and uncertainty, lack of commitment, and expectations for failure of the mothers as barriers to mother-child residential programs. Traditionally these agencies operated separately within “silos” focusing on “their clients” whether women, mothers, or children rather than “our families”. They lacked trust of one another, competed for resources, and often promoted contradicting philosophies about substance abuse as illness or choice. In addition, stakeholders and community described resistance to assisting “addict mothers” preferring the easier “sell” of helping neglected children of drug addicted mothers (181).

Despite these barriers, research on the outcomes of mother-child programs are promising for mothers and children (Inachini et al. 2015; March, D’Aunno, and Smith 2000; Neger and Prinz 2015; Nichols et al. 2012; Slesnick, Feg, Brakenhoff, and Brigham

2014). Marsh, D'Aunno, and Smith (2000) compared the difference between standard treatment and enhanced programs that provided transportation, outreach services, and child care. Programs that allowed women to bring their children with them helped them reduce drug use. Neger and Prinz' (2015) meta-analysis focused on the outcomes for 21 studies which examine both substance abuse and parenting programs (all but one program focused on mothers). Although study methods, samples, and outcome measured differed, the overall conclusion was that dual treatment for substance abuse and parenting reduced substance use and improved parenting. In studies that measured child outcomes, these enhanced programs also showed improvements over standard treatment alone. It remains the case, however, that mothers are often isolated, lack social supports, and must decide between child care goals ("good mothering") and treatment. Thus, mother-child programs are still limited. It is also not clear from these outcome studies whether the mothers in recovery see themselves as "good mothers" or how they resist expectations for failure and manage past identities as "bad mothers."

Another oversight and need within family-centered recovery models involves consideration of cultural differences in parenting as well as patterns of institutionalized racism. Programs typically are not designed and implemented to meet the needs and experiences of the diverse population of substance users (Neger and Prinz 2015). As such, what it means to be a "good mother" continues to encompass very specific behaviors and attitudes which are held by only certain groups of society but expected for all. Programs and policies today continue to legitimize these notions for substance using mothers.

Balancing Addiction and Mothering

In addition to program implementation and outcomes, a few studies have sought to understand the process of mothering and mothering identities from the perspective of mothers in recovery. Phyllis Baker and Amy Carson's, *I Take Care of my Kids (1999)* was a study of 17 women and their mothering practices in a residential program and is the most well-known and cited research similar to my own research questions. The initial purpose of the study was to find out how substance abuse affected their lifestyles and their families, but they found that for these women being a mother was central to their identities. The women's daily routine before entering the residential program incorporated a lot of interaction with their children, a balance of coping with addiction, and maintaining sobriety while taking care of their children. They noted that being a mother was scaled on the amount of attentiveness, warmth and nurturing that they gave their child. Carson and Baker (1999) argued that this scale was based on intensive parenting and it did not consider other alternative parenting styles. They developed a scale that they believed would show a level of warmth, love, responsiveness, and attentiveness from these women to their children despite their drug use.

Kerwin, Giorgio, Steinman, and Rosenwasser (2014) interviewed 23 mothers in a drug treatment program about their view on parenting, barriers to treatment/recovery, and willingness to participate in programs with their children. Not having custody was an obstacle to participating in mother-child programs. However, 71% of mothers had reservations about bringing children to programs. For example, mothers saw their drug addictions as their problem, not their children's. In addition, some mothers interviewed felt that drugs were their main problem, not being mothers. Even still, mothers' descriptions of

parenting goals and practices highlight how they balance being mothers in recovery and struggle with guilt, shame, and regret over past behaviors, stress of caring for their children and relapse, pain of separation, and parenting through others (i.e., “bad mothering”).

In a similar study about balancing motherhood and drug addiction, Silva, Pires, Guerreiro, and Cardoso (2012) interviewed 24 drug-addicted mothers from Portugal. Most of these women’s pregnancies were not planned and they felt ambivalence about using drugs, their pregnancies, and being parents. Some felt guilt and anxiety. For most, especially those who continued to consume drugs/relapse, mothering was simply “functional” where they met their child’s basic needs but lacked patience and availability and were not as capable of dealing with their emotional needs or discipline (see also Kerwin et al. 2014). For mothers who were not currently using drugs their child was viewed as a salvation and “drug substitute;” they kept busy with mothering which helped keep their minds off drugs. Support from their parents and the children’s fathers was identified as important for their success in recovery and parenting. In these situations of stable recovery and social supports, the authors conclude that drug use has a minimal impact on parenting.

In comparison, Virokannas (2011) interviewed 19 female drug users in Finland about their self-constructions of motherhood identities in the context of interactions with child welfare authorities. The author notes how “the interviewed women were very sensitive and well-aware of the cultural stigmas attached to drug-abusing mothers. Some of the mothers who had been clean for several years said they still felt ‘eyes on their back’ when walking in public places” (338). In many cases, the women felt they were treated more as drug users than as mothers. They had to defend their motherhood by asking for help (responsible mother), giving up on motherhood and submitting to outside forces,

strategically coping with motherhood, or fighting back against stigmatized motherhood identities. Only the responsible mothers were viewed as “good” cooperative mothers by child welfare agents and were “helped” although other women viewed themselves as “good” mothers because of the emotional attachments and difficulty they experienced giving up their children.

The available literature and research on programs for mothers in recovery as well as interviews with drug-using mothers are informative for my research questions. However, the changing context of recovery treatment including mother-child residential programs as well as the impacts of policies on women’s abilities to mother while in recovery makes additional current research in this area needed. Much has changed since Baker and Carson’s 1999 study and none of the recent qualitative research on mothers has focused on mothers who have completed mother-child residential programs. In addition, a couple of the studies reviewed are outside of the United States. While program evaluations and outcome research are important in determining whether mothers complete treatment, reduce drug use, and improve parenting skills, this literature does not provide the voices of the women or perceptions they have of “good” and “bad” mothering. None of the qualitative research considers intersections of race and gender on the meanings of “good” and “bad” moms.

METHODOLOGY

To address my research questions, I conducted semi-structured interviews with ten mothers who are former substance abusers, and who have attended or completed a formal recovery treatment program geared toward mothers. Access to this group was enhanced

due to my previous work history at a treatment program for drug addicted mothers. My initial personal contacts were with those whom I had established trust and rapport and from that point I relied on informal word of mouth, or "snowball sampling" to recruit additional participants. I provided my contact information including phone number and email to participants to share with other mothers who may contact me if they were willing to be interviewed. I also used this same recruitment procedure on social media (e.g., Facebook).

All of the women interviewed were mothers with custody of at least one child. Participants chose the location of the interview based on their comfort level. Seven of ten interviews were face to face. The setting for six of those seven interviews were at the apartment of the mothers. They all had a two-bedroom apartment with an abundance of toys and clothes for their children. They were all very attentive to their children. Jazzy Phae's interview was completed at her workplace. The other three mothers completed phone interviews. Interviews were audio recorded and lasted between one and two hours. Pseudonyms were used rather than personal identifiers in transcription and the findings to ensure confidentiality. Interviews were transcribed using software called Temi. Themes were selected based on emergence of information from several interviews.

Specifically, the project uses a narrative design within a feminist research methods framework that "begins with the experiences as expressed in lived and told stories" of participants (Creswell 2007:71). A critical part in narrative design is storytelling. It is important because it helps identify the issues through the experiences expressed. It also provides insight to the perspective of the person being researched and how they process knowledge. This design is appropriate because it enhances the patterns found and provides

an in-depth understanding of how motherhood is socially constructed, maintained, and recreated in everyday life and practices.

Participants

Of the ten mothers interviewed, five were African Americans and five were Caucasians (see Table 1). Nine of the ten mothers attended a treatment facility in Tennessee that focused on mothers battling substance abuse. One of the mothers, Nicole, went to a similar treatment facility in Chicago. The programs varied—some mothers were allowed to have their custodial children live in the apartment with them while they focused on their recovery while other programs helped mothers complete treatment and allowed them to live in one of their transitional facilities with their children. All of the programs promoted themselves as offering stability in families, which allowed single families headed by mothers who battle substance abuse to remain together and reduce chances of children being taken into foster care.

