

ATHABASCA UNIVERSITY

AND THEN THERE WERE NONE: THE LIVED EXPERIENCE OF RECOVERING
MOTHERS WHO LOSE CUSTODY OF THEIR CHILDREN

BY

KATHERINE JOYCE JANZEN

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Approval of Master's Thesis

The undersigned certify that they have read the Master's thesis entitled:

“And Then There Were None: The Lived Experience of Recovering Mothers Who Lose Custody of Their Children”

Submitted by

Katherine Joyce Janzen

In partial fulfillment of the requirements for the degree of

Master of Nursing

The thesis examination committee certifies that the thesis (and the oral examination) is approved.

Supervisor

Dr. Sherri Melrose
Centre for Nursing and Health Studies
Athabasca University

Committee members

Dr. Sharon L. Moore
Centre for Nursing and Health Studies
Athabasca University

Dr. Beth Perry
Centre for Nursing and Health Studies
Athabasca University

Dr. Beverley A. Getzlaf
Centre for Nursing and Health Studies
Athabasca University

Dr. J. Renée Robinson
Department of Psychiatric Nursing, School of Health Studies
Brandon University

August 18, 2010
Date thesis approved

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In memory of my daughter Sara
(1983-2009)

Abstract

There is little known about mothers who are recovering from addictions who lose custody of their children. This hermeneutic thesis, using Canadian phenomenologist Max van Manen's method and a combination of both scholarly elements and rich storytelling, explores the lived experience of four women recovering from addictions who have lost custody of their children. Using a dual approach of manual and computer-assisted coding, three themes (each with three sub-themes) emerged from semi-structured interviews. The first theme, betrayal, examines three sources of betrayal for the women. The second theme, soul-ache, describes the spaces that a mother finds herself in upon losing custody of her children. The third and final theme, reclamation, follows the mothers as they learn to live again. The findings of this thesis, situated within disciplinary knowledge, extend current knowledge regarding these mothers. The implications arising from this thesis are discussed and recommendations for future research are provided.

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Chapter One

Introduction

High on the southern hills that lie at the feet of the Himalayan Mountains of Nepal and Sikkim, live guides known as Sherpa (*Encarta Dictionary*, 2010). These guides, who are originally from Tibet, are “noted for their mountaineering skills” (para. 1). When explorers wish to navigate the mountains they engage the services of a Sherpa to assist them in this goal.

By the time a researcher has finished a thesis, they are the single most expert on that particular piece of research (Heppner & Heppner, 2004). In this way, the researcher becomes a Sherpa to assist those who will read the thesis in navigating through the various elements that make up the thesis itself. The topic of this thesis—the lived experience of recovering mothers who lose custody of their children—like the Himalayan Mountains, consists of, up to now, largely unexplored terrain in terms of the phenomenon itself. The concept of landscapes is attributed to Perry (2009) and Palmer (2007) who describe landscapes as stopping places where we not only explore but rest—taking in all of the intricacies. I invite you, as a reader of this research, to now prepare to embark on a journey to explore the terrain in the form of four unique landscapes with me as your guide.

As in all journeys, those who are about to depart must first engage in formal preparations. With the literal traveller, these preparations often consist of obtaining supplies and preparing items that will be needed. The next chapter represents the knowledge and preparations that were made in being able to navigate a thesis journey such as this.

PREPARATION

The journey lies before us:

You

And I.

What we take with us

Are not temporal possessions,

But our minds, hearts and souls.

Together

We

Will navigate the landscapes

Which rise before us.

As the journey

Becomes

Suspended

In time.

Chapter Two

Landscape Scene I: Methodology

Chapter Introduction

The first stop on this thesis journey consists of visiting the landscape of methodology. In the thesis journey, it is useful to obtain a roadmap which directs the explorers and circumscribes the course which one is to travel. For the researcher, this chapter represents a carefully constructed set of road maps. This landscape frames and explicates those roadmaps that are needed to understand the methodological considerations and processes of the research.

First, the research question will be framed utilizing the rationale and significance of the research. The objectives which guided the study will then be laid out. The research design and methods will then be explicated with a focus on paradigm/strategies of inquiry, sampling and data collection, and data management and analysis procedures. A discussion of ethical considerations that were put in place for this research will conclude this chapter.

Research Question, Rationale, Objectives and Significance of Research

In engaging in a five year long literature search spanning the years 2005 to 2010, I found that there had not been any research that investigated a recovering mother's experiences of losing custody of her children while in addictions recovery. I believed that it was important to understand, from the mother's perspective, the meaning she gave to this experience and how (and if) she came to terms with this loss (Barry, 2006a). The research question arose and evolved from both the literature search and the gaps that were found in the literature. The research question for this study then became: *what is the lived experience of mothers in recovery who have lost custody of their children?*

Specific objectives of this research were as follows:

- (1) understand what motivates a mother to stay in treatment once she has lost custody of her children;
- (2) ascertain how a mother redefines her life without her children;
- (3) determine if a mother reconceptualises her role as a mother and, if so, how;
- (4) identify how a mother makes sense of losing her children;
- (5) discover what gives a mother the courage and strength to persevere in the face of social and societal adversity.

This research supports obtaining a greater understanding of recovering mothers, adds significantly to the body of knowledge surrounding women and addictions, and assists in the identification of recovering mother's needs. This study also has the potential for immediate use to the host institution from which the participants were drawn. As the study of addictions crosses multiple disciplines such as medicine, nursing, social work and psychology, this research has the potential to influence policy, service provision, and treatment options on many levels.

Research Design and Methods

Elements of the methods section for this study include: paradigm/strategies of inquiry, sampling and data collection, data management and analysis procedures, strategies for enhancing rigor, and ethical considerations.

Paradigm and Strategies of Inquiry

Heppner and Heppner (2004) cite that all qualitative research operates on a foundation of relativist ontology, transactional epistemology, and dialogic/interpretive methodology. Each paradigm, however, has its own set of assumptions which ultimately guide the research process. I chose an interpretive theoretical framework to guide the study with a phenomenological hermeneutic approach based on the work of Max van Manen (1997b). To provide a foundation

for understanding van Manen's (1997b) approach, the beginnings and evolution of hermeneutics will now be explored. Associated advantages and disadvantages will be discussed related to paradigm and approach as well as an explication related to the rationale for both paradigmatic and choice of approach.

The beginnings and evolution of hermeneutical phenomenology. Very early in the history of civilization, hermeneutics "as a praxis of interpretation" emerged as a method of interpreting religious texts which continued into late antiquity, with the Greeks, Jews and Christians further developing hermeneutics with their own distinct "idiosyncratic rules" for interpretation (Demeterio, 2001, p.1). Due to the contradictions, incoherence and confusing systems that existed during the renaissance, Schleirmacher in the 18th century proposed that hermeneutics should focus on "the problems of interpretation" and hermeneutics, as both a theory and epistemology of interpretation, was born (p. 7).

While today there still is a "lack of consensus among writers about precisely what the aims and methods of hermeneutics are" (Thomas & Brubaker, 2000, p. 230), five hermeneutic systems have emerged which include romanticist, phenomenological, dialectical, critical, and post-structural hermeneutics (Demeterio, 2001). Phenomenological hermeneutics are associated with Edmund Husserl who was considered to be the father of phenomenology while dialectical hermeneutics were conceptualized by Martin Heidegger (Demeterio, 2001; Jones, 2001).

Heidegger, a Jesuit and protégé of Husserl, established existential phenomenology or philosophical hermeneutics as a result of his questioning of human existence which is thought to be partially due to the death of his son (Demeterio, 2001; Jones, 2001). Heidegger, in his 1962 discourse, *Being and Time*, joined both existentialism and the philosophy of phenomenology and proposed the concept of hermeneutics as a method of interpreting and understanding ways which

individuals lived in the world (Jones, 2001). His central concept ‘dasein’ or ‘being-in-the-world’ emanates his philosophy as it denotes “awaiting the moment of understanding” while remaining open and fluid with what comes (Smythe, Ironside, Sims, Swenson & Spence, 2007, p. 1392). While Husserl ascribed to a process known as ‘epoché’ or bracketing out pre-understandings, Heidegger believed that life experiences were tied to individual knowledge where meaning was “co-developed” through one’s humanness, combined life experiences, background, and ultimately the world in which the individuals live (Byrne, 2001).

The notion of ‘lived experience’ came to eminence with the groundbreaking work of Canadian phenomenologist Max van Manen who created a model for phenomenological research within the field of education (Barnacle, 2001). The concept of “lived experience” was congruent with the philosophies of Maurice Merleau-Ponty who was referenced frequently within his works (Racher & Robinson, 2003). His four existentials spatiality (lived space), temporality (lived time), corporeality (lived body), and relationality (lived human relation), provide researchers with guidance in carrying out phenomenological research as well as illustrating a fusion of the “objectivist hermeneutic circle (part-whole) and the alethic hermeneutic circle (pre-understanding)” (Dowling, 2005, p. 138). His work has been cited by educationalists, nurses and medical practitioners and his philosophy and methods have been combined with those of other phenomenologists including Heidegger, Benner and Colaizzi in various research studies (Dowling, 2005).

Hermeneutical Paradigmatic and Theoretical Assumptions

Hermeneutics is grounded in interpretive paradigm (Rapport & Wainwright, 2006) which reflects distinct assumptions related to the nature of reality (ontology), how one comes to know that reality (epistemology) and how one gains access to what can be known about that reality

(methodology) (Koch, 1996; Shah & Corley, 2006). The ontology of hermeneutics is a belief that truth is based on relativism where truth is “composed of multiple local and specific realities” (Weaver & Olson, 2006, p. 462). Epistemologically, reality is determined intersubjectively or with a “shared subjective awareness and understanding” (p. 462). Methodology reflects a process of continual revision where theory emerges inductively and the primary goals are understanding and change in a social world that values the promotion of practical knowledge.

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

Van Manen (1997b) further delineates assumptions on which his work rests. Methodology is understood to be a tripartite composition which includes (a) philosophic structure, (b) essential assumptions of that framework and (c) the features of the human science perspective. Van Manen saw that phenomenology was a retrospective “study of the lifeworld—in the world as we immediately experience it pre-reflectively rather than as we conceptualize, categorize or reflect on it” (p.9). The purpose of human science was to provide “plausible insights” to our everyday life experiences in terms of finding the very “essence” of a phenomenon rather than seeking to explain or control (van Manen, 1997b). Rigor, exactness and precision are defined by human science’s own criteria. Objectivity exists in the researcher’s

efforts to remain “true” and “oriented” to the “object being studied” and subjectivity exists in terms of the researcher perceptiveness, insightfulness and discernment “in order to... disclose the object in its fullest richness and greatest depth” (p. 20). As a result, van Manen saw that, “grasping and formulating thematic understanding” becomes “a free act of ‘seeing’ meaning” rather than a “rule-bound process” (Smythe et al., 2007, p. 1391).

Advantages, disadvantages and associated rationale for a hermeneutic approach.

Advantages of utilizing a hermeneutic phenomenological design are convergence of researcher and participant understanding, flexibility, transferability, creativity, and outcomes of enriching and informing the studies’ findings (Snyder, n.d.; Williamson, 2005). There exists the ability to utilize ideas from various interpretive phenomenologists and other sources to channel the methods and allow richer findings (Synder, n.d.). This type of design engages the researcher in a progressively more layered and deeper reflection and presents itself as an ideal way to “investigate personal journeys” as it allows the researcher to elucidate assumptions and meanings from the participant’s texts that the participants themselves may have trouble articulating (Ajjawi & Higgs, 2007). Litchman (n.d.) sees hermeneutic phenomenology as having a tremendous ability to “tap into” the life experiences of others which results in new understandings from “vivid descriptions” (Mapp, 2008).

Phenomenology has been criticized as lacking consensus in relation to the exact aims and methods (Thomas & Brubaker, 2000), deficient clarity in terms of language utilized, and questionable sufficiency of rigor (Litchman, n.d.). The researcher must have a solid philosophical understanding of the phenomenon which serves as a limitation to neophyte qualitative researchers (Drauker, 1999). The process is time consuming (Marschan-Piekkari & Welsh, 2004) and effort intensive (Mapp, 2008). Finally, the researcher must be highly skilled at

managing potential “raw emotion” from both the participants and her/himself, have an awareness of their own boundaries, and be able to offer support if a participant becomes overwhelmed (Litchman, n.d.).

Rationale for choice of methodology. I was drawn to a melding of hermeneutic phenomenology with the interpretive paradigm as the interpretive paradigm complements hermeneutic phenomenology in several ways. Both are based upon the construct of “meaning” (Heidegger, 1962). Ceci (2003) notes that “facets of [phenomenological] thought...have drawn attention to the politics of knowledge through theorizing the significance and the situatedness of knowers and knowledge” and thereby by viewing our characters as “meaning-constituting [it stresses] the interpretive nature of our being in the world” (p. 63). Hermeneutical phenomenology as a “philosophy of actions” has the potential to not only “radicalize thought” but make a difference in the world (van Manen, 1997b) by giving voice to the women who may feel “silenced” as a result of losing their children (Davies & Dodd, 2002). This is highly congruent with the aims of hermeneutical thought where there can “exist a program for social change... [by offering an] alternative vision [for] the future” (Milojevic, Hurley & Jenkins, 2008, p. 1).

Rather than the theoretical abstract detachment that is characteristic of empirical research, hermeneutics is both a science and art form where the researcher and the researched, as co-creators, intimately engage with each other in the “pragmatic and poetical” (Barnacle, 2001; Litchman, n.d.). An interpretive foundation enhances this view where researcher and researched meet on equal ground. “Trust is built not just for the purpose of collecting meaningful data, but for a human purpose in relationships” which sees the participant and the researcher “enrich each other’s lives” (Jansen & Davis, 1998, p. 308). Finally, I believe, as did Heidegger (1962), that it

is impossible to bracket my own life experiences, values and assumptions— a conviction that my own “life-world” can enhance the study as the research process unfolds—a precept held in high regard within the hermeneutic approach.

Sampling and Data Collection

Selection of Participants

The population of interest from which the sample was drawn were women who were in recovery from addictions and currently in treatment. Inclusion criteria included: currently living in a residential addictions treatment centre, and having one or more children that were not in the participant’s custody during a period of active addiction. Exclusion criteria consisted of having severe mental health issues, and participants who were heavily medicated.

Negotiation of entrée (Tuckett, 2004) was obtained from the Executive Director/Board of Directors of a long term recovery centre in a large city of a western province which specialized in the treatment of women with addiction, mental health, and abuse issues. Recovering mothers with addictions were chosen to be the participants in this research because these participants were “experiencing the phenomenon” and could “articulate their lived experience” (Heppner & Heppner, 2004, p. 173).

A purposive sample was chosen for this study. This type of sample was utilized because the sampling was driven by the desire to study, in detail, the experiences of individuals, thereby providing richness in the breadth and depth of the data (Byrne, 2001; Tuckett, 2004). In addition, the facility had resident participants who met the inclusion criteria (Higginbottom, 2004), the researcher had familiarity with the residence, and the residence had geographical accessibility (Tuckett, 2004).

Advantages of this method of sampling for this study included: small sample size, and purposive types of sampling sanctioning the selection of participants whose experiences lend them to an understanding of the phenomenon under study (Hussain, n.d.). Disadvantages included a finite population (Higginbottom, 2004), gatekeeper bias (administrative control over choice of participants) and the possibility of social movement of participants from the original facility (Tuckett, 2004). While sample size in a phenomenological study generally reflects data saturation (Byrne, 2001; Tuckett, 2004), between three and ten participants are considered adequate (Creswell, 2007). Four women who had/were experiencing the phenomenon were interviewed.

A digital video disc (DVD) and a spoken presentation were prepared and were presented to the staff/counsellors at the agency to further their understanding of the nature of the research. Posters were placed in various places in the agency by the counsellors to increase awareness of the study to potential participants. Input from counsellors at the agency was obtained to help select appropriate participants. Interested participants were shown the DVD presentation by the counsellors and were invited to contact me through the agency, or via email to express desire to participate in the study. All participants contacted me through the agency and interviews were set up at a mutually convenient time at the agency.

Data Collection

Data for this study were created utilizing several sources: my personal reflections, particulars collected from interviews with research participants, and consultation with phenomenological literature (Lavery, 2003; van Manen, 2007). Etymological sources of words (such as mother, addiction, recovery, custody and kinship) served as a framework for the definition of terms particular to this study and provided more insight into these terms and the

context of the study. Descriptions from outside the context of the research project, including the arts, such as literature and poetry, were employed to provide context and support for the data.

An important source of data for this study came from interviews with four recovering mothers. Two participants who expressed interest in the study eventually declined to participate as they were experiencing considerable difficulty being in recovery and trying to adjust to the loss of custody of their children. While data saturation was deemed present after four interviews, time constraints were a decisive factor in ending the data collection phase which lasted for four months.

Out of the four women who were interviewed, two women had lost custody of their children permanently, one was still trying to regain custody, and one had recently received temporary custody while still facing imminent court proceedings related to custody issues. Semi-structured face-to-face interviews with research participants lasting 45 minutes to one and three quarter hours were audio recorded on a digital recorder. The main body of the interview primarily focused on the woman's experiences of being a mother, how the loss of custody of her children had affected her, and the meaning that she gave to these experiences. The interview guide, the recruitment poster, and the information letter/consent form (adapted from Barry, 2006a) can be found in Appendix A.

Data Management and Analysis

Data Management

The methodology and logic of qualitative research requires the “uncovering and discovering” of themes that run through the “raw” data (O’Leary, 2004). A combination of manual and computerized coding, retrieval of coding, indexing and cross referencing with QRS NVivo8 software (NVivo8) (2009) was utilized. A mixed methods analysis of the data was

chosen for several reasons. Seale and Gabon (2004) suggest that a manual approach has advantages of not estranging the researcher from the research data and serves to reinforce analytic strategies that fit with the theoretical and methodological foundations that guide the hermeneutic research process. In employing software, I still remained the instrument (Creswell, 2007). NVivo8, as sophisticated as it is as a software program for qualitative research, does not analyze data but rather reflects a tool to make data analysis easier (QRS International, 2009). As with all software NVivo8 represented an extension of me in supplying the commands for that software to be utilized. The heart and soul of analysis continued to be myself (S. Melrose, personal communication May 25, 2010). By using a combination of manual and computerized analysis, I found that the analysis process was richer and provided an opportunity to analyze on many sensory levels.

As one of the hallmarks of hermeneutics is to have the researcher “immersed” in the data (Glesne, 2006), I believed that a manual-computerized data management approach would facilitate this immersion by the negation of excessive time consumption inherent in manual analysis. This freed me for actual data analysis which is considered paramount in qualitative studies (Creswell, 2007). NVivo8 had capabilities to annotate, memo, cross-reference and color code data as well as printing and exporting reports which was extremely useful to me as a researcher.

