Mothering and Desistance From Addiction Careers

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A Dissertation presented to the Department of Psychology, Faculty for Social Wellbeing in part fulfilment of the requirements for the Master of Psychology in Forensic Psychology at the University of Malta

June 2021

Abstract

This research explores how becoming and being a mother in the Maltese context contributes to initial and continued desistance from substance using careers. Guided by a symbolic interactionist career approach, the contingencies associated with the desistance trajectory, the employed desistance strategies, and consequences of these strategies are explored. This study theorises desistance as a process including primary, secondary, and tertiary desistance. Data was qualitatively gathered and analysed using evolved grounded theory methodology (Corbin & Strauss, 2015). A substantive level theory was developed, and the core category of identity was elicited highlighting the evolving nature of identity in mothers' desistance careers. The emerging theory outlines the complexity of the role of mothering in desistance and emphasises complex pathways, with some mothers desisting from drug use either prior to falling pregnant, when discovering they were pregnant, or after giving birth. The role of other contingencies, such as becoming a mother in the context of a secure romantic relationship are highlighted. Primary desistance has been facilitated by psychosocial contingencies such as family support and fearing possible future selves such as being incarcerated. The emerging data outlines the importance of identity transformation for desistance, where mothers' identity shifts from that of addict, to non-addict, to mother. The internalisation of the maternal identity, together with secure social bonds and community reintegration, serve as important contingencies for mothers' sustained desistance. This research highlights several recommendations for intervention, policy and future research based on the developed theoretical explanation.

Keywords: mothering, desistance, identity, Substance Use Disorder (SUD).

Acknowledgements

First and foremost, I would like to express my sincere gratitude to my supervisor Prof Marilyn Clark for her professional guidance, meticulous feedback, patience, support, and encouragement throughout this research endeavour.

I am also sincerely grateful for Oasi Foundation, Caritas Malta and the Foundation for Social Welfare Services for their help in participant recruitment.

I owe a great debt of appreciation to my parents, sister, brother-in-law and my boyfriend for their patience, encouragement and endless hours of support and assistance to persevere in this journey. Thank you for your presence, motivation and for believing in and for your support when I needed it most.

Above all, special and sincere thanks go to the eight mothers, Isabelle, Rosie, Yvonne, Mandy, Beatrice, Philippa, Paula, and Kathy who accepted to participant in this study. The opportunity to meet and interview them was a privilege. I thank them for their time and openness to share some of their most painful experiences with me. I feel honoured to have met them and that they have trusted me with their stories. This dissertation is dedicated to them for their continued perseverance in their desistance journey from substance abuse.

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Chapter 1: Introduction

Preamble

Parenting is no easy feat. The gendered stereotyped belief that children's upbringing is predominantly the role of the mother remains evident in Maltese culture (Abela et al., 2005) despite changes in gender roles. Mothering can be a life changing experience presenting several challenges (Adeagbo, 2019). Nowadays, parents raising children juggle between several tasks including employment, household chores, and parenting, and mothers are more susceptible to this (Hochschild & Machung, 2012). Society determines how a "good mother" should be. Using drugs while mothering aggravates these challenges and exacerbates the risks to the child's welfare. This increases the likelihood that mothers who use drugs are regarded as inadequate (Silva et al., 2012; European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 2012; Mayes & Truman, 2002). Because of this, several women with substance use disorder (SUD) consider becoming a mother to be an important contingency for desistance from drug use (Schinkel, 2019; Van Roeyen et al., 2017; Sharpe, 2015).

Compiling data from the National Surveys on Drug Use and Health in America, Smith and Lipari (2017) found that the percentage of women abusing of opioids while pregnant was lower than nonpregnant females. Between 2007 and 2012; 21,553 pregnant women sought support from a drug rehabilitation treatment programme, and 13% of women sought outpatient treatment. Moreover, pregnant women who were in their third trimester were less likely to use substances than those in the first trimester (0.3% compared to 1.6%). In 2018, 11 pregnant women attending the WellWoman Clinic in Malta were opioid users. Ten of them were administered pharmacological intervention (methadone or buprenorphine) to reduce drug withdrawal symptoms whilst only one woman continued to use heroin (M. Gellel, personal communication, March 29, 2021). However, becoming a mother rarely functions as the primary motivator that initiates desistance (Bachman et al., 2016; Giordano et al., 2002).

Data compiled by the Substance Misuse Outpatient Unit (SMOPU) in Malta outlines that in 2019, 4 out of 12 opioid-using mothers who sought support from the SMOPU, lost child custody because of their drug use (Clinical Director, personal communication, September 20, 2020).

Various studies postulate that the processes involved in mothering and childcare such as the solidification of the maternal identity, rather than becoming a mother per se, are important contingencies facilitating mothers' drug desistance (Bachman et al., 2016; Stone, 2016; Michalsen, 2011). Supporting this finding, Smith and Lipari (2017) found that pregnant women having other children aged five or younger living with them, were more likely to abstain from drugs than pregnant women with no children in their household. Data compiled by the EMCDDA (2020b) illustrates that in 2018, 72 out of 342 women entering a drug rehabilitation programme in Malta lived in the same household with children. Drawing from criminology's concept of the career approach, desistance from drug use is conceptualised as a process as determining when abstinence is reached is not always possible (Best et al., 2010; Best et al., 2016; Van Roeyen et al., 2017). According to desistance theorists, periods of non-offending; a gradual change in status, role, and identity; and community integration, are necessary processes for desistance (Maruna & Farrall, 2004; McNeill et al., 2012).

This study is an exploration of how being a mother in the Maltese context contributes to initial and continued desistance from addictive careers. It aims to document the strategies women employ to navigate the challenges they face, with the goal of informing policy and practice to best address these challenges, and to provide opportunities for abstinent mothers to engage in their mothering role with merit, to the benefit of themselves, their children, and the wider society.

Research Agenda and Research Questions

Using an evolved grounded theory research methodology (Corbin & Strauss, 2015), this study aims to develop a substantive level theoretical understanding of how being a mother in the Maltese context contributes to initial and continued desistance from addictive careers.

This agenda lends itself to a variety of more specific research questions:

1. What contingencies present themselves in the addiction career of women who are mothers that may facilitate initial and continued desistance from drug abuse?
2. What strategies do mothers with SUDs employ in their attempt to desist from drug use and remain abstinent?
3. What are the consequences of these strategies both for mothering and the addictive career?

Exploring contingencies, employed strategies, and consequences in the course of mothers' desistance from drug use can help develop a substantial level theory about this phenomenon. This will provide an understanding of the issues grounded in data that are able to inform policy and service development.

Conceptual Framework

This research adopts a symbolic interactionist socio-psychological inspired career approach to explore the desistance process in substance abuse mothers. This approach draws on a social constructionist worldview.

Social Constructionism

Taking a social psychological stance as the theoretical conceptualisation of this research, this study is based on the premise that knowledge is constructed through social interactions. The social constructionist paradigm maintains that a universal reality does not exist (Brekke et al., 2019). Knowledge about the world is determined and constructed during social processes and interactions between people, rather than a product of objective

observation. What we consider as factual can be regarded as the established norm by which we understand how the world works (Burr, 2015). Our understanding of the world is determined by the historical and cultural aspects of the society we form a part of. Moreover, the constructions we hold about the world are influenced by the power dynamics present in society. These power relations are implicated in the actions that different people can do, and how they can legitimately treat others (Burr, 2015). Burr (2015) also contends that language is an important construct determining the way we build and perceive our social and psychological worlds.

Symbolic Interactionism

Consistent with social constructionism, the symbolic interactionist framework maintains that people's behaviour towards objects or phenomena in their environment is based on the meanings that they give them, which in turn are derived from the responses given by others in relation to how people view these objects or phenomena (Blumer, 1969). Thus, in line with social constructionism, knowledge is constructed during social interactions (Burr, 2015). However, symbolic interactionism asserts that an interpretative process by the person is also implicated in meaning formation (Blumer, 1969). Interpretation is a formative process. Through self-reflection, one can check, choose, suspend, reorganize, and transform the meanings of objects or phenomena in view of one's situation, and respond accordingly. Nevertheless, social interaction is important as people's actions influence decisions and responses chosen by a person (Blumer, 1969). From this perspective, the phenomena of mothering and desistance are considered to result from the interactions between people, centred on the interviewees' interpretations of such interactions.

Congruent with a symbolic interactionist framework, identity is an important sensitising concept in this research. Identity has a dual meaning, considered as a social category and as the identity of the unique person (Burke, 2003). Identity forms parts of the

individual's sense of self, resulting from the internalised meanings attributed from society's culture and expectations, thus being socially constructed (Stryker, 1980). These internalised meanings and expectations influence the roles people take and their behaviour (Turner, 2001). In this sense, this research aims to explore how these interlinked contingencies (individual, societal, and social) influence the way mothers navigate the trajectory of initial and continued desistance from SUDs.

The Addictive Career

The processes of mothering and desistance explored in this research are seen as progressing through time, interactions, and interpretations that the participants engage in. Inspired from a symbolic interactionist perspective, the criminal career framework is applied to explore the addictive career focusing on the desistance concept in mothers with SUDs. The addictive career can be understood as a continuum with an onset, a termination, and a career length in between (Clark, 2011). Although the addictive career is non-linear, for conceptual purposes it is divided into four stages; onset; escalation; commitment; and desistance. The addictive career starts with tentative drug flirtations, followed by difficulties to control behaviour and culminating in commitment to drug use. It is usually depicted as a corridor with various doors along its path where one can enter or desist (Clark, 2011). Using this perspective, progression through the career is seen as influenced by intricate and interrelated contingencies interpreted according to the individual's biological, psychological, cultural, and social context (Skewes & Gonzalez, 2013; Clark, 2011). Hence, participants' turning points throughout the career determine their progression within it. Focusing on desistance, this research explores how mothering may be an important contingency for initial and sustained desistance.

Desistance is considered a process, which according to Maruna and Immarigeon (2004) necessitates continuous commitment. The desistance process has been conceptually

divided into three stages. Primary desistance refers to periods of cessation from drug use. However due to high relapse rates, primary desistance alone is not enough to account for long-term abstinence (Maruna & Farrall, 2004). A change in the individual's identity and self-concepts must also be implicated. This gives rise to secondary desistance where the individual no longer identifies as an addict but as a non-addict taking on more prosocial roles (Maruna & Farrall, 2004). The last stage is tertiary desistance which reflects the importance that the ex-drug user builds social capital to renegotiate a sense of community belonging. Society also needs to reintegrate the abstinent individual by instilling a sense of forgiveness and respectful bonds (McNeill, 2016; Braithwaite, 1989). This study seeks to unravel the contingencies focusing on mothering that help initiate and sustain desistance.

Rationale

While literature illustrates that mothering is an important contingency for desistance, limited research is available, especially in the Maltese context. This study aims to contribute towards this research gap. Adopting an evolved grounded theory methodological approach, this research intends to develop a substantive level theory of how being a mother contributes to initial and continued desistance from drug careers.

Mothers who were substance abusers face several challenges and are often criticised and stigmatised due to their past behaviour. They often experience feelings of shame and guilt (Sumnall & Brotherhood, 2012; Smith, 2019). These can lead to relapse and act as barriers to treatment (Van Olphen et al., 2011; Kandall, 2010). Moreover, drug addiction programmes may not always be tailored to women's specific needs (Kilty & Dej, 2012). Thus, through this dissertation strategies that mothers employ to navigate the challenges they face will be explored aiming to inform policy and practice with families where the mother used to have or currently has an SUD. It is also expected to have implications for the

development and provision of gender specific interventions focusing on the needs of mothers and children. This study can also pave the way for future research.

Methodological Approach

A qualitative methodology will be used in this dissertation to capture an in-depth understanding of the phenomena being explored, by focusing on the understanding, interpretations, and meanings that people ascribe to their experiences (Merriam, 2009). Using a qualitative methodology, this study aims to develop an in-depth social psychological understanding of how mothering facilitates initial and continued desistance from substance abuse.

This will be done using evolved grounded theory. This postulates that the proactive engagement with the literature during the early stages of the research can benefit the generation of new theory although this should be minimal (Corbin & Strauss, 2015). Since the theoretical foundations of evolved grounded theory is rooted in pragmatism and interactionism, it was chosen as it sits well with the conceptual frameworks used in this study. Grounded theory is an inductive type of methodology which seeks to construct theory from emerging data (Corbin & Strauss, 2015). This will be done using the constant comparison method. The third chapter, dedicated to the methodology section will address the epistemological and ontological underpinnings of the evolved grounded theory method of inquiry, the process of data collection and analyses, and ethical considerations in more detail.

Layout of the Study

The next chapter presents an overview of the literature and sensitizing concepts pertinent to this research topic. The third chapter focuses on the methodological approach of the study. Following this is the presentation and discussion of the study's findings. In conclusion to this research, the last chapter outlines the tentative emerging substantive level theory followed by limitations and recommendations for future research.

Chapter 2: A Sensitising Review of the Literature

Introduction

This study seeks to explore how mothering supports initial and continued desistance using an evolved grounded theory approach. Grounded theory methodology aims to develop theory from data. Traditional grounded theory maintains that literature should not be reviewed before data collection as it can hinder theory generation (Glaser and Strauss, 1967). While acknowledging that contamination of data from established theory should be minimal, evolved grounded theory suggests that proactive engagement with the literature during the initial stages of the research process can be beneficial for the generation of new theory (Corbin & Strauss, 2015). Complete objectivity is impossible since researchers bring their experiences and knowledge to the research (Strauss & Corbin, 1998). Instead, engaging in literature can "stimulate our thinking about properties or dimensions that we can then use to examine the data" (Strauss & Corbin, 1998, p. 45). Researchers can notice contradictions which would require further exploration and it can also point to underdeveloped areas. Being familiar with the literature can also enhance researchers' sensitivity to subtle nuances in the data (Corbin & Strauss, 2015).

This literature review adopts a funnel approach (Teddlie & Tashakkori, 2009) by starting with a brief overview of the gendered response of the criminal justice system (CJS), followed by a discussion of addiction more generally, and gradually refining it to focus on desistance in mothers with SUDs. This chapter is not intended to be a systematic and complete review of the literature around the researched topic. Rather it aims to be an exploration of the sensitizing concepts that are relevant to the developing substantive theory. This literature will be used to support the developing theory proposed in the data analytic chapter.

Gender in the CJS

The responses of the CJS are gendered (Bontrager et al., 2013). The chivalry hypothesis puts forward the idea that women are treated disparately within the CJS because of dominant gender stereotypes depicting women as less dangerous and threatening than men (Rodriguez et al., 2006). Gender however intersects with several other structural forces. Farnworth and Teske (1995) examined three related disparity hypotheses. The typicality hypothesis, which is congruent with the chivalry hypothesis, argues that women receive more lenient sentences than men. However, this only seems to occur to the advantage of white female offenders giving rise to the selective chivalry hypothesis. The hypothesis of differential discretion postulates that leniency is more probable at informal decision stages but not during formal decisions at final sentencing (Farnworth & Teske, 1995). This supports the notion that gender inequality prevails in the CJS.

Addiction

Cultural beliefs and social practices have changed the concept of addiction over time (Robinson & Adinoff, 2016). Until the 18th century, society believed that people "got drunk because they wanted to, and not because they "had to" (Levine, 1978, p. 493). During the 19th century addiction became associated with problem drug use and gradually was identified as a disease characterised primarily by loss of control (Levine, 1978). Competing paradigms continue to be put forward and defining the concept of addiction is difficult (Sussman & Sussman, 2011). Davies (1992) considers addiction as a myth, while Larkin and Wood (1998) argue that the word addiction was given in the nineties to those individuals whose behaviour was considered morally wrong. Because of differing definitions, the word addiction did not feature in the Diagnostic and Statistical Manual of Mental Disorders (DSM-II, III and IV; American Psychiatric Association [APA], 2013). This was reintroduced in the title of the section associated with addiction – Substance-Related and Addictive Disorders – in the

DSM-V. However, the term addiction is omitted throughout the text due to the "uncertain definition and possible negative connotations" (APA, 2013, p. 485).

This study focuses on women with SUDs who are or were in treatment for this. This section explores Griffiths six core components of the addictive process in light of the DSM-V diagnostic criteria for an SUD.

The DSM-V defines an SUD as a group of cognitive, behavioural, and physiological symptoms that arise from continued use of substances despite substance-related problems. Eleven criteria grouped into four main aspects are outlined in the DSM-V. The criteria are impaired control, social dysfunction, risky use, and pharmacological effects on the body (APA, 2013). The individual takes the substance in higher doses and over a longer period than originally intended. With persistent use, tolerance may result where one must markedly increase the dose to achieve the desired effect (APA, 2013; Griffiths, 2005). Furthermore, the individual may express the wish to stop, reduce, or regulate substance use, however several unsuccessful attempts are reported (APA, 2013). Griffiths (2005) argues that addiction is characterised by relapse which may happen after years of abstinence.

An individual diagnosed with an SUD may expend great energy with obtaining, using, and recovering from the substance, and in severe cases, the substance of abuse dominates one's life. Cravings (intense desire to use drugs) occur frequently and at any time and are usually more common in environments where drugs are taken (APA, 2013). Griffiths (2005) refers to this as salience. Moreover, the DSM-V (2013) and Griffiths (2005) postulate that withdrawal symptoms (both physical and psychological) usually occur in heavy drug users. Consuming drugs relieves these aversive symptoms. However, withdrawal and tolerance are not necessary for a diagnosis of an SUD (APA, 2013). The DSM-V (2013) also outlines that recurrent drug use can result in social and interpersonal problems where one may fail to fulfil major role obligations such as parenting and employment duties. Use may persist despite

these problems and the person may withdraw from or give up social, occupational, and recreational activities to focus on substance abuse. This can result in intrapersonal and interpersonal conflict possibly enhancing the use of drugs as a coping mechanism (Griffiths, 2005). An SUD also entails the risky use of the substance where one continues to use substances despite aversive physical and psychological problems (APA, 2013).

Four main theoretical perspectives; biological/medical, choice, psychological, and sociological, have been developed to explain addiction. The biopsychosocial perspective is adopted in this study to explore the desistance process of mothers with SUD while acknowledging the agentic (choice) element present in desistance.

The biological/medical model considers addiction as a disease (Skewes & Gonzalez, 2013). The National Institute on Drug Abuse (NIDA) defines drug addiction as "a chronic, relapsing disorder characterised by compulsive drug seeking and use despite adverse consequences" (2020b, pp. 4). This perspective focuses on the neurochemical changes in brain circuits (Goldstein & Volkow, 2011; NIDA, 2020b; Vrecko, 2010). The NIDA (2016; 2020b) explains that illicit drugs interfere with the glutaminergic and dopaminergic brain systems causing malfunctioning in neurotransmitter release effecting motivational pathways. Repeated exposure to drugs reduces neuronal sensitivity making it difficult for the substance abusing person to experience pleasure without drugs. Moreover, hypersensitivity of the extended amygdala by substance abuse enhances the need for drugs. Instead of using narcotics to experience euphoric effects, drugs come to be used to provide temporary relief from drug induced anxiety (NIDA, 2020b; Koob, 2009). Furthermore, excessive drug use causes dysfunctional neuronal changes in the prefrontal cortex. This reduces impulse control hindering abstinence (Goldstein & Volkow, 2011; NIDA, 2020b). The medical model argues that an SUD can be treated using pharmacological intervention such as methadone or

buprenorphine, thus facilitating desistance (Diaper et al., 2014; O'Brien, 2008). However only opiate dependence can be treated pharmacologically (NIDA, 2019).

According to the choice perspective, most drug users quit drug use without professional and pharmacological support (Heyman, 2013; Sobell, 2007). The choice perspective considers addiction as a behaviour explaining that drug use entails a reflective choice by the actor (Pickard, 2019; West & Brown, 2013; McCauley, 2009). Choice theory advocates that people make decisions that maximise pleasure and reduce pain as much as possible (Moran, 1996). Drug use can be functional for people with SUD. It should be contextualized in relation to, but not limited to "psychiatric co-morbidity, limited socio-economic status, temporally myopic decision-making, denial, and self-identity" (Pickard, 2019, p. 19). Changes to the above-mentioned factors are implicated in desistance (Levy, 2013). Heyman (2013) also notes that moral and practical concerns affecting major life decisions (example being a mother) are important contingencies for desistance. Thus, the choice perspective maintains that people with SUDs may choose to desist from drugs when having prosocial alternatives.

Gifford and Humphreys (2007) maintain that "addiction is not simply a physiological process, but the action of multi-dimensional individuals behaving in a particular fashion in certain contexts" (p. 353). Several psychological theories have been proposed to explain addiction (Clark, 2011). The self-medication hypothesis postulates that addiction is a form of coping mechanism, where the individual uses narcotics to reduce aversive feelings and emotional states (Mariani et al., 2014; Khantzian, 1997). While the biological model considers the addict unable to engage in self-regulation, according to motivational models of addiction, motivation is the driving force for drug use influenced by people's response to environmental circumstances and available options (Gifford & Humphreys, 2007; Pickard, 2019). Using concepts from behaviourism, motivational models integrate positive

reinforcement (using drugs because these feel good) and negative reinforcement (using drugs to remove aversive feelings) principles in their understanding of addiction (Sjoerds et al., 2014). This enhances the brain reward system making drug use automatic (Gifford & Humphreys, 2007). The social cognitive perspective views self-efficacy as the core to understanding addiction (Bandura, 1999). Self-efficacy refers to persons' perceived beliefs about their ability to organise and implement the necessary actions required in a particular situation (Bandura, 1995). This influences the goals people set for themselves, the effort they make, and how they plan to address encountered challenges. This perspective outlines that women who are abstinent from drugs have a high self-efficacy, can develop adequate self-regulatory skills, and can persevere despite difficulties compared to those who continue using (Bandura, 1999; Skewes & Gonzalez, 2013). Hence, those who have a high self-efficacy engage in cognitive and behavioural self-regulatory strategies to withstand cravings and work towards desistance (Clark, 2011; Peele, 2016).