Three of the women, all Caucasian mothers, had involvement with Department of Children Services (DCS) that resulted in the removal of their children. One African American mother and one Caucasian mother had a referral done by the hospital after their children had been born because their children were displaying Neonatal Abstinence Symptoms (NAS). These referrals did not result in the removal of their children because they were already in a treatment facility; however, it did result in a year of monitoring by DCS for these mothers. Only one African American mother, Jazzy Phae, was mandated to go to a long-term treatment facility. Most mothers were not able to maintain custody of all of their children, but everyone interviewed maintained custody of at least one child. Their children's ages ranged from 2 to 22.

FINDINGS

Battling addiction, these mothers faced a lot of barriers—the lack of family support, stigma, involvement with the courts and Department of Children Services as well as coping with their addiction—to being a “good mom.” Most of them felt that despite their addiction, being a mom was prominent to their identity. My analysis of the interviews revealed several themes about legitimizing motherhood: their notions of what it means to be a good mom and a bad mom, their emphasis on motherhood over fatherhood, and how they presented themselves as “everyday” moms, including goals of redemption as a “good mom.” Two additional themes that overlay the findings regard structural patterns in the ways race disproportionately impacts treatment options and other resources, and the inability of some institutions and programs to adequately assist mothers battling drug abuse, inadvertently forcing them to seek resources or continue deviant behaviors, and further stigmatizing them as “bad moms.”

Legitimizing Motherhood: Notions of Good Moms and Bad Moms

This is what I think about when I think of a mom.... Always being there when you have a nightmare, you get a boo-boo and you get your first heartbreak. Moms always there to make sure that you are fed, clean and taken care of. You get old enough to do sporting events or even dance moms always there to support you and give you encouragement. A mother gives you unconditional love.-Crazy

Losing custody of my daughter.... It made me feel like a bad mom because when you're a mom, and you have a child you supposed to be a mother to it. - Crazy

The ten mothers interviewed come from diverse backgrounds but most of them had common upbringings and dealings with family that enforced their views on the meanings of good and bad mothers. Most of these women’s ideas about motherhood stemmed from what they were taught as acceptable or not acceptable by their family, what they

experienced growing up within their families, and their families' reactions to their mothering abilities. Many had actually come from a lineage of family members that battled addiction, in which case, many of them saw their mothers who battled addiction behave in what they viewed as bad moms. In addition, many of them had either lost their child(ren) to family members through the courts or Department of Children Services. Nonetheless, while many of them seldomly used the term "bad mom" most of them did discuss experiences that shaped their views on what the terms good and bad moms mean to them.

When asked to define what a mother is Jennie stated, "I feel like you need to be attentive to your child and make sure that their needs are met even putting their needs before your own. I feel like sometimes that is hard. You have to put them first regardless of whatever your situation is. You always think about what they need even though it's not going to be good on you." Bonnie stated, "I always felt like kids didn't ask to be here. So therefore, I feel like it's parents' responsibility to make sure their kids are guided and nurtured."

For these mothers the first introduction to a good and/or bad mom was influenced by the women who birthed them. Most of them described their mom as attentive, nurturing, loving, and compared their own behaviors to the "ideal" mom. Dannie stated, "My mom was a good mom and then she got married and she turned into a horrible mom and then she got away from him and she's the best mom in the world now." For people like Daysi and Marie they did not have that representation. Daysi was the first to admit that she really didn't know what a good mom was. "My mom was an addict. She's still an addict. So, my dad, he always showed me love and you know, he spoiled me and stuff like that, but he was a truck driver, so he wasn't always home." Daysi spoke about how her mom had been

neglectful because of her addiction which resulted in her mom losing custody of her and her dad gaining custody of her but because her dad was a truck driver and was not home as much the courts allowed her mom to regain custody once she was clean. Not long after regaining custody of her, Daysi's mom relapsed and because her mom was and is always surrounded by drugs and people that use drugs by the time Daysi was thirteen she had tried almost every drug one can think of.

I been using drugs since I was 9 years old. My mom, she used and everybody around me pretty much used something, drinking or something. First it was weed. I started stealing some weight for my stepdad or something. Then it was drinking and then I started stealing my momma's Xanax. And you know what I'm saying? By the time I was 13, I've done used meth, cocaine, pretty much everything. **Daysi**

Nonetheless, with her daughter she strives to have a better relationship than she had with her mom. "Well, put it like this, I strive to have a relationship with my child that was similar to my dad." Marie also had a similar upbringing. "I kind of grew up in an unstable environment. My mother is a drug addict and we come from a line of drug addicts. So, I knew what lonely felt like and I knew what longing for your mother felt like. And I knew what not being able to get clothes felt like going to school." Marie fell in a pattern similar to her mom and even though she understands how addiction works, it was from what she learned her mother was not that legitimated her notions of good and bad moms.

Many of these women had their first child as teenagers and experimented with drugs at an early age because of the environment they grew up in. Daysi was introduced to drugs as early as 9 years old. Aly, Marie, Crazy, Nicole, Jazzy Phae and Jennie were in active addiction between the ages of eighteen to twenty years old. According to Aly, Trixie and Crazy's accounts, the lack of support they felt from their families as they battled addiction

resulted in the removal of their children and though everyone did not have a child removed, watching other mothers who battled addiction lose custody of their children further shaped their understanding of themselves as mothers. “I think my family was scared for me because they already knew that I was in active addiction and they knew that not only was I destroying my life, now I was going to end up destroying an innocent person's life.... If they knew the entirety and the severity of how bad it really was, they would have come and taken him” explained Jazzy Phae. She continues by explaining that she asked her parents to take her child while she attempted to get some help. Reluctantly they agreed and luckily for her they never went through the courts to adopt him which is how she was able to get him back once she decided to go into a program that allowed children to live with their moms as they focus on recovery.

Similarly, most of these women described their family as “skeptical” when they told them that they were pregnant. Family members asked them to consider adoption and asked if they were sure they wanted the responsibility of being a mother.

Daysi explained,

I think most of my family just thought I was just going to fail. I don't think they seen me making it this far. Because my history and because I was using, I guess they didn't think I would stay clean. They didn't think I would make it through the program either because they all just kept thinking that I was going to give up. Like they couldn't believe it when I actually graduated they were like, we just knew that you would just give up.

The women’s families did not seem to believe that having children could serve as motivation for these women to stay clean. In fact, they did not seem to believe that a woman who was once using could be a good mom which resulted in the removal of some of the children.

Unlike Jazzy Phae, some of the women had at least one child removed from their custody. Crazy talks about how the removal of her first child created the sense that she was a bad mom. When asked how not having custody affected her, Crazy replied, “It made me feel like a bad mom because when you’re a mom, and you have a child you supposed to be the mother to it.”

This experience is similar to Aly’s story. While Aly was in active addiction she asked her family numerous times for help. Eventually they agreed to watch her oldest daughter so that she could get on her feet and get the support she needed. Not long after, her mom and stepfather filed an emergency hearing for an emergency removal. This removal did not give her any time to get on her feet. It resulted with a permanent removal of her oldest child which furthered her addiction and legitimized her notions of good and bad mothers. Moreover, Aly and many of the other mothers have frequent doubts about if they are being a “good” mom due to losing custody of their child(ren). Crazy states that being a full-time mother has “a lot of ups and downs.” Aly explains that she frequently Googles how to be a mom and watches how other mothers interact with their children. She states that “because of my past and what I’ve been through with not having my [first] child here ...kind of put it into play” her frequently questioning her style of mothering. Family inputs and values heavily influence these women’s notions of motherhood especially when family members gain custody of the children without seeming to help support the women as they seek help for their addiction and being “good moms.” Instead, most of the women received the message, whether direct or intended from their families, that they were “bad moms.”