Related excerpts from the phenomenological literature were transcribed before the interviews were undertaken as Word® documents, then entered into NVivo8 and coded. The literature centred primarily on the works of Heidegger (1962), Merleau-Ponty (1967) and van Manen (1997b). Data sources of literature and poetry primarily reflected the works of Frankl (2006), Jevne and Miller (1999), Palmer (2007), and Eliot (1969). Selected quotations were

entered into NVivo8 and coded. Relevant etymology was gleaned from online sources in preparation for the research.

Interview data, recorded on a digital recorder, allowed the data to be readily loaded into the computer (Ayers, 2007). The digital recorder provided an exceptional source for recording as it had a large capacity for data storage. All interviews were recorded on individual digital files on the digital recorder. The files on the digital recorder were transferred to a secure computer and then to flash drives. Two flash drives were made to ensure that data was not inadvertently lost if the computer malfunctioned. Digital files on the flash drives were then transcribed by an independent transcriptionist. I made two hard copies of the transcripts. The format of the first copy allowed me to listen directly to the interviews and provided a space for me to write on in the process of initial analysis. The second copy was formatted to be able to be imported into NVivo8 for analysis. The transcripts were reviewed for accuracy by diligently comparing them to the digital voice files upon which I corrected any omissions or errors.

Data Analysis

The data were managed using (1) the NVivo8 software program (QRS International, 2009) and (2) a series of manual analysis procedures as tools for assisting me in coding data and isolating themes from the data. The analysis procedure commenced upon the completion of each interview as I recorded my impressions and reflections in my reflective thesis journal as soon as possible post-interview. Areas of emphasis from the women I interviewed were identified as possible themes of the individual interviews. As each interview progressed, the overall themes became consistent. While each woman put emphasis on one or two particular themes, all themes were represented in each of the interviews. Upon the completion of the fourth interview, no new information or themes arose.

Van Manen's (1997b) three processes for isolating thematic statements were utilized: seeking overall meaning by holistically looking at the sentences, focusing on sentences or phrases which stood out in the text, followed by a line-by-line approach which allowed scrutiny of the text sentence by sentence (Robinson, n.d). This enabled both a closeness and distance from the data which was essential in looking at the parts and the whole (van Manen, 1997b; Ward, 2007).

Upon receipt and verification of the transcripts, I listened and re-listened to each interview to elicit the presence of additional themes. While the three overarching themes that were ascertained post-interviews remained, nine subthemes were identified. These themes were organized as a hierarchy with the overarching themes each having three subthemes.

At this point I engaged NVivo8 to examine the transcripts by coding phrases and representative paragraphs. Upon completion of this analysis, I examined the transcripts line by line eliciting additional codes from words and sentences. This produced 129 separate codes (nodes).

These nodes were printed and cut into individual strips and then all placed on a large table and then sorted into 28 categories which included the three overarching themes and one category related to phenomenological/related literature which had been previously coded. The sorting process was again undertaken which revealed 4 categories (three themes plus phenomenological category). At this point the phenomenological category was set aside.

The nodes were examined individually for relevance to the overarching themes. The paper strips which represented the themes were then sorted into subcategories. The resultant subcategories were noted and subsequently organized into NVivo8. This was a process of creating tree nodes in NVivo8 and dividing those nodes into parent nodes (overarching themes)

and child nodes (subthemes) for each category and then merging the 129 nodes into the nine subthemes. As a finished product all quotations that fit within a particular subtheme were easily retrievable both in the software program itself and in hard copy.

A three layered analysis described by Perry (2009) was engaged in where the first layer of the analysis represented the participant's stories and the researcher's perspectives, the second layer in returning to the participants to verify themes elicited from the data, and finally the last layer where, now, the reader of the research is invited to engage in their own analysis.

Ethical Considerations

Benefits of Participating

The four women I interviewed had the opportunity to discuss and explore their experiences of being a recovering mother and losing custody of her children with myself, as researcher. Participation provided the recovering mothers with an opportunity to develop a greater understanding and awareness of their experiences, thoughts and feelings (Barry, 2006a). Participation also assisted me as a researcher to better understand the experiences of recovering mothers who lose custody of their children. The research now has the potential to assist the staff at the facility of origin to gain a further understanding of the experiences of these mothers as well. In this examination, the facility of origin will be potentially "susceptible to effects" of the research methods such as challenging or changing practices as a result of increased awareness (van Manen, 1997b). This may be seen as a threat or as a springboard to initiate change.

Risks of Participating

Participants in this study were not exposed to or confronted with information that was meant to intentionally cause harm. However, as the questions being asked of the participants explored their personal experiences in the past and present that had caused them emotional,

physical, or psychological harm (Barry, 2006b), they frequently experienced a flooding of thoughts and feelings about their situation. These feelings were often intense, especially those of grief, pain and anger. Feelings of guilt, relief, insight, a sense that they were understood, and hope that change could be enacted for other mothers who found themselves in similar situations were also expressed during interviews. The interviews progressed largely guided by the women I interviewed—often with significant silences.

Strategies to Enhance Ethics

To make sure that safety and confidentiality were safeguarded, the following guidelines (Barry, 2006a; Athabasca University, 2005) were established:

- (1) Participants were asked to use a pseudonym during the interview and to assign a pseudonym to their child(ren).
- (2) All interviews were undertaken at the agency in a private room. A counsellor was available onsite at any time during the interviews for the participant to access, but this was not needed in any of the interviews.
- (3) All information (name, demographic information, digital tapes, and transcripts) were kept in strict confidence and stored in a password protected computer and/or a locked filing cabinet. Flash drives were stored in a locked filing cabinet as well as all hard copies of data resulting from analysis of data.
- (4) Only I, the transcriptionist, and my thesis supervisor had access to the data collected from the interviews. The participants and the names of their children were only known to my thesis supervisor by their pseudonyms. The participants were identified to the transcriptionist by designating the individual interviews as “Interview #1” and so forth.

The independent transcriptionist had access to the digital files on flash drives and signed a pledge of confidentiality prior to engaging in the transcription of the interviews.

- (5) I completed the ethics approval process from the facility of origin.
- (6) I also completed the ethics approval process at Athabasca University prior to beginning data collection.

Chapter Summary

The landscape of methodology has been explored. The research question was framed and objectives were provided for the research. The design and sample were described. Data collection, data management and analysis strategies were explicated. A discussion of ethical safeguards concluded this landscape.

Now that the preparations are complete and the roadmap is in hand for navigating the journey, the next landscape is ready to be visited. This second landscape consists of a literature review, definitions of words in the context of etymology, and my own assumptions and presuppositions. Each of these scenes within the second landscape adds more dimension and context to the journey. Ultimately the second landscape contributes to the journey in terms of understanding the landscape as a whole and prepares the reader for the final two landscapes that will be explored.

Chapter Three

The Landscape Scene II, II and IV: Literature Review, Etymological Roots;

Experiences and Assumptions

Chapter Introduction

As Perry (2009) and Palmer (2007) note, our worlds are made up of landscapes which define and add context to the experiences we have, the individuals we become, and the knowledge we gain. Some of these landscapes are rooted within disciplinary knowledge found in the literature while others are, as Palmer (2007) cites, considered “sacred” and found within our own experiences which shape our beliefs, assumptions, and values. In hermeneutics, it is essential that the reader of the research becomes familiar with both the disciplinary landscape that exists in the form of related literature, as well as the sacred landscape of the researcher.

As such these landscapes (in addition to the sacred landscape of the research participants) become the “scenes” that the reader of the research visits and by which the reader ultimately engages in their own analysis of the research (Perry, 2009). In hermeneutic research, the aim of the researcher is to ‘paint’ a picture so colourful and so complete that the reader of the research is transported vicariously to those scenes in the landscape (van Manen, 1997b). The scenes then become the “holograms” by which the research is viewed (Perry, 2009).

The landscape as presented in this chapter consists of three scenes that will be explored. The first scene consists of a thorough literature review which focuses on six concepts: (1) the ideology of motherhood, (2) a composite picture of the addicted mother, (3) contemporary child welfare/ judicial practices, (4) trends in addiction treatment, (5) the impact of custody loss on recovering mothers and (6) resilience in recovering mothers. The core of the second scene is

seen in the etymological roots of words and definitions that add context to the landscapes. The third scene centres on my own experiences and the presuppositions that I bring to the research.

Landscape Scene II: The Literature Review

Background

Substance abuse in women represents a destructive, multifaceted and costly problem for families, communities, and the nation (Coyer, 2001; Dakof, Quille, Tejada, Bandstra & Szapocznik., 2003). The effects of alcohol and drug use do not occur in a vacuum for substance abusing mothers. Drug and alcohol use threaten not only the mother's physical and mental health, but results in the addiction sending its far-reaching tentacles deep into the integrity of the family, the health of its children, and the extended family (Coyer, 2001; Kearney, 1996). The costs to the nation are continuing to escalate.

In Canada, addiction costs \$39.8 billion annually (Canadian Centre for Substance Abuse, 2006). In Alberta alone the cost is 4.4 billion: 23% in direct health care costs, 11% in law enforcement costs, and 63% in indirect costs attributed chiefly to loss of productivity (Alberta Alcohol and Drug Abuse Commission, 2006). The United States sees community hospital budgets increased by \$2 billion, schools budgets by \$41 billion, and emergency medical services accounting for \$777.2 million in extra hospital charges—all attributed to substance abuse (Malliarakis & Lucey, 2007).

Ideology of Motherhood: Meanings and Attributions

Throughout history mothers have been simultaneously glorified (Dunlap, Sturzenhofecker & Johnson, 2006), pathologized, demonized, and demeaned by a society that assigns to women on one hand, "angelic" qualities, and on the other, impossible expectations (Caplan, 2001; Irwin, Thorne & Varcoe, 2002; Litzke, 2004). Despite the romantic image of motherhood

which seems to have pervaded through the centuries, patriarchal systems of law and custom have exerted a substantial degree of control/judgement over mothers in terms of idealizing, scrutinizing, and denigrating their roles and behaviours (Reid, Greaves & Poole, 2008).

Motherhood is carefully socially and culturally constructed as a “gender system” (Glenn, Change & Forcey, 1995; Haddock, Zimmerman & Lyness, 2003) which is composed of chiefly tradition and where the reality/realities of motherhood are largely ignored. Mythologies include those of biological destinies of being caregivers and nurturers, being ultimate teachers, and where the measure of a mother becomes her child (Carpenter & Austin, 2007). Carpenter and Austin suggest that our social belief systems in Western Liberal democratic nations continues to constrain our views of a motherhood which entails being self-sacrificing (Ferguson, 1994), nurturing, selfless, emotionally dependent, having “rational orientations” (Litzke, 2004), and being responsible for not only the care of children but also of the family at all costs (Irwin et al., 2002). This romanticized image is encountered ubiquitously from magazine aisles in supermarkets to playgrounds in the never ending expectation of perfection (Irwin et al., 2002) and an “intimate contest about how to mother” (Ram & Jolly, 1998, p. 178). There exists a great disparity between what is considered ‘ideal mothering’ and ‘real mothering’ behaviour which further creates “clashes between women’s and child rights,” and causes “conflicts between legal and social responses to mothers who are seen to ‘behave’ badly” (Reid et al., 2008, p. 212).

The roles to which women ascribe have an enormous impact on their lives, especially in terms of how others relate to them (Stenius, Veysey, Hamilton & Andersen, 2005). The maternal role identity is a process that is developed over time and attributed to the experiences that the woman encounters as a young child, the beginning phases of pregnancy, and further develops as she engages in the maternal tasks of caring for her infant (Coyer, 2001). Societal

expectations are melded with the woman's own expectations as she seeks information, interacts with her child (Coyer, 2001), and gains the validation of senior generations who avow the female role as 'mother' (Dunlap et al., 2006). These senior generations are considered to be 'gatekeepers' and consist of a plethora of individuals ranging from "family, friends, doctors, teachers, neighbours, and even strangers on the street" (Carpenter & Austin, 2007, p. 662).

There is some question whether women have "voluntaristic choice" in the matter as their choices in terms of motherhood and being a mother are seen to be constrained by the power imbalances that exist among the lines of gender, class and ethnicity (Dunlap et al., 2006). As late as the 1990's women were still confronted by their own exacting "constellation of issues" which included being or not being a mother, "lesbian mothering, reproductive technologies, balancing work and extended families, single mothering, and poverty" (Glenn et al., 1995, p. 1). Their social roles (which continue to change), feminism, gender stereotypes, occupation, the media, and advertising are all considered influences that a woman/mother confronts on a daily basis (Plant, 2008).

Certainly failing to live up to the ideals and roles that society assigns in terms of femininity and motherhood results in severe social stigma (Beck, 2006). Even as late as the mid 1990's, mothers still continued to "professionalize their work in response to the devaluation of the private sphere," endeavoured to delegitimize the patriarchal societal view of being self-sacrificing, and attempted to understand, explicate and voice their role on their own terms (Glenn et al., 1995, p. 1). This has been met with limited success. Those mothers who are deemed "non-ideal" are still blamed for not fitting into a stereotypical picture of a mother and ultimately held "virtually solely responsible" for the sum of their children's problems (Caplan, 2001). As such, mothers are left feeling silenced: they are not "given voice," they are both unintentionally and

intentionally not heard when they do speak, and ultimately they feel the “silence of the lack of positive appraisal of their mothering and the silence of positive feedback through their children’s behaviours” (Carpenter & Austin, 2007, p. 663). When seen in these terms, can the idealized role of mother be seen as anything but impossible to live up to?

“Good Mother, Bad Mother”: A Composite Picture of the Addicted Mother

In North America the stereotypical picture of a “good mother” is both challenged and delegitimized when mothers have addictions (Caplan, 2001; Litzke, 2004). The mainstream ideology of motherhood (Brown, 2006) is further strained in mothers with addictions where drug/alcohol use is considered to be deviant and conflicting with the traditional female role (Harmer & Mertin, 1999; Powis, Gossop, Bury, Payne & Griffiths, 2000). Substance-using mothers have been given a range of labels including, “good, bad, thwarted [and/or] addicted” from a society who sees them as “behaving badly” in terms not meeting the ideal of mothering (Reid et al., 2008, p. 211). Motherhood, despite addictions, emerges as a deep-seated part of the addicted mother’s life (Litzke, 2004) which is constantly tempered by the “challenges of negotiating the prevailing attitudes, practices and stigmas of being a substance-using mother while trying to do the right thing for her children” (Reid et al. 2008, p. 211).

Parenting in the eyes of the addicted mother is reduced to either being a “good mother” or a “bad mother” (Brown, 2006). This belief is further marginalized by the perceptions of social service and health care professionals (Brown, 2006) who deem addicted mothers as “unfit” despite parenting capabilities (Powis et al., 2001; Smith, 2006). There is a beginning shift, however, in emerging literature that notes that substance use on the part of the mother does not necessarily indicate parenting that is harmful or neglectful and many mothers have “adequate” skills as parents (Huxley & Foulger, 2008). Huxley and Foulger note that there does not exist a

“definitive profile reflecting parenting capacities and behaviours” which should delimit seeing mothers under a single umbrella of parents who use” (p. 10). Even in cases where there is prenatal cocaine exposure, the data suggest that these children at three years of age are not more likely to experience child maltreatment or placement in the foster care system (Doris, Meguid, Thomas, Blatt & Echenrode, 2006).

Addicted mothers are bombarded by intergenerational patterns of substance abuse, mental illness, and physical and/or sexual abuse (Cash & Wilke, 2003) and they live in a world of significant stigma from society (Coyer, 2001; Suchman, McMahon, Slade & Luthar, 2005). Women who experience addiction have been found to be more likely to have been raised in a family that had disturbances in the mother-child relationship and this intergenerational transmission of mother-child relating continues—translating into increased risk of having problems when they raise their own children (Polansky, Lauterbach, Litzke, Coulter & Sommers, 2006). A lack of “adequate resources” and ethnicity can combine to create difficulties for mothers who have experienced exploitation and discrimination for many generations (p. 116). Trauma, caused by a history of sexual and physical violence in the addicted mother, can continue to “profoundly affect” the mother-child relationship even when the mother becomes abstinent which interferes with normal child development (p. 116).

It is posited that motherhood becomes even further delegitimized when it takes place in circumstances that are less desirable such as substance abuse, poverty and street crime (Litzke, 2004). Litzke notes that the ‘War on Drugs’ which was proclaimed in the 1980’s in the United States, created an environment that not only denounced and stigmatized mothers who used alcohol and illegal substances, but also criminalized them. This criminalization, often resulting in incarceration, continues to have wide spread effects on both substance-using mothers and

society including placing children in foster or kinship programs, disrupting family life, losing employment and living arrangements which further results in the stigmatization of not only the mother but the child as well (p. 45).

In the addicted mother's world where social pressures and situational constraints create conditions where addiction seems "necessary for survival" there seem to be few "visible feasible alternatives to substance abuse" (Kearney, 1998, p. 502). Intense poverty, homelessness, social isolation, violent relationships, inadequate food/provisions, and insufficient care for their children frequently differentiate the "life worlds" of addicted mothers (Dunlap et al., 2006; Sanford, 2009). Perceptual as well as environmental constraints often keep addicted mothers from seeing themselves as addicts when faced with so many limitations as they attempt to manage their lives while shielding a "fragile identity" (Kearney, 1998, p. 502).

Addicted mothers have ambivalent feelings about having and keeping their children (Marcenko, Kemp & Larson, 2000; Suchman et al., 2005) and this creates considerable conflict between their dependence on drugs and their fears of losing custody of their children (Powis et al., 2000). In the addicted mother's attempts to continue mothering her children she experiences very high levels of shame, guilt and self blame because of her perceived failure to adequately parent her children (Coyer, 2001). She sees her addiction as a moral deficit rather than a disease which parallels society's view of her being "weak" and "morally corrupt" (Litzke, 2004). The giving up of her children is seen as a last resort (Coyer, 2001). The act of giving up her children further pathologizes her and continues to add to her experiences of worthlessness and disempowerment (Aston, 2009).

Litzke (2004) describes problems with drugs and alcohol as "dehumanizing." Little or no responsibility for addiction is assigned to the "system" or society at large while instead the

dominant Canadian discourse assigns all the accountability and responsibility for being addicted while being pregnant or mothering to the mother herself which is deemed both “victimizing and vilifying” (Reid et al., 2008 p. 212). Aston (2009) sees substance-using women as being “hailed as addicts” where they take up this label as a lived reality due to what is deemed the “medicalization of addiction” (p. 611), and the “identities, roles and activities that are conferred through the authority of ideologies and social practices” (p. 614).