Sociological theory's understanding of addiction gives importance to the social environment. Agents of socialisation such as families, peer groups, and subcultural associations influence people's involvement in the addiction career (Clark, 2011; Skewes & Gonzalez, 2013). Drug use is classified as social deviance. Addiction is seen as a societal problem rather than an individual's issue (Adrian, 2003). Since society condemns addictive behaviour, marginalisation of the individual occurs, instilling a master status of 'drug addict' (Anderson, 1998). A woman thus labelled may start to engage in behaviour congruent with this identity (Clark, 2011; Anderson, 1998). Community forgiveness, respect and acceptance are necessary for the recovering addict to re-integrate in society and attain a more prosocial identity fostering desistance (McNeill, 2014).

The biopsychosocial model postulates that biological, psychological, and sociocultural aspects contribute to both drug initiation and desistance (Skewes & Gonzalez,

2013). This model acknowledges that natural recovery from substance abuse can be achieved through changes to the addict's circumstances such as family support, and becoming a mother (Skewes & Gonzalez, 2013; Heyman, 2013; Colman & Vander, 2012). Using the biopsychosocial model this research explores those contingencies that encourage desistance in mothers with SUDs.

The Gender Dimension in Addiction Careers

The prevalence of substance abuse is higher in males than in females (EMCDDA, 2020b; Center for Behavioral Health Statistics and Quality, 2017), with 57.8 million males reportedly having used illicit substances at least once in their lifetime compared to 38.4 million females in the European Union (EU; EMCDDA, 2020b). Malta registered the lowest level of substance abuse among females in the EU (Arpa, 2017). According to the European School Survey Project on Alcohol and Other Drugs (ESPAD, 2019) although boys report using more illicit drugs than girls in Malta, the prevalence of cannabis, new psychoactive substances and inhalants use was similar in both sexes. Conversely sedatives, tranquilizers, and alcohol use and intoxication were higher among females (ESPAD, 2019; Clark et al., 2015). This indicates a narrowing of the gender gap in substance use among school aged populations (ESPAD, 2019). However, men consistently continue to surpass women's involvement in problematic substance use (Malta National Focal Point for Drugs and Drug Addiction, 2019; NIDA, 2020c).

Influenced by the symbolic interactionist perspective with an emphasis on the subjective experience of the user, the career approach is applied in this research to explore the trajectories that mothers meet that influence their desistance process from substance abuse. The various contingencies that women encounter and the interpretations of, and the decisions they make based on these contingencies, influence their movement in the addiction career (Elder et al., 2006). Peele (1985) considers addiction as a representation of feelings and

behaviours ranging on a continuum. At one end there is no attachment to substance abuse while at the other end there is extreme attachment (Clark, 2011). This attachment pattern can be explained using the addiction career and the various contingencies that affect movement throughout it.

Onset

While earlier studies reported that men tend to experiment with drugs at a younger age than women (Substance Abuse and Mental health Services Administration [SAMHSA], 2009; Brady & Randall, 1999), more recent findings suggest the opposite. This may be because adolescent girls are socialising with older peers (Thibaut, 2018; Liquori O'Neil & Lucas, 2015). Drug-using male peers and partners appear to be highly influential in females' initiation and continued drug use (Neale et al., 2013; Arpa, 2017). Initiation in adolescent boys is often experimental, while girls tend to seek drugs as a form of coping mechanism for example to relief symptoms associated with anxiety, depression and post traumatic stress disorder (PTSD; Liquori O'Neil & Lucas, 2015; SAMHSA, 2009). Several studies outline that victimisation experiences are common amongst women with SUDs (Scicluna & Clark, 2019; Simonelli et al., 2014; United Nations Office on Drugs and Crime [UNODC], 2004; Logan et al., 2002). In some cases women also initiate substance abuse to achieve or maintain their desired body image (Zilberman, 2009; Brecht et al., 2004).

Escalation and Commitment

While for most people drug use remains recreational or experimental, for some, drug use escalates (Clark, 2011; Becker et al., 2017). According to Vanyukov et al. (2003), escalation and commitment to the addiction lifestyle is influenced by biological, psychological, social and environmental contingencies. Women's dependence to narcotics tends to be faster than men, a process known as telescoping (Becker & Hu, 2008; SAMHSA, 2009; Hernandez-Avila et al., 2004). Telescoping is influenced by the physiological

differences between the sexes implying that women are more vulnerable to the addictive properties of some drugs, and to the effects of cultural and gender role expectations (Thibaut, 2018; Becker et al., 2017). Consequently, medical issues, and aversive psychological and behavioural consequences tend to develop earlier in women (Becker & Hu, 2008; Hernandez-Avila et al., 2004).

As drug use escalates, it starts to take precedence in one's life (APA, 2013). Women become preoccupied with obtaining and using drugs and they may start neglecting other roles such as mothering (West & Brown, 2013). They may also turn to prostitution to sustain their habit (Scicluna & Clark, 2019). When women become committed to the addiction lifestyle, social, recreational, and occupational activities may be diminished or abandoned reducing their adaptive functioning. At this stage women perceive themselves as unable to relinquish or control their use (Clark, 2011; World Health Organisation [WHO], n.d.). This gives rise to an addict identity. They may also develop and engage in positive interpretations regarding their substance abuse to justify their use (Manning, 2007).

Desistance

Desistance is the last stage of the addictive career. While it is expected that women engage in drug treatment earlier than men given the telescoping effect (Hernandez-Avila et al., 2004), seeking treatment for women is more difficult. According to the EMCDDA (2020b), in Malta less than one in five clients entering drug treatment are females. Societal expectations may act as a barrier. Issues associated with shame and stigma which are over and above those experienced by men make it harder for women to seek treatment and desist from drug use (Arpa, 2017; Kandall, 2010). Moreover, since childcare is predominantly considered the mother's role, mothers with SUDs may fear losing child custody should they seek treatment (Douglas & Michaels, 2004; Abela et al., 2005; Kandall, 2010).

Various contingencies (for example the relationship with the drug of abuse, type of social support, and physical health) impact the person with an SUD which may foster desistance at various instances across the lifespan (White & Kurtz, 2005). Determining when desistance is achieved is difficult. Because of this, desistance has been conceptually explained as a process, divided into; primary, secondary, and tertiary desistance (Best, 2016; McNeill, 2016; Bottoms, 2014; Maruna & Farrall, 2004).

Primary desistance refers to the period during which the substance abusing person initially decides to stop drug use. Nonetheless, there may be several periods of abstinence and relapse (Maruna & Farrall, 2004). The long-term neuroadaptations outlined in the biological model can contribute to the experiences of cravings and withdrawal symptoms in women with SUDs which can lead to relapse even after years of abstinence (Self, 1997; Stewart, 2008). Depression and anxiety are common symptoms of withdrawal. Such aversive experiences may be so severe that relapse occurs as an attempt to remove these feelings (SAMHSA, 2005). Thus, providing pharmacological intervention can facilitate primary desistance. This lessens the aversive effects of withdrawal symptoms, reduces cravings, and avoids relapse (Diaper et al., 2014; O'Brien, 2008). Providing psychological intervention with pharmacotherapy has also proved effective (O'Brien, 2008).

However, primary desistance is principally a behavioural change, which alone does not cater for long-term abstinence (Maruna & Farrall, 2004). When women are committed to drug use, an identity shift occurs where they assume the addict identity. This negatively affects women's previous prosocial identities and lifestyles. Therefore, desistance also necessitates the restoration of 'spoiled' identities and the embracement of new prosocial identities (McIntosh & McKeganey, 2014; Best, 2016). This identity shift gives rise to secondary desistance, where existing deviant roles are disrupted and new roles congruent with prosocial identities are undertaken (Maruna & Farrall, 2004). Hence, while primary

desistance may occur by coercion for example due to incarceration, secondary desistance requires human agency where women decide to quit substance abuse, and actively and persistently abstain although facing potential triggers (Maruna & Farrall, 2004; Paternoster et al., 2015).

The theory of cognitive transformation (Giordano et al., 2002) highlights that desistance requires a willingness to change by recognizing the need to surrender the drug addiction lifestyle, supporting the development of a prosocial identity. This also necessitates the development and maintenance of secure social bonds (Best, 2016; McNeill & Weaver, 2010; Maruna & Farrall, 2004; Larkin & Griffiths, 2002). Women with SUDs must be motivated to build new social connections. Being in a strong prosocial romantic relationship, engaging in meaningful employment, discarding criminogenic peers, and giving up prostitution are important contingencies for desistance (Giordano et al., 2002; Best et al., 2015; Sampson & Laub, 2005; Larkin & Griffiths, 2002; Scicluna & Clark, 2019). This way, recovering women can build social networks which serve as hooks for change (Giordano et al., 2002). An emotional transformation is also critical. People with SUDs need to diminish the positive and negative emotions related to drug use and increase their emotional regulation skills to facilitate desistance (Giordano et al., 2007).

Although the presence of children featured heavily in women's narratives in Giordano (2010) and Giordano et al., (2002)'s studies, it was not a direct contingency for desistance. Rather cognitive processes associated with motherhood were important hooks for change. Furthermore, while contact with the CJS motivated men to desist from drug use, this was not as important for women (Giordano et al., 2002). Best et al. (2015) also developed the social identity model of recovery explaining that forming part of an addiction recovery-oriented group, women with SUDs can define themselves according to the group's values and norms. In this way a social identity embodying recovery-oriented principles and values develops.

This positive shift in identity gradually lessens the person's desirability of and reduces the prominence of drug use in one's life (Best et al., 2015; Giordano et al., 2002).

Apart from an identity change and the development of immediate social networks, the recovering addict must build social and recovery capital (for example networks of reciprocal relationships, adequate housing, and employment) to attain a sense of community belonging (McNeill, 2014, 2016; Best et al., 2016). Since identity is socially constructed, a shift in society's view of the ex-user is also necessary (McNeill, 2014). Incorporating the concept of reintegrative shaming (Braithwaite, 1989), community shaming must be reintegrative instilling respectful bonds and forgiveness towards the recovering person. The community, the state, and the CJS must recognise, acknowledge, and aid the desisting individual to reintegrate in society by fostering a sense of acceptance and belonging. Moreover, Bottoms (2014) postulates that successful desistance requires drastic changes in the ex-drug users' daily activities. Therefore, community interventions supporting practical changes are necessary for desistance. Hence, desistance requires both personal and social processes (McNeill, 2014, 2016; McNeill & Whyte, 2007).

Health Correlates

Drug effects are more severe in women than in men (Arpa, 2017; NIDA, 2020d). Women are more susceptible to blood borne infections and using drugs intravenously exacerbates this risk and the risk of mortality (Arpa, 2017; Reis Machado et al., 2014; Roberts et al., 2010). Women usually do not inject themselves especially at the beginning of their addiction career. This increases the probability of needle sharing and thus the possibility of blood borne infections including Hepatitis B and C and HIV (Roberts et al., 2010; Pinkham et al., 2012; Cormier et al., 2004). Substance abuse can also increase early onset menopause and infertility in women (Schoenbaum et al., 2005; Anderson et al., 2010). Moreover, women are more likely to engage in risky behaviours than men, such as engaging

in prostitution to sustain their habit, and they are more likely to be victims of assault (Roberts et al., 2010; Young et al., 2000; Scicluna & Clark, 2019).

Although mental illness is high among substance users with approximately half of the people with SUDs having a dual diagnosis (drug addiction and mental illness) in Europe (EMCDDA, 2015), this is higher among female with SUDs (EMCDDA, 2016). Common mental disorders include depression, anxiety, and PTSD (EMCDDA, 2016). These may result from gender specific risk factors such as increased victimisation experiences, socioeconomic disadvantage, and increased responsibilities to care for others (WHO, n.d.; Itzin et al., 2010; Lim et al., 2019).

Pregnancy

Mothers' drug addiction can have teratogenic effects on the developing foetus. The incidence of stillbirth is doubled (National Institute of Health, 2013). It also exacerbates the risk of premature birth, low birth weight, neonatal abstinence syndrome (NAS) and behavioural and/or cognitive deficits in children (NIDA, 2020a; WHO, 2014). Moreover, expecting mothers with SUDs tend to book antenatal care appointments later than non-substance abusing mothers. Given the effects of narcotics on women's bodies, for example irregular menstruation, it may be possible that they become aware of their pregnancy at a later stage (Handrill et al., 2012; Gronbladh & Ohlund, 2011), consequently addressing possible complications late during pregnancy (Vella et al., 2016; Cleary et al., 2010).

Stopping drug use is unadvisable as detoxification and withdrawal during pregnancy can have deleterious effects on the foetus (NIDA, 2020d; Arpa, 2017). If women abuse of opioids, they are encouraged to initiate or continue to take opioid substitution medication throughout their pregnancy (SAMHSA, 2016; Vella et al., 2016). Methadone is the opioid substitute treatment of choice mostly prescribed in the EU including Malta (Gellel et al., 2011; EMCDDA, 2020). Methadone doses may be increased during pregnancy as it is

metabolised faster due to the physiological changes in the woman's body (Shiu & Ensom, 2012; Wolff et al., 2005). In 2018, 10 Maltese pregnant women were administered methadone maintenance therapy (MMT, Gellel et al., 2011). MMT during pregnancy has been associated with improved outcomes reducing opioid cravings during pregnancy and postpartum (McCarthy, 2005).

Psychosocial Correlates

Women with SUDs experience significant social, cultural, and personal issues which may be different than those experienced by men. Such problems may intensify their difficulty to seek treatment (UNODC, 2004).

Shame is common among substance abusing women, which is intensified if they are mothers (Dearing et al., 2005; Van Wormer, 2010). Lewis (1995) defines shame as the feeling we experience "when we evaluate our actions, feelings, or behaviour, and conclude that we have done wrong" (p. 2). Gilbert (1998) differentiates between internal and external shame. Internal shame refers to the way people perceive themselves, leading to negative self-evaluations, such as seeing oneself as worthless, flawed, or unappealing. This damages the person's self-identity. External shame refers to the individual's social representation, where people believe that others perceive them negatively, increasing feelings of inferiority (Gilbert, 1998). Feeling ashamed, the person considers oneself to be wholly bad, generating an overwhelming desire to hide and sometimes a wish to die (Lewis, 1995).

Shame is intensified by stigma (Lewis, 1995; EMCDDA, n.d.) which process is facilitated in Malta due to the country's small size and propensity for gossip (Clark, 2012). People who engage in drug abuse are tainted and discredited (Sattler et al., 2017). Stigmatisation is higher among female drug users due to gender role expectations (Sanders, 2014). Patriarchy still prevails in Maltese societies and gender inequality is apparent in roles, discourse, and social attitudes (Naudi et al., 2018). Society depicts males to be assertive,

rational, and as the family's breadwinners, whereas women are expected to be nurturing, obedient, sensitive and the family's caretakers (Schaefer, 2008). Society implies that women can only reach personal fulfilment through conducting feminine tasks mainly taking care of the household, marriage, and raising children. Any deviations from these duties are unfeminine and frowned upon (Friedan, 1974). Therefore, mothers who abuse of substances are considered as doubly deviant (Lloyd, 1995).

These experiences can lead to the marginalisation and social exclusion of women with SUDs (Roche et al., 2019). Consequently, public stigmatisation may be internalised (Matthews, 2019; Matthews et al., 2017), exacerbating shame solidifying the addict identity (Sanders, 2014; Cook, 1987). Mothers with SUDs may also feel guilty as they perceive themselves to be inadequate when comparing themselves with the societal expectations of a 'good mother' (Lewis, 2002). The experiences of shame and guilt are further aggravated when mothers lose child custody (Kilty & Dej, 2012; Sanders, 2014). Feeling ashamed of themselves and of society's reactions towards them, women who abuse of substances may also avoid social contact (Sanders, 2014). Moreover, children may also carry the burden of the stigma endorsed by their substance abusing mothers, a phenomenon known as courtesy stigma (Goffman, 1963).

Desistance Factors and Processes in Female Addiction Careers

Although some contingencies for drug desistance are shared between the sexes, some factors vary. Normative desistance explained as maturing out from substance abuse is common for both. As people mature, they assume new social roles and identities, for example the role of a parent that helps foster desistance (Laub & Sampson, 2001; Vergés, 2013; Sampson & Laub, 2003). Men are more likely to desist drugs following contact with the CJS, and to sustain meaningful employment (Giordano et al., 2002; Sampson & Laub, 2005). Strong marital bonds or cohabitation also promote desistance among males which may be

less pronounced in females (Walitzer & Dearing, 2006; Visher et al., 2009). Walitzer and Dearing (2006) postulate that men are more likely to have non-substance abusing partners, thus enhancing desistance. Contrarily, women tend to be in relationships with substance abusing partners and to engage in activities such as prostitution to sustain their partners' and their own habit, increasing their difficulty to abstain from drugs (Visher et al., 2009). However other studies outline that marriage and romantic relationships with non-substance using partners are also important motivators for women to desist from drug use (Kreager et al., 2010; Rönkä et al., 2003; Giordano et al., 2002).

Family pressure and support, improved housing, physical and mental health issues, experiencing traumatic events, and becoming mothers were important contingencies for women's desistance from SUDs (Rönkä et al., 2003; Tracy et al., 2010; Rhodes et al., 2018; Hubberstey et al., 2019). Women commonly describe themselves as tired of the drug addiction lifestyle, with many feeling that they hit rock bottom, with experiences such as unintentional overdoses, incarceration, and isolation from the family (Rhodes et al., 2018). Such experiences increase women's self-awareness and encourage them to evaluate their lives (Rhodes et al., 2018). Being open to change and realising that using drugs is incompatible with their desired lifestyle leads to identity transformation. Therefore, desistance also necessitates a cognitive process where women with SUDs decide to renounce the addict identity and assume prosocial identities such as those of a mother (Giordano et al., 2002; Paternoster & Bushway, 2009).

Continuously committing to desistance is important for recovering women (Marcellus, 2017). Women need to continuously harbour the necessary skills to identify and address possible triggers for relapse. Taking care of their personal well-being by seeking opportunities to connect with others and engaging in meaningful activities, thus building social capital, is deemed important as this supports women's mental well-being and

encourages further acceptance by the community, reducing the possibility of relapse (Marcellus, 2017; Best, 2016). Moreover, keeping a routine and maintaining stability in their lives and that of their children is vital to sustain desistance given drug users' chaotic lifestyles (Marcellus, 2017). Shifting from networks supportive of drug use to those supporting abstinence enhances drug free discourse and sustains desistance (Best et al., 2008). These factors help to solidify women's prosocial identities and augments acceptance and reintegration in society reducing the chances of relapse (Marcellus, 2017; Best, 2016; Mackintosh & Knight, 2012).

Motherhood and Desistance

Pregnancy and motherhood can be important turning points in women's desistance process (EMCDDA, 2009; Edin & Kefalas, 2005; Kreager et al., 2010; Klee et al., 2002). According to Maruna (2001), Sharpe (2015), and Stone (2016) becoming a mother can serve as a redemption script. Through mothering, women can emphasise their true selves. They perceive themselves as intentionally good by embracing earlier identities prior to substance abuse. Positively interpreting past negative experiences can make women feel stronger and help them give back to society, possibly through their mothering role (Stone, 2016). Motherhood can provide women with a stake in conformity. The loneliness and despair women feel while abusing drugs can be replaced by hope, optimism, and self-respect felt due to their pregnancy (Kreager et al., 2010).

However, several studies outline that becoming a mother rarely functions as the primary motivator that initiates desistance (Bachman et al., 2016; Giordano et al., 2012; Greenfield et al., 2007; Schinkel, 2019). Motherhood can be stressful which may exacerbate mothers' engagement in substance use as a form of coping mechanism (Schinkel, 2019; Couvrette et al., 2016). Although most parents struggle with their parenting role, mothers with SUDs are blamed for these difficulties enhancing stigma, shame, and guilt (Banwell &

Bammer, 2006). These can pose a barrier to treatment (Bevan & Wehipeihana, 2015; Greenfield et al., 2007). Therefore, overcoming the addict identity is difficult if community shaming persists (Schinkel, 2019). Fearing criminal sanctions and child custody loss, mothers may avoid disclosing their substance abuse (Stone, 2015; Rhodes et al., 2018). Contrarily, Schinkel (2019) and Sharpe (2015) highlight that losing child custody is sometimes perceived as nontraumatic since childcare is entrusted to family members. Substance use may persist as this gives mothers the opportunity to neglect their parental responsibilities (Sharpe, 2015).