Along with experiences within their families of origin, notions of mothering are institutionalized through a legal system and social policies which regulate the meanings of “good” and “bad” mothering. As such, women are judged as “good” and “bad” mothers based on their conformity to prescribed roles which the legal system dictates. Mothers who battle addictions, have co-occurring disorders, prostitute themselves, have been or are currently incarcerated, and those mothers who do not practice intensive mothering¹ are often criticized in their role as mothers. They are not performing to the standards of the law which reflect the culture of that society. Policies are thus implemented as preventative practices to control the frequency of definitional disruptions. Institutions such as Department of Children Services, uphold these policies and regulate and maintain notions of motherhood. However, many of these women feel that these institutions target them with punitive laws that do not actually help them as addicts or mothers who seek help but further punishes them by threatening or actually removing their children. For example, in 2014, Tennessee implemented a new fetal assault law. When a child is born with Neonatal Abstinence Syndrome (NAS), hospitals have to test newborns and if the test result is positive for NAS then a referral would be made to Department of Children’s Services (DCS). Sycamore Institute (<https://www.sycamoreinstitutetn.org>) which is an institution that advocates for better policies on health care states the following about this law:

The now-expired Tennessee fetal assault law was intended to prevent NAS but ultimately deterred pregnant women from seeking medical care. The law was enacted in 2014 to criminalize narcotics abuse while pregnant but was allowed to

¹ Critics of this contemporary ideology of mothering agree that the boundaries of “appropriate” mothering practices are demanding, conflicting, and unattainable. Hays argued that the contemporary ideology of mothering dictates that mothers follow the principles of “intensive mothering,” a process that is “child centered, expert guided, emotionally absorbing, labor intensive, and financially expensive” (Carson and Baker 1999: 348)

sunset on July 1, 2016. Several doctors testified before the Tennessee House Criminal Justice Subcommittee that, in practice, the law deterred pregnant women from seeking medical care and endangered the lives of mothers and babies.

Two women interviewed had cases opened because of NAS laws. Unlike Aly's experience described earlier, Jazzy Phae's doctor was fair enough to determine that because he could not properly assist her in attaining the necessary resources he could not penalize her by going to the Department of Children Services. With Jennie's case, she checked herself into rehab with the knowledge that to the judge, "it might not matter." In fact, Jennie recently relapsed. On the day of her relapse she had been drinking which resulted in a car wreck and her getting charged a DUI. She took responsibility of her actions but though her children were not present at the wreck, a Department of Children Services referral was made by the commissioner.

Fortunately, most of these women interviewed were not directly affected by this law but they had friends that were affected. While this law is outlawed most of them still had a case opened by the Department of Children Services. When Jennie found out that she was pregnant with her youngest daughter, now two years old, she decided to do everything to keep and be a mom to her. She went into treatment and to prevent her from having withdrawals she was on Suboxone. When she delivered her daughter, Lavender was positive for Suboxone and experienced NAS. "They knew that I was on the Suboxone you know when I delivered and what's sad I think is because you're on Suboxone they automatically have to open up a DCS case" states Jennie. She explains that they monitor you for a year. She didn't quite understand the involvement of the DCS because to her they merely,

suggest treatment. They don't tell you where to get treatment and they penalize you. It's scary dealing with people like that coming in your life. It's scary because you might think that you're doing fine but because of somebody else's feelings towards you and what they think and their opinion of the situation. They can take your kid away from you. I just... I just don't know.”

She continues by saying this makes you feel “like you are not a good mom... worse like a bad mom. They don't even give you a chance.” She felt that an institution not acknowledging she had a problem and giving her an option, but not proper resources was a set up for failure and furthered stigmatized women who lack resources as bad moms. This experience was similarly felt by most of the women when dealing with hospitals, Department of Children Services, probation officers and the courts.

However, some entities just do not have the ability to provide resources for mothers with drug addictions and who lack resources, which forces them to be punished or be free. For Daysi, her county was too small and could not afford to keep her in jail while pregnant.

Daysi explains,

He [the judge] ended up giving me a furlough. Because the county, I'm from is a small county, they won't take you to the doctor while you're in jail there. So, this is how I ended up getting out of jail because I was seven months pregnant and I had never seen a doctor. I didn't even know how far along I was. I just knew I went to jail and you couldn't tell I was pregnant and all of a sudden Kaboom.

All they could do was help me get some prenatal vitamins. Because TennCare doesn't apply to you if you're in jail and they do not want to pay for you to go to the doctor and so that's why they got me out of jail because I was scared I was going to go into labor and it will be all on them. They will have to pay \$50,000 they said if I have a baby because she didn't really know how far along. There was a nurse, but insurance wouldn't pay for it. She's like she doesn't have any equipment.

When Daysi entered jail, she had just found out that she was pregnant. After finding out that she was pregnant she decided that she didn't want to use anymore. However, the judge could not provide her with resources. Daysi had to seek resources herself. With the support

from the lady that held church in the jail she was in, she found a program that would help her manage being a mom and her sobriety. Prenatal care and taking care of yourself is part of being a “good mom.” While this institution did not have money for it, the issue of health care and lack of resources affected her mothering. As she strived to be a good mom and fought against being released because of fear of relapsing while pregnant she faced a major barrier which legitimated notions of her as a bad mother because at the time she was not only an addict, but she was also a criminal because she was facing felony drug charges. A women’s prison not having resources for pregnant women disregards them as mothers and to a certain extent further stigmatize them as “unfit” mothers especially if they neglect resources and programs that may help them to properly carry out their duties as a mother.

In contrast the women felt that some entities can be helpful when they have proper resources. Crazy and Jazzy Phae explain that it was their probation officer and drug court coordinator—who both happened to be women—that helped them find a program that allowed them to be mothers and deal with their addiction. Crazy explains, “when my youngest was born, I was clean, and she was clean because I got put on state probation. At my first visit she [probation officer] drug tested me. She told me I could go to rehab for 30 days or I can sit in jail for the rest of my pregnancy, so I went to rehab.” However, according to Crazy her priority for recommending treatment was for the child. “I didn't get put on state probation till I was already pregnant but she knew I was still going to visit the guy I used to be involved with her and she knew the place I stayed there was a lot of drug activity and so she was like I'm going to “pee test” her and see what she's dirty with and she did that so she can make sure the baby was okay and I'm thankful she did.”

While it was helpful and a decision that Crazy was thankful for it prioritizes the child's needs over the mothers creating a situation which demonstrates that a mom should sacrifice her health for her developing fetus. A "good" mom would do this and go to treatment to stay out of trouble and off of drugs for the baby, rather than go to treatment for themselves to get the help that they need.

Similarly, for Jazzy Phae, the attorney recommended drug court, but it was her drug court coordinator who recommended that she go to a program that would allow her to have her child and manage her sobriety. Jazzy Phae detailed her account on what happened. "I went through the program that focused on mothering and addiction. I went through the parenting classes and stuff like that and learned how to be a good mother." She later states, "I was there long enough to even have the willingness to know that there's recovery and that you still have to be, you know, a member of society, you have to be a mother and do all of this while being in recovery." After going to drug court, she chose a program where her son could reside with her and she graduated in December 2017. She is currently recently married, and an advocate for mothers who battle addiction. These programs reinforced and legitimated notions of motherhood because attending parenting classes were mandatory and that is where the women were reminded or taught how to be and how to manage being a mother.

Momma's Baby! Daddy's Maybe?! Emphasis on motherhood

*When I went to jail the commissioner wanted to know how many kids I have. They want to know if they live in the home. I feel like if it was a guy they would never ask that. Those are questions directed at Moms. **Jennie***

When asked about fatherhood most people interviewed, described fatherhood as a mere presence or lack thereof. Drugs are not just an issue for women but mothers in active addiction are more likely to be punished by child welfare. According to, *Taking Sides: Clashing Views in Drugs and Society* (2012), the shift came in the increase of awareness that women with children were abusing substances which resulted in the parental fitness standards and child welfare as a concern. “Public officials may have been able to turn a blind eye when it was mostly fathers who returned home drunk or stoned; it was quite another matter when female caregivers increasingly numbered among the users” (Goldberg 2012: 117). These ideas were reported by the mothers I interviewed. Jazzy Phae states: “Mothers are now frowned upon for using and people will, so to speak, come down harder on mothers, but only in a moral sense.” This coming down on mothers whether moral or consequential further legitimizes notions of motherhood and de-emphasizes fatherhood which creates a gendered institution of power that dictates roles, further criminalizes mothers that battle addiction for the welfare of the child but not punishing fathers.