As such, the recovering mother must reconstruct her identity (Aston, 2009). Coyer (2001) and Brudenell (2000) describe a process of establishing an identity as a “real mother” or developing a sense of “self-as-mother” that occurs in recovering mothers. Motherhood within the context of recovery is seen as a mode to attain adulthood and success in motherhood is translated to feelings of accomplishment in other areas of life (Brudenell, 2000). The role of motherhood has been seen to provide a stable identity throughout the process of recovery (Hiersteiner, 2004). The threat of losing custody of her children provides a significant motivator for seeking treatment (Cash & Wilke, 2003; Kearney, 1998; Marcenko et al., 2000) and efforts to become abstinent (Kearney, 1998).

Custody Issues: The Courts and Contemporary Child Welfare Practices

American and British statistics estimate that 25% to 69% of substance abusing mothers have their children placed in foster care or kinship programs (Kovalesky, 2001; Litzke, 2004; Powis et.al, 2000). In America, while most recovering mothers eventually have custody returned, 33% of American child welfare cases result in permanent custody loss (Marcenko et al., 2000). In the United States only 17% of children are returned if the mother is experiencing homelessness after she is finished treatment (Hoffman & Rosenheck, 2001).

In Canada there are currently no nation-wide statistics that report the number of children/youth that are placed by the child welfare system but it is estimated at 67,000 with trends increasing progressively and multi-national studies naming Canada as having the highest rate of placement (Mulcahy & Trocmé, 2010). Budau, Barniuk, Fallon and Black (2009) cite that Canadian children residing in rural areas are placed at twice the rate than their urban counterparts. Canadian families that are struggling with drug or alcohol abuse experience several coexisting factors such as neglect (45%), domestic violence (41.7%), criminal activity (31.2%), and mental health problems (31.3%) (Mayer, Lavergne & Baraldi, 2004). In Alberta, 70% of children whose parents have drug or alcohol problems are placed into foster care, 14% into residential care, and 11% into kinship programs (Knitel, 2003).

In Alberta in 1999, 51% of all children taken into care had permanent guardianship orders (Human Resources Skills Development Canada, 2000) which increased to 62% in 2004 (European University Association, n.d.). Canadian statistics indicate that 32% of children are removed from households with lone female caregivers for alcohol abuse or drug/solvent abuse (Trocmé et al., 2005). Alberta's *Drug Endangered Children Act* which was put into place in 2006, states that children who are exposed to trafficking and/or the manufacturing of drugs are "victims of abuse," require protection, and are removed from their parents care (Gough, 2006, p. 2).

The courts have been identified as being in a difficult situation. While the preference is early reunification, institutions that provide addictions treatment argue for extended timelines so that clients can experience solid treatment gains (Hohman & Butt, 2001). Three quarters of parents who enter substance abuse treatment "drop out" before the completion of treatment (Knoke, 2009). Knoke cites that there are very high levels of relapse and low rates of treatment

due to the chronicity of substance use and the multiple treatment efforts that are required before recovery is maintained. In Canada there is no systematic reporting of substance abuse treatment for parents who are involved with the child welfare system, but it is noted that these referrals are plagued by underfunding, regional disparities, and insufficient services available to accommodate the numbers of individuals who are in need of treatment (p.2).

Knoke and Trocmé (2004) describe risk assessment measures including assessment of (a) the nature and the severity of previous child maltreatment, (b) the characteristics of the family environment such as domestic violence, (c) characteristics of the parent/child's caregiver such as substance abuse and (d) characteristics of the child such as problem behaviours. While it is noted that accuracy in terms of risk assessment is crucial, there still exist concerns about the risk assessment itself such as the narrowness of scope of the assessment itself and the accuracy not being systematically or statistically established (p. 2).

In Canada, a temporary guardianship order cannot be in effect any longer than six months for child(ren) less than six years of age, or nine months if the child(ren) is over six years of age (Alberta Children's Services, 2007). Alberta Children's Services (2007) cite that only three temporary guardianship orders can be enacted for the same child before either a permanent guardianship order must be in place or the child(ren) are returned to their parent(s) care. There has been a move in the judicial system to shorten these timelines in an effort to enforce quicker permanency decisions (Alberta Children and Youth Services, 2009; Semidei, Radel & Nolan, 2001). Knoke (2009) cites that when children are placed in care for reason of maternal/parental substance abuse that they can spend up to 3 years waiting in foster care which creates a situation of being in "limbo" for the children themselves which can impede the development of stable attachments.

The pressure for parents to not only improve parenting abilities and stabilize their lives is considerable. This is hampered by what is deemed coercive, involuntary and punitive interventions by the courts and child welfare agencies (Allard, 2006; Burman, 2004; Semidei et al., 2001) and inadequate time frames to both enter and complete court mandated treatment (Rockhill, Green & Newton-Curtis, 2008). In Alberta, public welfare services have been referred to as having a history “rooted in benevolence, harshness, punitiveness and stinginess” (Reichwein, 2003, p.1). Women who use substances see the courts and child the welfare system as “all-powerful” as they live under their constant surveillance which leads to distrust for the system and a sense of powerlessness where “requirements for services and/or programs [are] ambiguous, incomprehensible, or put [the mothers themselves] at risk” (Reid et al., 2008, p. 224).

Mental health issues combine with legal issues, insufficient social support, economic problems and housing insecurity to create significant barriers to reaching towards recovery (Knoke, 2009). Reid et al. (2008) suggest that expectations that are in place for the judicial and child welfare system ignore women’s needs and their financial constraints, and make seeking help in the future doubtful. In this way addicted women/mothers see themselves as thwarted and punished when seen in terms of the long-term costs (personal, financial and emotional) of apprehension of their children and the inflexibility that exists within the system (Reid et al., 2008).

In 1995 the primary substances responsible for court-mandated treatment in the United States were cocaine and alcohol which saw a move in 2004 to amphetamines and marijuana (Terplan, Smith, Kozloski & Pollack, 2010). This shift in court-mandated treatment has seen 30% of cases being those of pregnant women (Terplan et al., 2010). The courts see their

interventions as “compassionate coercion” where they view motherhood and especially pregnancy as a “unique moment” in a woman’s life trajectory where there is a “window of opportunity” for change due to increased motivation for drug treatment on the part of the mother and amplified contact with both social and medical services (Terplan et al., 2010).

Given that most addiction treatment programs continue to report relapse rates of greater than 50% after one year of treatment (Burman, 2004; Kearney, 1996,1998), there appears to be a lack of court/child welfare’s understanding of the process of addiction, its treatment (Burman, 2004; Smith, 2006), and subsequently a “just and equitable standard” (Kruk, 2008) for recovering mothers. In the end, the primacy of children’s rights works against a recovering mother’s rights where it “fragments and discounts the deep connections” that exist between mothers and their children (Reid et al., 2008, p. 213).

Women who become completely abstinent are still considered to be high risk by the child welfare system despite their mothering capabilities (Reid et al., 2003, p. 213). Forrester, McCambridge, Waissbein & Rollinick’s (2008) study revealed that child welfare approaches by social workers tend to be confrontational, enforce their own agenda, and pay little attention to the concerns of parents which hamper effective working relationships with parents. Child welfare workers’ attitudes are felt to significantly affect risk assessments: those with pro-removal attitudes make higher risk assessments and recommend the removal of the child more frequently, while those who have either pro-removal or anti-removal attitudes tend to not recommend reunification after out-of-home care (Arad-Davidzon & Benbenishty, 2008).

In November 2001, a new risk assessment strategy was launched by British Columbia’s Ministry of Children and Family Development which had a strength-based focus utilizing harm reduction (Weaver, 2009). This biopsychosocial model recognizes that intensive residential

treatment is not a “cure” for addicted mothers who are not “ready” for residential treatment, and sets them up for failure. The program primarily focuses on the holistic context of an addicted mother’s life and recognizes that “enhanced supports” are necessary for the mothers before entering treatment and upon their return to communities. In this context, social workers meet addicted mothers “where they are at” (Kullar, 2009, p. 10).

Recovery: Trends in Addictions Treatment

Although historically the medical model has guided health care professionals in the treatment of addictions in an atmosphere of non-judgement and non-blame, it has been criticized as not accounting for the complexities of addiction in the context of vulnerable roles, sexism, poverty, and other environmental issues (Carten, 1996; Rhodes & Johnson, 1997). The harm reduction model as an alternative has been slowly gaining acceptance globally (Burman, 2004; Snow & Delaney, 2006). Three predominant psychosocial models have been utilized in the treatment of addiction in both men and women: Beck’s cognitive behavioural model, Bandura’s self-efficacy model, and twelve step programs (Naegle, 2003). Gender-responsive treatment has emerged since the early 1990’s in an effort to counter research which recognized that the role of gender influenced the course of substance use and the utilization of treatment (Grella, 2008).

Despite all the advances that were made in the 1990’s in terms of gender-specific addiction treatment, institutions continued to have “mixed reviews” from the women who accessed them (Kearney, 1998). Negative reviews were seen primarily in terms of a lack of opportunity for change, a reinforcement of a woman’s self-view of being worthless, and women who reported feeling excluded or nullified in Alcoholics Anonymous due to differences which existed such as gender, sexual orientation, their ethnicity or race (Kearney, 1998). Positive reviews saw substance abuse treatment helping them to provide structure for a new life, and

assisting them to see themselves differently and creating new identities as mothers and women (Aston, 2009; Kearney, 1998). In Kearney's (1998) study, truthful self-nurturing was seen to be the antithesis of destructive self-nurturing, and was central in creating a paradigm shift in recovering women.

Since 2004, models have been implemented which expanded the focus of addictions treatment to not only women, but also their children and other family members (Cash & Wilke, 2004; Werner, Young, Dennis & Amateri, 2007). In response to the literature that supports the tremendous negative impact women experience who are in treatment without their children (Barry, 2006a; Beck, 2006; Concoran, 2001; Fergeson, 1994; Hohman & Butt, 2001; Richter & Bammer, 2000) residential recovery programs are increasingly providing programs and services that allow children to stay with their mothers during recovery (Blazer, 2000; VanDeMark, O'Keefe, Finklestein & Gampel, 2005; Worley, Conners, Williams & Bokony, 2005).

In Canada, where addiction treatment services and supports exist in a diverse range of health care settings, services provided to socio-cultural groups are consistently being investigated for efficacy in terms of systemic, geographical and ideological barriers (Aston, 2009). Aston (2009) cites that one of the focuses of this investigation is to determine how the services and supports can become more congruent with the gender-specific needs of women. These needs have been identified as the need for support with child care, education which is focused on parenting, training for employment, issues related to self-actualization, the role gender plays in addiction, concerns related to relationships, and recognizing the brunt of childhood/adulthood victimization and violence (Kearney, 1998).

Still treatment services continue to lack not only the skills but the experience to enable the balancing of child protection issues with mothers having diverse needs and difficulties in

various stages of their recovery (Huxley & Foulger, 2008). Knoke (2009) notes that the approaches that addiction treatment centres employ in terms of relapse being temporary and a common factor in recovery (harm reduction), often conflict with the judicial/child welfare systems requirement that complete abstinence must be achieved (medical model). There is a call for multi-disciplinary teams that support the recovering mother that can deal with both treating substance abuse and accommodating child welfare requirements and issues (Knoke, 2009).

In Britain, a program such as this is being piloted in a three year program which sees multi-disciplinary teams come together to assist mothers at risk of losing their children (Hill, 2009). The Family Drug and Alcohol Court deals exclusively with addicted parents and collaborates with the voluntary, public, and judicial/criminal sectors in a program where support services are brought to the parents including workers who have expertise in “social care, substance misuse, housing, health, education, domestic violence and mental health” (p. 2). Parent mentors are also assigned to families. These mentors have experienced custody issues with their own children.

In Vancouver, British Columbia, The Sheway Maternity Clinic engages in a harm reduction approach which has been found to improve outcomes for addicted mothers and their babies (Abrahams, 2009). This clinic also combines holistic, multidisciplinary care with a goal of assisting mothers in “meeting their needs for support, safe living conditions, economic security and physical well-being” until their child reaches the age of 18 months (p.4). This program focuses on the strengths of the mothers. In addition to this program the ‘Families in Recovery Square’ was developed as a combined care unit also focuses on harm reduction utilizing a multi-disciplinary team where babies room in with their mothers. The results are impressive: 74% of mothers report decreased drug use and 100% feel a connection to the community. The Perinatal

Addiction Services, who act as an important resource to the two programs, have family physicians who have clinical expertise in addictions treatment who are available on a full time basis 24 hours/day; seven days/week.

Impact: Ramifications of Child Custody Loss

While research related to family reunification in residential addiction treatment programs has gained momentum, there is little known about the experience of recovering mothers who lose custody of their children either permanently or temporarily. For women, being mandated into treatment introduces feelings of powerlessness and increased victimization (Burman, 2004). The experience of being labelled as an “unfit” mother results in increased levels of stress, denial, depression, anger and intense emotional pain (Barry, 2006b; Concoran, 2001; Shillington, Hohman & Jones, 2001; Smith, 2006) resulting in increased impulses to seek for relief in substance use (Carten, 1996; Schleuderer & Campagna, 2002). Feelings of traumatisation in the mother are reported after child custody loss (Rockhill et al., 2008). While having her children provides a mother with the strength to make difficult decisions (Irwin et al., 2002) and the motivation to continue her recovery (Grella, 2008; Kovalesky, 2001), custody loss severely undermines a mother’s hope that her children will ever be returned to her (Rockhill et al., 2008).

In the Face of Adversity: Resilience in Recovering Mothers

There is emerging research that is being centred on resilience in recovering mothers. There were mixed results when this phenomenon was investigated. Sutherland, Cook, Stetina and Hernandez (2009) found that women in recovery scored lower on resilience than their non-chemically dependent counterparts. It was felt that women in recovery had impaired problem-solving skills and maladaptive coping strategies which were attributed to chemical effects of substance use on cognition and emotions (Sutherland et al., 2009). Sutherland et al. (2009) cited

that the status of a mother's children seemed to be protective in that when mothers had custody of their children while in treatment they experienced greater treatment completions and decreased substance use post-recovery. Resilience was found to wax and wane over the course of treatment. Risk zones were identified in terms of decreased resilience and were highest at 13-24 weeks and 37-52 weeks into recovery.

Hardesty and Black (1999) also saw that children were markers of successful recovery as "motherhood served as a survival strategy" (p. 609). The key was a woman's identity and kinship ties. Even in mothers who lost custody of their children, their children remained a central focus in their lives—"in fantasies, yearnings and plans" (p.609). The outcomes of these yearnings were twofold: the mothers either experienced surrender to their addictions and ultimately their own self-destruction or their thoughts of their children became the beginnings of recovery. A woman's identity as a 'good mother' despite her addictions was identified as a "self-survival tool" (p. 609). Involuntary placement of children was seen to be damaging to a mother's identity. These women saw that the worst possible thing that could have happened to them was having their children taken away.

Even with the separation of mothers and her children, there was a focus by these mothers on the temporary nature of the physical separation and a centering on the permanent nature of the emotional bond (Hardesty & Black, 1999). The primary motive of recovery became regaining and a re-claiming of their children. During this time of separation, mothers engage in what Hardesty and Black (1999) refer to as "mother work." There were specific areas of work for the mother to engage in—or a trajectory of skills/tools for them to face and overcome: (1) confronting her guilt, (2) repairing the damage that was inflicted upon her children and (3) renegotiating the mother identity.

Paris and Bradley (2001) found mothers who had lost custody of their children had stories of “hope and resilience” (p. 663) and again cited the maternal identity as a fundamental task. When women shared their stories they were “full of insight, poignancy and renewal” (p. 647). Mohatt et al.’s (2007) study reaffirmed that the resilience of addicted mothers was tied to interconnectedness with family and community

Landscape Scene III: Definitions in the Context of Etymology

Addiction: The word addiction is derived from the vulgar Latin word *addictus* which has reference to a “devotion or an enslaved passion,” and the Latin words *addecere* which means a “sentence” and *dicere* which is to “say,” “declare,” or to “call” (Quinton, 2009). Skeat (1882) notes that an addiction is to “give oneself up” or to “proclaim.” Literature related to addiction studies defines an addiction as the “development of a relationship with a substance or activity in which the continued use of that substance/activity has negative effects upon the individual’s lifestyle” where the “individual requires the continued use of that substance/activity to function normally and prevent the occurrence of withdrawal” (Mount Royal College, 2005, p. 1).

Recovery: The word recovery is attributed to the Anglo French and means to “regain consciousness” or “health and vigour” (*Online Etymology Dictionary*, 2009). Skeat (1882) cites that recovery has reference to being able to “recruit oneself” or to make “desirable” or “good again.” Recovery used in the context of this thesis is defined as treatment and relapse prevention efforts which centre on the client rather than the substance/activity in an effort to promote “overall health by increasing the ability [to] learn, grow and [manage] life” without the substance or activity (Alberta Alcohol and Drug Abuse Commission, 2008, p.1).

Mother: The word mother has its roots in Old English or Proto Germanic *mothear* and refers to taking “care of” (*Online Etymology Dictionary*, 2009; Quinton, 2009). Skeat (1882)

further denotes that mother has reference to one having a “hysterical passion” and regulating or managing a “household.” The term mother will be used in this thesis to cite a woman who has offspring, either biologically or through adoption.

Child: The word ‘child’ or the Proto German root *kittham* (Quinton, 2009), comes from the Gothic root *kilpei* meaning “womb” (*Online Etymology Dictionary*, 2009). Skeat (1882) identifies, in the English language, the word ‘child’ means to “bring forth” from the womb. In this thesis the use of the word child or children will have reference to offspring which are either biological or adopted.

Custody: The word custody comes from 15th century Latin from the word *custodia*, which means to guard or keep and *custos*, which has reference to being a guardian, sentry, a watch-keeper or protector (*Online Etymology Dictionary*, 2009; Quinton, 2009). Its English origins have reference to keeping care of, “confinement,” “keeping guard” or to “hide” (Skeat, 1882). The Supreme Court of Canada does not “distinguish between custody awarded to a third person or to a child’s parent(s)” when referring to this term (Westlaw, 2009a). For the purposes of this thesis, custody shall refer to an individual(s) who is not the mother of the offspring and has physical care and day to day control of the child which includes having the rights and obligations to “nurture the child by ensuring, providing for, and making decisions in relation to a child’s physical and emotional health, education, religious or spiritual development, and all other matters that affect the welfare of the child” (Westlaw, 2009b, p.2)

Foster care: The term foster care is related to two root words. Foster—meaning to nourish or the word embryo, and the word ‘care’ which has reference to “anxiety, sorrow (or) to lament” (Skeat, 1882). In the Old English to foster—*fostrian*—means to supply with nourishment, while to care—*natricia* or *natricius* has its basis in “that which suckles” or

“nourishes”, which is derived from the word *nurrice* which literally means a “foster mother to a young child” (*Online Etymology Dictionary*, 2009). Foster care in the context of this paper will relate to others who are not members of one’s immediate or extended family who have temporary or permanent custody of a child or children.