Nevertheless, children often feature in the desistance process of mothers with SUDs (Bachman et al., 2016; Sharpe, 2015; Hubberstey et al., 2019). In some cases, desistance occurs after the second or third child is born as mothers feel immature and are unwilling to desist when they have their first-born child. In other cases, motherhood encourages continued desistance for women who quit drugs prior to their pregnancy (Sharpe, 2015). Envisaging the hypothetical negative consequences of their substance abuse on their children can increase mothers' motivation to desist from substance abuse (Giordano et al., 2002). This necessitates a positive shift in identity (Maruna & Farrall 2004). When mothers express the wish to lead a prosocial lifestyle, the mothering role can help solidify and act as a hook for change (Giordano et al., 2002; Opsal, 2011). Mothers need to be agentic so that they can identify with the mothering role and internalise this identity (Stone, 2016; Sharpe, 2015).

Having been stigmatised because of their substance abuse, mothers may feel socially excluded (Best et al., 2017). Desistance and the embodiment of the motherhood identity necessitates that society recognises and shares the narrative of these women's road to recovery (Best et al., 2017; Radcliffe, 2011; Stone, 2016). Mothers should be supported to build social and recovery capital (Best et al., 2016). The desistance process requires that mothers receive adequate and practical support from available services and the community (McNeill, 2016). Mothers must also be actively engaged in the community and to actively

commit to desisting for example by engaging in employment (Radcliffe, 2011). Consequently, recovering mothers will feel valued and worthy which combats the stigma and marginalisation they had experienced because of past addiction. This enhances the maternal identity and sustains desistance (Best et al., 2016).

Gender Responsive Treatment

Treatment and intervention programmes have been traditionally designed for men and applied to women since the drug addiction population is male dominated (Sydney, 2005; UNODC, 2016; Palmer et al., 2015). However, gender influences the needs of substance users. Over the past years the traditional approaches to substance abuse have been modified to meet women's differing needs (Grella, 2015; Covington et al., 2008). Drug addiction programmes are becoming more gender responsive by considering the link between female victimisation experiences and substance abuse, and women's needs associated with parenting, employment, and physical and mental health issues (Grella, 2015). Nevertheless, various barriers to accessing and completing drug addiction treatment persist. Women with SUDs are more likely to come from a low socio-economic status, and to have limited supportive networks compared to men (Greenfield et al., 2007). Mothers also fear losing child custody and they have difficulties to find affordable childcare services given that they cannot keep children with them at drug rehabilitation programmes (Taylor, 2010).

Since children are important catalyst for mothers' treatment, some stakeholders use the notion of motherhood as an attempt to provide gender-responsive treatment (Kilty & Dej, 2012; Panchanadeswaran & Jayasundara, 2012). However, this can be counterproductive especially when relapses occur as it can signify failure as a mother. Moreover, while drug addiction programmes are being mindful of the role of traumatic experiences in female's addictive career, many treatment providers lack professional skills and knowledge to support women with processing such experiences (Covington et al., 2008). Furthermore, since

women are often victims of male perpetrators, attending mixed-gender treatment programmes can lead to further victimisation (Taylor, 2010; Greenfield et al., 2007). Some drug rehabilitation programmes are also not equipped to treat clients with dual diagnoses (UNODC, 2016).

Based on the above, the UNODC (2016) proposes that treatment schedules be flexible to enhance compatibility with women's everyday lives. Access to on-site childcare and family services should be available (UNODC, 2016; Greenfield et al., 2007). Staff must be trained to reduce stigma and shame, and they should dialogue empathically with a non-judgemental stance (UNODC, 2016; Hubberstey et al., 2019). Treatment should be strength-based, focusing on women's competencies, fostering self-efficacy and it should be conducted in an environment promoting therapeutic change and progress (Bloom & Covington, 2001). Treatment should address any mental health problems. It should also be trauma-informed where professionals remain sensitive to and are able to address trauma-related problems (Covington et al., 2008; UNODC, 2016).

Since relationships are an important aspect for women, drug rehabilitation programmes should offer opportunities for women to connect with others. This can foster women's trust which may have been diminished due to the suffered trauma and stigma. This can also help restore bonds with families and society (Sydney, 2005; Best, 2016). Hence, providing gender-responsive treatment is important to foster initial and continued desistance.

Conclusion

This chapter started by presenting a theoretical understanding of addiction. The gender dimension in addiction focusing on the gender gap in substance abuse, the addiction career, and the health and psychosocial correlates for women followed. The chapter concluded by reviewing the desistance factors and processes in female addiction careers with

a focus on mothering. The next chapter presents the methodological approach adopted in this study.

Chapter 3: Methodology

Introduction

This chapter presents the research design and methodology used to explore how mothering contributes to initial and continued desistance from addictive careers. The rationale for the chosen research approach – evolved grounded theory – together with the espoused philosophical and methodological underpinnings are highlighted. The process involved to obtain institutional approval and ethical considerations follow. The research procedure - namely participant access and the recruitment process, the data collection process, and data analytic strategy are presented. This chapter concludes with a section on reflexivity.

Research Agenda, Rationale and Approach

Mothering is an important contingency for drug desistance (Hubberstey et al., 2019), however research exploring this phenomenon in the Maltese context is scarce. This study aims to develop a substantive level theoretical understanding of how being a mother in the Maltese context contributes to initial and continued desistance from addictive careers. The research agenda is to identify the contingencies that present themselves in the addiction careers of mothers that can facilitate initial or continued desistance from drugs, the strategies that these mothers employ to desist and maintain abstinence, and the consequences of the employed strategies both for mothering and the addictive career. Given the existing lacuna and guided by the research questions, adopting a grounded theory methodology was deemed the most suitable approach to examine the phenomenon under exploration, since the focus of grounded theory and of this research is to develop a substantive level theory of a social and relational process (Corbin & Strauss, 2015).

A qualitative approach was adopted since it seeks to explore how people interpret and understand their world, the events they experience, and the actions they employ to manage

the encountered situations (Willig, 2013). Qualitative methodologies consider the relationship between participants' perceptions of their world and the world itself to be complex. Thus, understanding this complex phenomenon can only be achieved through interaction with participants, where data is derived within naturalistic settings, with interviews being a common data collection tool (Seidman, 2006; Langdridge & Hagger-Johnson, 2013). Qualitative methodologies also focus on language since discourse plays an important part in meaning formation (Willig, 2013). While positivism – the approach adopted by quantitative researchers – assumes that one objective reality exists in the world; relativism – the approach mostly sought by qualitative researchers – assumes that multiple realities exist which differ according to people's perceptions of situations (Guba, 1990). Taking a critical realist perspective, this research contends that a reality of collective experiences exists (Haigh et al., 2019). Hence, given the nature of qualitative methodology influenced by a critical realist ontology and constructionist epistemology, evolved grounded theory methodology was deemed the most suitable approach for this research since this study seeks to develop an in-depth sociopsychological understanding of how being a mother contributes to initial and continued desistance from addictive careers.

Philosophical Underpinnings

Ontology

Ontology is defined as "the study of being" (Crotty, 1998, p. 10), that is how people perceive their world (Crotty, 1998). This study adopts a critical realist ontological position. This is positioned midway between naïve realism, which is the approach adopted by pure positivists, and relativism, the approach adopted by pure interpretivists (Lawani, 2020). While acknowledging that multiple realities exist, critical realism contends that a single approximal reality of collective experience can be obtained, which is what grounded theory methodology aims to achieve (Ponterotto, 2005; Corbin & Strauss, 2015). Reality is complex,

layered, and socially and historically contingent (Archer et al., 2016). Addiction is assumed to be real. The participants are knowledgeable about it and have experienced it, while I as researcher have some knowledge about it through my interactions with drug users. Therefore, a common understanding which is culturally and contextually rooted, is shared between us, albeit with different subjective experiences (Cromby & Nightingale, 1999). Critical realism divides reality into three domains. The real domain consists of structures which have activating mechanisms (causal mechanisms) that influence other structures, such as using drugs. The actual domain consists of structures and events whose effects have been activated by the causal mechanism produced by the real domain such as drug intoxication and withdrawal. The empirical domain represents those events-effects relationships that are observable or experienced such as attending a drug rehabilitation programme (Haigh et al., 2019). Thus, adopting this approach, mothers' desistance from addictive careers is considered to be a real phenomenon which is observable and perceptually experienced.

Epistemology

Epistemology is defined as the way people understand, acquire knowledge, and explain their reality (Crotty, 1998; Ponterotto, 2005). Assuming an objective epistemology, positivists maintain that research seeks to find an objective truth, without researcher bias. However, interpretivism maintains that reality is subjective (Crotty, 1998). Taking a constructionist epistemology, this study assumes that knowledge is socially constructed through interaction.

The interviewer-interviewee relationship is considered important to grasp the participants' worldview (Ponterotto, 2005). Researcher's assumptions, beliefs, and interpretations about the researched phenomenon also guide the research process to a certain extent (Ratner, 2002). While striving to grasp participants' experiences, evolved grounded

theory acknowledges that the emerging theory is also influenced by the researcher's interpretation of the emerging data (Corbin & Strauss, 2015; Guba & Lincoln, 1994).

Thus, the pursuit of knowledge requires an ontological and epistemological understanding; a knowledge existing in a world independent of people's interpretations of it – ontology; and an understanding of people's interpretation of their worlds shaped by social, cultural, and economic conditions prevalent in their society – epistemology (Bhaskar, 2005).

Theoretical Framework

This study adopts a symbolic interactionist career approach. The way people interact with objects or phenomena in their environment is derived from the meaning attached to the said objects or phenomena. Using language as a medium, such meanings are derived during social interactions (Burr, 2015). Therefore, this research contends that understanding participants' language is a critical element in the interpretative process to generate theory. Moreover, the processes of mothering and desistance are seen in this study as progressing through time, interpretations, and interactions that the participants engage in. Mothers' turning points throughout the addiction career determine their progression within it (Clark, 2011). Thus, this study considers desistance as a process implying that change (focusing on identity) is possible.

Grounded Theory

Several methodologies could have been used to explore the impact of mothering in desistance from substance abuse. The Interpretative Phenomenological Inquiry (IPA), Narrative therapy and Grounded theory methodologies emphasise the interpretative aspect when analysing participants' subjective experiences (Henwood & Pidgeon, 2012; Smith et al., 2009). However, whereas IPA seeks to explore participants' lived experiences and their meaning-making processes and narrative therapy aims to explore participants' stories, the objective of grounded theory is to develop a conceptual understanding of a phenomenon

grounded in the participants' views where there is a gap in the existing research (Creswell, 2012). Rooted in a critical realist position, grounded theory seeks to develop a theory from the emerging data to conceptually provide new insights, descriptions, and explanations of the explored phenomenon. This contrasts with other methodologies where theory is generated from existing literature (Glaser & Strauss, 1967). For these reasons, this study espouses an evolved grounded theory methodology.

Evolved grounded theory having its roots in constructionist epistemology acknowledges that researchers' subjective experiences will influence the research data, and that consultation with existing literature prior to data collection is beneficial (Corbin & Strauss, 2015). This will be explained in more detail below.

Method

The method of data collection is the constant comparison method where data collection and analyses are conducted concurrently. Different pieces of information are compared to determine whether they are conceptually the same or different. Through this process categories are generated to form a substantive level theory (Corbin & Strauss, 2015).

Taking a critical realist's ontological and constructionist epistemological position, this study argues that desistance from drug careers is both real and socially constructed, with both influencing each other. Table 1 describes the philosophical underpinnings adopted in this study.

Table 1

The Philosophical Underpinnings, Methodology and Method Adopted in this Study

Ontology	Epistemology	Theoretical Framework	Methodology	Method
Critical Realism	Constructionism	Social Interactionism	Evolved Grounded theory	Constant Comparison Method

Grounded Theory Research

The Origins of Grounded Theory

In 1957, Glasser and Strauss conducted research on the patient-staff interaction when patients are dying. They were informed by different schools of thought; the middle-range theory and qualitative research; and the segregated mode of theory presentation, respectively. In 1965 they developed a theory grounded in emerging data about awareness of dying which set the foundations of grounded theory methodology (Glaser & Strauss, 1965). The authors argued that most of the studies conducted at the time were concerned with testing and verifying already established theories. Little attention was given to generating new theory which was increasing the gap between theory and empirical research. Expressing dissatisfaction with this, they developed grounded theory, where theory which is "systematically obtained and analysed in social research" (Glaser & Strauss, 1967, p.1) can be inductively attained from emerging data.

With time, Glasser and Strauss separated and methodological schisms in grounded theory arose (Alvesson & Skoldberg, 2009). While they encouraged researchers to be objective and enter the researched field with an "empty mind" (Jones & Alony, 211, p. 99) so that the emerging theory is a true reflection of participants' experience, variants of grounded theory methodology encouraged researchers to get acquainted with the literature around the researched phenomenon, and argued that complete objectivity is impossible, acknowledging researchers' interpretative element (Jones & Alony, 2011). This resulted in three major approaches to grounded theory methodology: Glaser and Strauss approach which was later known as classical grounded theory; Corbin and Strauss approach known as evolved grounded theory; and Charmaz approach referred to as constructivist grounded theory (Tie et al., 2019).

Evolved Grounded Theory

This research adopts an evolved grounded theory methodology. Influenced by the works of Dewey (1922) and Mead (1934), symbolic interactionism and pragmatism are at the core of this methodology. “Knowledge is created through action and interaction” (Corbin & Strauss, 2015, p. 40). Different meanings can be attributed to a single event according to the actors’ perception towards the said event, which perceptions can be influenced by different factors including gender and cultural influence (Strauss & Corbin, 1994; Annells, 1996). While striving to explore participants’ experiences, the meanings attributed to events are also minimally influenced by researchers’ interpretation of the emerging data (Corbin & Strauss, 2015; Guba & Lincoln, 1994). Thus, researchers must remain loyal to the participants’ realities and experiences to increase authenticity, whilst still acknowledging that the presented interpretations are not an absolute depiction of participants’ realities (Strauss & Corbin, 1998). Understanding the symbolic meanings during the participant-researcher interaction is crucial to the interpretative process adopted in evolved grounded theory (Corbin & Strauss, 2015).

Core features in Grounded Theory Research

People have always attempted to understand their existence and experiences. At the beginning of civilisation, reliance was mostly on superstition and religion. As knowledge about the world increased, qualitative research started to take prominence to gain a better understanding of people’s experiences (Tartaglia, 2016; Corbin & Strauss, 2015). Whilst most qualitative methodologies are descriptive in nature where researchers seek to tell participants’ stories and experiences, grounded theory seeks to develop an explanatory framework of why events or experiences are happening (Corbin & Strauss, 2015). Description and theory are both based on concepts according to their dimensions (provide concepts with specificity and range) and properties (features that define concepts). However,

generation of theory also necessitates a link between the categories themselves and with the abstract concept, referred to as core categories (Corbin & Strauss, 2015).

Another important feature of grounded theory is the constant comparison method where data collection and analysis are conducted concurrently (Corbin & Strauss, 2015). Because of this, Glaser and Strauss (1967) argue that established literature should not be reviewed prior to data collection to avoid hindering the generation of new theory. Contrarily, Corbin and Strauss (2015) maintain that the proactive engagement with the literature from the initial stages of the research process is beneficial for theory building. Established literature can be a source of comparison stimulating the deeper exploration of similarities and differences with the newly generated data (Corbin & Strauss, 2015). Nevertheless, Corbin and Strauss (2015) acknowledge that this should be minimal. Hence, while literature was consulted throughout this research process, it was intended as an exploration of the sensitizing concepts relevant to the explored phenomenon. This was used to support the developing theory and to ground it in the conceptual framework guiding the research process.

Theoretical sampling is another important feature of grounded theory where interview questions are based on the properties and dimensions of the concepts emerging from the data. Using theoretical sampling researchers are encouraged to direct their data collection towards those aspects which best serve the emerging theory (Corbin & Strauss, 2015). Theoretical sampling continues until theoretical saturation is achieved where data is considered sufficiently dense and no new conceptual data emerges (Glaser & Strauss, 1967; Corbin & Strauss, 2015). Hence, the direction of the research may change as new information is revealed, enhancing grounded theory's fluidity grounding it in reality (Glaser & Strauss, 1967).

Institutional Approval and Ethical Considerations

Given the sensitive nature of the phenomenon explored in this study, ethical considerations were prioritised throughout the research process. The guidelines by the University of Malta, and the regulations set forth by the recruitment agencies; Caritas Malta[1], OASI Foundation[2] and the Foundation for Social Welfare Services (FSWS)[3] were adhered to safeguard participants' welfare.

Before starting data collection, approval from the University of Malta Social Wellbeing Faculty Research Ethics Committee was sought. Following approval (Appendix A), an email was sent to the recruitment agencies requesting permission to access participants and permission was granted (Appendix B). With regards to the FSWS, ethical approval from the Research Ethics Committee of the FSWS was also sought prior to contacting Agenzija Sedqa. This email outlined the nature of the study, and an information letter (Appendix C) and a participant consent form (Appendix D) were attached.

Throughout the research process, the ethical principles of responsibility for participants and non-maleficence were crucial (The British Psychological Society, 2014). Such safeguards were conducted on several levels. Apart from the above-mentioned safeguards, as a psychology trainee and being employed as a psychology assistant in the Maltese prison, the researcher adopted her developing therapeutic skills to ensure that participants felt safe and comfortable during the interview. A debriefing session following the developed debriefing guide (Appendix E) was held after each interview to provide interviewees with further support. Moreover, since participants were recruited from supportive agencies, they could seek professional support if they felt distressed because of the

[1] The Caritas Malta Foundation offers drug community services and a drug rehabilitation centre in Malta.
[2] The OASI Foundation offers drug community services and a drug rehabilitation centre in Gozo.
[3] The FSWS provides social welfare services particularly in relation to alcohol and drugs, and family welfare. While primary contact was made with the FSWS, participants were recruited from the Substance Misuse Out-Patient Unit (DETOX Centre) which service is aimed at harm reduction and methadone maintenance (Government of Malta, 2019).

interview. Participants were able to opt-out of the study at any stage during the research process and they could stop the interview at any time or refuse to answer any questions.

Informed Consent and Confidentiality

Participants were given clear and detailed information about the objectives of the research and what their participation would entail. This was presented to them in the provided information letter and consent form and was verbally discussed before the interviews. Their voluntary participation and their right to withdraw from the study at any time without any negative repercussions was highlighted. Confidentiality issues were thoroughly outlined and presented both in writing and verbally before the interviews. Moreover, interviewees could ask for clarification before accepting to be interviewed.

For data analytic purposes, interviews were audio recorded. Participants were informed about this prior to the interviews. Due to the COVID-19 situation, four interviews were held virtually. To preserve confidentiality, no video recordings were taken. Participants were informed that their names and any information that may reveal their identity would be disguised. It was emphasised that any information about them was secured in password protected files and that only the researcher and her supervisor could access them. Moreover, it was outlined that upon completion of the research, information about them would be destroyed. Given the sensitive nature of the explored topic, participants were advised to avoid disclosing any information that could incriminate them. They were recommended to speak about their past substance abuse and possible criminal involvement in general.

Gaining Access to Participants and the Recruitment Process

Target Population and Sampling Procedure

Participants were recruited from a target population of adult mothers with a history of SUDs. They were either fully recovered and living in the community or had been abstinent for at least six months and were currently receiving drug treatment either residentially or in

the community. Participants were abstinent from drugs during the data collection process. This was deemed important to reduce possible aversive consequences that drug intoxication or withdrawals could have had on both the participants while recounting their stories, for example possibly causing them excessive psychological distress, and on the rigour and credibility of the emerging data.

The sampling approach adopted in this study was theoretically oriented, directed by the aim of theory generation, rather than that of providing descriptive accounts of the experience (Breckenridge & Jones, 2009). Therefore, while still recruiting people, Corbin and Strauss (2015) maintain that concepts are sampled. Theoretical sampling is central to the constant comparison method. As concepts emerge during data analysis, questions informed by these emerging concepts are developed leading to further data collection. Hence, sampling is not set a priori. The aim of grounded theory is to reach theoretical saturation where no new information about the constructs emerges, and the gained information is dense enough to explain the explored phenomenon (Corbin & Strauss, 2015).

Recruitment of Participants, Sample Size and Characteristics

Following approval by the recruiting agencies to access participants, each agency appointed a gatekeeper. Gatekeepers were asked to distribute the information letter and consent form to prospective participants using an opt-in strategy. Prospective participants were informed about the nature of the research and were told that participation in this study was voluntary to reduce possible coercion. Interested participants could contact me directly either via email or phone[4], or indirectly through gatekeepers. Recruitment of participants was a difficult process since: mothers receiving substance abuse treatment make up a small proportion of the treatment population (Arpa, 2017); the inclusion and exclusion criteria for

[4] A new mobile number was set up for the purpose of this research to protect my personal contact details. This was made clear in the information letter.

this study were rather strict; and since mothers may hesitate to come forward to participate possibly fearing being reported.

Nine mothers expressed interest to participant in this study, however one withdrew her participation. Although grounded theory methodology urges for theoretical saturation, this was not reached due to difficulties with finding eligible participants. Participants were recruited from the Caritas Foundation, OASI foundation and the DETOX centre. They were Maltese mothers aged between 27 and 40 years. They had between one and four children and one of them was pregnant when interviewed. Three mothers had children placed in alternative care. One participant was serving an incarceration sentence when interviewed.