In addition, mothers, including Marie, Aly, and Bonnie were in active addiction with the father of their children. Their relationships with their partners enabled their addiction, whether from the stress of the relationship, lack of support, introducing them to drugs, or buying drugs. With the lack of support from their families and the lack of encouragement and support from their spouses and partners many of them found it increasingly hard to balance motherhood and even gave up at one time. They found themselves not only trying to manage being a mom but being both parents. Many of these women are now single moms.

As stated earlier, the stigma for mothers that battle addiction is that they are single mothers who do not know who their children's fathers are, that they steal, barely take care of their children, and depend on government assistance. Many of these mothers struggled with being a single mom while battling their addiction while the father neglected his parenting duties. "In my experience if a mother is using the father is usually using too" states Dannie. These women tell tales of fathers who either supplied them drugs and/or using drugs with them. These mothers suffer from the lack of support from their children's father and their families which causes them to use drugs to cope and self-medicate. They are viewed as bad moms while the lack of fatherhood is silenced and remains not criminalized. These findings did not differ between women who are single, married, separated, or divorced.

These women had to be "good" moms because there was not another parent involved and to them society believes that a child needs their mother so there is more of an emphasis on motherhood than fatherhood.

According to Jazzy Phae:

To a certain extent there's a lot of responsibility that falls back on mothers and though there are mothers out there that still choose to not be a mother—I was one of them—motherhood is something that you can't really do that and feel good about yourself to where fathers can do that and a lot of them do, like it doesn't even phase them. There are some that it bothers them, but a lot of them don't have that emotional and physical bond with their child to where they have that guilt that comes behind not being there and stuff like that. Motherhood, you don't have that option if you're going to be an active mother, to not get up and feed them, bathe them, or clothe them. Like that is your responsibility. It is a father's. But if they're not there, then they don't have to. They don't have to carry that weight.

Dannie acknowledges that her son's father is still an addict but that he has never been in trouble and he is able to keep a job. She states that he makes a choice to be involved in their son's life, but she understands that this is a rare opportunity.

Unlike many others for example, Bonnie who was married at the time of her addiction. Bonnie, states that it was her husband that introduced her to drugs.

When I was raising my daughter, her father never lived with us. He reminded me of my own father. He was never around even though we made this baby together. Once the relationship was over, it was over with him. So that's what I kind of expected from a man and that's what I fell into [relationship]. But I said to myself, well this second set I got here, make sure me and dad going to be together and you know, I'm not having no kids out of wedlock anymore because it took me so long to even have another child because I didn't want to be a single mother or my child not having a father around. So, I was mom and dad for my daughter and then once me and my husband broke up now another mom and dad. You know what I'm saying? [Now]I'm Mom and dad again.

Her husband did not make a choice to be an active father. He sold drugs and used. Interestingly enough, Bonnie apologizes for his lack of parenting which makes her feel entitled to perform all roles of parenting. "I don't know if she regrets that.... I have apologized to her... my baby. I hate that." She takes responsibility for not choosing a partner that would be more active in her daughter's life by attempting to unify parenting roles despite gender. "We have those types of talks. I feel like I can provide her a man and a woman's point of view now even though I'm not a man... And so that made my job harder. I had a heavier load. I had to be momma and dad so me and her ended up in this situation." She felt morally obligated because to her she was the mom and she carried the child. She knows that her ex-husband is neglectful as a father seem to feel it is her duty to overachieve motherhood by attempting to be a good mom and dad. This is because of society's legitimate notion on motherhood.

The lack of fatherhood in the homes is one issue that these mothers face. In addition, many of these mothers have felt that child abuse and neglect laws seem to disproportionately impact them as mothers, but not the fathers. Jennie was recently arrested and charged a DUI. On the night of her relapse, she was in a car wreck which she does admit to being at fault. However, on that night the commissioner asked if she had any children in the home. Jennie did not understand the relevance of the question because her children were not there at the incident and her daughter was at home with her grandmother. Jennie feels like those questions are targeted to moms.

I feel like maybe if I did Relapse again maybe they would try to do something more on that end. I don't think a man would be getting probation. They would just have a DUI charge because you would have you already did your two days in jail. You know sometimes guys gets better treatment than girls do I think. They don't get as much and like I said that would never come up... a question would never be brought up to a father if they have kids or have living kids in the household.

Jennie does not have a history with legal concerns and this is her first case. She stated that, "they [the judge and commissioner] automatically think you're a bad mom. That you have issues. Especially if you're not behaving like a mom 24/7. Because you are doing drugs. They think that you expose your kids to drug. They see a charge in your name and they automatically think [behaves as if] a child is in the car with you." Women are forced to behave accordingly while men are not. Dannie expressed her thoughts on this issue as she reflected on her involvement with DCS and the criminalization of motherhood.

I don't feel like they would have given him [the father] a DCS case. That's one difference. Because unless he actually did something to the child he's not getting reported for anything. Not even if he was driving in the car with them, you know what I'm saying? It has to be something. But women are. And that's one of the things I think that they're working on decriminalization of us. I'm praying because that's why a lot of women don't get prenatal care and then they end up having something or the child passes on or they keep using because they scared to go to do

it. So, it should be decriminalized to an extent. Not to the extent that women can still use, but to the extent that they are offered help instead of incarceration.

This legitimizes the notion of motherhood because woman not behaving like mothers are punished and while there may be leniency at times, mothers are still punished for being involved in any form of a crime. Men might be punished more harshly for certain crimes but not being a father is not one.

Presentation of Self as Everyday Moms

*I don't think that a name and a charge defines who you are as a person and your role as a parent and you know yeah it's not right that you do these things, but addiction is right in the part of your brain where you eat, and you drink. You know it's like sometimes if you don't do the right things you know you can relapse but I'm a good mom. I'm a very good mom and that is one thing I am happy about. **Jennie***

The idea of being a mom and carrying out its responsibility is not indoctrinated in women from birth. It is a learned and enforced by society through policies, programs, and actors (other ideal “good” moms) and according to these programs, now that they were good citizens they needed to perform accordingly as “good moms.” These women behaved according to what they understood to be acceptable mothering in the eyes of society. During the interview Aly’s daughter Lynn stayed in her lap and under her mom, exhibiting warmth and love. Jennie’s daughter Lavender also did the same. Jennie made sure Lavender was taken care of and was attentive the whole interview. Daysi, Bonnie, and Dannie watched their children intently as they played. They responded to every cry. They even excused themselves to feed their children dinner. These women carried out the role of a “good” mom.

Being a mom is a performance. Daysi stated that “I’m always attending to her. I don’t run off and leave her.” Jazzy Phae states:

at least two or three times out of a month we go to a meeting so that they can grow up within the rooms and though it may not keep them safe, you know, they have a better shot. Um, I make sure we do reading time and stuff. I’d love to say every night, but there are nights that I get home late, and we do reading. I go over sight words with them. They enjoy like their bath, well now shower times and stuff like that. They cook with me. I just actually interact with them one on one. Discipline wise I try to do like the timeouts and take things away and stuff like that. They don’t get screen time and then I am a mother that believes if all else fails sometimes that you do have to um, you know, spank your children within reasons and always in appropriate places. Never in any inappropriate places.”

Bonnie takes her children to the park. Nicole’s children are older now, but she used to help them with their homework, feed them and clothe them. Aly takes Lynn to the park, dances, and play with her often. Dannie elaborates on these ideas:

I would say a good mother would probably be somebody who comes home and cooks every night and spends quality time all the time with their kids, which I do spend time with my child. You can tell because he’s very smart. He’s already spelling. He’s already doing a lot of stuff. He knows his name. He does a lot of things that most, almost two-year-old is not doing right now, you know. So, I know I spend good quality time with him and we talk, and we have conversation and he says complete sentences. I might get on the floor and we play with our blocks. We tear them down and we build it back up again. We watch tv together. At night, I read him a book and then we do spelling, and I ask what he wants to spell, and he would spell it... like his favorite is zebra, but then he spells zebra M-O-M.