Kinship Program: The word *kin*—from the German meaning “child,” has reference to those of one’s family, race, kind or nature (*Online Etymology Dictionary*, 2009). Skeat (1882) speaks of kin in terms of being “kindred.” A kinship program is one which “supports children who are unable to reside with their family due to concerns of abuse, neglect or abandonment”, involves children residing with a “relative or person which they have a safe and significant relationship,” and operates “under the guidance of Child and Family Government Services” (Government of Alberta, n.d., p.2).

Temporary Guardianship Order (TGO): The word temporary comes from the Latin *temporarius* which has reference to a condition that is of “seasonal character” or one which has a short (*provissionnal*) duration explicitly created for the occasion to supply for current needs (Myetymology, 2008; *Online Etymology Dictionary*, 2009). Guardianship refers to a condition where one is a protector or acts in defence of another (*ward*) and as a *daura-warder* in being a “door keeper” or “watchman” (Skeat, 1882). The word order has reference to many root words which have application here such as mandate from the Latin *mandetum* (to entrust to one’s custody or care), the Old English *tellum* (to reckon), the Old English *wearce* (to operate as a “sentinel”) or the Latin *ordinem* (act in the position of coordinating or arranging) (*Online Etymology Dictionary*, 2009; Skeat, 1882). A temporary guardianship order is put in place where an intervention is deemed necessary by Child Welfare to protect the child and where the court believes that it is of a temporary nature (Student Legal Services, 2007).

Permanent Guardianship Order (PGO): The word permanent comes from the Latin *permanetus* and has reference to that which “remains” or comes to a place of resting (Online Etymology Dictionary, 2009). In Middle French, it is a space or place of reconciliation (*sahlte*), in Old French a place to remain or dwell (*manere*), and in Greek a place to stay or remain (*piveiv*) (Online Etymology Dictionary, 2009; Skeat, 1882). Permanent guardianship orders are judicial orders which place children permanently in the care of others where the court believes that the child(ren) are not able to be returned to their parent(s) in a timely manner and where the child(s) “survival, security and development” would not be “adequately protected” if the child was returned to his/her parent (Student Legal Services, 2007, p. 6).

Resilience: The word resilience hails from the Latin *resilens* or *resilire* which means to rebound in a posture of leaping (Online Etymology Dictionary, 2009). This denotes action on the part of the individual that is resilient. Resilience is related to the Latin *exulatre* and the Old French *resulare* which refers to coming out of a condition or situation (Skeat, 1882). It is the “capacity of a strained body [or soul] to recover its [figurative] shape and size [and exemplify growth] after deformation especially caused by [extreme] compressive stress” (*Encyclopaedia Britannica*, 2010)

Landscape Scene IV: My Experiences and Presuppositions

Van Manen (1997b) notes that lived experiences, especially when viewed in terms of human science, are based upon orienting oneself to the phenomenon of interest. Part of this orientation includes the use of personal experience as a fertile ground to explore the researcher’s own landscape. This represents a ‘giving’ on the part of the researcher who provides experiential accounts that enrich the landscape and provide additional insights and meanings. While terms have been provided in the form of etymology, “terms... really have no reality until they are filled

in with the... person's experience" (Moore, 1994, p. 150). This, therefore, is a portion of my experience to create a sense of reality for the reader.

As a graduate of a long term residential treatment centre in 2005, I have been deeply touched by women who had lost their children to the child welfare system as a result of their mental health, abuse issues, and addictions. Losing custody of my own five children for a period of two years to my estranged husband while I was in recovery was a life altering event. The very act of losing custody of my children was traumatic and excruciatingly painful and represents a landscape which has been permanently etched upon my soul...

It was another usual morning on the psychiatric ward. Tired voices and muffled sighs filled the air alongside the noises of clinking cutlery as breakfast trays were dutifully distributed and sleepily eaten. It had snowed the previous night which left the hospital grounds in a perfect, undisturbed carpet of white. There was never much excitement on the ward—each day proceeded in much the same fashion with little variation. The slowness of the passage of time was always problematic, but somehow the clock continued its march. Eventually the day would be over once more and sleep as an old welcomed friend would come to call. For a few precious hours sleep allowed the escape of a tortured mind into a world that was not filled with despair or despondency—a world which was somehow more magical than anything reality had to offer.

The day marked the one month anniversary of my arrival. It was unknown how long I would tarry within the confines of the locked unit. One thing was clear: there was not much progress being made. Trapped in an abusive marriage for a quarter of a century had day by day; month by month taken its toll as the soul that once breathed deeply and thanked God for life slowly died. The goal of hospitalization was to resurrect this soul who no longer felt the need to cling to life. Where there was once a fire that burned brightly, now only charcoaled embers lay

smouldering. It was only thoughts of my children that kept a minute spark from dying completely.

I sat deep in thought quite oblivious to my surroundings. My thinking was interrupted by my nurse telling me that my husband had come to see me. I was ushered into a conference room where my nurse sat on the far end of the table and my husband across from me. My husband offered me stapled papers to read. I read them slowly trying to comprehend what they entailed. The words seemed to melt into each other and I looked up at my husband, my eyes begging for some kind of direction. He announced that he had applied for sole custody of our children and the court had granted it.

For a few moments time was suspended in disbelief when a rush of anger overcame me. Never had I felt anger that intense. It was pure hatred and I experienced murderous thoughts. I found myself lunging across the table and heard the sharp voice of the nurse interrupting the motion of my body as I was ordered to sit down. The meeting was deemed over. My husband was ushered out of the room.

I was left alone in the conference room. All I had ever hoped and dreamed for in my life had been taken away in the course of a few short minutes. Tears began to fall as I cried out in agony of body and soul. It was as if the tears were laying the smouldering embers to rest. There was no future. There was no hope. It would be two more months that I would call the hospital 'home.'

After being discharged from the hospital I spent three years in a long term recovery centre whose mission focused on mental health, abuse issues, and substance abuse. The recovery centre's program offered three phases to progress through. I met women with mental health issues that were largely grounded in a history of physical, emotional, and sexual abuse. I lived

with women who were drug addicts, prostitutes, and alcoholics. I laughed and cried with them; I worked and played alongside them. They taught me much about life.

From my extended association with them, a picture emerged that was much different than the literature presents as a depressing situation. My assumptions and presuppositions therefore take a somewhat divergent path. These women had faced horrors that at times were difficult to comprehend. Many had lost their children to the child welfare system. In the three years that I resided at the recovery centre I was the only woman who regained custody of her children. Most women had no home; no job to return to. Recovery was their last hope. I grew to admire their tenacity and to honour them first as women and people. They taught me more in that three year period about hope than any text could have offered me. These women were not the disease that they presented with—they were human beings who happened to have mental, physical and emotional disorders. I learned from them that life can change, and it is the human spirit that eventually can conquer all obstacles.

From my experiences with these women I bring to my research several assumptions. First, women are in recovery because they choose to be in recovery. Second, women with children who lose custody of their children face significant and different obstacles in recovery that are not encountered by women who have not lost custody of their children. Third, mothers who have lost custody of their children can recover in some way from this loss. Lastly, it is imperative to find ways to support and assist women who find themselves in these circumstances.

Chapter Summary

This chapter has given the reader an opportunity to visit a unique landscape and scenes inside that landscape. The scenes were depicted in terms of the literature, etymological

definitions, and my own personal experiences and assumptions. In summarizing those scenes the reader is invited to explore the thoughts and feelings that were encountered as they negotiated this landscape.

The Literature Review

Mothers who lose custody of their children cannot be seen in a single dimension and defined solely by their addiction, but rather need to be seen as multidimensional human beings which are influenced by a multitude of contextual factors. In attempting to explicate those contextual factors it is evident that tensions exist within the literature itself—especially in the areas of the ideology of motherhood, the effects of substance abuse on children, child welfare/judicial practices, and resilience. This underscores the very complex world of the recovering mother who is almost bombarded with the ambiguities, contradictions, and mixed messages. Her world is not one of simply being addicted to substances.

The ideologies of motherhood both influence and constrain the recovering mother. While the recovering mother is constrained by the impossible expectations that women and mothers normally find themselves in, the addicted mother still tries to live up to those expectations. What is socially acceptable within the roles and identities of motherhood creates tensions as they struggle to find a place in society—as women and mothers who have an addiction— where they do not fit into that ideology. This in some ways sets these mothers up to fail in their attempts to use their identities as mothers as a driver to recover as they are led to constantly renegotiate what it means to be a 'good' mother.

In reviewing the literature, a myriad of features define and describe the addicted mother. While the reader has a greater understanding of addicted mothers, certain tensions continue to make a comprehensive, definitive portrait of an addicted mother impossible. For example, the

literature presents addicted mothers as both possessing adequate parenting skills and the addiction having no effect on her parenting, yet cites that relationships with their children can be profoundly negatively affected though her use of substances. This creates a platform where the labels of ‘good mother/bad mother’ both exist—almost simultaneously.

While it is evident that trends in addictions treatment and child welfare/judicial practices have a central role to play in a mother’s recovery efforts, mixed messages create tensions in the expectations that exist for the recovering mother. While addiction treatment centres argue for more time to engage in recovery given the complex nature of recovery, the judicial system is attempting to shorten time frames for an addicted mother to recover and regain custody of her children. Some of the literature suggests that child welfare worker’s attitudes are profoundly negative and significantly work against recovering mothers who seek reunification with their children and yet there are programs and services that focus on harm reduction and are strength-based that do meet the addicted/recovering mother where she is at. Whether the literature suggests a shift in practices and beliefs that ultimately assist and not constrain the addicted mother is not apparent as the child welfare/judicial system works both for and against the recovering mother.

Another area which the literature is divided is that of resilience. Some studies suggest that recovering mothers are extremely resilient and other suggest that they are not. This tension may suggest to the recovering mother that it is either entirely possible to recover or alternately that it is not. This may leave questions unanswered in the mind of the reader related to sustaining the hope of these mothers.

In tying all these contradictions that exist in the literature together, while there is little known about the impact of losing custody, resilience seems to be centred within a woman’s

identity as a mother and the hope that her children will someday be returned to her. What seems to be the only conclusion that can be reached as a result of a review of the literature is that ambiguity is highly prevalent and that a parsimonious ‘roadmap’ simply does not exist in framing the world of the recovering mother. What is clear is that the addicted/recovering mother lives on a daily basis with these tensions as the tensions are integrally tied with this often confusing world she finds herself in (B. Getzlaf, personal communication July 16, 2010).

Etymological Definitions

Etymology was presented as an opportunity for the reader to return to the roots of words. The word roots enabled the reader to exact a primal meaning and a fuller context which framed a more complete understanding of definitions that are connected to this research (van Manen, 1997b). Etymology was utilized as a vehicle for the reader to make connections with those terms in a deeper, fuller manner.

Personal Experiences and Assumptions

My own personal experience of losing custody of my children presented an opportunity for the reader to vicariously experience what it is like for a mother to lose custody. This represented an authentic outpouring of myself as a woman, a mother, and as explicitly human as the experiential account unfolded. The portion of my story and resultant assumptions were provided for the reader to begin to create their own framework as they prepare to visit other scenes in the landscape—those of the women I interviewed and their stories—and embark on their own parallel journeys of engaging in their own analysis and conclusions.

Chapter Four

The Landscape Scenes V, VI and VII: Stories

Chapter Introduction

For van Manen (1997b), one of the primary purposes or outcomes of hermeneutic phenomenology was the telling of a story. In this telling of the story, the goal remains to ‘uncover’ and describe the phenomenon which is being examined (Hein & Austin, 2001). Within this landscape, three scenes are explored that represent themes of an original telling of four women’s stories: the scene of betrayal, the scene of soul-ache, and finally the scene of reclamation. These scenes represent sacred spaces for the women who shared their stories with me and provide the reader of this research with an opportunity to share in their “deeply personal experience[s]” (Jansen & Davis, 1998, p. 290; Palmer, 2007). Each scene is further divided into three sub-scenes (subthemes) which add additional filters to understand the elements of the scenes. Phenomenological literature, the arts (literature and poetry), and etymology are used to provide context and support in the interpretation of these scenes.

The stories of the women I interviewed—Charolette, Crystal, Cristine and Hanna—are stories that are bound by many emotions but particularly by the emotion of love. Jungian writer Clarissa Pinkola Estés (2003) relates that “love in its fullest form is a sense of deaths and rebirths.... To love means to embrace and at the same time to withstand endings, and many beginnings” (p. 159). These women’s stories are about endings and beginnings; deaths and rebirths.

Landscape Scene V: Betrayal

Betrayals can take many forms... “roads not taken, paths that were cut off, ambushes... or [even] deaths” (Estés, 2003 p. 365). The betrayals that were experienced by the women were not always of the body but certainly always of the soul and encompassed deaths that were small—*las meurtes chiquitas* and those that were large—*las meurtes grandotas* (Estés, 2003). The ‘betrayers’ (*bitrayens*), of which there were many, mislead or deceived and in the end were traitors (*tradres*) to that which the women had come to believe and accept as truth (*Online Etymological Dictionary*, 2009; Skeat, 1882). In this scene, three ‘betrayers’—as seen through the eyes of the women I interviewed—are called forth: substances, self and others, and child welfare.

Substances

REALIZATION

The first time I met you

It was so good

The feeling I had

That I lost years of my life

Making love to you; needing you before all others.

Somehow you mocked me

As I turned to you to solve life’s problems.

I realize you have betrayed me

With elusive promises

My best, old friend—cocaine.

Substances could be personified as an entity that was bound with the soul—one that was as Cristine related being “freeing” and at the same time as Crystal noted was slowly “destroying [her] soul.” Still the women knew that they were separate from the addiction. While addiction was the mask they wore Cristine knew she wasn’t “the addiction.” She emphatically related, “I’m not the addiction. I’m the person behind the addiction.” Charolette explained that addiction became a way of life where life “revolved around [her] addiction.” Crack cocaine—the drug of choice for each of the women—became their life and the way that they coped with life. Cristine reflectfully related...

Like if I, if I was feeling good, I didn’t want to use. But if I was feeling depressed, I just wanted the pain to go away. I didn’t want to hurt. I wanted to be okay and I guess I felt like I was okay when I was high.

Charolette related painfully that being so involved in her addiction caused her to give up on life itself. “I hurt with every part of my life...Hard to understand that I gave up, I gave up on my life.” Even though life for Crystal was hard she continued to use. “Like up until 10 months ago, 10½ months ago, I was sleeping under stairwells outside, you know, stuff like that. Like sleeping under cardboards and stuff.”

Being involved with substances was understood as a progressive, destructive relationship that was doomed for failure. Cristine noted “...I didn’t choose to be addicted. I just became, you know?” Charolette spoke quietly of a slow progressive loss of the will to live clean and sober...

And because I believed my life was going to revolve around my addiction and my drugs and the lifestyle I had, that’s my thought to myself and I even said, I tried convincing myself for so many years, that’s the way I wanted to die... That’s the way I wanted to die.

Each woman was aware of this relationship and yet she seemed powerless to totally break free of it. Cristine was puzzled at the ambiguity of the situation...

I did really good for about a year and then I just slowly started. I used once and got away with it, and then you know, I could go six, seven weeks without touching it and then all of a sudden about the end of August, September, I started school and I lasted three days and I fell so hard, it was unbelievable. And then I couldn't get back out... You have to figure out why you keep going back. And like I don't know. I don't, you know? And that's the toughest part too. Why do I choose to go back to the drugs?

Charolette knew how deeply her addiction took over her life... "I was so addicted. So addicted. And my addiction was so strong and so intense and the negative talk, and it really weighed out, like really took over." Even with this realization, the loss of a life that was intertwined with their addiction was very difficult for the women who went into recovery.

Often they were pinned between both lives—that of a recovering mother and that of an addict. Said Crystal, "I've been clean for periods of my recovery, like of my life, but it's always been like okay, my body would be in the door but my foot would be sticking out, you know?" Still the choice to leave cocaine was a complicated one. Cristine sadly explained that conflict...

But it's hard when you feel stuck, right? Like what choice do you make? Do you made a choice to say goodbye to the addict or goodbye to your kid, right? So I guess... yeah [silence] They say, oh well, you should be able to make a choice if it's about your kids, and if it's not... Well, it's not as simple as making that choice, you know? For some people, I guess it is but unfortunately, I wasn't

one of them.

Cristine pensively stated that if she could change one thing, it would be “needing crack.”

In the end, substances were seen as the ultimate betrayer where as Crystal explained she was going through a process where she “just [sat] aside and kill[ed] [herself] slowly.” Each woman knew that continuing the relationship with cocaine would end in death. Hanna knew that the outcome would either be jail or death and she “would most likely... die before [she would] go back to jail.” Crystal sadly noted, “I don’t want to die out there and then have them [silence] I don’t want to be another statistic.” Hanna emphatically shared that the “ultimate” outcome of being “on the streets [and using cocaine was] going to be death.”

I’m going to kill myself. I push the envelope and I push it and I push it and you know what? As soon as I come out of there and I’m so scared, all I want is another one. You know my heart can’t take that so if I don’t recover... I’m going to die way too early. My kids are going to grow up without a mother, and all my education, everything, and for what?”

Self and Others

TRETCHERY

While you betray me

With thoughts

With words

With actions

The worst betrayer of me

Is me.

Each of the women I interviewed identified that there were other betrayers. Some of the betrayers included family members or those who identified themselves as family members. Charolette originally lost her children in 2001 after an extended period in the hospital in the intensive care unit. She quietly recounted...

I lost them in 2001. Something happened to me in [city] and I ended up being in intensive care fighting for my life and then they went to child welfare. I don't—I don't really know what happened but I know that my ex-husband was being charged for something that happened to me.

From there her children were placed with individuals who claimed to be extended family and who were close to adopting her children...

That's where I can't get it. I don't get it because these people that have the same last name as me got my boys for a short time. They were close to being adopted too, so in [western province], close. My mom didn't know them, didn't even know their parents. I didn't know them. Let alone my boys didn't know them.

In Crystal's case, she was extremely surprised when she learned her children were told that she was their aunt...