Since participants were recalling painful experiences during the interviews, they were considered vulnerable and at risk of possible re-traumatisation given their histories and the sensitive nature of the recalled topic. Two participants were also in treatment at the time of the interview. Therefore, it was possible that they were passing through similar issues that were discussed during the interview. Hence, the ethical considerations presented above were adhered to.

Data Collection Strategy and Process

Data collection was done using semi-structured interviews. Interviews were scheduled by phone either directly with the participants or through staff members. Interviews were held in Maltese and were approximately one hour long. They were conducted in a safe place where participants felt comfortable. Three interviews were held at the premises of the recruiting agency, an interview was held at the participant's house, and four interviews were held virtually. While some authors argue that rapport building during virtual interviewing may be impacted which may influence the richness of the gathered data (Meijer et al., 2021; Shuy, 2002), other researchers maintain that this is not always the case (Małachowska et al., 2020; Trier-Bieniek, 2012). This limitation was reduced as much as possible by building

good interviewer-interviewee relationships and abiding with the ethical considerations mentioned above.

A semi-structured interview guide with open-ended and non-judgmental questions was developed based on the Single Question aimed at Inducing Narrative (SQUIN) model aiming to induce narrative (Wengraf, 2001). The developed guide was participant-led to reduce undue pressure on participants since they were recounting what they deemed to be important for them. The interview guide (Appendix F) was divided into three sections. In the first section using an open-ended question, participants were asked to recount their story when they decided to stop using drugs. In section two, topics mentioned by participants which were deemed important for the generation of substantive level theory, were amplified. The last section focused on elaborating the sensitizing concepts which were considered important for the study (Wengraf, 2001). Since the constant comparison method was adopted, following transcription and initial analysis of each interview which process will be explained in the next section, the interview questions were adjusted according to the concepts derived from the analysis prior to conducting the next interview. This procedure was repeated for each subsequent interview (Corbin & Strauss, 2015), which led to the theoretical direction of the study (Charmaz, 2014).

Semi-structured interviews enabled the researcher to retain some consistency over the concept being studied, whilst providing some flexibility. This allowed the researcher to ask questions to delve deeper into the area under exploration (Corbin & Strauss, 2015). Since participants had extensive experience about the subject being studied, interviews enabled the researcher to obtain an in-depth exploration of the desistance processes of mothers with SUDs, allowing the immersion in the participants' worlds (Charmaz, 2014). This was considered important to obtain rich data. Furthermore, to increase participants' level of disclosure, attention was given to provide a safe and trusting environment for them to

disclose truthful narratives about their experience. In some instances, participants recalled painful experiences, in which case their emotional well-being was prioritised. Moreover, although participants' experiences were different than the researcher's, it was deemed important to respect and validate the significance of their experiences and to endeavour to empathise with their worldview.

Data Analytic Strategy

This research adopts the data analytic strategy developed by Corbin and Strauss (2015) to explore how being a mother contributes to initial and continued desistance from addictive careers. In evolved grounded theory, data analysis is best regarded as a process where analysis starts with the first interview and continues throughout the research (Corbin & Strauss, 2015; Priya, 2016). Through the integration of data collection and analysis, researchers can identify and validate emerging concepts, and link them according to their properties and dimensions. Thus, a substantive level theory is generated as researchers continue to immerse themselves in the data (Corbin & Strauss, 2015; Glaser & Strauss, 1967). Before engaging in data analysis, each audio-recorded interview was transcribed.

Constant Comparison Method

This method entails comparing different pieces of information together to establish whether these are conceptually the same or different, and to check for consistency (Corbin & Strauss, 1998). Information which was similar in nature was grouped together and was given a conceptual label. Comparison was carried out between the data and concepts generated within and between interviews. Thus, concepts started to be generated with the aim of developing a substantive level theory (Corbin & Strauss, 2015), and researcher bias was reduced (Corbin & Strauss, 2015; Shooter, 2012).

Coding

After thoroughly reading each transcript, analysis started by memo writing. Through memos, similarities and connections in the emerging data started to be recorded. Memos provided the researcher with the opportunity to analyse her thought processes making analysis evolving and dynamic (Corbin & Strauss, 2015). This also directed the direction of theoretical sampling (Corbin & Strauss, 2015).

Following initial memo writing (memo writing continues throughout data analysis), analysis moves to open coding where attempts to identify concepts referred to as the conceptualisation process begins using line-by-line coding. This denotes breaking down data into distinct parts to check for similarities and differences, explanations, actions, and reasons (Corbin & Strauss, 2015). This process also provides a sense of direction. Through further analysis concepts which are similar in nature or whose meanings are related, are grouped into sub-categories (conditions, actions, or consequences) and categories (phenomenon) in terms of their dimensions and properties and are then conceptually labelled (Strauss & Corbin, 1998; Corbin & Strauss, 2015).

The next stage is axial coding. Data which was broken down during open coding is reassembled where emerging categories and sub-categories are further developed and grouped together (Strauss & Corbin, 1998; Corbin & Strauss, 2015). Using a tool called the paradigm, structure is combined with process (Strauss & Corbin, 1998). At this stage analysis focuses on the interviewees' context, perceived reasons, explanations, responses, strategies, and consequences of their behaviour and interactions (Corbin & Strauss, 2015). Thus, axial coding increases the depth and structure of the categories (Strauss & Corbin, 1998).

Lastly, selective coding is the process of incorporating and refining categories resulting in the development of the core category to achieve an explanatory whole (Strauss & Corbin, 1998). Core categories are the main components of the theory since they are conceptual, abstract, and broad enough to represent all the participants in the research

(Corbin & Strauss, 2015). The core category of Identity was elicited from the emerging data influenced by five categories. Appendix G provides a sample of the data analytic process.

Rigour and Credibility

Trustworthiness in qualitative research has been questioned by positivists because of its validity and reliability (Shenton, 2004). To overcome these criticisms qualitative researchers, adopt rigour and credibility. While entailing a different process, credibility is central to establish trustworthiness in research (Lincoln & Guba, 1985). This is achieved by providing accurate and truthful accounts of the emerging data in the description of the researched phenomenon (Cypress, 2017; Lincoln et al., 2011). Shenton (2004) urges for the adoption of well-established methodology to enhance credibility, hence the chosen methodology for this study where a systematic set of procedures to data collection and analyses was adopted. The research findings, and the detailed account of data analysis, whereby a substantive level theory exploring the influence of mothering on women's desistance process from drug careers was generated from raw data to concepts, categories, and core categories, was outlined.

To increase credibility, Shenton (2004) suggests that researchers be familiar with the participants' culture prior to data collection. Through the researcher's direct therapeutic work with female substance users during the researcher's employment and placement at the Correctional Services Agency (CSA) and placement at the Department of Probation and Parole Services (DPP), the researcher gained a good understanding of the context and environment that desisting mothers face. Shenton (2004) also urges for researchers' "reflective commentary" (p. 68), as it increases awareness on biases, assumptions, motivations, and emotional reactions that may influence the research process (Dallos & Vetere, 2005). This was achieved by memo writing throughout the research.

While in quantitative research rigour is defined in terms of reliability where results are replicable over time, Davies and Dodd (2002) argue that rigour in qualitative research should seek consistency and care. This also necessitates the documentation of the methodological and theoretical decisions made throughout the study (Bowen, 2009). These were achieved using an audit trail by documenting all steps of the research process. Expert review was also carried out to ensure rigour (Simon & Goes, 2011). Regular meetings were held with the dissertation supervisor where the emerging concepts, sub-categories, categories, and substantive level theory were discussed.

Reflexivity

Personal perspectives, biases, assumptions, and emotions influence the research process. This is evident from the inception of the research study, when choosing the research area (Corbin & Strauss, 2015). The following section provides a brief description of some ethical dilemmas that I experienced, and my reflective process within this research.

Being female, employed at the CSA for the past five years and conducting my placement at the CSA and the DPP, naturally contributed to my interest to delve deeper into the researched field. As a psychology assistant I worked with some women who lost custody of their children due to drug use. I was struck with the notion that some mothers attempted their best to desist from substance abuse to reunite with their children, while others appeared unmotivated by the fact. This stimulated my reflective processes, which resulted in my interest to explore the processes and contingencies that facilitate women's drug desistance with a focus on mothering.

While my training and experience helped inform and guide the research process, I felt that tension between my role as a researcher and as a psychology trainee was sometimes present (Sammut Scerri et al., 2012). There were instances where participants were anxious during the interview which necessitated that I support them rather than focus on data

collection. Moreover, halfway during a particular interview, the interviewee told me that she recognised me as a prison employee. This created an ethical dilemma for me which I had to resolve right away. The blurring of boundaries and the difficulties I experienced in compartmentalising my role as a researcher and as a trainee psychologist were issues that necessitated profound reflexivity and thorough discussions during supervision to resolve them.

Throughout the research process I also reflected on how the participants' stories influenced me as a researcher and the data analytic process. There were instances where I felt deep compassion towards the participants, and anger at the stigma that they and their children suffer because of their past substance abuse. There were also times where I found myself being judgemental and condoning participants' behaviour in view of the neglect and psychological abuse that their children suffered because of their parents' past substance abuse. These issues of countertransference may have influenced my subjectivity and presence as a researcher during the interviews and possibly during data analysis. However, I believe that through further reflection and awareness, I was able to recognise my biases and emotions during data analysis to reduce their influence on the research and capture the participants' experiences as much as possible. As outlined by Sammut Scerri et al. (2012), discussing the influence that the interviewer-interviewee relationship had on me during supervision was helpful to explore the tension and dynamics that I experienced, together with obtaining objective feedback regarding data analysis.

Conclusion

This chapter presented a detailed description of the research design and methodology used in this study. The research process and data analytic process were thoroughly described. The attended ethical considerations and the steps taken to implement them were outlined. The

next chapter outlines the research findings which are discussed in view of the available literature.

Chapter 4: Data Analysis

Introduction

This chapter presents the emerging substantive level theory developed from an analysis of the sociopsychological processes of how being a mother in the Maltese context contributes to initial and continued desistance from addiction careers. A number of conceptual categories emergent from the interview data are utilised as building blocks to develop an explanatory framework for the phenomenon. The developing theory, grounded in the data and relevant literature, is used to substantiate the explanation for how being a mother contributes to initial and continued desistance from drug careers.

Influenced by the career approach, desistance is considered as progressing through time and across an individual's life course (Elder et al., 2002). Following extensive data analysis, the contingencies, employed strategies towards desistance, and consequences of those strategies clearly emerged.

Five conceptual categories emerged from the data that form the basis of the proposed explanatory framework. These are:

1. Substance use trajectory before motherhood.
2. Becoming a mother.
3. Trajectories of desistance and mothering.
4. The experience of mothering.
5. Identity and identity transformation.

Identity emerged as the core category in that it is a contingency that manifests itself in all stages of the addiction career and is seen to have considerable potential in identifying how women who are mothers as well as persons who use drugs problematically can progress through such a trajectory and finally succeed in quitting drug use and maintaining conventional lifestyles. In line with the life course perspective and symbolic interactionism,

identity changes over time as it is constructed and reconstructed in our interactions in the social world (Martsin, 2019; Burke, 2006). However, identity also denotes a sense of sameness (Martsin, 2019). It is also contextual in that, it develops through the meanings people attribute to themselves according to culture and social expectations (Stryker, 1980). This in turn influences the role behaviours that people employ (Turner, 2001). This is evident in all participants' stories where different identities, roles, and behaviours were employed and are being undertaken across their lifespan. A table representing the conceptual categories and themes forming the building blocks of the developing theory can be found in Appendix H. The presented participant quotations have been translated to English. Original quotations can be found in Appendix I.

Substance Use Trajectory Before Motherhood

Exploring contingencies for commitment to the substance use trajectory, throws light on the changing nature of identity and its implication on the desistance process. The empirical evidence suggests that women's commitment to drug use tends to be faster than males' (Thibaut, 2018; Becker et al., 2017). Telescoping is evident in the participants' narratives. Isabelle stated how "after a short period, I was using so much that I started losing weight, I was so weak and only drugs made me feel better".

Lifestyle adaptations to accommodate the addictive career featured in the participants' trajectories where an addictive attachment prevails. This is characterised by an upsurge of drug use and increased preoccupation to obtain drugs (Clark, 2006; Walters, 1999). Yvonne reported that drugs were her priority: "Because then you only think about drugs, nothing else is important in your life". This led participants to neglect their health and basic needs. Isabelle stated that "I no longer went out and I was barely eating" and Philippa expressed that "my character totally changed. I no longer laughed. I used to feel abnormal. I felt like a sick person".

This strong addictive attachment resulted in neglect of other roles including their social, educational, occupational, and recreational roles and the interviewed women reported becoming unable to balance their addictive and conventional lifestyles and identities (Clark, 2011). The emerging theory also indicates that some women engaged in illicit activities to sustain their habit, noting a loss of control. Rosie reported that "I had a strong habit. I used to engage in crime to have money to buy drugs". This was also reported by Young et al. (2000).

The data also indicates elements of social rejection and community disengagement which led these women to associate with similar rejected others. Some were also forced out of their home with Isabelle reporting that "there were times where I ended up sleeping in the streets". Poor parental relationships, rejection from school, and discomfort with conventional peers, weakens bonds with society (Hirschi, 1969) increasing the likelihood that teenagers associate with similarly rejected others from whom they receive acceptance (Patterson et al., 1992; Meldrum et al., 2013).

> At 16 I started using heroin. My parents no longer wanted me to live with them. I left and started living on my own. Then I met people involved in drugs and I started spending more time using drugs with them. (Beatrice)

The emerging theory indicates that preoccupation with obtaining and using drugs, and marginalisation from society solidified the addict identity. As Becker (1963) states, associating with a deviant peer group encourages the development of a deviant self-concept and identity. It could be interpreted that as participants started identifying as drug users, they felt stigmatised and considered themselves different from the rest of society. Considering herself stigmatised, Beatrice felt as if "I had a label, telling me that I am an addict". Participants continued using drugs despite the aversive consequences that they brought on them. Some participants also had contact with the CJS, with two participants receiving a custodial sentence. It is hypothesised that through contact with the CJS, participants

internalised the deviant label, contributing to further solidification of a deviant self-concept and identity. Yvonne regarded her incarceration as having reached "rock bottom" and considered herself "a bad person." This can result in a master status of a drug user which continues to taint their social identity (Anderson & Ripullo, 1996; Clark, 2011).

With the solidification of the drug addict identity, participants engaged in cognitive distortions. According to Maruna and Cope (2005) these act to neutralise guilty feelings and justify drug abuse. Mandy justified her continued drug use stating that "I could not get pregnant, so I did not have a reason to stop drugs", while Rosie considered her drug addiction lifestyle as "this is my life. This is who I am. I cannot get better".

Becoming a Mother

Internalisation of the Maternal Identity

Becoming a mother can be a beautiful but overwhelming experience (Lowinsky, 2000). The emerging data suggests three routes for desistance: desisting before falling pregnant; desisting while pregnant; and desisting later during the course of mothering. While literature outlines that becoming a mother is an important contingency for drug desistance (EMCDDA, 2009; Edin & Kefalas, 2005; Kreager et al., 2010), the gathered data indicates that becoming a mother was not a primary motif for women's decision to quit substance abuse. Mandy was the only mother who decided to stop substance abuse because she was pregnant.

> When I got pregnant, there were not many options. Either I regain my life, or I continue using drugs. I always wanted to have a family and children. I never wanted to lose child custody, so I decided to quit drugs. (Mandy)

Monsbakken et al. (2013) found that although becoming a mother significantly reduces criminal activity and drug use, women often reduce their criminal involvement and drug intake prior to childbirth. This appears congruent with the emerging data. It is

hypothesised that drug desistance prior to pregnancy and child rearing may have been caused by a readiness for change, motivated by other contingencies. Nevertheless, participants' motivation for continued abstinence increased when they became mothers, which notion is also outlined by Monsbakken et al. (2013). Paula and Rosie reported that although other contingencies were present in their life that helped them quit substance abuse prior to their pregnancy, learning that they were pregnant (which was unplanned) enhanced their motivation to sustain desistance.

> We are a very close family. My family never left my side. Their support encouraged me to quit drugs and remain abstinent. But then when I got pregnant, my daughter saved me. She was my anchor not to go back to that life. (Paula)

> I had the support of my husband and professionals, and six months before my pregnancy I stopped using drugs. But during that period, I battled cravings. Then when I learnt that I was pregnant, my cravings stopped. The joy of pregnancy took over. (Rosie)

The emerging data indicates that some participants were afraid of the possibility of intragenerational transmission of drug abuse. They feared that given the history of addiction in their family, addiction could be transmitted to their children.

> I think it is something within you. For example, my father and grandfather were alcoholics, my mother was a gambler and a drug user, and I was a drug user. There is a high possibility that my son has that personality, and this frightens me a lot. (Mandy)

Addiction disorder entails a hereditary and a social element (Goldberg & Gould, 2018). Parents with SUDs may model their behaviour to their children through social learning (UNODC, 1995). Thus, it may be hypothesised that participants decided to stop substance

abuse to reduce the chances of intragenerational transmission of addiction before they had children.

> I always told myself that I will never have children and use drugs concurrently. I did not want to influence them badly. My father was a user and I think that he influenced me. It frightens me that they can become addicts because of me. (Rosie)
>
> I did not want that drugs become the norm, like by saying that drugs are nothing serious. Then if I use drugs, how would I face him (son) and tell him not to use himself! I would not be a good role model for him. (Mandy)

The emerging data also indicates that for some participants taking the mothering role was only possible in the context of a relationship. Having an insecure attachment style with parents due to parental neglect during their childhood, mothers may find it difficult to develop secure relationships with their children. They may be unable to engage in emotional regulation making it difficult for them to tend to their children's emotional needs (Kun & Demetrovics, 2010). However, Simpson et al. (2015) outline that childhood attachment patterns are not deterministic. The emerging data indicates that the development of a secure romantic relationship can help foster a secure mother-child relationship. It is being hypothesised that the development of a secure romantic attachment during adulthood can counteract the internal workings models (for example poor emotional regulation) developed during childhood. In turn having a secure adult attachment with a romantic partner can enhance the parent-infant relationship (Little & Sockol, 2020).

> I believe that finding love and happiness are the most important things to quit drugs. Before I used to tell myself that it was ok to use drugs as no one cared about me. I even had two children whom I lost custody of because of drugs. My ex-partner did not love me. We only used drugs together. But now my partner loves and cares for me.

> We have twins and the bond that I have with them, I cannot even describe it. (Yvonne)

Participants reported how becoming and being a mother increased their motivation to sustain desistance bringing their children's needs before their own. Becoming a mother increased women's strength to withstand cravings and instead invest in their children's wellbeing.

> When my daughter was six months old, I used to find drugs at home. I was afraid of relapsing. Just like my partner was a drug addict, I also was. However, I always reminded myself of my daughter to stay strong. (Paula)

> When I was pregnant, I used to have some cravings and I used to tell myself that if I had these cravings a year ago, I would have gone to have a fix. But the pregnancy stopped me from going. (Isabelle)

The expectations of becoming a mother during the pregnancy period can counteract the loneliness and despair that women may encounter while abusing drugs (Kreager et al., 2010). Pregnancy emerged as a contributing factor that helped some mothers relinquish their addict identity and internalise the maternal identity. This period of expectation filled participants with hope, optimism, and self-respect. Moreover, once their children were born, having a good maternal relationship continued motivating them to persevere in this prosocial journey. Engaging in meaningful interactions with children enhances mothers' satisfaction with the newfound identity, reducing the rewarding feelings they used to derive from drugs (Suchman et al., 2006).

> My son is everything for me. I am serious about this. Before my life revolved around getting and using drugs. Now I wake up in the morning and see him smiling. What a difference! God forbid something happens to him. (Mandy)

> The pregnancy gave me a lot of positive emotions. I would really like to relive it. I cannot even describe what it gave me. It changed me as a person, I became more responsible. There are a lot of positive things that changed in me. (Rosie)

Rejecting the Maternal Identity

Despite the importance of the maternal bond for desistance, identifying with the maternal identity is stressful for some mothers (Michalsen, 2013; Taylor, 2008). Beatrice reported how she was never interested in becoming a mother and struggled to accept the new identity: "I was never interested in having children or in marrying. It was difficult for me to accept that I was pregnant." While general stress is a possible contingency for drug initiation, the stress associated with mothering increases vulnerability to substance abuse (Rutherford & Mayes, 2019). The emerging data indicates that mothering can be overwhelming. Some mothers felt unable to cope with the responsibility. Yvonne stated that "I spent seven months clean while I was pregnant with my first child. But then in the last weeks I started using again. It felt too much for me." Others like Kathy, considered raising children to be incompatible with their lifestyle, thus turning to drugs seeking excitement and relief from parental stress.

> I was fed up of working, I was fed up of spending all my time with my children, I was fed up of the life that I was living. I met a guy and I decided that yes, I wanted to become a drug addict. (Kathy)

This could be interpreted as an active rejection to negotiating the maternal identity. Since gender expectations determine how a good mother should be, women are culturally depicted as only being fulfilled in the context of a family by raising children and taking care of the household (Friedan, 1974). Therefore, it is hypothesised that these participants rejected this societal expectation of how a woman should be, with some seeking relief in drugs.