These women are prescribing to the legitimate notion of motherhood by practicing intensive parenting. Their daily routine demonstrated the constant care they take of their children. Many women had jobs, took their children to school, disciplined when necessary and tried to be and surround their children with positive role models. Though they may not be perfect mothers and do not always cook or be as attentive they focus a great deal of their time and energy on their children.

In addition, they sacrificed as mothers do for their children. Bonnie describes how she sacrificed everything to start over and gave all of her belongings to her daughter.

I gave it [belongings] to my daughter. She had a good start. My car, my furniture. Everything that I ever had. All I had was my clothes and my kids cause when I came up here, so therefore I was willing to give up everything, so I can get a fresh start and not knowing exactly how the fresh start was going to go, but I was willing to do that just to get my life back together, you know...

These mothers argued that at some point their addiction made them selfish. Even though most of them believe that addiction is an illness, they believed or been told by society and their family that they were selfish rather than ill. The lack of willingness to be a mom and their constant struggle with their addiction made them feel like at some point they were not good moms. Acting accordingly to society's definition of "mothering" is re-enacting societal practice on what they believe women should do and be even if they do not have children and is necessary or they would be viewed as deviant or bad moms. Jazzy Phae explained that when she initially got pregnant that she spurned the idea of being a mom.

I never took any actions towards actually being a mom, like the deeper meaning beyond the birth. I never took care of my child, well sometimes I did but only very limited. I didn't take care of him the right way. I put drugs and alcohol, all substances before him. I put just the whole lifestyle in front. I took him down the road of destruction and I continued to until I was incarcerated. I used while I was pregnant with him with the intent to miscarry because I didn't want the responsibility of a child. I got out of jail. I went to rehab and stuff like that. Today is a mom... the complete opposite of that.

Aly also expressed some similarities with Jazzy about her parenting style while she was in active addiction.

I am responsible for my actions, but I followed her, and it went down a lot to where I started using cocaine and smoking weed and all kinds of stuff and you know popping pills and I really didn't put in much attention to my kid. I remember that she would cry because I would put her in her playpen or her little crib... I would put

her in there and I would leave her in there and I would go in the bathroom to get high... to smoke weed you know just not paying any attention. So, I chose a man and drugs over my first child and this ultimately how I lost her because I lost my home I lost her I lost everything, and I asked for help and I ended up losing her.
Aly

Jazzy Phae did not want the responsibility of being a mom. However, once she decided to deal with her addiction she felt that she had a responsibility and obligation to be a mother. She was encouraged from a coordinator at drug court to attend a family residential program for mothers with custody of their children. She seemed to grow into the role of mother. She saw mothering as a biological thing at first but then she learned that she must perform the role and she clearly defines what a good mother is and states that she had plenty of experience and knowledge that stemmed from her being a “bad mom”. Jazzy Phae argues that because she became pregnant, she automatically felt she had a responsibility and even though she rejected that responsibility, it made her a bad mom. This is similar to Aly. As stated earlier she is now more attentive to her second child but was not as attentive as she was to her first because she was heavy in her addiction. She liked the idea of being a mom, but she could not properly demonstrate “good” mothering because of her addiction. Despite the fact that she really needed and sought help because she was ill she does feel like that the loss of her first child was all her fault. She has now managed to maintain her sobriety even though she is unsure if she is being a “good” mom. She maintains that she is not the mother she used to be because of her willingness and proven changes in her action towards her second child. The inability to perform “good” mothering was due to Aly and Marie’s addiction. Marie also states that it was not that she did not desire to be a mom, but she felt that her addiction interfered with her being a mom.

“I could not be around them constantly because I was always trying to go get high and of course I didn't want to take them with me to go get high and I wanted to stay with them, but the drug would overpower my wanting to stay with them and the end result would be me leaving to go get high because it was just the urge was so strong.” Despite her addiction, Marie would make sure that she never took her children with her and that they were taken care of even if she was not the one taking care of them. To be a mom there was a strong sense of selflessness and battling an illness and even the desire to not want to be a mom did not seem to matter once these women became pregnant. To these mothers they felt that giving away custody of their children or allowing someone else to take care of them during their illness was a sacrifice that counted toward them being a good mom. In fact, they believe that not being a good mom now did not mean they could not be a good mom later. For example, Nicole almost entirely focused on the mother she is currently rather than in the past (i.e., lost children) to emphasize that she is a good mom now. In society where roles are defined, anyone who behaves outside of the agreed legitimized notions of motherhood would be considered a “bad” mom. Even Nicole’s reluctance to discuss her past indicates how being a drug addicted mother is stigmatized.

Moreover, these women felt that as a mom they were not always the greatest based off what they learned mother was or was not. A woman is expected to behave like a “mother” if she has any children and if she does not have any children she is still expected to behave motherly. She is expected to carry out the responsibilities that the presiding society understands as mothering because defining a situated role is a collective activity. She is to put her children’s feelings before her even if she is overwhelmed. “When I got grown I went wild. I chose drugs and a man over her. I mean it wasn’t ok, but I mean it's

something I can't take back. I can't beat myself up. Sometimes she says some things that hurt me that I have to either cry or swallow it. Because it is something that I done and that she's had to deal with it" states Crazy. Society does not seem to support the idea that a mom can be sick is reasonable enough to neglect their roles, responsibility, and duties even if their drug use impairs their ability to perform because drug use is seen more of a choice than an illness. Performances such as motherhood must reflect that society's belief and values, or the actor may be punished or considered deviant. The defined role then becomes legitimized. If she does not perform within the parameters of the defined role; then she causes a definitional disruption stigmatizing them once again as bad mothers.

Redemption: Treatment Programs for Mothers

Then I decided to go to a facility ... to learn better ways to cope with life. Instead of looking towards drugs with coping with stuff. I wanted to learn some skills. Which I did and I'm very pretty and I am very appreciative for them.- Crazy

Mothers battling addiction need help with resources and access to more programs that allow them to be mothers. Many of the mothers interviewed had been to several treatment programs before they found one that allowed them to have their children with them.

One thing I do like about the program is they knew you were a mom, but then they notice you were also a recovering addict. Someone who needed a job. They know you needed all of this stuff. And so, it's like they prepared you for each step. You went through treatment, you had your bonding period with your child. You didn't have to go to classes during that time. You didn't have to go to groups. You had your block period. For the first two months we had bonding and then we started going back to group slowly and then after that they went to daycare and so then we went back to our group, so we can focus on our recovery while they were in daycare. And then, you know, after you are in a program for so long and you move up, then you go, and you get a job. Your child is already in daycare and they helped you. They gave you bus cars or they help you with your resume. They did.. basically it

was just like a step process. So, it wasn't like you had your child and you just go get a job. It's like it was a step process. You had your child, you bond with your child and then still, you still worked your program. We still had family time, which you know family time was all the time with me because you know, I fell in love with my baby and we spent so much time together. That's when we started, you know, really rolling around on the floor and all of that. He got out of daycare and that was our time together. “ **Dannie**

Many mothers interviewed shared the same sentiments.