Because before they had told him that I was his auntie, right? But then he kind of put two and two together and he was like well, she looks like me kind of thing, and how did I get all these brothers and sister if I'm with you guys and supposed to be yours kind of thing, so it was like, yeah, that's your mother, and he said something to me and yeah I was shocked....

Cristine experienced multiple betrayals with her boyfriend, his parents and even her own parents thinking that they were behind her 100% and then realizing that this was not the case.

Just before my weekend out to go home with [boyfriend] and the baby and [boyfriend] told me that he'd moved on and was with someone else and she was watching the baby... So I just, it was tough because [boyfriend] got control of everything and it actually ended up his mom was the one controlling everything because she didn't think that I needed to see Jason, so I didn't have regular visits... Like I was under a complete delusion, right? Like [boyfriend] had made me think that everything was going to be okay, that we'd be back together and a family... Because I knew what my step-mom was trying to do because like she says to this day, oh I didn't want to keep Jason and this and that. But I think honestly, like even now with them applying for custody, they want me to be clean for two years before I get, like before I have my kids with me again.

Hanna identified that others betrayed her with their attitudes about addiction. She felt she was shunned if others knew about her addiction even though she was in recovery—that “society view[ed] mothers that use as write offs, that there [was] no coming back or coming back from it.” She felt that because she was a recovering addict that she was “the one being judged.” Even her own mother was reluctant to hug her once she started using again...

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

Charolette told the story of her sister who committed suicide after she lost her children to child welfare due to drug use. She sadly reflected upon how she was powerless to help her sister at the time due to own drug involvement...

A mother will lose her life. My sister, my deceased sister, I don't know why she did it, I'll never know why. She hurt for so many years for what she's done. I remember one time she talked to me about it, just briefly, how child welfare was in her life. She was struggling to get with my nieces...I was in no position to tell her like I am now, saying don't get into it because I was in my addiction, right? I think it was three years ago that my sister committed suicide because she couldn't handle the pressures of what life was giving her. She was really struggling.

Even with the presence of these multiple betrayers the single most significant betrayer identified was themselves. Charolette knew that she betrayed herself. "I fed into it. I made it more believing. I convinced myself about it. So I gave up more to life."

Charolette bitterly describes her own betrayal...

I was under the impression I could take a break from them at the women's shelter providing that I found appropriate sitters for them and I did, I thought.

But my night that I took away from them, I ended up going and partying and smoking crack... I was trying to deal with what happened, with me and my ex-husband, my second ex-husband, trying to understand what happened to me.

Cristine felt that ultimately her battle with post-partum depression was the breaking point in her battle with addiction. Her first son died in her arms and the birth of her second son brought back such vivid memories of his death that she couldn't separate her first son and her second. She painfully recalled...

I guess I couldn't disassociate [between] them, so it was like I was pregnant all over again for the first time... I had him actually 5 days before I had my first son,.. I fell really hard and I ended up on the drugs when he was about 11 weeks old.

Hanna knew that her decision making process was faulty when her children were apprehended. She relates “I didn’t pick up the phone and call my treatment centre. I picked up the phone and called my drug dealer.”

Child Welfare

CIRCUS

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

The betrayal of child welfare relates most closely to what Estés (2003) describes as either ambushes or paths that were cut off. Each woman described her valiant attempt to stay “clean” and adhere to the requirements of their child welfare worker in the belief that they would then have their children returned to them. They felt that when they completed the requirements that were given them, they were always asked to complete more. This left them feeling confused, alone and discouraged. Charolette sorrowfully described the implicit trust she put in child welfare... “I trusted them with my life and [the] lives [of my children] because I thought they were there for me. They didn’t understand. I felt so alone at those times.” Cristine felt she

“trust[ed] the system” at first and then realized she could not after repeated disappointments and not making progress on regaining custody.

Hanna described the process with child welfare as “jump[ing] through hoops” and then being given “10 more.” She echoed the frustration that the women felt with child welfare in terms of difficulty making contact with her worker... “I was phoning every day... I finally after 3 ½ weeks started writing letters and I made copies of those letters...so that she couldn’t say that I was not trying to be in contact with her.” Trust was an important issue identified by all of the women. Hannah angrily told of being given the option of placing her newborn daughter with family...

But once child services did get involved they made it sound like they were there for me...they came to my apartment on a Friday, “We’re going to give you the weekend to think about it, place her with family or we’re going to apprehend her and put her in foster care.” So come Monday I wanted to put her with her dad’s sister-in-law. Well that wasn’t a choice for me anymore, so that was hard, hard for me.

The decision to be honest about drug use was always a difficult one. The decision to be honest at times had positive results and at other time negative consequences. Cristine knew the pain of betrayal... “It was tough, you know, like when they stepped in and it was like I was the bad guy because I was honest with them... I told them the circumstances, everything. It didn’t matter.” When Cristine demanded a new worker and got one, she felt that the new worker understood, supported, and advocated for her and as a result she could be more honest...

And you know it sucks that I can’t be honest about it but if I’d be honest I’d lose my kids. That’s the shitty part, you know? Like I said about being honest with

them the first time. I screwed myself out of my kids by being honest. Like what is that? That's reality I guess, right? But not again. You know, I'll be honest to a point.

For Charolotte the frustration she felt resulted in her voluntarily relinquishing control of her children permanently. She spoke with intense anger...

I too fought the system, or I fought them and actually gave up because while I was fighting the system I was told because I was in my addiction that I was not going to get out of my addiction. Every time I did a step they would knock me. They would put me, they would say things to me that discouraged me. My social workers at the time, the child welfare workers at the time were very discouraging people. They would always keep saying, you know, you are not going anywhere, which I knew, but once I would complete treatment, they would say things that would discourage me you know, like you're not helping yourself that much more. They'd put really high expectations on me to where I would get overwhelmed. I would get frustrated. And finally, I would relapse. Um, I don't know what year it was though, I was so tired of fighting child welfare that I remember when me and my mom went to the courthouse and it was a hearing to see what was going to happen... I went to the judge and I said, "I give up..."

Charolotte was quiet for a long time and then spoke amid the tears that she cried...

I knew at that time I was so frustrated, so discouraged by child welfare that I said to myself, they won. They won. They got what they wanted... Not once did I have a worker that supported me, that was there for me or that encouraged me to keep going to get my kids back. Not one. So I gave up.

Each woman was able to identify what would have helped her most in terms of child welfare support. These included contact information for long term recovery centres that had mother-child residential options, treating each case individually, considering a woman's circumstances, and offering referrals for not only mental health but addictions counselling. Most of all, what the recovering mothers needed most was for child welfare to believe in them and believe in their efforts to overcome their addiction.

SHERPA

Believe in me.

I am not the addiction.

I am the woman behind the addiction.

I laugh.

I cry.

I hurt.

I need you

To be my guide

As I climb

Over mountains

That rise above me.

Without you

I falter.

Without you

I fail.

Believe in me.

Landscape Scene VI: Soul-ache*GIVING UP*

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

Madness comes in many forms when trying to live with loss: seeking relief in continued use of substances, trying to end one's life, and in deep depression while struggling with living itself. Madness is found within the spaces of accountability; where blame is situated for things that have happened. Eliot (1969) describes this madness as "the pain of living and the drug of dreams" in which "the heavy burden of the soul perplexes and offends more, day by day; week by week" (p. 71) and where one is "neither living nor dead" (p. 38). This is the true space of

soul-ache. Soul-ache is inextinguishable. It is a state of ‘being’ where profound heart-ache and deep longing co-exist.

Moore (1994) described psych-ache as a space where the body and mind combine. Soul-ache is both a state of mind and a condition of the body with the added dimension of the soul. In this space of ‘being’ exists total suffering within the “total self” (Meriam-Webster Online, 2010). Frankl (2006) explains that this “suffering completely fills the human soul and conscious mind” (p. 44). Suffering has reference to the word passion from the Latin *passionem*—to suffer or endure (*Online Etymology Dictionary*, 2009). Passion “can mean intense love or intense suffering or both” (Palmer, 2007, p. xii); in the lives of the women I interviewed it encompassed both.

In ancient times the soul was thought to come from the sea and thus the sea became a resting place for the soul itself before birth and after death (*Online Etymology Dictionary*, 2009). In soul-ache this place is one in which one is caught between life as it is lived and death as it is experienced. The word soul relates to the Old English word *ghast* which was the life or the breath of an individual (*Online Etymology Dictionary*, 2009). In the space of soul-ache, the soul struggles for breath in a posture of always seeking but never finding. The word ache, from the Old English word *acan* means to suffer pain or have painful yearnings (Meriam-Webster Online, 2010) which is a derivative of the Greek word *akanan* (related to fault or guilt) and *akan* which describes a state of pain or distress (*Online Etymology Dictionary*, 2009).

The German word *sehnsicht* describes deep longing as an “intense [painful] desire for [an] alternate state and realization of life” which never is quenched but instead keeps reoccurring in the presence of hopelessness (Scheibe, Freund & Baltes, 2007, p. 778). It is a state/place/space of “despair” and “chronic loss” where the past, present, and future is

“embodied” within its grasp (p. 779). Soul-ache is a state of being where there is groaning within (*Online Etymology Dictionary*, 2010). This scene recounts the stories of the women I interviewed and the soul-ache they carried. The moment of loss, accountability, and living with loss are each described within this scene.

The Moment of Loss

EAST COKER

And we all go with them, into the silent funeral,

Nobody’s funeral, for there is no one to bury.

(T.S. Eliot, 1969)

Driving high in the hills of Central and South America one can often see *descansos* or resting places (Estés, 2003). These places bear the physicality of having white crosses placed upon them. These places are “symbols that mark a death, sometimes a life journey has been halted unexpectedly... something happened there that altered that person’s life and the lives of other persons forever.” (p. 365). The moment that each woman lost custody of her children represents such *descansos*: a place where “hopes and dreams [were] cut off” (p. 365). These moments represented deaths for those who remained (Heidegger, 1962)—deaths without funerals or spaces to mark them. This ‘death without death’ was considered worse than if their children had physically died.

Charolette experienced the loss of her children in a court room—voluntarily. She had been battling her addictions and came to the point where she believed that there was no hope left for their return. Charolette saw the decision as one of “giving up;” a decision which “broke [her] heart.” She believed that she “wasn’t able to take care of them properly, the way [she knew she] should... [she] knew [she] wasn’t [even] able to take care of [herself].” She told the judge

privately that she was relinquishing custody. She blinked back the tears as she struggled to describe being “haunted” by the moment that the decision was announced in the court room...

I walked into the courtroom and I still remember my mom’s look on her face. I didn’t even tell my mom and I share a lot with my mom. A lot. I didn’t even share with her that morning when I made the decision to give up on my kids. And then, the thought of my mom’s face. I think about it. How she looked at me. It still haunts me like about it. And I talk to mom about it but she tells me it was a good decision because that’s only what you knew as a mom to do.

Crystal abandoned her children when she was 18 and left for another city when she didn’t have enough food for her children and didn’t know where to go for help. She felt that she had “failed” and “couldn’t give [her] kids what they deserved.” She remained homeless for years. Crystal spoke pensively...

With Leon it was, I didn’t sign, you have to sign a PGO thing, right? I wouldn’t sign it. I didn’t sign it until he was about 15. Because I kept going missing, like I would disappear, like I would disappear to [city]. I was gone in [city] for like 3 years. I took off in like 94 and nobody could find me. I was reported missing and everything, right? They had kept like a TGO on him like prior to that but I did it in his best interest so I didn’t feel that bad. With Cody, I let him go, you know, only because I knew I wasn’t done [with drugs] and I couldn’t give him the life that he needed. He was a month old. I agreed to let him go to these people that I had met, that were very supportive, that were very encouraging. And it was hard for me, and of course I’d go back, I’d go

back to my addictions and stuff, but in the long run, I knew that it was what was right for my kids.

Cristine lost her son when he was 11 weeks old. She was trying to deal with post-partum depression and couldn't manage with a little baby and the emotions that were surfacing related to the death of her first child. She started using cocaine again. One day her boyfriend and his mother came and got the baby and when she "woke up several hours later, [and] went to go get him, they refused to let [her]. [She] called the RCMP, and child services ended up getting involved and from there [her boyfriend] ended up getting temporary guardianship... for six months." She described the day she was served with the papers from the court...

And like when I got served, when I got served on the 11th with those papers, it was like oh my God! Today's the day. I make a choice or I lose my kids and I can't do it again. And I knew I couldn't do it on my own. And I tried, you know? Like since December I tried but I just couldn't, right? I would last a few days and then it would get so overwhelming, living with my mom and then [boyfriend's] mom trying to come and take the kids and I just, fine, take them, because I'm coming off the drugs and I'm struggling...

Hanna lost custody of her new born daughter in a hospital room. She had been given the choice to place her daughter in foster care or with a family member. In the ensuing days she decided to have her daughter placed with an extended family member. She went to the hospital to meet with the social worker she was told that her daughter was being apprehended. She continued to have visits but when this became too painful she "started getting high and missing [her] visits." She describes her feelings...

So really I felt I guess maybe betrayed a bit, misled for sure, and... at the end

of the day there was nothing I could do, you know, so I continued to use more, right? And I seen her at three months. I had three times a week I was visiting with her and I just started getting high and missing my visits so I had to come to terms with do I go see her when I'm high? Do I not see her at all? Or, like what do I do? So, I chose not to go see her in that state, and of course, I was in that state 95% of the time... I've never cried so hard in my life. Like nothing breaks my heart more.

WHITE CROSSES

I mark the spaces of soul-ache.

One for each time my heart broke.

Accountability

BURNT NORTON I

What might have been and what has been

Points to one end, which is always present.

Footfalls echo in the memory

Down the passages we did not take

Towards the door we never opened...

(T.S. Eliot, 1969)

Each of the women I spoke with had great difficulty coming to terms with how accountable they were for the loss of their children. As Frankl (2006) notes, "at such a moment it is not the physical pain which hurts the most... it is the mental agony caused by the injustice, the unreasonableness of it all" (p. 24). To all of the women the loss of their children initially represented injustice in one form or another. Crystal had no food for her children; Cristine was

suffering from post-partum depression. Charolette had been beaten so badly by her husband that she had a brain injury; Hannah thought she would be able to make a decision of where her children were placed. Despite this, each woman came to accept her role in the loss of her children.

Charolette relates that although she knew she “was a part of the problem of giving them up... all [she] knew was to use drugs.”

Oh yeah, oh yeah. I blamed myself. I was in denial with it. I had so much shame, guilt, anger. I had it all. I had all of it. It’s what kept me stuck in my addiction because I didn’t want to face the reality of yes, I had to give up my boys, well my children, because I am an addict, because I became addicted to drugs, hard drugs.

Cristine knew that her cocaine use was the direct reason for losing her two daughters, both of whom were born addicted to cocaine. She stated, “It cost me my life and my kids.” The most difficult thing of losing custody was, as Hanna explained, “to know that [she] did it to [herself].” She saw it as a consequence of her actions...

Because my kids aren’t a whatever, you know, they deserve—they deserve a mother whether it’s going to be me as their biological mother or someone that’s going to care for them because I choose not to. And I have to come to terms with that and that’s a consequence of me not being clean is I’m not going to be their mother.

All of the women had deep regrets. Crystal dejectedly recounted... “I felt sorry for myself for... being allowed to bring children into the world I couldn’t keep. That was the biggest thing...” She continued... “There’s things that I would have been able to change, I

mean I know it's not possible but if I had of known then what I know now, you know, about survival..." Hannah expressed this regret in terms of her children "deserving better...than [she was] portraying as a human being" and was very cognizant that she "didn't have to use when [she] was pregnant."

Despite their regrets each remained grateful that they had the opportunity to be mothers. Said Crystal, "I've learned all my life, but there's no way I would give up anything, even the worst times, because a single moment in my life [if it] was different, could mean... not having... even one of the five." Charolette echoed this when she said, "I'm thankful that they're there."

Living with Loss

Van Manen (1997b) notes that "some battles are victorious, some leave permanent scars, and others end in irredeemable loss" (p. 89). For these women, living with loss took several forms. Crystal described her heart as being "broken." Hanna went home after losing custody and "hysterical[ly]... cried and cried... nothing [broke her] heart more." Cristine describes the depth of despair she felt when she lost custody of her son as being worse than if he had died...

Like especially when I lost my first son, like he passed away when he was a month old in my arms. So every time I was there, that's all I could think about and it was worse than my son passing away because at least I knew he was gone. Knowing Jason was out there and I couldn't be with him was horrible...

Crystal's eyes filled with tears as she apologized for the emotion she was expressing... "Sorry..." she said as she struggled to compose herself. She related the pain of how much she missed

them... “I miss my kids a lot. It’s just, it’s really hard... it still hurts a lot of the time...I don’t want them to remember me the way I was.”

Charolette knew in her heart that she totally “gave up” to the point that she knew she would “die out there.” She was so deeply entwined with her addiction that she was “committed to [dying].” Losing her children left her with no hope. As Frankl (2006) noted “the sudden loss of hope and courage [had] a deadly effect” (p. 75). Hanna contemplatively described this deadly effect...

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

After the mothers lost custody of their children each went through a period where they engaged deeper with their addiction. It was a period of deep indifference in their lives. These women became so “addicted... and having no urge for anything [else but cocaine] abandon[ed] themselves to whatever the day [would] bring, yet in doing so [took] everything [including their lives] along with it” (Heidegger, 1962, p. 346). Their lives ceased to have meaning except by that meaning defined by cocaine.

Hanna’s reaction, after calling her father to let him know of the custody loss was to call for drugs. For the women it was a downward spiral into “losing everything” and “cutting everyone out of [their] li[ves].” Van Manen (2002) described this type of focus as one being “hinged on the present with only cursory glances ahead, to a future that may not have a future”

(p. 189). Hanna saw this life as an ensuing hell... “I’ve lived through hell, you know. I’ve lived through hell and been there and back many times, more than I can count...”

THE VOID OF NOTHINGNESS

Her loss, like death, changes me

For a time the very jaws of hell gape open

And I fall into darkness

Until there is nothing

No words

No thoughts

No soul.

Landscape Scene VII: Reclamation

If soul-ache is the resting place of the soul that hovers between the living and the dead, then reclamation (from the Old French *reclamer*) is a place where one’s soul is “called back” with a solemn announcement (*calare*) (*Online Etymological Dictionary*, 2010). In the common English proverb it is felt that it is always darkest before the dawn. To ‘claim’ is synonymous with a “dawn calling” or a calling that comes with the dawn which represents the “recognition of a right” (*Online Etymological Dictionary*, 2010). Reclamation for recovering mothers represented a place of rebirth where life was declared once more. Reclamation consisted of three areas: learning to live again, the perfect day and reaching toward the future.