Stigma, Shame, and Guilt During Pregnancy and Postpartum

Stigma, shame, and guilt are common experiences among substance abusing mothers (Van Wormer, 2010; Dearing et al., 2005). This is an emerging theme in the gathered data. While participants were attempting to change their lifestyle and assume the mothering role, they were battling constant hardships, which sometimes increased their struggle to abstain from drugs. They felt stigmatised by family members, such as when their attempts at desistance were questioned, or met with incredulity.

> My mother used to see me trying to desist from drugs, however she still doubted my attempts. And I used to tell myself, I am not using drugs and I am still not believed and so I used to end up using again. (Philippa)

Yvonne also expressed how her mother-in-law considered her unable to raise children when she attempted to take care of them: "You are incapable of mothering children!" It can be hypothesised, and as also reported by Stringer and Baker (2018), and Stone (2016), that such stigmatising experiences and lack of support intensify shame which may lead to an escalation in drug abuse.

Moreover, the emerging theme indicates that while desisting mothers appreciated the support they received from professionals, sometimes professionals' involvement intensified feelings of shame and guilt. It is inferred that the approach undertaken by some professionals towards recovering mothers during pregnancy and postpartum can sometimes be stigmatising. This can negatively impact the medical and psychological care that substance abusing mothers receive and decrease their motivation to seek treatment (Stringer & Baker, 2018; National Academics of Sciences, Engineering, and Medicine, 2016).

> The social worker used to tell me 'I don't want you to spend money, I will bring you baby items.' Ok I appreciate, but what the hell!! I want to buy them new things, not having to beg for scraps from others! Once she brought me a nappy changer and it

> was full of cockroaches. What the hell! Ok she helped me, but you still feel like a second-class citizen. (Yvonne)

Moreover, while participants were following medical advice throughout their pregnancy by adhering to MMT, their efforts were stigmatised by some medical professionals. MMT is advised throughout pregnancy to counteract the harmful effects that detoxification and withdrawal symptoms can have on the foetus (Vella et al., 2016). Finding lack of support from professionals negatively impacted mothers' psychological well-being and intensified their guilt especially when infants were hospitalised due to NAS. These experiences are supported by the literature, where it was found that mothers suffered punitive attitudes and judgements by professionals (Finnegan, 2013).

> Today the nurses let me breastfeed my daughter. Then the next day I was not allowed because I was on methadone. I really took it badly because it was the only good thing I could give her to relieve her pain. I started sobbing and got anxious as I thought that I harmed my daughter. Then another nurse came, and I told her what happened. She got furious and told me that I was supposed to breastfeed my daughter more than other mothers!... Labelling! There is still so much ignorance in our society, and you do not expect it from professionals! Also, the doctor asked me the types of drugs I use. He did not even read my file! I was clean! I told him I used to abuse of snowballs (combination of heroin and cocaine) and he sarcastically told me 'I only know about marshmallows'. (Rosie)

> I went to the breast-feeding clinic, and I was telling the nurse that my son was at NPICU[5] and she asked me why he was there, and I told her to tail down methadone. And she was holding me and comforting me and then she removed her hand and told me 'Oh I see.' What the hell, I still need support like other mothers! (Mandy)

[5] NPICU – Neonatal Paediatric Intensive Care Unit

Guilt is an emerging theme in all mothers in this study. During the early stages in their mothering careers, some participants felt inadequate at mothering due to their past substance abuse and the negative repercussions their actions caused on their new-born children. It appears that the internalisation of cultural expectations of how a good mother should be intensifies guilt and self-loathing. This can have negative repercussions on a mother's self-esteem, adversely impacting the maternal identity (Camille, 2014).

> My son was hospitalised at the NPICU for the first two months after birth. Maa!! It was a petrifying experience. You see this innocent baby, and because of me, because of my drug use he was suffering so, so much! (Mandy)
>
> When my twins were born, I used to doubt whether I could mother them. I had already lost two children because I prioritised drugs. I was clean but I still felt I might not be a good mother for them. (Yvonne)

Trajectories of Desistance and Mothering

This study considers desistance as a process where participants were at different stages of the desistance continuum.

Primary Desistance

The emerging data outline that different approaches were attempted by mothers to reduce drug intake. Some mothers engaged in harm reduction strategies where the cessation of drug use was gradual by either reducing their drug intake or by resorting to MMT. Others declared how they stopped substance abuse abruptly and withstood intoxication and withdrawal symptoms. However, desistance - especially primary desistance - is characterised by periods of abstinence and relapses (Maruna & Farrall, 2004). This experience was prominent among the participants indicating the difficult process it undertook. Beatrice reported how she tried "stopping substance abuse several times but stopping is very difficult

and I always ended up using again", and Mandy claimed that "although I tailed down drugs, I was still using so I decided to quit everything altogether".

The data outline how lack of support and intrapersonal motivation, and psychological distress hinder desistance. Participants recalled how having a drug abusing family or partner and being neglected by the family, discouraged them to abstain. Yvonne stated that "at home everyone used drugs, so it was something normal for us". Moreover, the data indicate that drugs can function to maintain homeostasis within the family. Minuchin (1985) outlines how the regulatory processes within dysfunctional families can incorporate maladaptive behaviour - in this case drug use - to maintain family homeostasis.

> My mother did not want me to attend a programme. Since I was using drugs, she thought I got better as I was not fighting with her. Instead, I was spending time hearing her whining. I was not reacting but continuously nodding since I was on heroin. (Isabelle)

It is also being hypothesised that an addictive cycle can develop through escalation and commitment to the addictive career that can act as a barrier to desistance or a trigger for relapse. Using the notion of emotional relapse developed by Gorski (1982) characterised by poor psychological, emotional, and physical self-care, data indicate that difficulties in participants' psychological well-being, can take a toll on abstinence. It is postulated that the chemical dependency of the substance of abuse together with the psychological impact of the addictive lifestyle and the negative affective state resulting from victimisation experiences, hinders mothers' desistance process. Mothers reported how they felt depressed, anxious, and agitated when they attempted to desist from drug use, using drugs to alleviate emotional distress.

> I attempted several programmes that I lost count. There was always something that once back in the community hindered me. I used to feel extreme sadness and insecure that I end up using drugs again. It is a vicious cycle. (Beatrice)

> I entered a programme for three weeks but once I started feeling my emotions again, I could not handle them, it was very difficult. And I said that it was not worth it. I left and I started using drugs again. (Kathy)

Acknowledging the aversive effects of substance abuse on their children and the inability to bond with them motivated some mothers to seek substance abuse treatment.

> I was losing everything. I was losing my children. I was not taking care of them. I did not give them the love they deserved. They were a huge part of my decision to stop. I did not want to disappoint them. (Philippa)

Nevertheless, this study delineates that other biopsychosocial factors are necessary to enhance mothers' primary motivation to desist substance abuse. Kathy explicitly stated that "I decided to stop because of the negative consequences that addiction was having on me, not because of my children". This has also been found in research conducted by Giordano et al. (2010) where childrearing was not a direct contingency for mothers' desistance.

The emerging data indicates that the addiction lifestyle can be emotionally and physically consuming. A high correlation between drug use and suicidal behaviour exists (SAMHSA, 2016b; Cantão & Botti, 2016). Some participants experienced suicidal ideation, considering life to be meaningless. Data indicate that experiencing suicidal ideation served as a turning point, instilling internal motivation to seek substance abuse treatment.

> Once I was at home alone and I was so sad that I wanted to jump out of my window. This was a turning point in my life, choosing between life and death. Deep down I did not want to die, and this motivated me to seek treatment. (Beatrice)

Another trajectory for primary desistance was coercion. The emerging data elicits that family pressure and non-criminal coercion can be important contingencies for drug desistance. Informal coercion by family members and partners who express frustration with the devastating nature of women's substance abuse can act as social pressures for users to seek treatment (Klag et al., 2005). This was evident in Paula's story where she stated that "my parents decided to take me to OASI. It was not my choice. I did not want to go". Moreover, Yvonne declared that she was given an ultimatum by her partner, narrating that he told her "'it is either me or the drugs.' And I stopped".

Formal non-criminal coercion through pressure exerted by non-criminal justice organisations such as child protection services can also act as a contingency for desistance (Klag et al., 2005). However, this was not considered a strong enough motivator on its own in the emerging data. Mandy reported how contact with child protection services increased her anxiety due to the excessive demands made on her.

> I was aware that if I did not change, my baby would be taken away from me. But the social workers used to tell me, 'why don't you leave the baby with the sisters until you get better?' As if they were doing me a favour! I wanted to get better, man! And I was tailing down drugs. If they really wanted to help me, they should have supported me in quitting, and not ask to take my baby away!

Yvonne reported how the decision that she was an unfit mother by child protection services reduced her motivation to desist drugs, instead resorting to substance abuse to relieve emotional pain. "They told me I was incapable to raise children and took my baby as soon as I gave birth. Losing the baby meant that I did not have a reason to desist for."

Receiving a custodial sentence or the fear of it, as well as sentences falling under the Drug Dependence (Treatment Not Imprisonment) Act[6], were found to be important motivators for desistance. Although participants understood that their substance abuse was a main contributing factor for obtaining legal sanctions, they did not feel legally coerced to seek treatment. One way in which substance users' willingness to seek support may be encouraged is by providing them with a choice to seek treatment, as opposed to exerting legal coercion on them (UNODC, 2009). This helped increase participants' motivation to abstain from illicit substances. Rosie reported how supported she felt to desist substance abuse stating that "my case was heard at the drug court. I was afraid of prison. The drug court social worker used to encourage me to stop drugs".

Secondary Desistance

Hooks for change. In line with the cognitive transformation theory (Giordano et al., 2002), the emerging substantive level theory outlines the importance of hooks for change through the development and maintenance of secure social bonds. Receiving familial support emerges as key in this study. It is indicative that witnessing participants' motivation to abstain from drugs, family members were more willing to support them. Support varied from financial, emotional, and support with children's upbringing.

> Now my mother is aware that I am changing, and she is giving me her full support. She keeps encouraging me to persevere to finish the programme. She is taking care of my children. I am grateful for her support. (Kathy)

Some participants outlined how their children were also a source of emotional support which enhanced their motivation to sustain abstinence. Philippa stated that "my daughter

[6] The Drug Dependence (Treatment not Imprisonment) Act provides people with SUDs who commit drug related offences with the possibility to seek treatment as an alternative to incarceration (Chapter 537, 2015).

provides me with a lot of support. She believes in me and tells me to stay strong. I do not want to disappoint her".

The emerging data indicates that building social capital by cutting ties with criminal peers and places, and instead seeking supportive pro-social peers, engaging in gainful employment, and having adequate housing are important hooks for change. This is congruent with the supportive social network hypothesis postulating that social support fosters treatment compliance and pro-social attitudes and behaviours (Sung et al., 2004). Philippa reported that "my aim is to remain abstinent, not just for myself but for everyone who believes in me".

While the emerging data suggest that half of the participants found professionals and drug rehabilitation services to be unsupportive, with some considering the attendance to a drug rehabilitation programme to be a source of criminal contacts, the other half reported how contact with such services was key in their desistance trajectory. Experiencing safety, acceptance, trust, and a sense of belonging within drug rehabilitation programmes increased participants' satisfaction, and commitment to treatment. Kathy outlines the importance of professionals' support in her desistance trajectory maintaining that she feels "very supported at the programme. Whenever I need someone to talk to, they are always there ready to listen".

The relationship between clients' satisfaction with treatment and positive outcome in their desistance process is corroborated by existing literature (Andersson et al., 2017). The emerging data also indicate that the developed positive professional-client relationship lingered throughout participants lives. They spoke highly of the provided support, with some claiming to have sought support from professionals when they had difficulties while mothering. Paula reported that "whenever I have a problem… for example, my daughter was not doing well at school, and I talked to X from Oasi to see how I could support her."

Identity transformation. Hooks for change cannot cause desistance on their own (Giordano et al., 2002). Data outlines that although external factors play a significant role in

the desistance process, an internal motivation to desist is necessary. Bandura (1982) outlines how self-efficacy is a central mechanism in human agency as it influences cognitions, behaviours, and emotional responses. Identity transformation is vital (Best, 2016). Recognising incongruence between their identities, the data indicate that mothers relinquished their drug addict identity and embraced other identities and roles in their lives. The internalisation of the maternal identity featured at this stage. Participants' reflective processes enhanced with the cessation of drug use. Awareness of the effects of the negative consequences that the substance abusing lifestyle was having on their children and on their maternal relationship, or on their potential future offspring, increased.

Mothers recognised that being in their children's lives was vital for their own and their children's well-being. It is hypothesised that while mothering may not be a key contingency for initial desistance, the internalisation of the maternal identity is influential for further consolidation of the desistance process. Literature outlines that maintaining or recovering child custody is an important contingency that motivates mothers to quit substance abuse or sustain abstinence (Villegas et al., 2016). This was also outlined in the emerging data where Rosie declared "I did not want to lose my daughter. I wanted to be a good mother. You cannot take drugs and raise children simultaneously. This encouraged me further to sustain desistance".

Kathy reported that although her maternal role was not a primary motivating factor in her decision to desist substance abuse, realising she lost child custody after quitting drug use enhanced her motivation to persevere in her journey towards desistance. Guilt featured in participants narratives. While mothers expressed guilt for the impact of their substance abuse on their children, in some cases guilty feelings motivated mothers to persevere in their desistance journey. As also outlined by Terry and Cardwell, (2015), it is being hypothesised that developing a prosocial identity aids the process of overcoming guilty feelings.

> Now I am realising what I have lost, and I feel guilty for what I have done. But now I want to make it up to my children for all the times I was unavailable, and I want to prove to them that I have changed. (Kathy)

> I feel guilty about what happened. But I am working on my guilt. I engage in self-talk, and I tell myself that it is ok, it is part of my past, and I am working on myself to continue improving. (Philippa)

Thus, the emerging theme suggests that with the internalisation of the maternal identity, mothering became a master status in participants' lives. Participants appeared fulfilled by this identity with Isabelle declaring that "being a mother is the best thing that has ever happened to me", and Mandy expressing that "being a mother means the world to me. My son gave me everything I ever wanted in my life".

The data also outline that through this identity transformation, participants were able to build psychological capital. They felt that they became more responsible which increased their determination, self-respect, and confidence in their ability to succeed in their desistance process.

> I was a very insecure person and I never believed in myself. But once I entered the drug rehabilitation programme and I started working on myself, I saw positive qualities in me which I never saw while abusing of drugs. (Beatrice)

Moreover, using Best et al.'s (2015) social identity model of recovery, forming part of an addiction recovery-oriented group helped participants embody recovery-oriented principles and values. This also appeared to support participants' motivation to persist in their desistance process. Isabelle said that her attendance at Narcotic Anonymous despite "initially being a struggle to remain abstinent, the group encouraged me and helped me to abstain".

Tertiary Desistance

Obtaining a sense of community belonging where the recovering user feels accepted by society is the last trajectory in the desistance process (McNeill, 2014; Best et al., 2016). Data outline how participants feel respected by their employers and peers who continued supporting them to persevere with their abstinent lifestyle. Beatrice reported how she felt respected by her employer, outlining that "my employer knows about my past substance abuse, but she still believes in my abilities". Moreover, as postulated by Braithwaite (1989)'s theory of reintegrative shaming, some participants - among them Isabelle - outlined how the possibility of community shaming motivated them to remain abstinent stating that "the shame that people would speak negatively about me should I relapse, used to help me to remain abstinent".

The notion of a redemption script is also inferred from the emerging data where women emphasised their good real selves reinterpreting past negative experiences as learning curves which made them stronger. Maruna (2001) postulates that through redemption scripts people distance themselves from their past criminal behaviour, considering themselves as having always been good people. Data outline how mothers wanted to give back to their society and children. According to Bullock et al. (2018) this wish to redeem themselves by making amends for their past can sustain desistance.

> I have a very good relationship with my stepchildren, and they seek me for advice because I know what the street life entails. And given my history, I will surely notice if they start using and I will do my best to support them to quit as I know what this life entails. This encourages me to remain clean. (Rosie)

The Experience of Mothering

A theme that strongly emerged from the data was that the participants put the wellbeing of their offspring before their own and were ready to make the necessary sacrifices

to ensure that their children had everything they required. Mothering was considered a learning experience having its ups and downs.

Challenges in Negotiating Mothering and Addiction Concurrently

Three participants in this study reported attempting to negotiate mothering and addiction concurrently. The emerging theory indicates that the responsibilities and expectations of the maternal role can be challenging. Ambivalent feelings among mothers with SUDs are often present, where they juggle between wanting to use drugs and wanting to mother efficiently (Silva et al., 2012). Because of this ambivalence, the data indicate that mothers resorted to substance abuse to cope with psychological distress, whereby they considered addiction as a prerequisite to care for their children. Philippa stated that "I had to use drugs to feel normal, to be able to care for my children". The function of drugs in the mothering role is also supported by literature (Couvrette et al., 2016).

It is hypothesised that with the aim of being good mothers, participants tended to engage in functional mothering where mothers only cared for their children's basic needs, such as feeding and bathing (Silva et al., 2012). This was outlined by Yvonne where she stated that "although I was using drugs, I made sure that I gave my son his bottle and bathe him". Participants reported how they tried to avoid using drugs in front of their children and ensured that they were present at significant events in their children's lives.

> Birthdays, Christmas, Easter, I always ensured that I spend it with them. I used to attend my children's school concerts. I used to take drugs in the car, as I did not want to use drugs on the school premises. (Kathy)

Nevertheless, participants expressed that regardless of their efforts, they were not mothering their children as effectively as they wished. Data indicate that their ability to be emotionally present for their children was reduced. Participants also reported that while attempting to avoid using drugs in front of their children, they only sought to do so in front of

their elderly children to avoid arguments. Contrarily, they felt safe to use drugs in front of younger children rationalising that their younger children did not understand what they were doing. Moreover, participants expressed how sometimes they felt annoyed by their children's presence. Anger and impatience are common feelings among mothers with SUDs due to the physiological and neurological effects of the substance of abuse (Dore, 1998).

> It was normal for me to use drugs in front of my son as he always knew me that way. But I avoided using in front of my daughter to avoid fighting with her. Sometimes I used to give her money to go out, so she leaves me alone. (Philippa)

Data outline that with the solidification of the drug addict identity, mothers' perceived inability to care for their children led to child custody loss. However, this was only found among those having an unsupportive family environment. Having an unsupportive environment increases the likelihood of detection by child welfare services. This enhances the surveillance on mothers with SUD making it more likely for them to lose child custody (Ben-David, 2016). This appeared to make it more difficult for mothers to assume the maternal identity.

> No one could help me raise my son. Most of my family members were drug users. And with this new-born child, I did not know what to do. And I was using drugs heavily and Appogg took my son away. (Yvonne)

Contrarily, the data indicate that having a supportive environment encouraged mothers to reflect on their children's well-being deciding to leave them with prosocial family members. However, this may also give mothers the opportunity to neglect their parenting role solidifying the addiction identity (Schinkel, 2019; Sharpe, 2015). It is inferred that as the drug addict identity became a master status in mothers' lives, mothers found it easier to relinquish their mothering role. Kathy reported that when she started engaging in crime to

sustain her habit, she neglected her parental responsibility claiming that “once in August I went out and I left my children with my grandparents, and I did not return.”.

Striving to Become Good Mothers

As mothers embarked on their desistance journey, they started identifying with the maternal identity. The emerging theme indicates that those mothers who attempted to negotiate mothering and addiction in the past, were striving to increase contact and rebuilt positive relationships with their children and gain back their trust. Yvonne stated that “I phone them, and I have supervised access visits with them”, and Philippa claimed that “my children visit me at the programme every fortnight and they are seeing the difference in me, and our relationship is improving”.

While substance abuse can negatively impact the mother-child relationship (Porter & Porter, 2004), the emerging data indicate that having had secure attachment patterns before drug onset and while mothering under the influence of drugs (although this took a temporary toll on the mother-child relationship), a secure attachment pattern with children was preserved. Kathy reported how she is rebuilding the relationship she had with her children prior to her drug use. “My children visit me at the programme and when they are here, they do not wish to part with me. They are constantly hugging and kissing me like we used to do before”. The development of a secure maternal relationship, even during maternal substance abuse, is also outlined in the available research (Boyd, 1999).

However, the emerging theory suggests that losing child custody soon after children are born can negatively impact the mother-child relationship. This can influence mothers’ ability to develop secure bonds with children once they desist from substance use (Carlson et al., 2006). Having lost custody of two children, Yvonne who has four children, expressed how she differentiates between her children, considering herself to only mother the two children in her custody. Moreover, holding a relationship with the children’s foster parents is

an added stressor which at times acts as a reminder of her past addictive lifestyle, increasing guilt.

> The twins are my responsibility. I am not responsible for my other children. I do not even have the right to take them to hospital! The bond that I have with my twins is incredible, with the others I do not have a bond… and I also do not have a good relationship with one of the foster parents. She blames me for my son's hyperactivity, because of drugs. But what can I do! I cannot change him! (Yvonne)

The data outline that while facing daily struggles, where at times participants felt inadequate at mothering, interviewees felt fulfilled by their mothering identity and do not imagine themselves resorting to drugs again and jeopardising their mothering role. Participants expressed how they are now prioritising their children's well-being and striving to raise them in a pro-social environment. Paula emphasised that "the kids are my priority. They rely on me. I want to give them the best I can", and Isabelle expressed "I do not imagine myself using drugs again and risk hurting my children".