I believe that the program that focused on mothers with children by allowing them to bring them was a lot more effective than the other program, but they were both vital parts to my recovery because with the first program, I got the chance just to look solely at me. And then with the mothering program I got to look at me and my role as a mom and how that had been and how it affected other people's lives. At the first program, I got to see firsthand that it, it was beyond just using, waking up and wanting to get high, that there was things even mentally, psychologically, emotionally that had gone wrong in my choices and consequences had, you know, made those evolve and manifests within me. But then it surrendered. In the second program, I got to actually experience it and be there long enough because the first program was only a 28-day program. I was there long enough to even have the willingness to know that there's recovery and that you still have to be, you know, a member of society, you have to be a mother and do all of this while being in recovery. **Jazzy Phae**

The other facilities that I was in, it was Kinda like a jail structure. It was like you getting clean, so you can have three smoke breaks during the day and you eat breakfast, lunch and dinner and you go to these classes and you have to be to sleep by certain time. And you gotta share rooms with people. And it was more like a jail structure. They're like, okay, we're helping you. And at the place for mothers, it was totally different. You get your own apartment. You get your own space. You go to doctor's appointments. Whatever kind of appointments you have. You get to go. It's like you are basically living on your own with the instruction of people over you that's kind of guiding you and will help lead you. Where the other places was not like that. It was strictly like jail. We're just getting you away from your drug. Hopefully when you leave you'll be okay. With my kids being able to be here with me it's different because I'm not worried about what or how my kids doing and I know they missed me so bad and I'm doing good and I know they not and I want to be there. It's not that fight in my head because they are here with me. I got them. So, it's a relief. **Marie**

Daysi, talking about what is helping her maintain her sobriety, stated, “I do have a support system here. That's probably one of the main things. I had no support system there. I didn't have much to fall back on when times got tough, you know.” Jennie recognized immediately that she relapsed and went through the necessary arrangements for help without the help of the courts. Being provided the necessary resources will not always prevent relapse but it can reduce chances of relapse and child neglect. Some of these women did not even know how to be a mom but they were thankful for programs that taught them rather than punished them.

To this end, the women all managed to complete treatment and prove that they were good mothers by managing to maintain custody of at least one child.

Today as a mom, I'm the complete opposite of what I was. I'm very attentive. He's always taken care of. Not only him, his three other siblings as well. I make sure that he gets to where he's going. He's at doctors' appointments on time. I make sure I'm alert and active in his life. He goes everywhere I go, but now my locations are productive things and good things for him. So, I actually care for him. And today I could actually consider myself a mom. -*Jazzy Phae*

Their ability to conform and prescribe to the roles of mothers helped to redeem their status as good moms. However, because their children prior to the last child was not returned to them it is unclear if they were only good moms to that one child. Nonetheless, after these women present themselves as good mothers by taking care of at least one child they were able to re-establish familial bonds. The support system that they established while working their recovery seems to serve as a foundation for them as mothers and heavily demonstrate to their families and to themselves at least, that they can be good moms despite their past battle with addiction.

Racialized: Why Aren't Black People in Treatment? And, How Does This Institution Further Marginalize African American Mothers As Addicts?

I don't see all cultures here and I know all cultures have this problem. I have not saw no Hispanic person here, you know what I'm saying? Do they know about help like this? All I have saw is black and white. To me it's been more Caucasian women than black women. I'm not saying that they need more help than we do, but we all need help when it comes down to, having to be on drugs and stressing. -Bonnie

In addition to women being punished harshly, these women have all acknowledge that minorities are not properly represented in treatment facilities Jazzy Phae talks about the population in treatment and drug court.

Both of those, they definitely were more treated towards the Caucasian race. Like there was a lot more Caucasian people in drug court to whereas African American or other ethnicities would be incarcerated. Same thing like in rehabs, there's a lot more Caucasian people than any other race, such as, you know, Latino or Asian, African American. So, they definitely accommodate to them more, I think moreso society and even in the court systems, it almost seems like it's this impression that that's just normal in the African American community. So, you know, why try to enhance or cater to that or try and help them because they'll go back out and do it to where it's not as noticeable and stuff. Or I guess they try to save the Caucasian community. Like you know, oh well they just got into the wrong crowd and stuff like that. There's more excuses made, so therefore, more options are made for them.

Most treatment programs are located in the middle of low income neighborhoods, but the population is not representative of that demographic. Low income neighborhoods and minorities are policed more but they have higher numbers in jail than in treatment. This could be a policy issue, lack of resources, or the “crack baby” stigma that comes with minorities and active addiction.

The legal system legitimizes notions of motherhood through laws that often appear gender and race neutral but in practice have differential impact on demographic groups by race, class, and gender. There is enough evidence that suggest that more minorities are

being disproportionately impacted by policies which results in higher numbers incarcerated rather than in treatment. “In 2003, CAPTA (Child Abuse Prevention And Treatment Act) was amended so that states could only receive federal funding under the act if they passed laws to require health providers involved in the delivery and care of infants to report to child protective services infants “affected” by illegal substance use” (142). This law is not universal and is up to the discretion of the provider which inadvertently is how minorities and lower income mothers become targeted. Testing for these drugs is not mandated which is how minorities are disproportionately impacted.

The only thing that really saved me at that point, uh, because it was before the new laws came out and I had told them throughout my entire pregnancy that I had an issue with drugs at that time. At that time suboxone doctors didn't exist like they do now. They were there, but there was only a very few of them in Tennessee. Um, and you had to go in for like observation and stuff in at that time that they were, they were in full. So, my doctor told the nurse on staff and stuff that's over whether or not to get it dcs involved, you know, look, she's been honest with me this whole time. I've been trying to get her into somewhere. She's never once lied and hid about it, but we just couldn't find anywhere to get her into at the time period because they were full. *Jazzy Phae*

Luckily for Jazzy Phae, she was able to avoid incarceration but many of her friends were not. Similar to Jazzy Phae these punitive laws turn away women who are in active addiction and need prenatal care. Some of them are willing to stop using drugs but they fear the involvement of police officers, hospitals, courts, and DCS. This criminalizes mothers in addiction rather than help them and it further legitimizes notions of motherhood by dictating who can be a mom.

As stated earlier, stereotypes that portray African American women as unfit to bear and raise children and having “crack babies” further stigmatize African American women that battle addiction by instilling fear in society. This fear results in the criminalization of

African American mothers and portrays images of them as heathenistic and unfit which disproportionately create laws that impact African Americans and other minorities. When asked about her perspective of the differences between mothers and fathers battling addiction

Dannie explains,

Yeah. I mean when you think about all of the Black women affected because we have this choice either or and a lot of women will choose the or instead of the either. They would choose staying out there instead of going to get help because they know that once they try to go and get help they going to jail. I think that's why I think it shouldn't be criminalized because you will probably have more people who are willing to get help. Then being forced to get help.

Finally, stigma is suggested as another reason that there are not a of lot of minorities in treatment programs.

Marie gives her perspective on this issue,

I think most of the time as black people, we don't go because we don't have a lot of resources out there. We don't have a lot of people telling us to go because I know a lot of people who use drugs and we just don't have those people in our ears saying girl you need to get to treatment or man, you need to get to treatment. It is stereotyped. I think we think we're failures if we do go
Treatment itself is stereotyped. Those who go to treatment are still viewed as bad moms because they have an illness. Moreover, the demographics that I collected, almost every African American mother that went into treatment did it on her own. She struggled with resources and a lot of agencies could not support them and they did threaten to remove the children or monitor them.

DISCUSSION AND CONCLUSIONS

“Mother” is a socially constructed role that is defined and maintained through social interaction. Expectations to uphold the responsibilities associated with the role of “good

mother” are created—alertness, parenting, gendering, nurturing and balancing that are performed, therefore, come to define the institution of motherhood in modern families. This is problematic for women recovering from drug addictions. The themes identified in my research reflect these notions.

Similar to the women in Baker and Carson’s study (1999), the women’s daily routine incorporated a lot of interaction with their children, a balance of coping with addiction, and maintaining sobriety while taking care of their children. Balancing motherhood while coping with addiction requires a lot of support, access to resources, and more effective programs that initially many of these women did not have which resulted in them being stigmatized as bad moms. Family support or lack thereof was vital in their perception of themselves as good and bad moms. For some mothers, their families expected them to fail not only in their recovery but at being a “good” mother to their kids. Part of working to redeem themselves as “good” mothers was in the eyes of their families. For most of the mothers I interviewed, this one child was their final chance to prove that they are good mothers.