Learning to Live Again

“We tend to hope as we have lived.” (Jevene & Miller, 1999)

Van Manen (1997b) spoke of “liv[ing] life deeply” (p. 32). When life has been lived deeply as was the case with each woman I interviewed, there came a time and a space where

each claimed her right to begin living again. “Weary of running, [each] understood that there was no place to run” (Palmer, 2007, p. 162). It was a situation where their “suffering [was] neither... avoided nor merely... survived, but [was] actively embraced [and in doing so] it expand[ed their] own hearts” (p. 88). This expansion was seen in the planting of the seeds of hope. This hope came from a place where each woman refused to believe that the separation from their children was permanent. They looked toward a future that would see them having relationships and contact with their children, and a present where they still saw themselves as mothers. Charolette brightened as she spoke about being a mom...

To be a mom, you get to be a mom—it’s like you get that feeling. It’s like a feeling that you belong. Sometimes I think about it. What does a mom mean?

And I look at my mom, for all the things that she’s done for me. There’s so much things I don’t understand about being a mom because I wasn’t there.

But when I do get a chance to be with my sons again, it’ll come back.

It will come back....

Crystal emphatically and assuredly stated that she would “always be their mother” despite what the current circumstances were, and loved them beyond what she could express. She firmly stated...

Nobody’s ever going to change that, no matter what. Your children will always come back. Will always come back. You know, and I’m one of the fortunate ones. I didn’t have to wait until my kids were like 18 before they started coming back into my life. They still know who I am and they love me regardless...

Charolette held on to the belief that in the future she would be able to have contact with her sons. “Another thing that keeps me going is that, knowing I’m gonna—that I can possibly one day see my boys. See my boys and talk to them, or even get a letter from them. It’s a start.” This belief was central to her progress...

It does. To me it does. Because my mom gives me that reminder. You’re getting close. Huh. And she’ll ask me, how would you, if I were to get this thing going with you to see, talk to your sons, how can I do this? She works with me. I’ll tell her that maybe I can get a letter, you know. She asks me for my ideas. Yeah. How can I help you as you’re getting close? And I tell her.

Cristine talked about herself as still being a mother and her efforts related to developing as a mother... “No, not really. Like you know, like I’ve made mistakes. Absolutely! But I accept that and I move past that because I was sick and today, I get better every day and my kids have an amazing mom...” Cristine laughed aloud as if she was trying to believe this herself... “If I keep saying it I’m going to believe it.... Regardless of whether my kids are with me, I’m still their mom.”

Hanna spoke of having to love herself first and having peace in her life and that leading to the return of her children... “Somewhere along the way I fell out of love with myself again and I lost that peace—I just need the time here, time with myself just to regain my composure... they’ll come back to me. I’ll get them...”

Each woman has a fervent belief that God, as their higher power, had helped them and would continue to help them to regain not only their lives but also their children. Charolette said, “I miss them but I know God will help bring me, bring them back, to see them.” Hanna related the centrality of God in her life and in her children’s lives when she said,

Like God is really big in my life now. That's my higher power, that's how I choose to define it and everything happens for a reason. There's not one thing I don't think, that goes on in anybody's life that isn't meant to happen. These are ultimate lessons for me, I believe and I've learned since childhood everything the hard way... To make sense of it, there's just a higher power looking out for them.

Crystal noted the life changing effect of accepting her higher power...

You know, it was June 23rd, I believe when I was sitting in the remand centre, and I decided to give everything up, I had, not because um... was scared of jail.

I'd been in jail so many times... I gave up everything because I wanted something different. I was tired of my own life. I wanted what, in the room of AA, they always talk about this higher power and I thought, you know what? Okay. I will drop everything right now. Everything I have for you... It was like an affirmation, like I'll do it... And from that day forward my life changed completely.

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

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

It was the little things that the women came to appreciate most in their lives. These little things, which of course were big things, were what gave them hope to continue on with their lives and their recovery. It was the love and support they received at the recovery centre from the counsellors, it was belief that they were making progress; it was a kind gesture from one of their children or from a stranger. Crystal's son brought her a "ring with two hearts entwined together, and he said "This one's yours; one's mine... like no matter what happens you'll always be my Mom...nobody's ever going to take that away from me." Charolette thoughtfully told the story of seeing a little boy at a bus stop...

Even little words I get are encouraging from people, that I do or don't know, is that much more in my recovery. You know... on the bus today I seen a little boy standing with his grandma or with his mom I think. This little boy looks to be about six or seven. Seeing this little boy smile at me this morning, it brightened my morning. Just a little smile from this little boy. Little things that keep me going in my recovery are huge to me.

A Perfect Day

To hope is to believe in possibilities. (van Manen, 1997b)

To hope is to have a dream that is carried in one's heart. It can be an image of a place, a time or a person. This dream is bound by a love that is endless. Frankl (2006) explained that this love was the substance of the "greatest secret that poetry and human thought and belief have to impart. [That] the salvation of man is through love and in love in the contemplation of [their] beloved" (p. 37). This great love of each mother for her children was evident in each interview. When each talked about her children her face became visibly softer and it was as if her face shone. Each woman described to me what a perfect day would look like if they were to have one

single day to spend alone with their children. These days were those of normal activities, but were bound up by their profoundness. For Cristine and Crystal it would have been just in the act of “being with” them and “feeling of their energy and love.” The perfect day would be one of absorbing all the actions of their children as the children simply played around them.

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

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

Charolette spoke with deep emotion when she recounted what her perfect day with her children would look like. “What would I do? I’d cook for them. I would hold them...” She cried softly as she described the day she would have with them...

I would do anything they wanted. Anything! If they wanted one day with me, I would do anything. Anything! I would be reasonable. I would cook for them, like I said. If they wanted to watch a movie, I’d watch a movie with them. The one thing I would want to do is just hold them. That would be one big thing for me, just to hold them. The rest would be up to them, anything they wanted to do. Anything. We’d do it.

THE VISIT

I touch your face

And you are real;

You are here.

I cry

Tears of heartache past,

Tears of present;

Tears of future hoped.

Reaching Toward the Future

THE DRY SALVAGE

Here the past and the future

Are conquered, and reconciled,

Where action and otherwise movement

Of that which is only moved

And has no source of movement—

Driven by daemonic, chthonic

Powers. And right action is freedom

From the past and future also.

For most of us this is the aim

Never to be realized;

Who are defeated

Because we have gone on trying.

(T.S. Eliot, 1969)

The women who spoke with me represented individuals who didn't just go on trying—they were able to both conquer and reconcile a past that otherwise may have crippled them and reach toward a future that had promise. Without the shackles of addictions their life had new freedom—a freedom to dream; a freedom to become that which was in their imaginations. “There [was] then ultimately nothing that [could] set limits to [their] freedom, except for those limits that which freedom itself [had] set” (Merleau-Ponty, 1967, p. 430). While they each faced significant obstacles they were able to see past those obstacles. As Merleau-Ponty (1967) wrote “it [was] therefore true that there [were] no obstacles in themselves but the self that qualifie[d] them as such” (p. 441). Reaching toward the future was composed of the very elements within the fairy dust that settles upon the soul—the fairy dust that causes one to fly toward their dreams and believe... once more.

Many of the women's dreams centered on what most people take for granted: having a nice house, a good job, and spending time with their families. Cristine thoughtfully shared her dream...

What do I dream about? I dream about having a beautiful house with a nice back yard for my kids... My kids are with me, I have a beautiful place. I'm sober you know, and I still live. I have my own vehicle, my kids go to daycare every day, and we spend the weekends together. It's just like a real life. I dream about owning my own shop. I want to be an aesthetician...

This in a way, this still keeps me living. It is still life. It would be like going to school and having a job, you know. Things [will] still happen.

Charolette's dreams also revolved around employment and her family with the resolve that she needed a secure job to “become a mother again.”

My dreams? To see my kids graduate... I want to see my kids graduate and I will see my children graduate. Because one of my dreams, another dream of mine is that I want to see my grandkids [silence]. And one day, I want to get my own business. Painting is my passion and I dream of having my own business and painting soon. And I always have this feeling it's getting closer and I'm going to be able to see these things coming true. That's what gives me more to work to.

Hanna (who had a dental degree and a Bachelor of Science) had dreams that looked like this...

I want to go back to work. I want to be tired at the end of the day. I want to get up at 5:30 in the morning and go to an office and work in people's mouths.

I love it, I do. I love it! I want to take my kids to daycare. I want ohhh, I want to take them to school on their first day. I want to help them through their first break up, you know? I want to provide a safe environment for them to be in and secure and comfortable and being able to come to me with anything...

Crystal's motivation was found in her children. "Everything I do is because I want a better life for my children. In all instances... it's hope for my kids and grandkids." Her dream was to go into social work and work with homeless people and addicts where she can share her experiences with the hope that "someone will be able to learn from them." She wanted to help her "children, [her] family [and] people" in general. Crystal was in the process of finding funding to create a documentary about the plight of the homeless in the city that she resided. She was making contacts and networking in her community in the hopes of helping others. She recognized wanting to give back for all that she had "been freely given."

Charolette was beginning to live her dream of becoming a commercial painter. When I interviewed her she was doing volunteer work painting rooms in a recovery centre. She unselfishly related the importance of this volunteer work as not only an opportunity to give back, but also in hopes of helping another woman who was trying to recover from her addictions.

I belong in life and I can, I can make a difference, even if it's just a little.

The painting I'm doing right now, it's like I think about it. Who knows, if they're going to turn out that room for a girl who's...going to need that room. She's probably still suffering... She's still hurting. What keeps me going is knowing that I gave to that girl, just something little like that. The painting in her room. Because I was hurting too, and helping that, for another lady that is probably going to come in here needing that room that I paint, she can use it. Little things like that with my recovery keep me going, for another person, to help them out, is that much more.

Each woman I spoke with had a solid positive foundation to build upon. Crystal knew that there “was always a solution. [That there was] always a way out” and that she was “very resourceful.” She didn't have to return to her addiction anymore. Cristine emphatically stated that it was her children that kept her going. If she felt “boxed” in she knew she would “find [her] way out. Because every day, new things open[ed] up [and she had] the answers.” She could get up each day because of her children. For each of the women, at the stage they were at, it was “most clear that [past] facts [were] ambiguous, that no experience [was] decisive and no explanation ever final” (Merleau-Ponty, 1967, p. 116). Cristine firmly recounted a simple truth...

For a long time I thought I was powerless, but you know what? For the first time in forever, I finally feel like I can do this because before I became

overpowered by crack, I was an amazing person. I worked two jobs. I had my own place. I took care of my friends. Like I could do it... I could function and I could make it happen because I was strong and able. Well, I finally feel that way again so I can do it and I will... I will, for me and for my kids because without my kids, I don't have me and without me, I don't have my kids.

Hanna echoed this when she said, "I have my recovery. And with my recovery is going to come life, and with life comes my kids." Perry (2009) noted that "we [all] build our own cages" (p. 115). While the cages that the women found themselves in were once lined with titanium bars of betrayal and soul-ache, the doors of the cages were now open and the women were free to soar.

RECLAMATION

Once imprisoned

I have broken free.

Before me lies

My children...

My future.

Chapter Summary

This chapter has given the reader the opportunity to visit another landscape—that of the courageous and tenacious women which I interviewed. Three themes, each with an additional three sub-themes acted as scenes in this landscape that was rich in emotion and deep in context. With the aid of phenomenological literature, etymology and the arts, these themes which embody the stories of the women, have been introduced and explicated.

The stories were told of four recovering mothers who had lost custody of their children, whose journeys have brought them from death to rebirth. From the pains of betrayal, the agony

in the space of soul-ache, to hope in the place of reclamation, their stories—just as the lore of the phoenix—have seen new life emerge out of flames and ashes. As each of us “have a rich vocabulary of inner processes—feelings and thoughts, experiences, memories and reasons” (Krippendorff, 2009, p. 142), the reader is once again invited to consider these stories as the next landscape is visited—a landscape where the findings are discussed.

Chapter Five

The Landscape Scene VIII: Discussion of the Findings

Chapter Introduction

Various landscapes have now been visited by the reader and the final landscape, a discussion of the findings, is now ready to be explored. The purpose of this landscape is to provide a rich environment in which I critically reflect upon my findings by engaging with the stories of the women I interviewed and “explor[ing] what [the] phenomenon... mean[s] by offering possible interpretations” (van Manen, 1997a, p. 360). In reviewing the works of the major influences that I have had while engaging in writing (Barry, 2006a; Melrose, 1998; Moore, 1994; Perry, 1994), I discovered that the discussion sections were as individualized as the authors who wrote them. So it will be with this landscape.

Van Manen (1997b) saw landscapes of the lifeworld as consisting of four existentials: spatiality (lived space), temporality (lived time), corporeality (lived body), and relationality (lived human relation). These existentials are considered to be inseparable as each outlines and builds upon the other just as the wholes and parts exist symbiotically within the hermeneutic circle (Moore, 1994; van Manen, 1997b). Lived space could be understood in the context of this study as the spaces the women found themselves in—betrayal, soul-ache and reclamation. These are the spaces where they lived and existed—the spaces that framed and gave meaning to their worlds—from a world that had deeply betrayed them, to a world that existed for the purpose of merely subsisting, and eventually a world that held promise for the future.

In the addicted woman’s world, time became suspended in betrayal and soul-ache and came to have more meaning and reality as she continued in her efforts of recovery and reclaiming her life. The women’s journey through betrayal, soul-ache, and reclamation became

the temporal landscapes through which they travelled. Framed as scenes in this research, betrayal, soul-ache, and reclamation ultimately became their past, their present, and their future.

Corporeality, referring to always being bodily in the world (van Manen, 1997b), has a special significance in the spaces of soul-ache where the women were neither alive nor dead, existing and yet not existing; being in the world and yet not part of the world. This sense of being bodily in the world was reclaimed when their souls were called forth into the world of the living. The importance of touch becomes more evident within this existential as the women's "hope to touch their children seemed to nourish their dreams of living in the world again with their children" (B. Getzlaf, personal communication July 20, 2010). Relationality, which gave a "social sense of purpose, meaningfulness [and] grounds for living" (van Manen, 1997b, p. 105), was centered within the very thoughts and yearnings for their children.

Each reader may see a "different meaning [in this landscape of 'discussion' as their interpretation] has to do with what is on the outside [of the landscape] as well is what is on the inside... the inner life of the [reader] who looks at the [landscape]" (van Manen, 1997a, p. 363). The discussion will focus on one interpretation and invite, in the process of explicating that interpretation, the reader to "interpret variously" (p. 361). As van Manen (personal communication July 15, 2010) so aptly put, "as for the 'discussion'—a good phenomenological text should offer enough depth, richness, and insight that it speaks for itself as it were." This represents the last layer of my analysis and the reader's own final layer of analysis as they consider the findings I present (Perry, 2009). This landscape will centre on major findings and how those findings are situated in the literature, implications, recommendations, strengths and limitations, and finally rigor.

Major Findings in Context of the Literature

In Chapter Three, the literature was reviewed as to what was known about recovering mothers and the multiple contexts which capture their experience of addiction and recovery. These included the ideology of motherhood, a composite picture of the recovering mother, contemporary child welfare/judicial practices, trends in addiction treatment, the impact of custody loss, and resilience. These contexts created an image of recovering mothers as well as revealed the gaps which existed within the literature. In the first sweep of this landscape, I will situate my findings in context of the literature and explore what my findings contribute in terms of new knowledge.

Findings that Contribute to Disciplinary Knowledge

The literature review in Chapter Three provided a view of what is currently known about recovering mothers and the diverse contexts that frame their worlds. These contexts were derived from an examination of the literature that arose from a multi-disciplinary literature search which included the fields of medicine, law, social work, addictions, women's studies, psychology, and nursing. While the knowledge resulting from the study of recovering mothers informs and enlarges what is known and is relevant for the individual disciplines there is still much that is either not known or that is situated in the tensions that certainly exist within that knowledge. If the knowledge pertaining to each discipline were depicted as a Venn diagram, the overlapping section would consist of the commonalities that exist. One of the aims of exploring the discussion landscape it to identify new knowledge that has arisen from this study that will fit within that common intersection that will begin to answer up to now unanswered questions. By doing so, the findings contribute to what makes up disciplinary knowledge.

From the review of the literature gaps in the literature were framed in terms of methodology in Chapter Two (objectives for this research) and in the interview guide (see Appendix B) that framed the context of the semi-structured interviews that were undertaken. These included: what motivates a mother to stay in treatment once she has lost custody of her children? How does a mother redefine her life without her children? Does a mother reconceptualise her role as mother and, if so, how? How does a mother make sense of losing her children? What gives a mother the courage and the strength to persevere in the face of social and societal adversity?

The stories of the women I interviewed provide a rich milieu to draw from in answering these questions and for offering additional insights. These findings and insights may be of use to the multiple disciplines which touch and border each other as they represent common ground that I believe that each discipline shares. These questions provide a framework to structure a discussion of the findings which arose from the themes and subthemes so as to be responsive to the thesis objectives and as well include new insights that arise from the data.

Motivation to Remain in Treatment Once Custody is Lost

While the literature reveals that having custody provides the motivation for mothers to remain in treatment (Grella, 2000; Kovalesky, 2001) and the strength to make difficult decisions (Irwin et al., 2002), there is little known about what motivates a mother when she has lost custody of her children. This study extends what is known in terms that the very thought of her children had a significant impact on her motivation and, as a result, gave her the strength to continue in her recovery. This strength went beyond being hopeful, but rather was expressed as a firm resolve—an unquenchable belief—that she would one day be reunited with her children. Even when custody was lost permanently, mothers looked to a day when their children would

surround them. This is consistent with Ferraro and Moe's (2003) study where they found that "even when women's rights were terminated and who were prohibited from interaction with their children believed that they would be reunited one day" (p. 34). "This connection [with their] children helped [them] to survive and look toward the future with hope" (p. 35).

The subtheme of 'a perfect day' has relevance here when positioned to gain further understanding of a woman's motivation to remain in recovery. Dreams or the ability to have dreams, reflect a vision

of how things [can] be in the future [which is] arrived at by intuitive thought...

The dream [becomes] a... sense of self-in-adult world [where] by the quality of the vision, [as] an imagined possibility... generates... excitement and vitality.

[The dream may be either] tenuously connected to reality [or] contain concrete images [but is reflective of] considerable passion and determination (Tyler, 1991, p. 246).