Moreover, the notion of structure, presence, social support, and self-control in mothers' lives seemed to help secure mothers' parenting roles. According to Omer et al. (2013), positive parenting can serve as an anchor which is enforced through; routines, rules, and boundaries; maternal presence endorsed through parental sensitivity and monitoring; social support; and self-control where parents respond to their children's needs in a calm manner after engaging in reflective processes. It is hypothesised that as mothers' personal control and personal awareness increases, their engagement in adequate coping skills is enhanced which translates into positive parenting styles. Paula explained how she tries "to be calm, caring and to be always present in my children's lives". It appears that professionals' support, especially that provided in a drug rehabilitation programme, helped foster these skills.

> At the programme, they focus on self-growth. I learnt a lot of skills that I am applying with my son. For example, having structure in my life and living day by day helps me keep grounded and be a better mother. (Beatrice)

Challenges Encountered While Mothering

The gathered data indicate that the effects of substance abuse on mothers' maternal identity lingered, leading to guilty feelings. Isabelle expressed that "I feel guilty that I used to be angry and inpatient with my eldest son. The effects of drugs linger. Had I not used drugs, I would have been calmer with him".

Gueta (2013) maintains that guilt induces the desire to make amends. The emerging data indicate that some mothers' need to make amends for the influence of their past substance abuse on their children, is intensified to the extent that some sought to become pregnant again.

> I have been trying to get pregnant for the past year. The fact that I could not take my daughter with me at home as she was hospitalised because of methadone really bothers me. I always imagined taking my new-born child home with me. (Rosie)

Although participants were no longer using drugs, some outlined how stigma associated with their past drug addict identity prevailed. More prominent in their narrative is the issue of courtesy stigma. Mothers were concerned about the possibility of tarnishing their children's reputation. Because of their genetic relationship, children are seen as contaminated by their parents' past substance abuse (Goffman, 1963). Philippa outlined how her daughter was already a victim of courtesy stigma stating that "once other children insulted my daughter telling her that her mother is a drug addict". Paula narrated how her sister encountered this experience because of her past substance abuse stating that "my sister was insulted because of my past substance use. But I tell her to tell them, 'she was a drug addict

but no longer is, and I am proud!'" The six remaining mothers expressed concern about the possibility of this happening to their children.

Courtesy stigma can have negative repercussions on children's psychological, social, and physical well-being (O'Shay-Wallace, 2019). Fearing the possibility of courtesy stigma, the data indicate that mothers were already reflecting on the necessary precautions they could take to deal with this effectively. Using Meisenbach (2010) stigma management communication theory (SMC) and in line with social interactionism, stigma is socially constructed. Meisenbach (2010) argues that those who accept the applicability of the given label tend to isolate, apologize, or act passively in its regards. Beatrice who was in the process of emigrating for better working opportunities, reported how this would also drastically decrease the possibility of courtesy stigma stating that "going abroad no one will know about my past".

According to the SMC, people who challenge the application of stigma on themselves but accept society's understanding of stigma, manage it by avoiding it (Meisenbach, 2010). Some participants explained how they wished to avoid telling their children about their past substance abuse to avoid harming them as much as possible, because of the stigma present in society.

> I prefer to avoid the topic with my son. If I tell him, I will tell him when he is older, maybe in his twenties or thirties, as I do not want to negatively influence him. I do not want to taint the image that he has of me. You know, children put parents on pedestals. Telling him that his mother is an ex-user and hearing all the negative comments about drug users in society can shock him. (Isabelle)

The SMC outlines that those who tend to deal most affectively with stigma challenge self-stigma and societal attempts at stigmatisation (Meisenbach, 2010). While stigmatisation can negatively impact mothers' reintegration into society, most participants exclaimed how

they no longer feel stigmatised, considering their past substance abuse to have been a learning experience. Moreover, the data indicate that learning how to deal with stigma positively by being proud of themselves and what they have achieved, decreases stigmatisation. Supporting children on how to be proud of themselves through social learning (Bandura, 1971), can reduce the negative impact of courtesy stigma (Corrigan et al., 2013). Authenticity can also instil pride (Wood et al., 2008). Thus, it is being hypothesised that authenticity increased participants' personal satisfaction and pride which could foster positive relationships between mothers and their children, and society, in turn decreasing stigma. In fact, mothers outlined how they received respect and admiration from their family, peers, co-workers, and children which continued to solidify their prosocial identities.

> I am proud of myself, and I am not ashamed to say it out loud. My stepdaughter also tells me that she is proud of me and that my past substance abuse does not affect her. She tells me that if someone insults me, she will tell him 'You're insulting her! She has overcome her addiction and fixed her mistake!' (Rosie)

Identity and Identity Transformation

The fluid nature of women's identities is an important concept in this study as this allows the relinquishment of the addiction lifestyle. Mothers' identity changed from the identity of a drug addict to that of a person who has desisted from substance abuse to that of a mother. The study featured the notion of possible selves which are conceptions about future states consisting of either positive images based on one's goals and aspirations, and/or negative images involving one's anxieties and fears (Markus & Nurius, 1987). These helped mothers renounce and solidify their prosocial identities (Hamman et al., 2010).

According to labelling theory (Becker, 1963), as commitment to substance abuse increases, the process of "junkification" occurs where women are assigned a social status of

an addict (Clark, 2011). Data indicate that these labels made it more difficult for women to engage in everyday activities and most of their activities were viewed with suspicion.

> My mother started asking questions. For example, once I asked her to lend me money to buy a book, and I really wanted to buy this book, but she did not believe me. So, I just went and used drugs. (Philippa)

Moreover, according to Becker (1963) being publicly labelled as a drug user by the CJS can have severe repercussions on people's self-image and social status. The emerging theory indicates that these contingencies led to the solidification of the drug addict identity. Rosie expressed how contact with the CJS "made me aware that I am truly a junky". This identity became women's master status where their behaviour started becoming congruent with it.

The emerging data indicate that as participants started realising how the costs of substance abuse were outweighing the benefits and how their actions were perpetuating this deviant cycle, they started to take the necessary steps to desist from substance abuse. According to the identity theory of desistance (Paternoster & Bushway, 2009), the 'feared self' – the image the person fears becoming – is the primary motive encouraging the individual to quit substance abuse. Kathy stated that "I was aware that if I continued to use drugs, I was either going to continue coming to prison or die. I did not want this to happen", and Mandy declared that "I knew that if I continued to use drugs, my son would be taken away from me".

The emerging theme outlines that as participants realised the negative consequences of the addiction lifestyle and the losses it entailed, they started envisioning a future without drugs. This is consistent with the notion of possible self. Therefore, data outlines how desisting mothers held positive images of what they envisioned becoming. They mostly imagined being in a relationship with a romantic partner, being accepted by family members,

furthering their education, being in meaningful employment, becoming good mothers and reuniting with their children. For example, Philippa was determined to remain abstinent to "reunite with my children and be a good mum again", and Rosie wanted to change stating that "my husband was giving me a lot of chances to quit but I was constantly relapsing. Then I said I cannot continue living this life, I need to change for him, for us".

With the external motivating factors present in the participants lives, such as family support, and internal motivating factors associated with their possible positive selves, the data indicate that the interviewees started to choose and base their decisions on a prosocial lifestyle. Isabelle declared that she started choosing what was best for her noting that "it would have been better if I remained clean and sought support when I felt down, instead of using drugs again and lose everything". According to Giordano et al. (2002), this entails an important cognitive transformation which paves the way to new prosocial identities. These identities "provide a higher level of organisation and coherence to one's cognitions" (p. 1001), which served to solidify the development of new prosocial identities.

Moreover, with the increased engagement in societal key institutions such as employment and partnership, the incompatibility between their drug addict identities and prosocial identities was enhanced. Participants started to internalise the identity of a person who has desisted substance abuse. Paula reported feeling "proud of myself that I am no longer a drug addict".

The emerging data indicate that once the internalisation of the recovering addict was achieved, participants were able to restore either past 'spoiled' identities ("Now that I am abstinent, I can be a good mother again" Philippa) or embrace new ones ("I stopped when I was 28/29 and it felt like I had to restart my life. I did not grow up while using drugs" Beatrice). The restoration of spoiled identities or the embracement of new ones as necessary prerequisites for desistance, concurs with current literature (Best, 2016).

Participants' behaviours changed with the internalisation of new prosocial identities. According to Trice & Roman (1970) this is recognised by society and is reflected back onto recovering drug users encouraging a delabeling process. Participants reported how their family members and friends acknowledged the positive changes and were proud of them. Isabelle also said how she felt respected by professionals at the drug rehabilitation programme she followed, stating that "a few days ago a professional sent me a message congratulating me for my family". This according to Maruna and Farrall (2004) is a more effective form of delabeling as it is coming from higher authority.

The maternal identity is an important contingency for participants' desistance processes. As already outlined, while the maternal role was stressful for some participants - resulting in them abusing of substances - once the identity of a recovering addict and other identities for example the identity of a girlfriend were internalised, the data indicate that these participants were able to embody the maternal identity. However, this was only possible when mothers were agentic. The importance of an agentic self has been found to lead to mothers' identification with the maternal role and internalisation of this identity (Stone, 2016; Sharpe, 2015). In fact, participants narrated how their lives changed as they accommodated the changes that this identity brought. While other roles were present in participants' lives, the data indicate that the maternal identity took precedence resulting in a master status. Paula expressed that "my children mean the world to me. They are the reason I wake up every morning" and Yvonne exclaimed that "the only thing that can make me relapse is if something happens to my children".

With the internalisation of participants' prosocial identities where the maternal identity featured, most participants reported that they no longer gave importance to their past addict identity. They had positive hopes for their future believing in their ability to sustain abstinence. Beatrice stated that "I feel I am a normal person. My past no longer affects me. It

does not affect me that I am an ex-drug addict and a mother" and Mandy declared that "I do not think about my past, I have put it behind me. I am hopeful for my future. I juggle negative emotions daily, but I never think about using drugs". This entails positive conceptions of the possible self, build on current selves and past experiences (Paternoster & Bushway, 2009).

However, for some participants while still internalising prosocial identities, and highly identifying with their maternal identity, the identity of a drug user prevailed. The possible self is also influenced by negative images of the fears and anxieties the person seeks to avoid (Markus & Nurius, 1987). Although literature outlines that the feared self is more prominent in the early stages of desistance, and with time positive images encompassing the possible self dominate the scene, a balanced possible self embracing both hopes and fears for the future is considered more effective for long term desistance (Paternoster & Bushway, 2009; Hoyle & Sherrill, 2006).

Therefore, it is hypothesised that reminding themselves that the identity of a drug user is lifelong, and that desistance is a lifelong battle, can support mothers who have desisted substance abuse, to sustain abstinence reducing chances of relapse.

> I no longer use drugs and my children's well-being is my priority. But once an addict, always an addict. You are born with an addictive personality. I would like to have a few drinks with my friends, but I do not. What if I get drunk and someone comes and offers me drugs, and I let go and use drugs again! (Isabelle)
>
> I am proud of my journey, however, I do not let pride supersede me, because even though I am abstinent, I am still a drug addict. I must bear in mind that the problem is part of me and will remain with me. I need to be the one to avoid certain places and people. (Katie)

Conclusion

This chapter presented the analysis of the emerging theory in light of the sociopsychological processes present in mothers' trajectories and employed contingencies when desisting substance abuse. A substantive level theory focusing on identity was developed to theorise the desistance process of mothers with SUDs.

Chapter 5: Conclusion

Introduction

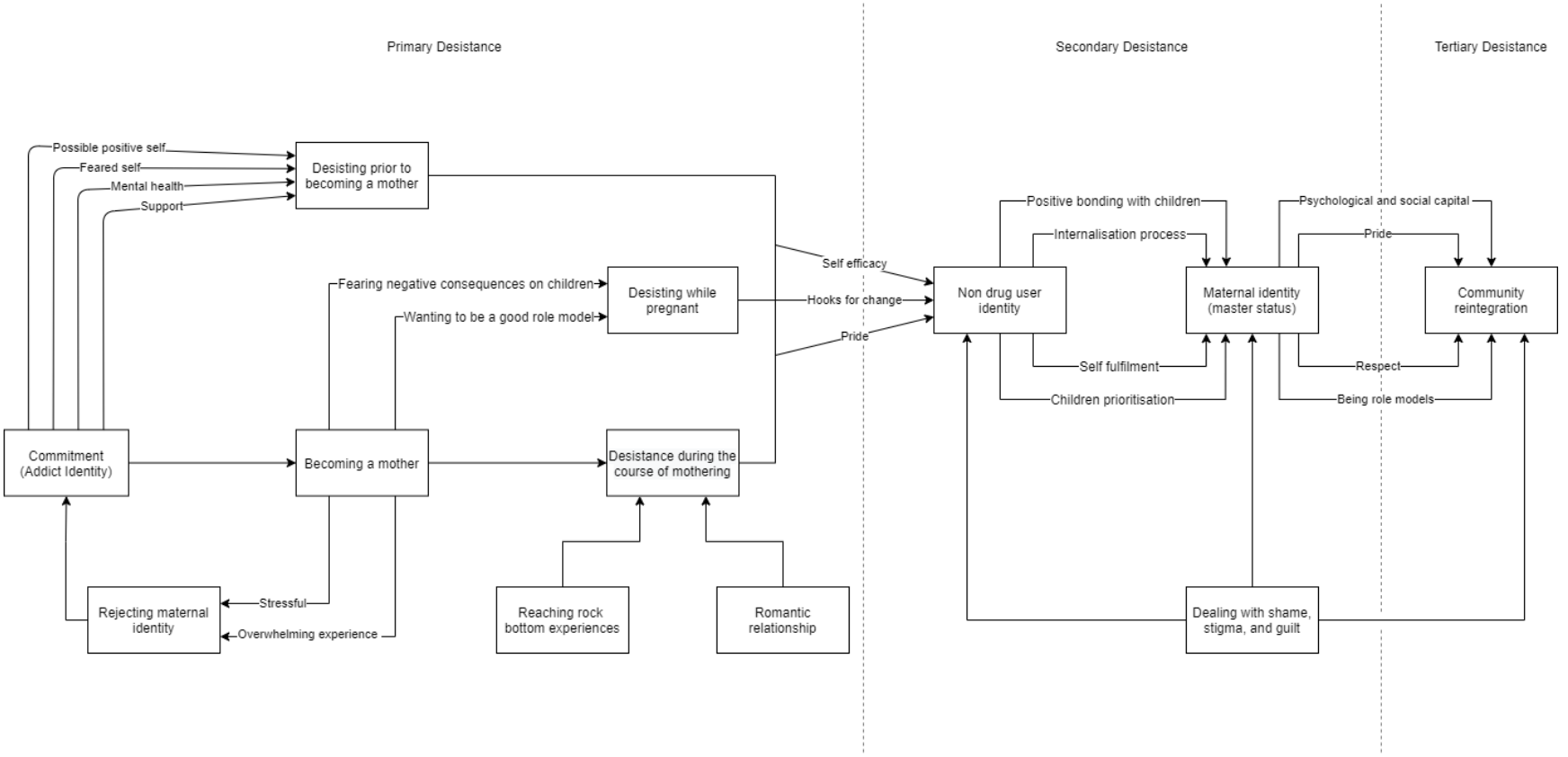
In this closing chapter, the tentative emerging substantive level theory will be presented followed by implications for practice, policy, and service development. The limitations of the study and recommendations for further research will also be outlined.

Tentative Emergent Substantive Level Theory

This research sought to explore how becoming and being a mother contributes to initial and continued desistance from addictive careers. The conceptual framework guiding this study was a symbolic interactionist career approach, and an evolved grounded theory method of inquiry was used. The trajectories and contingencies employed in the desistance processes of mothers with SUDs were explored through in-depth interviews. The findings were grounded in the emerging data and supported by empirical research. The substantive level theory about how being a mother in the Maltese context contributes to initial and continued desistance from addictive careers explored a number of processes, including identifying the contingencies presenting themselves in the addiction career of mothers that may facilitate initial and continued desistance, exploring the strategies mothers with SUDs employ towards desistance and remaining abstinent, and explaining the consequences of these strategies both for mothering and the addictive career. A better theoretical understanding of these issues will inform policy and practice. Figure 1 represents a diagrammatic representation of the developed substantive level theory.

Figure 1

Diagrammatic representation of the developed substantive level theory



The fluid nature of identity emerges as the core category in this study. The identities of mothers with SUDs change from those of drug users, to non-drug users to being a mother. This identity change is a prerequisite to the desistance process (Paternoster & Bushway, 2009; Van Roeyen et al., 2016).

The telescoping effect (SAMHSA, 2009) is evident where lifestyle adaptations to accommodate the addictive career come to be prioritised neglecting other functional roles (such as the mothering role) that women engage in. With commitment to the addiction lifestyle, women's relationships with significant others are degraded (Best, 2016). The possibility of child custody loss and contact with the CJS increases (SAMHSA, 2009). This facilitates social rejection and community disengagement leading to the development and solidification of the addict identity, with women assuming the master status of an addict.

The developing theory proposes that women may desist prior to falling pregnant or when they discover they are pregnant. Others may continue to use drugs or start to use drugs after giving birth and are only able to assume the mothering role after other contingencies such as the development of a secure romantic relationship or reaching rock bottom are present. Identifying with the maternal role can be stressful with some mothers struggling to internalise their maternal identity. Mothering may feel overwhelming, and new mothers may find it hard to cope with the responsibility or consider raising children to be incompatible with their lifestyle. This leads some mothers to commit to the addiction lifestyle or to start to use drugs. They attempt to negotiate mothering and addiction concurrently where drug use becomes an important contingency in their ability to mother. This results in functional mothering where mothers begin to only care for their children's basic needs increasing the possibility of child custody loss.

Several biopsychosocial factors are implicated in mothers' primary motivation to desist drugs and while having children is a contingency for desistance, the emerging theory

explains that it is not a main factor for primary desistance. Fearing the future selves they do not wish to become, such as being incarcerated or ending up dead, motivates mothers to seek treatment. Experiencing suicidal ideations, reaching rock bottom, and being coerced into treatment by formal and informal sources of social control can enhance mothers' primary motivation to desist drugs. Envisaging positive possible selves is also implicated in the desistance process of mothers with SUDs where they envision positive prosocial images such as imagining themselves in a fulfilling romantic relationship.

Once mothers recognise the incongruence between the addict identity and other prosocial identities (such as that of a partner), they decide to quit substance abuse, and they start to embrace the identity of a non-addict. Mothers' behaviour changes, and this becomes reflected in their day-to-day activities. They start to regain or develop secure social bonds with family members, professionals, and employers, among others. These are referred to as hooks for change which are vital contingencies for mothers' secondary desistance. These processes continue to pave the way to the internalisation of the maternal identity. Mothers continue to relinquish their addict identity and embody the maternal one which becomes an important contingency to maintain their motivation to sustain desistance from substance abuse in the long term.

As mothers with SUDs are changing their lifestyles and assuming the mothering role, they may encounter experiences of stigma, shame, and guilt which increase their struggle to abstain from drugs. Having high levels of motivation and through self-efficacy, mothers find the courage to persevere in their desistance journey. They begin to feel proud of themselves and believe in their capability to remain abstinent. They tend to ignore people's negative comments and start to see themselves fulfilled by their mothering and other conventional roles. They recognise the importance of being in their children's lives for their own and their children's well-being. Mothers actively strive to build positive relationships with their

children and to become positive role models for them. Being present, receiving social support, having structure in their lives, and engaging in self-control are crucial strategies that mothers use to secure their parenting roles. With these changes, the maternal identity becomes a master status in their lives.

This identity transformation also supports mothers in building psychological and social capital. They learn to choose their battles and engage in good coping skills such as seeking psychological support when faced with distress instead of resorting to drug abuse. Respect from their family, children, peers, and employers increases, and through reintegrative shaming, mothers remain motivated to continue persevering in their desistance journey. This enhances their inclusion in society leading to tertiary desistance. Mothers also seek to give back to their society by being good role models for their children to avoid transgenerational drug abuse, and by being the first to notice should their children begin to use drugs. Having a balanced possible self, embracing both hopes and fears by reminding themselves that although they are abstinent, the possibility for relapse is still present (for example reminding themselves to avoid getting drunk as this can lead to drug use) continues to motivate mothers to persevere in their desistance process.

The emerging data also highlight that substance abuse effects can linger on mothers and their children's lives through encounters with courtesy stigma. While being concerned about the possible negative influence that this can have on their children, mothers consider substance abuse as a learning experience. They attempt to deal with courtesy stigma positively by teaching their children to be proud of themselves and of their mothers' desistance journey.

While it is uncertain whether mothers' desistance from drugs is permanent, their motivation and desire to sustain abstinence is significantly influential in their desistance process.

Implications for Practice

This study provides insight into the therapeutic work that can be conducted with mothers with SUDs. The importance of providing a gender-responsive therapeutic framework with mothers with SUDs is outlined (Covington, 2001). Professionals must be aware of the gendered nature of the development and progression of the substance abuse careers. It is recommended that professionals accommodate for the differences in the pathways of drug careers of males and females. Interventions for desistance should not be based on the internalisation of women's maternal identity since the developing theory outlines that becoming a mother is not a primary contingency for initial desistance. In some cases, this can escalate further use (Giordano, 2010). Therefore, it is recommended that interventions should focus on instilling self-efficacy and that these provide a more holistic treatment where the multidimensional set of roles and identities is highlighted (Redman, 2003). Working with possible issues of shame, guilt, stigma, mental health, and victimisation is also necessary (Bloom et al., 2003).