Also, their relationships with their significant others played a large role in their drug use and wanting or not wanting to get clean. Whether they were good or bad moms was found to be influenced by the involvement or lack of involvement from the fathers. Though it was often disregarded as “it is what it is” or “children need their mothers” this shows that the notions of motherhood are legitimated by not only individuals on a micro level but society on a macro level. Programs that offer treatment to moms often neglect the roles of fathers. In fact, they often do not include them in the healing process (Werner et al. 2007: 8). Some of the mothers felt that it mattered more if they were not addicted to drugs rather

than the fathers and that the fathers were even more likely to be criminalized as a drug dealer rather than offered treatment. They felt that they were punished because of their roles as mothers rather than their actual involvement. They also argued that being in trouble with the law was acceptable for men and that most of their partners been in and out of jail without severe punishment while they were overly punished for just holding the drugs for them. Being punished for their position or responsibility as a mother and a woman rather than equal or fair punishment for the actual crime further legitimizes the notions of motherhood and societal views on what it means to be a good and bad mom.

Moreover, the mothers I interviewed argue and demonstrate that with proper resources and support they are able to maintain sobriety and manage being a “good” mom. However, they faced barriers from expectations that may sabotage successful recovery. The inability to support these mothers with their illnesses and criminalize them is similar to societal notions that mothers should make sacrifices for their children even when they are not necessarily in a position to do so. In addition, these notions do not seem to take into account if these women even desired the roles of being moms. Some of them had opted to give their children to family members while they attempted to deal with their addiction to avoid being neglectful parents which still resulted in them being stigmatized as bad moms. Some of them were fortunate enough to not be in that position because they found a program to assist them while they were pregnant and afterwards. Being a mom to the women interviewed was rewarding and re-established them as not only good mothers but good citizens.

In Merry Morash and Pamela Schram’s *The Prison Experience* in a section entitled “Mothers in Prison: Elements of Successful Mother-Child Programs,” they advocate for

more programs that would assist women offenders that are mothers in their ability to be mothers.

A key feature of successful programs for women offenders and their children is that they are holistic and can be tailored to a woman's and her children's desires and circumstances. Programs typically provide women with opportunities to learn and practice in areas that include interpersonal interactions, parenting, and the life skills of problem solving and budgeting. The holistic approach can extend to institutions; community or governmental agency services can visit women housed in special settings or in the general population. (97)

While the quote refers to prisons this is a vital finding in my study. Programs for mothers in recovery that will effectively empower them to be good moms recognizes the need to balance recovery and mothering. To these mothers, programs that allowed them to bring their children or focus on their ability to be a mom while managing their sobriety offered several services and skills that has enhanced their ability to function and transition in society after treatment and allow them to maintain and strengthen their bond with their children. My findings supported that programs that help women manage their addiction and be a mom encourages them to maintain their sobriety, restore their familial bonds if desired, and help transition them to good citizens. Even though the program geared towards mothers implemented parenting classes, family hours, and case management and services for the mothers, they welcomed their ideas of being a mom, not just a drug addiction. The programs helped them practice being a mom and helped strengthen their support. However, programs must also provide support/resources to equip mothers to psychologically and socially recognize the limiting nature of hyped-up expectations of "good mothering."

The motivation for these mothers was their children and the opportunity and encouragement to be a mom. The programs allowed these women to apply what they

learned as they work their programs. This also helped them to balance and establish a life style they deemed fit for themselves and their children. They argue that the guidance of instructors instead of the criminalization for their drug use was more effective and that it would be for more women if there were more programs similar to the ones they attended. Addressing the criminalization of motherhood will require societal and policy shifts but can begin with advocacy and legal assistance for those caught in the legal system and affected by policies such as mandatory minimum sentences and termination of parental rights. For example, if policies and programs assisted rather than punished minorities for drug addiction then the incarceration rates would decrease. All of these women stated that the treatment facilities served predominantly Whites and very few African Americans. Not many saw Hispanics and other races. The African Americans interviewed noted that they made a choice to go into treatment and found the resources with little assistance from social service agencies or the legal system. With changes in policies and programs the decriminalization of mothers battling addiction would reduce stigmatizing notions of them as bad mothers.

In the interviews I conducted, most of the women advocated that standard treatment was not as effective as mother-child treatment. These women demonstrate that mother-child facilities are adequate, but it could be strengthened with the support of other agencies including Department of Children Services, courts, doctors, and enhancing the networking support for these mothers. These resources would be beneficial to those it serves if they have adequate access to them and the multiple entities are aware of these programs (Iachini, et al. 2015).

Finally, these women admit that these programs have shaped their understanding of themselves as mothers. They state that these programs have allowed them to be mothers through the actual performance, allowing them to redeem themselves as good moms. They were appreciative of the services and skills they learned. Most of them do not feel that they have to guess how to be a “good” mom while managing sobriety. The mother-child program allowed them to re-establish their relationship with their families and maintain new supportive relationships. It allowed them to understand what was not only best for themselves but also what is best for the child. They felt “freer” to make mistakes and learn what being a mother was to them. They also were able to establish and maintain bonds with their children and most of them say that they do not have a desire to use. Their understanding of good and bad mothers was part of the process of the program and that opportunity alone made them feel like they can now be good mothers.

A few of the mothers interviewed were pregnant and it was their first times as mothers when they began their recovery program. Some of them immediately sought help to stay clean while they were at least pregnant with their children while some of them did not. However, all of the mothers maintained that at some point the decisions that they made, whether it was to keep their children, give them up for adoption, or getting clean but not attempting to regain custody was their sacrifices as mothers and they should be deemed a good mom for those difficult actions. Moreover, all believed that they performed according to the standards of a good mom for the subsequent, younger children with just their ability to be present even when they faced some challenges. I believe that not having custody of previous, older children re-stigmatized them as bad moms in their mind even if they thought of their children often. Although not directly addressed, the mothers acknowledged

their relationships with an older child once they had completed treatment. Their presentations as “everyday moms” appear very different with children of different ages. Research supports this conclusion (Slesnick, Feng, Brakenhoff and Brigham 2014), but additional qualitative interviews with mothers and their older children is needed to further understand how their performances as “good moms” may differ from those involving “second chance” or redemption children who are more often infants and toddlers.

An additional aspect that needs more attention involves mother’s interactions with one another while participating in recovery programs. While this research focuses on their perceptions of self as a good mom, many mothers compare their actions to those of other moms in recovery. Some are rather quick to point to actions that portray “bad mothering.” Thus, although the mothers interviewed discussed positive experiences within their recovery programs and acknowledged acquired skills for “good mothering” it is apparent that recovery programs also promote notions of “good” and “bad” moms and have the potential to stigmatize mothers in recovery.

Mothers battling drug additions should not be criminalized or deemed bad mothers. They lack the proper support or help from agencies; child-welfare, and effective treatment services; and face discriminatory government policies. This research suggests that the possibility of redemption as “good mothers” for drug addicted women will require more programs, education, advocacy for changes in laws and policies, and more accessible resources to reduce the economic and environmental barriers that these women face. More programs that are mother-child or family-centered are necessary because they help increase the stability of the family, provide the necessary education and resources for these women to balance their identities as mothers without the stigma of being labeled a bad

mother. These programs will be more successful when they have more funding, provide outreach which intersects all races and works collaboratively with other agencies to provide a stronger network of support. Additionally, to improve opportunities and outcomes, women recovering from addiction will benefit from: advocacy, social and psychological counseling from a feminist/critical perspective, parenting skills, a network of support (family, friends and interagency collaborations), and diversity of staff. Networks of support should be strengthened to provide resources and emotional support because not all women are supported by their families and while some families may want to be supportive they may not know how. In addition, staff working in these programs must be educated to recognize how legitimized notions of “good” and “bad” mothering are barriers to recovery and change. For example, staff nor clients should be able to use the binary language of good or bad mothering as it works against a healthy appreciation that everyone has parenting problems. Instead, we operate in degrees and learn to strategize and strengthen our parenting skills. The approach from a feminist (Carson, 1999)perspective advocates for women’s empowerment and encouragement in their roles as mothers. This type of critical, feminist analysis is needed regarding the meanings of “good” and “bad” mothers/parents perpetuated within programs and policies, and targeted toward specific racial groups, especially as trends in recovery models continue to focus on family-based and gender-specific programs.