Each woman was able to identify what a perfect day looked like—spending time with her children. The emotion and profoundness of what that day would look like was consistent within each woman's experience. This day, when conceptualized as a dream that she held close to her heart and soul, became a way of being-in-the-world (Heidegger, 1962) and provided [a] "metaphorical picture" (Punamäki, 1998; p. 560) or an image which brought forth the strength or "faith... [to] pursue a new direction" (Jones, 2007, p. 207). In this way the image of what a perfect day entailed that was not only was deeply meaningful to each woman, but also acted as a motivator to remain in treatment and recover. The power of 'touch' was a concept which permeated each interview. Each woman dreamed of simply holding her children—touching their

faces. This image seemed to be healing for each of the women in the face of the traumatisation that they encountered upon losing custody.

Redefining Life without Children

Impact of Losing Custody. Rockhill et al. (2008) reported traumatisation after custody loss. Hardesty and Black's study (1999) described that the worst possible thing to happen to a recovering mother was to lose her children. Losing children has been identified as having the impact of increasing personal levels of stress, denial and depression, and resulting in intense emotional pain (Barry 2006b; Concoran, 2001; Schillington et al., 2001; Smith, 2006). This study adds to the determination of what constitutes intense emotional pain in recovering mothers. The women I interviewed felt that this loss was worse than if their child(ren) had died.

In the 'Severity of Psychosocial Stressors Scale' (SPSS) in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* (American Psychiatric Association, 1980), the stress resulting from the death of a child is considered to be "catastrophic." Despite this scale being revised from its original form in subsequent editions and not included in the current *DSM IV-TR* (American Psychiatric Association, 2000), the SPSS continues to be a significant marker to understand the enormity of child custody loss (Craighead & Nemeroff, 2004). The outcome of this loss was, indeed, catastrophic for these women... "I felt that all hope was gone. What did it matter? I might as well just go and die..."

Through the women's journeys through soul-ache, all of the women initially engaged in negative responses including trying to end their own lives—primarily through increased drug use. Wijngaards-de Meij et al. (2007) notes that one of the outcomes of parental loss of a child can be parental mortality. The women felt that their hearts were broken and that there was no

use in going on. Crystal emphasises this state... “It just breaks my heart... I ... [lost] everything, literally everything...”

A grieving process ensued which was consistent with Florczak’s (2008) notion of finding meaning in the loss of their children. As meaning was found during reclamation, the women were able to rise above the loss of their children and found the strength and courage to go onward. This could be considered to be “post-traumatic growth” which is the “highest form of change associated with grief” (Tedeschi & Calhoun, 2008, p. 31).

Hardesty and Black (1999) cited that the yearnings that a mother had for her absent children produced two outcomes. Either the women would succumb to a “numbing surrender to self-destruction” or that the yearnings would become “the seeds of recovery” (p.607). This study revealed that this process was not an either/or situation, but a situation where both psychological states existed. This could be understood as a process that the women went through in their journeys from betrayal, soul-ache and then to reclamation.

Hope and Resilience. Rockhill et al. (2008) noted that the loss of custody severely undermined a woman’s hope that custody would be ever returned to her. In this study, loss of hope reflected an initial response as a ‘total’ loss of hope rather than an undermining of hope. This total loss of hope however, was not permanent in nature. While each mother engaged in a course of action that seemed to seal her own self-destruction for a period of time, eventually hope resurfaced and with that hope—resilience was a demonstrated outcome.

While the literature is mixed in terms of recovering mothers being resilient (Hardesty & Black, 1999; Paris & Bradley, 2001; Sutherland et al., 2009), I found great resilience in these mothers. Despite being entangled in a situation where there was no hope at the onset, these women found a way to draw upon resilience as a primary factor in their journey. Maladaptive

coping (Sutherland et al., 2009) gave way to behaviours consistent with life and living. Living, while initially found within the context of going through the motions (living with loss/soul-ache), eventually could be seen in terms of living 'well' (reclamation). Resilience seemed to be tied with the ability to have hope, goals, and dreams.

Re-conceptualisation of Life and Role

A mother seems to redefine her life without her children in looking toward a future time when her children will once more be at her side. This could be conceptualized as a tripartite process. Recovering mothers came to a point where they could identify that recovery came first, living 'life' came second, and lastly, with that life came their children.

While the literature points to recovering mothers re-conceptualising their identity as mothers (Sutherland et al., 2009; Paris & Bradly 2000), I found that it was their *role* as mother that was reconceptualised. Each of the women had a firm belief that they still were mothers despite the loss of their children. This kept their identity as mothers intact. Said Christine, "I will always be their mother." Hence it was not their identity that was relinquished when they lost custody but rather they went through a process where they renegotiated what their role, as mother, looked like. This role was primarily influenced by what having contact with their children would look like in terms of capacity and activities. While this role was already being determined in the present for some of the mothers, for others, this role was largely future oriented.

Making Sense of Losing Children

Finding Meaning in Loss. Frankl (2006), a highly renowned writer and psychiatrist noted that

...making sense or finding meaning in one's experiences is the primary motive

in [one's] life and not a secondary rationalization of instinctual drives.

This meaning is unique and specific in that it must and can only be fulfilled by [the individual] alone; only then does it achieve a significance that will satisfy [one's] own will to meaning (p. 89).

A recovering mother appears to make sense of losing custody of her children when she accepts accountability for their loss. While she notes the presence of a multitude of contextual factors, she ultimately comes to see her choices as the paramount factor in losing custody. In Hanna's words, "the hardest thing is to know you did it to yourself." Part of making sense was accepting that "mistakes" were made and moving onward despite those mistakes. Said Cristine, "Whatever I have to live today, I can't worry about yesterday... I know that what I did yesterday is going to affect my tomorrow, but right now I can just be here."

Relationship with a Higher Power. Central to these women was a solid relationship with their higher power. The concept of a higher power is synonymous with recovery programs, especially in those programs that offer stages or steps to move through such as Alcoholics Anonymous' 12 step program (McGee, 2000; Ronel, 2000) or newer addictions 16 step programs (Kasi, 1992). Brome, Owens, Allen and Vevania's (2000) study revealed that a relationship with a higher power results in "more positive self-appraisals, more positive relationships with others, and an empowering coping stance" (p. 482). The feelings of empowerment that the women each felt as they cultivated a relationship of trust with their higher power were noted with all the women. "I depend on God for everything today." What this study adds is, making sense of the loss of their children seems to be tied to this relationship with their higher power. Hanna spoke of it this way...

How do I make sense of it? Like God is really big in my life now... Everything

happens for a reason. There's not one thing I don't think that goes on in anybody's life that isn't meant to happen. To make sense of it, there's just a higher power looking out for them. I was the body to bring them into this world but because of my choices there's potential for them to have a better life...

Courage in the Face of Social and Societal Adversity

Social and Societal Adversity. It was evident that social and societal adversity played a role in these mother's lives. This finding is supported in the literature (Aston, 2009; Poole & Greaves, 2009). Attitudes from family members about addiction were likened by Hanna unto having leprosy. The women felt judged and devalued. They related that individuals in the larger society did not look kindly upon them. Hanna noted, "I find society views mothers that use as write offs, that there's no going back or coming back from it."

As discussed in the literature review, these mothers faced considerable mixed messages from both society and the institutions that served them. This impossible situation of trying to live up to the societal ideal of being a mother has a significant impact when one considers the recovering mother's efforts to use motherhood as a driver to recover. These ambiguities left her with a considerable burden to carry—furthering feelings of being lost, confused and alone. It is not surprising then that the mothers felt they were "jumping through hoops"—hoops that could not be negotiated with any sense that there would be an end to either the expectations or conditions that were being imposed upon them. Still they valiantly tried to change their lives in the face of these complex, ever changing 'rules'—always hoping that adherence to these conditions would result in the return of their children.

Conflicts. Powis et al. (2000) notes that there is a definite conflict between using drugs and losing custody. What this study adds to this knowledge is that there comes a time when

mothers ultimately make this decision. This is largely reflected in a mother finally giving up on her efforts to parent and keep her child. This ‘giving up’ could be understood as a process of deliberation which is influenced on many fronts but primarily by the betrayal she experienced from various sources. The belief that she could be successful when communicated through significant sources including the woman herself, family members and child welfare, was a primary factor in the woman either engaging in recovery or losing the will to live.

Impact of Betrayal. The literature is clear that child welfare workers have an impact on recovering mothers who lose custody of their children (Poole & Greaves, 2009; Reid et al., 2008). What emerged from this study was that betrayal wasn’t framed singularly from child welfare workers, but rather that it was multidimensional and included substances, significant others, and the mother herself. While my findings support that literature which describes the addicted woman seeing themselves as thwarted and punished (Reid et al., 2008), what is further gained from this study is the magnitude of that impact that others have upon them. In the words of Charolette, “A mother will lose [her] life.” This loss of life can be reflected both figuratively and literally as a mother who has lost custody of her children engages in the immense struggle that she finds herself in after custody loss (soul-ache).

Courage. Aston (2009) notes that addicted women learn to “hail” themselves as an addict which is tied to their identity. Charolette related, “I am an addict.” What gave the mothers the courage to persevere despite the reactions of others was the central belief that they were “not the addiction” but rather the “person behind the addiction.” They were first and foremost human beings. This adds to current knowledge in that even in the darkest moments of their addiction, their identity was not solely reflective of their addiction even when viewed in light of the strong relationship they had with substances.

Courage was found in the very thoughts of their children. Their children remained very much with them even though this presence was often figurative—a presence which was bound up in their hearts, minds and souls. This was demonstrated by Hanna as she engaged in “talk[ing] to [her two children’s] pictures” on a nightly basis.

Courage was found in the emanation of the philosophies of the addiction treatment centre which they resided. The philosophy of the centre focused on engendering hope in these women and creating a ‘homelike’ atmosphere which in many ways presented a microcosm of a family as they engaged in recovery. This microcosm that was found in the recovery centre assisted them in providing structure for not only a new life (Aston, 2009), but one that mirrored ‘real’ life itself.

Each woman felt that she had been loved and supported as she progressed through recovery. All of the women noted they were “loved” until they could once more love themselves. This is consistent with what Kearney (1998) saw as “truthful self-nurturing” and what Aston (2009) described as recovery assisting mothers to see themselves differently. The mothers experienced truthful *other*-nurturing until they could truthfully *self*-nurture. What this adds to current knowledge is that Maslow’s (Boeree, 2006) basic human needs—even in recovery—extend beyond physiological and safety needs and are seen within the seeds of being esteemed, belonging, affection, and most importantly being loved.

Implications

Although there were only four participants in this study, there is great power within their stories and their words. Their stories come from a place within their hearts and souls that has the capacity to stir the hearts and souls of those who read them. Sensitive-topic research, as this has surely been, has the potential to give voice to populations who often feel silenced (Jansen &

Davis, 1998). A voice has been provided for the women who lost custody of their children and a platform presented that creates an opportunity for me, as researcher, to be a voice and an advocate for them. From their voices come insights— framed as implications—that may be of significant use for the professions that serve recovering mothers.

Touch was described as a central factor which embodied motivation. Touch has been defined as both discriminative and emotional (McGlone, Vallbo, Olausson, Loken & Wessberg, 2007) where communication of emotions occurs via touch (Hertenstein, Holmes, McCullough & Keltner, 2009). Studies are emerging that reveal that the sight of touch as well as the thought of touch creates the same patterns in MRI and PET scans of the brain as if touch was occurring physically (McCabe, Rolls, Bilderbeck & McGlone, 2008; Seung-Schik, Freeman, McCarthy & Jolesz, 2003). This has implications for the psychiatric/psychological/nursing disciplines in that guided imagery that surrounds the experiences of holding or touching their children could be utilized as a modality to support both well being and motivation in recovering mothers.

Tedeschi and Calhoun (2008) note that “the encounter with major losses teaches the bitter lesson that the individual is vulnerable to experiencing great suffering” upon the death of a loved one (p. 33). The loss of custody could be understood as a figurative death for recovering mothers. With this understanding, grief counselling could be offered to women as a part of treatment in recovery centres or an adjunct to treatment in facilities that specifically focus on grief counselling. This may act as a buffer in the women’s active efforts during the periods of their most intense grief to not resort to engaging on a course of self-destruction or suicide as a means of coping with the loss of their children.

Perhaps one of the greatest implications of this research is the profound impact that others have on a mother who has lost custody of her children. The belief of others is central in

both losing and regaining their hope. This knowledge can be considered by those individuals who are in positions of power, such as physicians, nurses, child welfare workers and addictions counsellors, to cultivate and communicate a sense of belief in the efforts of an addicted mother to recover. Looking at a mother from a strength-based perspective, examining their own personal belief and value systems as human beings and as professionals, as well as negotiating the underlying philosophies of their professions may, in the end, do more to assist these mothers than any other single force in the recovering mother's lives. Perhaps only then will we begin to create a "just and equitable" system (Kruk, 2008) that meets recovering mothers "where they are at" (Kullar, 2009, p. 10).

This research underscores the multiple contextual factors that are associated with substance abuse in mothers as well as their journeys to recovery. There exists a need to look at recovering mothers who have lost custody of their children in a holistic sense while trying to ascertain influences that affect their drug use and subsequent custody loss. My research, by examining the experiences of recovering mothers that have lost custody, supplies further insights that identify the needs of recovering mothers and the processes they go through in their journey to reclaim their lives. This resultant knowledge has the potential to assist in the determination of policy and treatment options such as in those areas outlined within this discussion of implications.

Recommendations

There arise several recommendations from this research. This study could be replicated drawing participants from several recovery agencies to study a larger number of mothers who have lost custody of their children. Future studies could focus on the role of resilience in this population. Research that surrounds the grieving process for mothers who lose custody could be

explored to determine if this process is different from those parents who lose a child through death. Lastly, additional research could be undertaken to understand more clearly the processes that mark the transition from the space of soul-ache to reclamation.

Strengths and Limitations

Generalizability and Sample Size

Although generalizability is not an aim of qualitative research, this nevertheless presented a limitation of the study. The goal of this research was transferability (Glesne, 2006). A small sample may also be viewed as a limitation to the study. Even with contemporary and traditional qualitative research experts, there is disagreement between just exactly how many participants should be recruited in a phenomenological study. Traditional researchers such as Creswell (2007) suggest between five and 25 participants, Kruzel (1999) between six and eight, Yeh and Iman (2007), three to 100, and Morse (1994), six participants. Creswell (2007) cites that in a preliminary study, such as this one, three participants are considered to be adequate.

Contemporary qualitative researchers such as Patton (2002) and Marshall and Rossman (2006), note that the aim of the study should guide the number of participants rather than setting an exact number. Patton notes that even a small sample “will yield two different kinds of findings: (1) high quality, detailed description of each case, which are useful in documenting uniqueness and (2) important patterns that cut across cases and derive their significance from having merged out of heterogeneity” (p. 335). The goal remains the same in studies with small samples in that these studies

...deepen understanding and build breadth into their investigation through mindfulness of other work in the field. Thus, in principle, just one ‘case’ can lead to new insights... if it is recognized that any such case is an

instance of social reality (Crouch & McKenzie, 2006, p. 498).

Patton (2002) states that with any study there are trade-offs between depth and breadth. With this in mind, the aim of this study was to explore in detail the lived experience of recovering mothers who had lost custody of their children, or in other words, to seek depth. The breadth of this study could be reflected in the provision of associated literature and examining first, disciplinary knowledge in the form of a literature review and secondly, by situating findings in the context of that literature. Patton goes on to cite that the “validity, meaningfulness and insights generated from qualitative inquiry have more to do with the information richness of the cases and the observational/analytical capabilities of the researcher than the sample size” (p. 245). Crouch and McKenzie (2006) add to this when they relate that “for depth to be achieved, it is much more important for the researcher to be intensive and thus persuasive at the conceptual level” (p. 494) than to predetermine a definitive sample size.

Guest, Punce and Johnson (2006) studied sample sizes in terms of data saturation and variability. They noted that a sample would be deemed adequate if there was the presence of high prevalence codes in the early stages of analysis. In this study under the theme of betrayal there were 179 separate selections in the transcripts which referred to betrayal, soul-ache 167, and reclamation 291, which were captured in NVivo8.

Recruitment of participants for this study was very difficult and this could be attributed to the research being deemed “sensitive-topic” research where “sensitive topic research [represents an] attempt to understand subjective experiences and the meaning of experiences for vulnerable groups such as traumatized people” (Jansen & Davis, 1998, p. 290). The women who spoke with me shared freely of their experiences and provided information rich cases. As identified earlier, they spoke from their hearts and souls. Despite having only four participants, important patterns

were elucidated when their stories were seen as wholes and in parts within the hermeneutic circle.

Researcher Bias: Limitation or “Rich Source of Data?”

The question of researcher bias also comes into play in terms of the ability of myself, as researcher, to be objective in separating my own experiences from those of the participants.

Perry (2009) sees the biases of the researcher not as a limitation but rather as a “rich source of data” (p. 239). Given the hermeneutical approach of this study, my experiences informed the research, but I believe did not constrict it (van Manen, 1997b).

My experiences with losing custody of my own children and having been through recovery had the potential to capture the hearts and minds of the participants in being willing to speak with me in detail about their experiences (B. Perry, personal communication September 29, 2009). Lee and Renzetti (1993) note that this type of research “...intrudes into the private sphere or delves into [a] deeply personal experience [and] deals with things sacred to those being studied that they do not wish to be profaned” (p. 6). In my brief sharing of my own ‘sacred’ experiences, the women were invited to share their ‘sacred’ experiences. This sharing took courage on both our parts. In essence we met each other in our own vulnerabilities; speaking a language that we both understood (van Manen, 1997b).

The ability to remain “open to possibilities” and the experiences of the participants is an omnipresent task of any qualitative researcher (Merleau-Ponty, 1967). I was and remain committed that my “truth[s were] after all only self-evident for me” (p. 397). “Objectivity [ultimately] mean[t] that [myself as researcher], remain[ed] true to the” women who shared their experiences with me (van Manen, 1997b, p. 20). I have painstakingly endeavoured to do just that.

The Use of Poetry as a Path to Meaning

When I was preparing to engage in the thesis work, I read the work of Merleau-Ponty, (1967); Heidegger (1962), van Manen (1997b), Eliot (1969) and Frankl (2006). I marvelled at their skill as writers and as thinkers. These writers were able to work “poetically with language” with the end result being that the meaning was “thickened” (van Manen, 1997a, p. 356). Many times during writing I found that there were no words to describe the feelings and emotions that the mothers expressed during the interviews. These were the spaces and the silences in the text that needed expression; the meaning that was just beyond the grasp of the human mind to express.