Having strong positive interpersonal relationships is an important contingency for the women's desistance process (Bloom & Covington, 2001). Therefore, developing a good therapeutic relationship is vital for effective intervention. Practitioners should suspend any biases and be fully present during therapy. Clinicians must pay attention not to perpetuate past victimisation experiences that women with SUDs may have suffered. Instilling a sense of safety, support, and validation during therapy where respect and dignity prevail, is a guiding principle for gender responsive treatment. Mothers with SUD tend to have poor parenting skills, deficits in emotional regulation, and aversive relationships with their children. Interventions promoting positive parenting focusing on enhancing parenting skills, parental knowledge about child development, increasing emotional engagement with children, and reducing the misattribution of children's negative emotions, can facilitate mothers' desistance

processes and build positive mother-child relationships (Milligan et al., 2020). Interventions should also attend to mothers' emotional needs as women and as mothers in the context of parenting (Milligan et al., 2020). A strength-based approach should prevail emphasising mothers' self-efficacy and skills building (Bloom & Covington, 2001; Coombes, 2013).

Implications for Policy and Service Development

Although there is a growing concern for the need of gender responsive policies worldwide, existing drug policies appear to have engaged poorly with gender considerations. (Thomas & Bull, 2018). They tend to perpetuate gender stereotypes, where they seem to only consider pregnancy and motherhood when accounting for gender issues (Thomas & Bull, 2018). This study outlines and suggests the importance for gender responsive policies that are better able to identify and address barriers that women encounter during their desistance processes. This can help foster women's engagement and motivation during treatment which is congruent with the EU drug strategy 2021-2025 (European Commission, 2020).

Common barriers to treatment are experienced by women with SUDs (Taylor, 2010). The emerging data outlines how stigmatisation experiences by professionals, and the fear of or the loss of child custody, are commonly suffered. It is being recommended that more awareness among professionals working with substance abusing mothers achieved through education, is necessary to reduce stigmatisation, shame, and victimisation experiences (UNODC, 2016). Moreover, it is suggested that policymakers provide more childcare opportunities to mothers with SUDs who show motivation to seek treatment rather than to engage in the general tendency of child custody loss.

Since having strong interpersonal relationships is an important contingency for women's desistance from substance abuse (Bloom et al., 2003), it is recommended that clients receiving substance abuse treatment are given the opportunity to build healthy connections with their families, children, and the community. Women undergoing a drug

rehabilitation programme tend to have limited contact with significant others, especially during the initial stages of treatment (Vertava Health, 2021). It is being suggested to service developers that women's contact with significant others is increased to foster reintegration and to continue to enhance their motivation to desist drugs.

The data outline that substance abuse impacts the whole family, and in some instances the family serves as a contingency for relapse (Gruber & Taylor, 2006). Providing family therapy, can support desistance and help foster elements of acceptance and reintegration. Moreover, the emerging data delineates that mothers and their children are often followed by several professionals from different services. This outlines the need for interagency collaboration where cooperation and joint decision making between different professionals is conducted for the benefit of mothers and their children (Green et al., 2008). This can occur on different levels ranging from community services to residential and custodial services. The inclusion and collaboration of the private and public sectors ensures the enhanced continuation of care across the various stages of a service, from preparation to delineation, execution, and evaluation.

Limitations of the Study

One of the main limitations of this study is that theoretical saturation may not have been reached since eight participants were recruited. Furthermore, given the small sample size, generalisability of the findings to the broader population of mothers with SUDs is not possible. The interpretation and subjectivity incorporated during data analysis also constitutes a limitation of this research. Should another researcher analyse the same data, a different interpretation may be produced.

Further limitations were identified pertaining to the whole study. Participants were only recruited from drug rehabilitation services. This excluded mothers from the general population who may have similar experiences yet may have never sought drug treatment

services. It is also noteworthy that due to the sensitive nature of the topic and having conducted some interviews online or at the agencies' premises, the level of disclosure and depth of gathered data, might have been compromised since participants could have feared potential aversive experiences should they disclose further, such as the fear of reporting.

Recommendations for Future Research

While striving to fill a lacuna in research, that of how becoming and being a mother contributes to initial and continued desistance from addictive careers, this study also promotes further research in this area. Given the small sample size, it is recommended that a replication of this study is conducted with a larger population to reach theoretical saturation and generalizability of the research findings.

Statistics compiled by the SMOPU in 2019 outline that eight mothers who were service users and still engaging in drug use had child custody (Clinical Director, personal communication, 20th September, 2020). Researching how mothers negotiate mothering and addiction concurrently, can prove beneficial to explore the strategies that women employ to navigate the challenges they face, which can inform policy and practice with families where mothers engage in substance abuse. This can also prove insightful to explore the desistance contingencies that can support mothers with SUDs.

Listening to children's narratives of their experience of having a substance abusing mother is also recommended as this can provide a more holistic understanding of motherhood and drug desistance. It would also be interesting for this study to be replicated with mothers who are incarcerated or engaging in prostitution. This could elicit further information about the needs of mothers and the contingencies they employ to desist from both crime and prostitution. This could be compared to the current research findings to elicit further specialised treatment and supplement the present data which can prove insightful for policy and practice.

Final note

This study provided an exploration and understanding of how becoming and being a mother contributes to the desistance processes of mothers with SUDs. A substantive level theory was developed outlining the trajectories and employed contingencies that mothers engage in to desist drugs.

My experience of working with substance abusing mothers at the CSA and during my placements, contributed to my interest to explore this area. I was struck by the notion that some mothers tried their best to desist from drug use while others appeared unmotivated to do so. This motivated me to explore the researched phenomenon aiming to provide the best possible service to reach mothers' and their children's needs. This study has proved effective in reaching my aims. It has been a learning experience for me that sensitised me further to the needs of mothers with SUDs. I also trust that the knowledge and the sensitivity that I have acquired towards the area, has enhanced my professional development making me better equipped to provide therapeutic work with substance abusing mothers in my future practice as a forensic psychologist.

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Appendices

Appendix A

Approval from the University of Malta Social Wellbeing Faculty Research Ethics Committee

L-Università ta' Malta

Claire Camilleri <claire.camilleri.11@um.edu.mt>

Research Ethics Proposal - Approved by FREC, no UREC decision needed

SWB FREC <research-ethics.fsw@um.edu.mt> 6 October 2020 at 12:06
To: Claire Camilleri <claire.camilleri.11@um.edu.mt>
Cc: "Prof. Marilyn Clark" <marilyn.clark@um.edu.mt>, Gottfried Catania <gottfried.catania@um.edu.mt>

Unique Form ID: 6299 28.08.2020

Dear Claire Camilleri,

Your ethics proposal with regards to your research titled *Negotiating mothering and addiction* has been **approved**.

Faculty Research Ethics Committees are authorised to review and approve research ethics applications on behalf of the University of Malta, except in the case of sensitive personal data. In this regard, your ethics proposal **does not need to be sent to UREC**. Hence, **you may now start your research**.

Regards,

L-Università ta' Malta

Faculty Research Ethics Committee

Faculty for Social Wellbeing
Room 115, Humanities B
+356 2340 3192, +356 2340 2237
um.edu.mt/socialwellbeing/students/researchethics

L-Università ta' Malta

Claire Camilleri <claire.camilleri.11@um.edu.mt>

Slight changes in dissertation topic

4 messages

Claire Camilleri <claire.camilleri.11@um.edu.mt> 1 December 2020 at 19:51
To: SWB FREC <research-ethics.fsw@um.edu.mt>
Cc: "marilyn.clark" <marilyn.clark@um.edu.mt>

Dear FREC,

Following difficulties encountered in the recruitment process for my research in connection with the M. Psy dissertation entitled Negotiating mothering and addiction, I have discussed with my tutor Prof Marilyn Clark, how tweaking the research question to focus on desistance and mothering will allow me to recruit a sample. Ths slight change in theoretical focus has already been approved by the Mpsy Board of Studies (kindly see email from Prof Bartolo attached). The recruitment strategy remains the same and permissions have been forthcoming from the agencies concerned. However, the slight change in the focus of the research agenda will increase the probability of finding an eligible sample. Attached please find a track changed information sheet, consent form and interview guide.

Kindest regards,

Claire Camilleri

2 attachments

Psychology Board of Studies' approval for slight changes in dissertation topic.pdf
111K

Track changed information sheet, consent form, interview guide,.pdf
208K

Marilyn Clark <marilyn.clark@um.edu.mt> 2 December 2020 at 08:28
To: Claire Camilleri <claire.camilleri.11@um.edu.mt>
Cc: SWB FREC <research-ethics.fsw@um.edu.mt>

Endorsed from my end

Marilyn

Prof Marilyn Clark
Department of Psychology
Faculty for Social Wellbeing
University of Malta
MSc Addiction Studies Course Coordinator
Master of Psychology in Forensic Psychology Course Coordinator
00356 23402741

President - Malta Chamber of Psychologists

[Quoted text hidden]

SWB FREC <research-ethics.fsw@um.edu.mt> 9 December 2020 at 15:13
To: Claire Camilleri <claire.camilleri.11@um.edu.mt>
Cc: "marilyn.clark" <marilyn.clark@um.edu.mt>

Dear Claire,

Your changes have been noted.

Best wishes

L-Università ta' Malta

Dr Claire Azzopardi Lane | FREC Chairperson

Faculty for Social Wellbeing

um.edu.mt/socialwellbeing/students/researchethics

On Tue, 1 Dec 2020 at 19:49, Claire Camilleri <claire.camilleri.11@um.edu.mt> wrote:
[Quoted text hidden]

Claire Camilleri <claire.camilleri.11@um.edu.mt> 9 December 2020 at 15:46
To: SWB FREC <research-ethics.fsw@um.edu.mt>
Cc: "marilyn.clark" <marilyn.clark@um.edu.mt>

Dear Dr Azzopardi Lane,

Thank you.

Kindest regards,
Claire
[Quoted text hidden]

Appendix B

Letters of Approval From Recruiting Agencies

Letter of Approval from the Caritas Foundation

L-Università ta' Malta

Claire Camilleri <claire.camilleri.11@um.edu.mt>

Recruitement of participants for dissertation purposes

Patrick Harvey <patrick.harvey@caritasmalta.org> 24 June 2020 at 17:08
To: Claire Camilleri <claire.camilleri.11@um.edu.mt>, Anthony Gatt <anthony.gatt@caritasmalta.org>
Cc: "marilyn.clark" <marilyn.clark@um.edu.mt>

Dear Ms. Camilleri,

Thank you for reaching out to us.

We took note of your request below and we would be glad to act as gatekeepers to your research, and help you find the right participants for interviewing. Whilst we will do our best to help you out, we understand that participation is on a voluntary basis and therefore we cannot guarantee that all 8-10 participants can be provided from our end.

When you have obtained clearance to proceed with the interviews and you have an approximate timeframe, kindly let us know so that we can plan beforehand.

Thank you once again and we wish you the best of luck in your studies.

Regards,

Patrick Harvey
Human Resources Manager

tel: +356 2590 6600

email: patrick.harvey@caritasmalta.org

Caritas MALTA

5, Lion Street,
Floriana, FRN 1514, Malta

www.caritasmalta.org

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Letter of Approval from the OASI Foundation

OASI Foundation
PREVENTION, INTERVENTION, TREATMENT & REHABILITATION SERVICES

23rd June, 2020

Dear Ms. Camilleri,

I acknowledge the receipt of your request for the OASI Foundation to assist you in finding participants for your research and act as gatekeepers. On behalf of OASI, I am pleased to inform you that this request has been approved.

Once participants are identified, we will help you to schedule the interviews and allow you the use of a counselling room on our premises in which you can hold the interviews during working hours. We also agree to provide post-interview support to any participants recruited through OASI who may need it.

Please note that, as a condition for its assistance in this matter, the OASI Foundation requests a copy of the final dissertation for its Research Library. We believe that the knowledge contained in dissertations such as yours is of great importance in drafting policy, educating the public, and for research purposes, including for future students such as yourself. Thus, we feel that it is very important that we have such resources at hand.

Kind regards,

Deborah Grech
On behalf of Mr. Noel Xerri, CE

OASI Centre - 5, Wied Sara Street, Victoria, Gozo VCT2963 - Malta
VO Reg. Nr: VO/0072 • Tel: 2156 3333 • Email: info@oasi.org.mt • Website: www.oasi.org.mt

Letter of Approval from the Foundation for Social Welfare Services

Foundation for Social Welfare Services
212, Cannon Road,
Santa Venera SVR 9034

26th June 2020

27, Cicogna
Triq is-Sur
Fgura

To whom it may concern

Claire Camilleri's request to conduct research within the services of the Foundation for Social Welfare Services has been reviewed. The research aims to explore 'Negotiating Motherhood and Addiction'.

After reviewing this request, the Research Office has given approval for the researcher to conduct interviews.

Although the Research Office has approved the research, the service providers and participants still retain the right to refuse any research request.

It is very important for the applicant to keep in mind that the views expressed by research participants during interviews might not necessarily reflect the FSWS' official position on the topic in question, and this needs to be made very clear in the published study.

Regards,

Ronald Balzan

Ronald Balzan
Senior Research Executive

INCORPORATING:
Aġenzija APPOGG
Aġenzija SEDQA
Agency for Community and Therapeutic Services
Child Protection Directorate
Alternative Care Directorate

[Quoted text hidden]

image001.jpg
24K

Claire Camilleri <claire.camilleri.11@um.edu.mt> 10
To: Orland Mike at FSWS-Sedqa <mike.orland@gov.mt>
Cc: Vella Anna Maria at FSWS-Sedqa <anna-maria.a.vella@gov.mt>, Cortis Rita at FSWS-Sedqa <rita.cortis@gov.mt>, Parnis Stephanie at FSWS-Sedqa <stephanie.parnis.1@gov.mt>, FSWS-Sedqa <reuben.a.cutajar@gov.mt>, Cumbo Ashley at FSWS-Sedqa <ashley.cumbo@gov.mt>, Ellul Melchiore at FSWS-Sedqa <melchiore.ellul@gov.mt>, "marilyn.clark" <marilyn

Dear all,

I hope you are well.

As some of you are aware due to difficulties in the recruitment of participants, I had to make some changes in the focus of my dissertation. My new dissertation is entitled Mothering and Addictive Careers, where I will be focusing on how becoming a mother contributes to desistance from addictive careers. I would like to inform you that the changes in my dissertation ha now I can start with the recruitment process again.

Participants need to be adult mothers with a past history of substance abuse, who are currently either fully recovered or currently receiving drug treatment either residentially or in the cc who abstinent from drugs but are currently on methadone maintenance therapy are also eligible. Becoming a mother must have contributed to their desistance process.

Attached please find an updated participant information sheet, consent form, and interview guide.

Unfortunately, I am a bit pressed with time, so I would appreciate if the interviews can be scheduled at the interviewees earliest convenient. I hope you can understand.

Thank you for the support you have provided me with during this process.

Kindest regards,
Claire Camilleri
Forensic Psychology Trainee

[Quoted text hidden]

New Participants' information letter, consent form and interview guide.pdf
203K

Orland Mike at FSWS-Sedqa <mike.orland@gov.mt> 16 December 2020 at 14:48
To: "claire.camilleri.11@um.edu.mt" <claire.camilleri.11@um.edu.mt>
Cc: Marilyn Clark <marilyn.clark@um.edu.mt>, Buttigieg Miguel at FSWS-Sedqa <miguel.buttigieg@gov.mt>, Camilleri Brian at FSWS-Sedqa <brian.camilleri@gov.mt>, Galea Thomas at FSWS-Sedqa <thomas.galea@gov.mt>, Veneziani Duncan at FSWS-Sedqa <duncan.veneziani@gov.mt>

Dear Claire,

I am hereby forwarding you a reply by our Residential rehab's Coordinator Miguel Buttigieg, also in cc in this email. Could you please get back to him in relation to the validity of these possible participants please?

Mike Orland

B.A.(Hons)(Melit.), M. FTSP(Melit.)
Operations Manager Community Services
Sedqa

t +356 23885227 e mike.orland@gov.mt
www.gov.mt | www.publicservice.gov.mt

FOUNDATION FOR SOCIAL WELFARE SERVICES

AGENZIJA SEDQA, 3, TRIQ BRAILLE,
SANTA VENERA, MALTA

From: Buttigieg Miguel at FSWS-Sedqa
Sent: 15 December 2020 16:50
To: Orland Mike at FSWS-Sedqa <mike.orland@gov.mt>; Galea Thomas at FSWS-Sedqa <thomas.galea@gov.mt>; Camilleri Brian at FSWS-Sedqa <brian.camilleri@gov.mt>
Cc: Veneziani Duncan at FSWS-Sedqa <duncan.veneziani@gov.mt>
Subject: Re: [EXTERNAL] - Recruitment of participants for dissertation purposes

Mike,

At this moment in time we have four women in KSM. 3 of whom had children themselves, and the other who took the role of a parent when her partner was pregnant. 2 of these had stopped misusing substances when they approached the moment of holding their children, however they relapsed some time after. Do you think these would still be consider as valid participants?

Appendix C

Participants' Information Letter – English Version

Information letter

6th January, 2021

Dear Madam,

My name is Claire Camilleri and I am a student at the University of Malta. I am presently reading for a Master Degree in Forensic Psychology. I am currently conducting a research study as part of my university course work titled 'Mothering and Desistance from Addiction Careers' which is being supervised by Professor Marilyn Clark. Through this letter I would like to invite you to participate in my study. Below you can find information about the study and about what your involvement would entail, should you decide to take part.

Through this study I aim to explore those factors with a focus on mothering that contributed to your decision to desist substance abuse. By taking part in this study, you will be contributing to a better understanding of the contribution that those factors focusing on being a mother had on your decision to stop using drugs. Data collected from this study will only be used for the purpose of this research.

Should you decide to participate, you will be asked to sit for a one-to-one interview of about an hour. The interview will be held at the premises of [recruiting agency] and at a time that is convenient to you. It will be audio recorded for the purpose of the research. Data collected will only be used for the purpose of this study. Anonymity will be kept at all times. Your identity will be concealed by using a fictitious name and by changing information which may be particular to your situation so that you will not be identified in the study. Professor Marilyn Clark who is my supervisor for this study, will be the only other person who will have access to the information that you provide.

Participation in this study is entirely voluntary. This means that accepting or refusing to participate is entirely your choice. Should you choose to participant and then decide that you no longer want to do so, you can freely withdraw from the research at any time. You will not need to provide me with any explanations and there will be no negative repercussions for you. If you decide that you want to withdraw, any data collected from your interview will be destroyed. You can also choose not to answer particular questions during the interview or to stop the interview if you do not feel comfortable at any point. You are also free to request a copy of your transcript once the interview is transcribed.

Should you choose to participate, please note that you will not directly benefit from this study. Furthermore, your participation does not entail any known or anticipated risks. However, following the interview, we will have some time to speak about your experience of being interviewed and we will explore whether you would require any further support. Should you feel the need for further professional support, I will refer you to professionals from [recruiting agency] so that you can benefit from more support. The information provided during this phase will not be included in the study.

Please note also that as a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and where applicable ask for the data concerning you to be erased. All data collected will be deleted by September, 2021.

A copy of this information sheet is being provided for you to keep and for future reference.

Thank you for your time and consideration. Should you have any questions or concerns, please do not hesitate to contact me on 79336146; by e-mail claire.camilleri.11@um.edu.mt. You can also tell the gate keeper (the person who informed you about this research) to contact me. Please note that the provided contact number is not my personal number and will only be used for the purpose of this study. This will be destroyed once the study is over.

Sincerely,

Claire Camilleri
claire.camilleri.11@um.edu.mt
79336146

Participants' Information Letter – Maltese Version

31 t'Ottubru, 2020

Skeda ta' informazzjoni

Għażiża sinjura/sinjorina,

Jiena jisimni Claire Camilleri, u jiena studenta fl-Universita ta' Malta. Preżentament qiegħda nagħmel Master Degree fil-Psikoloġija Forensika. Bħalissa qiegħda nagħmel studju għal-fini tad-dissertazzjoni bit-titlu, *'Mothering and Desistance from Addiction Careers'*. Is-superviżur ta' dan l-istudju hija l-Professur Marilyn Clark. Din l-ittra hija stedina ta' parteċipazzjoni għal dan l-istudju. Hawn taħt għandek issib informazzjoni rigward x'jinvolvi dan l-istudju u informazzjoni rigward l-involviment tiegħek, jekk inti tiddeċiedi li tipparteċipa.

L-għan ta' din ir-riċerka huwa li nesplora iktar dawk il-fatturi b'emfażi fuq l-irwol tal-omm li kkontribwixxew għad-deċiżjoni tiegħek li tieqaf tuża d-droga. Il-kontribut tiegħek f'dan l-istudju jista' jgħin biex tiġi mifhuma aħjar il-kontribuzzjoni ta' dawk il-fatturi li għenuk biex tieqaf u tibqa' astinenti mid-droga b'emfażi fuq l-irwol tal-omm. L-informazzjoni kollha miġbura minn dan l-istudju se tintuża biss għal fini ta' din ir-riċerka.