REFERENCES

- Baker, P. L., and A. Carson. 1999. "I Take Care of My Kids': Mothering Practices Substance-Abusing Women." *Gender & Society* 13(3): 347-63.
- Enos, Sandra. 2001. *Mothering from the inside: Parenting in a Women's Prison*. State University of New York Press.
- Goldberg, Raymond. 2012. "Should Women Who Use Drugs Lose Custody of Their Children." *Taking Sides: Clashing Views in Drugs and Society*, vol. 10(5): 115–145.
- Holloway / AlterNet, Kali. 2016. "The Massive Discrepancies Between Media Coverage of Mythical Crack Babies and Opiate-Dependent Babies." *Alternet*. N.p., 12 Jan. 2016. Web. 16 Nov. 2016.
- Kerwin, Mary Louise, Jeanette Giorgio, Ross Steinman & Beth Rosenwasser. 2014. "Their Own Voice: Mothers in Drug Treatment and Their Views on Parenting, Behavioral Parent Training, and Barriers to Engagement. *Journal of Social Work Practice in the Addictions*. 14(4): 338-358.
- McCorkel, Jill A. 2013. *Breaking Women: Gender, Race and the New Politics of Imprisonment*. New York, NY: New York Univ. Press.
- Morsh, M., Pamela Schram. 2002. *The Prison Experience: Special Issue of Women in Prison*. Long grove, I.L.: Waveland Press, Inc.
- Neger, Emily, Ronald Prinz. 2015. "Interventions to Address Parenting and Parental Substance Abuse: Conceptual and methodological Consideration." *Clinical Psychology* 39: 71-82.

- Roberts, Dorothy E. 2012. "Prison, Foster Care, and the Systemic Punishment of Black Mothers." *Penn Law*. University of Pennsylvania Law School.
- Roberts, Dorothy E. 1991. "Punishing Drug Addicts Who Have Babies: Women of Color, Equality, and the Right of Privacy." *Harvard Law Review* 104(7): 1419-482.
- Silva, Sofia, Antonio Pirez, Christina Guerreiro, Antonia Cardoso. 2012. "Balancing Motherhood and Drug Addiction: The Transition to Parenthood of Addicted Mothers." *Journal of Health*.
- Solinger, Rickie, Paula C. Johnson, Martha L. Raimon, Tina Reynolds, and Ruby Tapia. 2010. *Interrupted Life: Experiences of Incarcerated Women in the United States*. Berkeley, C.A: U of California.
- The Sycamore Institute. Available Online: <https://www.sycamoreinstitute.org>
- Virokannas, Elina. 2011. "Identity Categorization of Motherhood in the Context of Drug Abuse and Child Welfare Services." University of Helsinki, Finland, 10(3): 329-345.
- War on Drugs. Available online:
<http://www.drugwarfacts.org/cms/Women#sthash.gOgDzcBG.dpuf> . Accessed 12/2/2016
- Wernerm D., Young, N.K., Dennis, K, & Amatetti, S. 2007. *Family-Centered Treatment for Women with Substance Use Disorders- History, Key Elements and Challenges*.

APPENDICES

APPENDIX A – TABLES

Table 1. Description of Participants

<u>Name</u>	<u>Children's Ages</u>	<u>Ever Lost Custody?</u>	<u>Drug Treatment?</u>	<u>DCS involved?</u>	<u>Age</u>	<u>Race</u>	<u>Education</u>	<u>Occupation</u>	<u>Marital Status</u>
Jazzy Phae	3	No	Mandated	No	28	Bi-racial	Trade school	Hair Stylist/ Advocate	Married
Bonnie	4, 7, 22	No	Choice	No	45	AA	Refused to answer	CSR Associate for IRS	Divorced
Jennie	2, unknown ages for other children	Gave custody up of 5 children	Choice	Yes	28	W	No response	No response	No response
Crazy	5, 19	Yes	Choice	Yes	40	W	Some College	Cashier	Separated
Dannie	1	No	Choice	Yes	40	AA	MSW	Medical Case Manager	Divorced
Daysi	19 months	No	Choice	No	27	W	Some College	Taco Bell Team Member Trainer	Single
Aly	2, 8	Yes	Choice	Yes	27	W	GED	Customer service rep/ Translator for insurance	Separated
Nicole	18, 20, 22, 25, 37	No	Choice	No	58	AA	Some High School	Disabled	Single
Marie	2, 5	No	Choice	No	27	AA	No response	No response	Single
Trixie	2,9	Yes	Choice	Yes	34	W	Some college	unemployed	Single

APPENDIX B – INSTITUTIONAL REVIEW BOARD APPROVAL

IRB**INSTITUTIONAL REVIEW BOARD**

Office of Research Compliance,
010A Sam Ingram Building,
2269 Middle Tennessee Blvd
Murfreesboro, TN 37129

**IRBN001 - EXPEDITED PROTOCOL APPROVAL NOTICE**

Monday, March 26, 2018

Principal Investigator Cyntoria Meaderds (Student)
 Faculty Advisor Meredith Dye
 Co-Investigators NONE
 Investigator Email(s) ctm3z@mtmail.mtsu.edu; Meredith.Dye@mtsu.edu
 Department Sociology & Anthropology

Protocol Title A Qualitative Analysis of Mothers in Recovery
 Protocol ID 18-2183

Dear Investigator(s),

The above identified research proposal has been reviewed by the MTSU Institutional Review Board (IRB) through the **EXPEDITED** mechanism under 45 CFR 46.110 and 21 CFR 56.110 within the category (7) *Research on individual or group characteristics or behavior*. A summary of the IRB action and other particulars in regard to this protocol application is tabulated as shown below:

IRB Action	APPROVED for one year from the date of this notification
Date of expiration	3/31/2019
Participant Size	12 [Twelve]
Participant Pool	Adult women who have completed substance abuse recovery
Exceptions	1. Waiver of written informed consent allowed
Restrictions	1. Participants must be age 18+ 2. Informed consent must be obtained 3. Recordings must be destroyed upon data processing
Comments	NONE

This protocol can be continued for up to THREE years (3/31/2021) by obtaining a continuation approval prior to 3/31/2019. Refer to the following schedule to plan your annual project reports and be aware that you may not receive a separate reminder to complete your continuing reviews. Failure in obtaining an approval for continuation will automatically result in cancellation of this protocol. Moreover, the completion of this study MUST be notified to the Office of Compliance by filing a final report in order to close-out the protocol.

Continuing Review Schedule:

Reporting Period	Requisition Deadline	IRB Comments
First year report	3/31/2019	TO BE COMPLETED
Second year report	3/31/2020	TO BE COMPLETED
Final report	3/31/2021	TO BE COMPLETED

Post-approval Protocol Amendments:

Date	Amendment(s)	IRB Comments
NONE	NONE	NONE

The investigator(s) indicated in this notification should read and abide by all of the post-approval conditions imposed with this approval. [Refer to the post-approval guidelines posted in the MTSU IRB's website](#). Any unanticipated harms to participants or adverse events must be reported to the Office of Compliance at (615) 494-8918 within 48 hours of the incident. Amendments to this protocol must be approved by the IRB. Inclusion of new researchers must also be approved by the Office of Compliance before they begin to work on the project.

All of the research-related records, which include signed consent forms, investigator information and other documents related to the study, must be retained by the PI or the faculty advisor (if the PI is a student) at the secure location mentioned in the protocol application. The data storage must be maintained for at least three (3) years after study completion. Subsequently, the researcher may destroy the data in a manner that maintains confidentiality and anonymity. IRB reserves the right to modify, change or cancel the terms of this letter without prior notice. Be advised that IRB also reserves the right to inspect or audit your records if needed.

Sincerely,

Institutional Review Board
Middle Tennessee State University

Quick Links:

[Click here](#) for a detailed list of the post-approval responsibilities.
More information on expedited procedures can be found [here](#).