Having read Perry’s (1994) dissertation I believed that poems would be the vehicle to express the depth and breadth of the meaning I sought and, therefore, writing my own poems became an integral part of the text. Writing poems allows the writer of the poems to slow down in a state of being rather than in acting or doing. Metcalf and Simon (2002) note that “slowing thought down” and utilizing that time to reflect allows us to hold that thought still as if suspended in time and becomes a process of reaching inward (p. 18). This reaching inward goes beyond just merely the words of a text, but “captures *how* the text speaks, how the text divines and inspirits our understanding” (van Manen, 1997a, p. 346 italics in original). In this way, poetic language is considered to be “the only adequate way to present human meaning” (Hein & Austin, 2001, p. 7). The end result is that “audible imagery is given” and with this imagery “the language touches [not only] us [but others] in our soul[s]” (van Manen, p. 358, 365). It was as if the poems wrote themselves (B. Perry, personal communication March 18, 2010). The poems came from a place where they arose from the “porous membranes” of my soul (van Manen, 2007a). In so doing, I believe that the poems, as vehicles of the expression of meaning, capture

the minds, hearts and souls of the women I interviewed. In this way poems become yet another layer of analysis (Perry, 1994). This creates a position of strength for the study.

Rigor

Marshall (1999) suggests that the act of “cutting up the data” for meticulous inspection enhances rigor. The data, as described previously, was indeed ‘cut up’ and rigorously and meticulously inspected. I employed Lincoln and Guba’s (1985) techniques for operationalizing trustworthiness.

Melrose (1998) suggests that the keeping of a reflective journal where “personal feelings and responses” are recorded, demonstrates a sense of “continuous commitment” which enhances credibility of the research (p. 93). Throughout my research journey, I shared my reflective journal with my thesis supervisor on a bi-weekly basis via the web space at the university. This allowed my supervisor to act as another voice to lend credibility to what I was discovering and the decisions I made, while providing guidance and instruction. Further credibility is ascertained when the thesis itself is presented to the supervisory committee and when engaging in member checks (Melrose, 1998).

Credibility was addressed by member checks: returning themes elicited from the data to the participants to confirm findings. (See Appendix B for questions that were posed). Prior to engaging in member checks, I prepared myself to remain true to the insights of the women I interviewed and was committed to presenting both explanations/interpretations if there was disagreement (Melrose, 1998). Member checks were extremely difficult to engage in due to the social movement of the participants. One participant left the program and could not be contacted. Two of the participants had graduated and one still resided at the agency.

A brief meeting with the participant who remained at the agency revealed that the themes had deep relevance for her experiences and her journey. She recognized she had spent time in each of the scenes of betrayal and soul-ache and currently was in the scene of reclamation. She felt that the themes and sub-themes were of even more relevance to her at the present time as she was preparing to graduate from the agency at the end of the month and at the news that custody of her children was being returned to her.

I was able to contact the second participant through the email account that was set up for this study. Email was her preferred way of contact. She related that all the themes and subthemes reflected her experience. What especially fit were her experiences with child welfare. At the time of the email, despite having lost custody permanently, she was celebrating 13 months of abstinence from cocaine and knew the joy of reclamation as a visit with her younger sons was being set up in another city for the upcoming weekend.

The third participant wished to be contacted via her cell phone. She stated that the themes/subthemes were “dead on.” She, as did the second participant, felt that her experiences with betrayal were especially fitting. At the time of the telephone call she was going to school and working— in an effort of continuing to reclaim her life.

Credibility is also established as the reader of the study engages with the study itself (Melrose, 1998).

This experience, when it occurs, can also be recognized by others based on their reading of the study. The truth value of a qualitative study can be affected by the closeness of the research participant relationship.

Description and interpretation of the researcher’s responses and feelings in relation to the research process is considered a strategy helpful in

maintaining credibility (p. 91-92).

Transferability was demonstrated by the provision of quotes and thick description. Upon writing the second draft of the results section which explored the stories of the women I interviewed, I noted that the text was somewhat flat and lacked the dimension of the hearts and souls of these women who so freely shared their experiences with me. At this point I returned again to the digital recordings, diligently listening to their words and the emotions that they displayed as they spoke. These emotions were recorded directly on a copy of the transcripts. This was done for the purpose of adding an additional context and richness to their stories as I continued to re-write the text. This adds to the transferability in that the final textual descriptions captured the mother's minds, hearts and souls, presenting the mothers and their stories in a posture of holism.

Dependability was demonstrated by the presence of an audit and process trail, and confirmability by an audit and content trail. A reflective journal was kept from the conception of the thesis in 2008 until the completion of the thesis itself in July 2010. This reflective journal was originally handwritten and then transcribed verbatim as a Word® document. This transcription allowed the journal to be imported to NVivo8 and coded according to three categories: methodological decisions, personal reflections, and reflections related to phenomenological literature that had been accessed during the undertaking of the thesis. This provided an audit and content trail. In May of 2010, a separate methodological journal was commenced before engaging in data analysis to record the decision-making processes and to create an audit and process trail.

Utilizing multiple interviews assisted in verification and authenticity (the hearing of different voices), while reflexivity elucidated researcher bias by enhancing the integrity of

myself, as researcher, by engaging in continuous critical self-appraisal (Lincoln & Guba, 1985; Porter, 2007; Skene, 2007). As previously mentioned a reflective journal was in place and conscientiously utilized to track decisions and reflections. Accuracy of transcripts was established by meticulous comparison to digital recordings.

Chapter Summary

This landscape has provided the last layer of analysis for both myself as researcher and the reader of this research. I explored findings that arose from my research that added to disciplinary knowledge by situating those findings within the literature. Implications arising from my study were discussed that may be of use to the various disciplines that touch the field of addictions. Recommendations for further research were provided that arose from this study. Strengths and limitations were also critically examined. Finally, rigor was appraised.

This landscape signals an end to this journey that has been undertaken. It was Dr. Sharon Moore (personal communication, March 2009) who taught me that phenomenologists are explorers for life—no research journey is ever finished as new destinations come into our view and we continue to seek, learn and grow. In the words of Eliot (1969) which she referred to often...

The end is where we start from, and to make an end is to make a beginning...
and at the end of all our exploring will be to arrive where we started from and
know the place for the very first time (p. 145).

QUEST

You have shared

Your life,

Your story,

Your soul.

I now act

As an advocate

For you.

I will be your voice.

Your story

Will live on

Beyond the borders

Of your spoken words;

Touching others

With its

Profoundness.

Chapter Six

Conclusion and Reflections

Four landscapes have been visited on this journey: first, methodology; second, disciplinary, etymological and personal constructions framing the phenomenon; third, the stories of the women I interviewed, and fourth, a discussion of the findings. Each of these landscapes has informed the other to create a holistic, holographic world (Perry, 2009) in which to understand the phenomenon. For a time you—as reader of this research, and me—as guide, have been suspended in this world. This holographic world has been a journey of not only the mind, but also of the heart and soul.

My research was borne of a place where the passion has never been extinguished to assist others in understanding recovering mothers who lose custody of their children and the meaning mothers give to this experience. While my experience differed from each of theirs, we were bound with the commonality of each losing custody of our children. One of my aims, in the writing of this thesis was to engage the reader in a story within a story. Social and personal experience in our human world largely consists of the stories we share one with another. This is what binds us as human beings as we recognize elements within the stories and those elements speak to us personally and emphatically; richly and deeply.

The telling of a story was of paramount importance to van Manen (1997b). He related that “the challenge of phenomenological method [was] to make explicit meaning that is felt and grasped at the core of our being” (van Manen, 1997a, p. 348). At the core of our being, lie not only the cognitive but also the multi-dimensionality of spirit/soul and heart. Thus, hermeneutic phenomenology also consists of these dimensionalities.

I believe that Palmer's (2007) insights, although he was speaking of teaching, have significant applicability here when viewed in terms of phenomenology.

Reduce [hermeneutic phenomenology] to intellect, it becomes a cold abstraction; reduce it to emotions, and it becomes narcissistic; reduce it to the spiritual, and it loses its anchor to the world... Intellect, emotion and spirit depend on one another for wholeness [in the phenomenological realm]" (p. 5).

Hermeneutic phenomenology, when all is said and done, is about seeking the wholeness of an understanding of lived experience.

Hermeneutic research becomes, then, much more than words written on a page, instead capturing the hearts, minds, and souls of participants so that the reader can experience these elements as they read the research. I have diligently endeavoured to capture the holistic experience of the women I interviewed in this thesis. I have learned "to trust the calling of my soul" (Palmer, 2007, p. 23) as I have prepared for this thesis for several years and, in these past months, engaged in the work of interviewing, analysis, and writing. I, as Perry (2009) also noted, have often "struggl[ed] with putting into words that which seemingly lies beyond the words" (p. 84). I have tried to reach into the silences, the spaces in the text and to bring them to life (van Manen, 1997b). I have come to know that phenomenologists interview with their hearts; analyze with their minds, but always write with their souls.

This chapter marks the place where the journey ends, for now, for both myself as researcher and for the reader of this research. Together we have engaged in visiting various landscapes where I have acted as a guide in exploring those landscapes in their depth and richness. Like a Sherpa, I have navigated you, the reader, through the hills and valleys; the

crevasses and peaks of the landscapes. In a posture of exploration, and in an effort to provide as complete a picture as possible of the lived experience of recovering mothers who have lost custody of their children, I leave you now to contemplate and continue in your own analysis. It is my hope that you have come to understand recovering mothers who have lost custody of their children in a deeper and more meaningful way.

EPILOUGE

Journeys of the mind, heart and soul

Reflect our passions.

In each journey we both

Find and lose ourselves.

We are left changed

By the stories of others

Which, for but a moment, touch us.

These become the stories

That speak to our souls;

The stories

That ultimately

Become the tenets

We live by.

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Appendix A

Interview Guide

What is it like to be a mother who has lost custody of her children?

Tell me a little about your children.

Has your relationship changed with them and if so, how?

How does losing custody of your children affect your recovery?

What motivates you to stay in recovery?

How do you see your role as mother now that you have lost custody of your children?

Have you redefined your life without your children, and if so, how?

Tell me about the moment when you knew you had lost custody.

How do you make sense of losing custody of your children?

What gives you the courage to go onward in a world of social and societal adversity?

If there were one or two things that would help you the most at the present time, what would they be?

Information/Consent Form

Letter of Information and Consent Form

Name of Researcher, Institution, Faculty, Telephone & Email:

Katherine Janzen

Athabasca University

Centre for Nursing and Health Studies

researchstudy@shaw.ca

Messages can be left at Main Office, Recovery Residence for Women

Supervisor:

Sherri Melrose

Athabasca University

Centre for Nursing and Health Studies

1-888-281-5863

sherrim@athabascau.ca

Title of Project:

“And Then There Were None: The Lived Experience of Recovering Mothers Who Lose Custody of Their Children”

This consent for participation in this research project, a copy of which has been given to you, is only part of the informed consent. If you want more details about something mentioned here, or information that is not included in here, you should feel free to ask the researcher in person, by email, or by telephone at the addresses/telephone numbers provided at the end of this form. Please take the time to read this carefully and to understand the accompanying information.

This study has been reviewed and approved by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this study, please contact the Office of Research Ethics at (780) 675-6718 or by email to rebesc@athabascau.ca.

About the Researcher:

As a graduate of the recovery centre (2005) in which you are residing, the researcher has been deeply touched by women who have lost their children to the "system" as a result of their mental health, abuse issues, and addictions. She has seen firsthand the struggles that women face and the difficulty in redefining their lives as mothers and as women in a social and value system that puts much emphasis on motherhood. Losing custody of her own five children for a period of two years while she was in recovery, resulted in a belief that it is imperative to find ways to support and assist women who find themselves in these circumstances.

Purpose of the Study:

The purpose of this study is to learn how losing custody of children affects recovering mothers and to understand their experiences as they confront this loss. This will be achieved by listening and learning from your personal experiences. By listening to your thoughts and feelings, the researcher will be able to better understand the meaning of these experiences for you and how these experiences affect you personally. As an outcome of the research, awareness will be raised about the experiences women in recovery face when they lose custody of their children and the importance this has not only to mothers themselves, but also on their journey to recovery.

What will I be asked to do?

Your participation in this study is voluntary. Although you may choose to participate at this time, you may choose to withdraw at any time without penalty or negative consequences. As a participant, you will be asked to meet with the researcher one time. At the meeting, the researcher will discuss the purpose of the study, review the research process, complete a consent form, answer your questions and discuss confidentiality. Following this discussion, an interview will be conducted that will focus on your experiences of being a mother who has lost custody of her children. The interview will last 1-2 hours and will be held at a mutually agreed upon time. The interview will occur onsite in a private room at the recovery centre. A typed copy of the themes that arise from the interview will be delivered by the researcher in person to you to confirm that these are consistent with your thoughts and feelings. You may call the researcher at any time for clarification or corrections. If the researcher has not heard back from you in two weeks following delivering the typed copy to you, it will be understood that you do not want to make any changes.

What type of personal information will be collected?

If you choose to be a participant in this study, you will be asked to provide the following personal information: age, gender, marital status, number of children and your relationship with them, nationality and education. You will be asked to choose a different name (pseudonym) for yourself and your child(ren). The alternate name will be used during the interview to protect your identity and ensure your information is being kept confidential.

I am aware that the interview will be audio taped YES _____ NO _____

I am aware that I will be asked to chose a pseudonym YES _____ NO _____

The pseudonym I choose for myself is _____

I am aware that a pseudonym will be assigned to my children YES _____ NO _____

The pseudonym(s) that will be used for my child(ren) is/are:

Benefits of Participating: As a participant you will have the opportunity to discuss and explore your experiences of being a recovering mother and losing custody of your children. Your participation will provide you with an opportunity to develop a greater understanding and awareness of your experiences, thoughts and feelings. Your participation will also assist researchers and counsellors to gain a better understanding your experiences. A copy of the summary of results from the study will be provided to you upon request. You will receive no remuneration for your participation.

Risks of Participating: As a participant in this study, you will not be exposed to or confronted with information that is meant to intentionally cause you harm. However, as the questions being asked of you will be exploring your personal experiences in the past and present that may have caused you emotional, physical, or psychological harm, you may experience a flooding of thoughts and feelings about your situation. Counselling and support will be made available to you by the recovery centre free-of-charge, if you wish to talk/discuss these emotions further during or after the interview.

To make sure that your safety and confidentiality is safeguarded, the following guidelines have been established:

- (1) You will be asked to use a pseudonym during the interview and to assign a pseudonym to your child(ren).
- (2) You will have access to counselling at any point during or following the interview by the staff at the recovery centre.
- (3) If during the course of the interview you seem to be experiencing difficulty, you will be able to take a brief break, or end the interview, or reschedule the interview at a later date.
- (4) You may decline to answer any of the questions posed by the researcher at any time without any penalty.

What happens to the information I provide?

Information that is collected will be accessible only to the researcher and her supervisor, Dr. Sherri Melrose. You may contact Dr. Sherri Melrose at any time should you have any questions or concerns. Dr. Melrose will only know you as a participant by your code name. Your participation is voluntary and confidential. As a participant, you are granted confidentiality, but not anonymity as the researcher will know your identity. All information (name, contact information, audiotapes, and transcripts) will be kept in strict confidence. All information given in the interview will be kept confidential except where legislation or a professional code of conduct requires that information be reported, such as feelings related to harming yourself or others.

The digital/audio recorder which shall be used during the interview will be kept in a locked box. No identifying information will be disclosed, released, made public or discussed with any other participant. All participants will be asked to choose a pseudonym during the interview and the code name will be used to identify the participant. Data from all study participants will be reported in aggregate form in presentations or publications. Should you choose to withdraw from this research study, information

obtained during the interview will not be used and the data will be immediately destroyed. Digital files will be erased, electronic files will be electronically shredded and paper files will be shredded.

Research information will be stored on the personal computer of the researcher. This anonymous data will only be accessible to the researcher and will be password protected. A copy of the research information will be stored on a memory stick and will be kept in a locked box to protect the data from being lost in the unlikely event of a computer crash.

The data recorded on the digital recorder will be erased following analysis of data. Research information will be stored for five years. Anonymous data will be stored in a locked filing cabinet that will be accessible only to the researcher. After five years all data will be destroyed by electronic shredding and/or shredding in the case of paper documents.

A final summary of the research project will be made available to you upon your request, as well as the recovery centre, and Athabasca University. No identifying information will be provided and only the pseudonyms that you have chosen will be used. Data collected for this research will be used for Master's thesis research, conference presentations, and journal research articles.

The existence of the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room; and the final research paper will be publically available.

Signatures (written consent): Your signature on this form indicates that (1) you understand to your satisfaction the information provided to you about your participation in the research project and (2) you agree to participate as a research subject.

You are free to withdraw from this research at any time or refuse to answer questions. You should feel free to ask for clarification or new information at any time during your participation.

Participant's name: (please print) _____

Participant's signature _____

Date _____

Researcher's Name: (please print) _____

Researcher's Signature: _____

Date _____

Questions and/or Concerns

If you have any questions or concerns related to this research and/or your participation, please contact:

Katherine Janzen RN BN (Hons.)

OR

Dr. Sherri Melrose, PhD.

Centre for Nursing and Health Studies

Centre for Nursing and Health Studies

Athabasca University

Athabasca University

researchstudy@shaw.ca

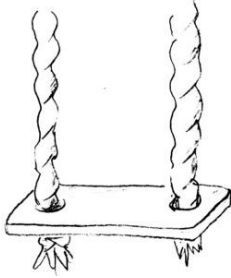
1-888-281-5863

or

sherrim@athabascau.ca

Leave a message at the Main Office
for the researcher to contact you

Recruitment Poster



An Invitation to Participate in a Research Study

Recovering Mothers Who Have Lost Custody of Their Children

I am looking for individuals to participate in a research study that explores the experiences of recovering mothers who have lost custody of their children.

To participate you must be:

- A client at the recovery centre in Phase Two of the program
- A mother who is in the process of recovery
- Currently experiencing a loss of child custody

Participants will be asked to:

- Meet with the researcher one time for a total of one to two hours
- Participate in an audio-recorded interview
- Describe your experience of being a mother and the effect that losing custody of your children has had on you

This research study is part of the Master's program undertaken in the Centre for Nursing and Health Studies at Athabasca University in Athabasca, Alberta.

The results of the research may assist counsellors with gaining a better understanding of how losing custody affects recovering mothers. Data collected for this research will be used for Master's thesis research, conference presentations and journal research articles.

All information that identifies a participant will be kept strictly confidential.

For further information please contact:

Any of the counsellors from the Recovery Residence for Women

or

Katherine Janzen via email at researchstudy@shaw.ca

Appendix B

Member Checking: Interview Guide for Thematic Confirmation with Participants

Does this reflect your experience?

What about this is especially true?