Jekk inti tiddeċiedi li tipparteċipa f'din ir-riċerka, inti se tkun mitluba li tipparteċipa f'intervista miegħi ta' madwar siegħa. L-intervista se ssir fl-uffiċini tal-[isem tal-agenzija li l-parteċipanta se tkun reklutata minn], f'ħin li jkun konvenjenti għalik. Din se tkun awdjo irrekordjata għall-iskop ta' din ir-riċerka.

L-informazzjoni miġbura se tintuża biss għal fini ta' din ir-riċerka. L-anonimità se tinżamm il-ħin kollu. L-identità tiegħek se tinħeba bl-użu ta' isem fittizju u billi tinbidel informazzjoni li tista' tkun partikolari għas-sitwazzjoni tiegħek sabiex int ma tiġix identifikata f'dan l-istudju. Il-Professur Marilyn Clark li hija s-superviżur tiegħi għal dan l-istudju, se tkun l-unika persuna li se jkollha aċċess għall-informazzjoni li se tipprovdi inti.

Il-parteċipazzjoni tiegħek għal dan l-istudju hija volontarja. Dan ifisser li inti libera li taċċetta jew li tirrifjuta li tipparteċipa, mingħajr m'għandek bżonn tagħti raġuni. Jekk inti tiddeċiedi li tixtieq tipparteċipa u imbagħad tiddeċiedi li tixtieq tirtira mill-istudju, inti libera li tagħmel dan fi kwalunkwe ħin, mingħajr ma tkun meħtieġa tipprovdi xi spjegazzjoni u mingħajr ebda riperkussjoni negattiva għalik. F'każ li tiddeċidi li tirtira, l-informazzjoni li tkun inġabret dwarek tiġi mħassra. Inti wkoll tista' tagħżel li ma twiġibx xi mistoqsijiet matul l-intervista jew li twaqqaf l-intervista jekk ma tħossokx komda fi kwalunkwe mument. Inti wkoll libera li titlob kopja tat-traskrizzjoni tiegħek ladarba l-intervista tkun traskritta.

Jekk tagħżel li tieħu sehem, jekk jogħġbok innota li m'hemm l-ebda benefiċċju dirett għalik. Il-parteċipazzjoni tiegħek ma tinvolvi l-ebda riskju magħruf jew antiċipat. Madankollu, wara l-intervista, se jkollna ftit ħin biex nitkellmu dwar l-esperjenza tiegħek li

tkun intervistata u se nesploraw jekk tkunx teħtieġ aktar sapport. F'kas li inti tħoss il-bżonn li jkollok għajnuna professjonali, jien se nirreferik lill-professjonisti li jaħdmu fl-[isem l-aġenzija li l-parteċipanta se tkun reklutata minn] biex tingħata iktar support. L-informazzjoni pprovduta matul din il-fażi mhux se tkun inkluża fl-istudju.

Jekk jogħġbok innota wkoll li bħala parteċipant, inti għandek id-dritt taħt ir-Regolament Ġenerali għall-Protezzjoni tad-Dejta (GDPR) u l-leġiżlazzjoni nazzjonali li taċċessa, tirrettifika u fejn applikabbli titlob li d-dejta li tikkonċerna lilek titħassar. Id-dejta kollha miġbura se tiġi imħassra sa Settembru, 2021.

Kopja ta' din l-iskeda ta' informazzjoni qed tiġi pprovduta biex iżżommha u għal referenza fil-futur.

Grazzi talli ħadt il-ħin biex taqra din l-iskeda t' informazzjoni u tal-konsiderazzjoni tiegħek li tieħu sehem f'dan l-istudju. F' każ li tkun teħtieġ aktar kjarifika, ikollok xi diffikultajiet, jew tkun lesta li tieħu sehem f'dan l-istudju, tista' tikkuntattjani fuq 79336146 jew tibgħatli email fuq claire.camilleri.11@um.edu.mt. Tista' tgħid ukoll lill-istaff li nfurmak dwar din ir-riċerka biex jikkuntattjani. Nixtieq ninfurmak li n-numbru tal-mobajl provdut mhux in-numru personali tiegħi u se jintuża biss għall-iskop ta' dan l-istudju. Dan se jiġu distrutt ladarba l-istudju jintemm.

Sinċerament tiegħek,

Claire Camilleri
claire.camilleri.11@um.edu.mt
79336146

Appendix D

Participants' Consent Form – English Version

Mothering and desistance from addiction careers

I, the undersigned, consent to participate in the research carried out by Claire Camilleri. This consent form outlines the terms of my participation in this research study.

1. I have been given both written and verbal information about the purpose of the study. I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.

2. I also understand that my participation is not obligatory, and I am free to accept or refuse to participate. I can also stop my participation at any time without having to provide any reason and without any negative repercussions. If I choose to participate, I am free to decline to answer any questions asked. In the event that I choose to withdraw from the study, any data collected about me will be destroyed.

3. I am aware that I am being invited to participate in a one-to-one interview where the researcher will be asking me some questions to explore my experience of those factors with a focus on mothering, that encouraged me to desist substance use. I am aware that the interview will be approximately one hour long. I understand that the interview will be held at the premises of [recruiting agency] and at a time that is convenient for me.

4. I am aware that my participation does not involve any known or anticipated risks. If I feel negatively affected because of the interview, the researcher will inform professionals at [recruiting agency] to provide me with the necessary professional support.

5. I understand that I will not directly benefit by participating in this research. I am also aware that this research may benefit others by providing an understanding of how becoming a mother contributes to desistance from addictive careers.

6. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased.

7. I understand that all data collected will be destroyed by September 2021 following completion of the study.

8. I am aware that, if I give my consent, this interview will be audio recorded and converted to text as it has been recorded (transcribed).

9. I understand that I can ask for a copy of my transcript should I wish to have it.

10. I am aware that, if I consent to being interviewed, extracts from my interview may be reproduced in the research, using a pseudonym [a made-up name].

11. I am aware that any information collected about me will be pseudonymised; that is, my identity will not be mentioned on transcripts or notes from my interview, and instead, a code

will be assigned. The codes that link my data to my identity will be stored securely and separately from the data, in an encrypted file on the researcher's password-protected computer. Only the researcher and her supervisor will have access to this information. Any hard-copy material will be placed in a locked cupboard. Any material that identifies me as a participant in this study will be stored securely and destroyed by September, 2021.

12. I am aware that my identity and any personal information will not be revealed in any publications, reports, or presentations arising from this research.

13. I agree that at the end of the interview, some time for debriefing with the researcher will be allowed where I will speak of my experience of being interviewed and we will discuss whether a referral for further support would be necessary.

14. I understand that if I pose a threat of harm to myself or to others, the researcher is obliged to report.

15. I have been provided with a copy of the information letter and understand that I shall also be provided with a copy of this consent form.

I have read and understood the above-mentioned statements and agree to participate in this study.

Name of participant: _____

Signature: _____

Date: _____

Claire Camilleri
claire.camilleri.11@um.edu.mt
79336146

Prof Marilyn Clark

Participants' Consent Form – Maltese Version

Mothering and desistance from addiction careers

Jien, hawn taħt ifirmat nagħti l-kunsens tiegħi li nipparteċipa fl-istudju li qed tagħmel Claire Camilleri. Din il-formola ta' kunsens tispeċifika t-termini tal-parteċipazzjoni tiegħi f'dan l-istudju.

1. Jien ingħatajt informazzjoni kemm bil-miktub u kif ukoll verbalment dwar l-iskop ta' dan tal-istudju. Jien kelli l-opportunità li nistaqsi mistoqsijiet u kull mistoqsija li kelli ġiet imwieġba għas-sodisfazzjon tiegħi.

2. Nifhem li l-parteċipazzjoni tiegħi m'hix obbligatorja, u li jien libera li naċċetta li nipparteċipa, jew li nirrifjuta. Jien nista' wkoll inwaqqaf il-parteċipazzjoni tiegħi fi kwalunkwe ħin mingħajr ma nagħti raġuni u mingħajr ebda penali. Jekk nagħżel li nipparteċipa, jien nista' nagħżel li nirrifjuta li nirrispondi għal kwalunkwe mistoqsija. F' każ li nagħżel li nirtira mill-istudju, kwalunkwe dejta miġbura drawi se tiġi mħassra.

3. Jien nifhem li ġejt mistiedna nipparteċipa f'intervista li fiha r-riċerkatur se tistaqsini numru ta' mistoqsijiet biex tesplora l-esperjenza tiegħi fuq dawk il-fatturi b'emfażi fuq l-irwol tal-omm li inkoraġġewni biex nieqaf u nibqa' astinenti mid-droga. Jiena konxja li l-intervista se tieħu madwar siegħa. Nifhem li l-intervista se ssir fl-uffiċini tal-[isem l-aġenzija li l-parteċipanta se tkun reklutata minn] u f'ħin li jkun konvenjenti għalija.

4. Jien nifhem li l-parteċipazzjoni tiegħi ma tinvolvi ebda riskju magħruf jew antiċipat. F'każ li nħoss li ġejt affetwata b'mod negattiv bl-intervista, jien nifhem li r-riċerkatur se tinforma lill-professjonisti tal-[isem l-aġenzija li l-parteċipanta se tkun reklutata minn] sabiex ningħata s-sapport professjonali li nkun neħtieġ.

5. Jien nifhem li m'hemm l-ebda benefiċċju dirett għalija jekk nieħu sehem f'dan l-istudju. Nifhem ukoll li din ir-riċerka tista' tkun ta' benefiċċju għal ħaddieħor billi tipprovdi iktar informazzjoni fuq kif it-twelid u t-trobbija tal-ulied tgħin biex l-ommijiet jieqfu u jibqgħu astinenti milli jużaw id-droga.

6. Jien nifhem li, skont ir-Regolament Ġenerali għall-Protezzjoni tad-Dejta (GDPR) u l-leġiżlazzjoni nazzjonali, jien għandi d-dritt li naċċessa, nikkoreġi, u fejn applikabbli nitlob li d-dejta li tikkonċerna lili tiġi mħassara.

7. Nifhem li d-dejta kollha miġbura dwari se titħassar f'Settembru 2021 wara li jitlesta dan l-istudju.

8. Jiena konxja li, jekk nagħti l-kunsens tiegħi, din l-intervista se tkun awdjo rrekordjata u kkonvertita f'kitba hekk kif ġiet irreġistrata (traskritta).

9. Jiena konxja li nista' nitlob kopja tat-traskrizzjoni ta' l-intervista tiegħi jekk inkun nixtieq li jkolli.

10. Jiena konxja li jekk nagħti l-kunsens tiegħi, siltiet mill-intervista tiegħi jistgħu jiġu riprodotti fir-riċerka, bl-użu ta' psewdonimu [isem fittizzju].

11. Jiena konxja li d-dejta tiegħi se tiġi psewdonimizzata; iġifieri l-identità tiegħi mhix se tiġi nnotata fit-traskrizzjoni jew fin-noti mill-intervista tiegħi, iżda minflok, se jiġi assenjat kodiċi. Il-kodiċi li jabbinaw id-dejta tiegħi mal-identità tiegħi se jinżammu f'post sigur u separat mid-dejta, f'fajl kriptat fuq il-kompjuter protett bil-password mir-riċerkatur, u r-riċerkatur u s-superviżur biss se jkollhom aċċess għal din l-informazzjoni. Kwalunkwe informazzjoni miktuba fuq karta se tinżamm f'armarju msakkar. Kwalunkwe materjal li jista' jidentifika lili bħala parteċipanta f'dan l-istudju se tinżamm b'mod sikur u se jinqered sa Settembru 2021.

12. Jiena konxja li l-identità u l-informazzjoni personali miġbura fuqhi mhux se jiġu żvelati f'ebda rapporti, preżentazzjonijiet jew pubblikazzjonijiet li jirriżultaw minn din ir-riċerka.

13. Jiena naqbel li fl-aħħar tal-intervista se jkun hemm ftit ħin għad-*debriefing* fejn flimkien mar-riċerkatur se nitkellmu dwar l-esperjenza tiegħi li ġejt intervistata u se niddiskutu jekk ikunx hemm il-bżonn ta' riferiment għal aktar support.

14. Jiena nifhem li jekk nippreżenta risku ta' ħsara għalija nnifsi jew għal ħaddieħor, ir-riċerkatur hija obbligata li tirrapporta.

15. Jiena ġejt provduta kopja tal-iskeda tal-informazzjoni u nifhem li se ningħata wkoll kopja ta' din il-formola ta' kunsens.

Jiena qrajt u fhimt id-dikjarazzjonijiet t'hawn fuq u naqbel li nipparteċipa f'dan l-istudju.

Isem tal-parteċipanta: _____

Firma: _____

Data: _____

Claire Camilleri
claire.camilleri.11@um.edu.mt
79336146

Professur Marilyn Clark

Appendix E

Debriefing Guide – English Version

Debriefing guide

Before we conclude I would like to clarify any queries that you may have and any negative feelings that you may be experiencing following the interview in order to provide you with further support or refer you to benefit from psychological support, if necessary, since we touched upon a sensitive topic. The information provided in this part will not be used for research purposes but here I am simply checking about your well-being.

1. How was this experience for you?

2. What did it mean for you to take part in this interview?

3. How did you feel during the interview and while we were talking about past experiences?

4. Where there any instances during the interview where you felt affected by the asked questions?

5. Are you experiencing any negative emotions now that the interview has finished?

6. Are you currently feeling overwhelmed or distressed in some way?

7. Do you have any questions about the interview or the study that you would like to ask me?

8. Do you feel the need for further professional support? Would you like me to refer you for further support?

Debriefing Guide – Maltese Version

Debriefing guide

Qabel ma nikkonkludu nixtieq li jiġu ċċarati kull tip ta' mistoqsijiet li jista' jkollok, kif ukoll nagħtu ftit ħin biex niddentifikaw xi ħsibijiet negattivi li jista' jkun li qed tesperjenza wara din l-intervista sabiex inkun nista' noffrilek iktar sapport jew nirreferik għall-sapport psikoloġiku jekk ikun neċessarju, peress li tkellimna fuq suġġett sensittiv. L-informazzjoni li se tiġi mgħotiha f'din il-parti tal-intervista mhux se jintuża għal skopijiet tar-riċerka, imma sempliċiment qed insaqsik dawn il-mistoqsijiet sabiex tiġi ċċekkjata il-benesseri tiegħek.

1. Tista' tgħidli kif kienet din l-esperjenza għalik?

2. X'kienet tfisser għalik li tiegħu sehem f'din l-intervista?

3. Kif ħassejtek matul l-intervista, meta kont qed tiftakar l-esperjenzi li għaddejt minnhom?

4. Kien hemm xi mumenti matul l-intervista li ħassejtek affetwata bil-mistoqsija?

5. Bħalissa qiegħda tħoss xi emozzjonijiet negattivi, issa li l-intervista spiċċat?

6. Qiegħda tħossok mifxula/imdejqa jew xi forma oħra ta' diffikulta?

7. Għandek xi mistoqsija dwar l-intervista jew l-istudju li tixtieq tistaqsini?

8. Tħoss il-bżonn t' iktar għajnuna professjonali? Tixtieq li nirreferik għal iktar sapport?

Appendix F

Interview guide – English Version

Interview guide

The interview guide is based on the Single Question aimed at Inducing Narrative (SQUIN) model developed by Wengraf (2004). This is a narrative method which encourages participants to tell their story in their own way. This is divided into three sections as will be outlined below.

Before we start the interview, I would like to thank you once again for accepting to participate in this research. The topic we will be exploring is what factors contributed to your decision to stop substance abuse with a focus on mothering. I am aware that this may be a sensitive topic, thus please feel free to stop me at any time during the interview if you feel uncomfortable. While discussing this topic, I would like to advise you to avoid disclosing information about current illegal activities and if any past illegal activities are mentioned, please refrain from providing unnecessary detail. Please be informed that if you mention any risks of harm to self or others, I will have to report. Whenever you feel comfortable, we can start the interview.

Section 1: Participants will be asked one open ended question:

As a mother, and a person who used to use drugs I am interested to hear your story and your experience of when you decided to stop using drugs.

Go back to the time that you used to abuse of drugs and then you decided to stop and start talking from wherever you like about the process you experienced. Please take the time you need. I will listen to you and I will not interrupt. I am just going to take some notes in case I have any further questions for you after you finish telling me about it.

Section 2: After the participants finish talking, I will go through the topics mentioned by them and I will ask the participants to amplify on these topics focusing on those related to mothering and the role of children in desistance.

Section 3: In the last section, further elaboration on the sensitising concepts related to mothering and its role in desistance from drug use will be asked to gain a thorough understanding of the participants' narratives. Questions will be open-ended to avoid inducing undue pressure on the participants and to reduce bias.

Possible questions may be based on the:

- Meaning of desistance for the participant.
- Meaning of motherhood for the participant.
- Factors facilitating desistance.
- Factors that served as a barrier to desistance.
- Factors that served as a motivation to remaining abstinent.
- Factors that served as a hindrance to remaining abstinent.
- The impact on identity with regards to mothering and addiction.
- The parental role and relationship with children.

- Issues associated with possible shame and stigma.

Interview Guide – Maltese Version

Gwida għall-intervista

Din il-gwida għall-intervista hija bbażata fuq il-mudell Single Question aimed at Inducing Narrative (SQUIN) żviluppat minn Wengraf (2004). Dan huwa metodu narrattiv li jħeġġeġ lill-parteċipanti jirrakkontaw l-istorja tagħhom bil-mod tagħhom. Dan huwa maqsum fi tliet sezzjonijiet kif deskritt hawn taħt.

Qabel ma nibdew din l-intervista, nixtieq nerġa nirringrazzjak talli aċċettajt li tipparteċipa f'din ir-riċerka. Is-suġġett li se nkunu qed nesploraw huwa fuq dawk il-fatturi li kkontribwixxew fid-deċiżjoni tiegħek li tieqaf tuża d-droga b'emfażi fuq l-irwol tal-omm. Jiena konxja li dan huwa suġġett sensittiv, u għalhekk jekk jogħġbok ħossok libera li twaqqafni fi kwalunkwe ħin matul l-intervista jekk tkun qed tħossok skomda. Waqt li qed niddiskutu dan is-suġġett, nixtieq intik il-parir li tevita li tiżvela informazzjoni dwar attivitajiet illegali kurrenti u jekk issemmi xi attivitajiet illegali li saru fil-passat, jekk jogħġbok żomm lura milli tipprovdi dettalji mhux neċessarji. Nixtieq ninfurmak li jekk isemmi xi riskji ta' ħsara għalik innifsek jew għal ħaddieħor, jien obbligata li nirraporta. X'ħin tħossok komda, nistgħu nibdew din l-intervista.

Sezzjoni 1: Il-parteċipanti se jiġu mistoqsija mistoqsija waħda:

Bħala omm, u persuna li kont tabbuża mid-droga, jien interessata li nisma' l-istorja u l-esperjenza tiegħek fuq meta int iddeċidejt li tieqaf tuża d-droga.

Mur lura għal dak iż-żmien li kont tabbuża mid-droga u imbagħad iddeċidejt li tieqaf tuża d-droga u ibda tkellem minn fejn tixtieq fuq il-proċess li int esperjenzajt. Jekk jogħġbok ħu l-ħin li għandek bżonn. Jiena se nisimgħek u mhux ser ninterrompik. Kull mhu se nagħmel huwa nieħu ftit noti f' każ li jkolli xi mistoqsijiet għalik wara li tispiċċa tgħidli l-istorja tiegħek.

Sezzjoni 2: Wara li l-parteċipanti jieqfu jitkelmu, jien se ndur fuq it-temi msemmija minnhom u se nitlob lill-parteċipanti biex jitkellmu iktar fid-dettall fuq dawk is-suġġetti b'emfażi fuq dawk il-fatturi relatati mal-irwol tal-omm u it-trobbija tal-ulied fid-desistenza mid-droga.

Sezzjoni 3: Fl-aħħar sezzjoni, mistoqsijiet fuq il-kunċetti sensitizzanti relatati mal-irwol tal-omm u t-trobbija tal-ulied fid-desistenza mill-użu tad-droga se jiġu mistoqsija sabiex tinġabar iktar informazzjoni fuq l-istejjer tal-parteċipanti. Il-mistoqsijiet se jkunu b'tali mod li tiġi evitata pressjoni żejda fuq il-parteċipanti u biex jitnaqqas il-preġudizzju.

Il-mistoqsijiet jistgħu jkunu ibbażati fuq:

- Xi tfisser għalihom li jastjeni mid-droga.
- Xi tfisser għalihom li huma ommijiet.
- X'għenhom biex iwaqqfu l-użu tad-droga.
- X'inhuma dawk il-fatturi li kienu ta' xkiel biex jiefqu jużaw d-droga.
- X'fatturi jinkorraġġuhom biex jibqgħu astinenti.
- X'inhuma l-fatturi li jistgħu ixekluwluhom milli jibqgħu astinenti.
- L-impatt tal-identita' tagħhom bħala ommijiet u bħala users fil-passat.

- Kif jarah l-irwol tagħhom bħala ġenituri u x'ifisser dan l-irwol għalihom.
- L-irwol ta' ġenitur u r-relazzjoni mat-tfal.
- Kwistjonijiet marbuta mall-possibilita' ta' mistħija u stigma.

Appendix G

Sample of the Data Analytic Process

Except from an Interview

Interview Transcript	Coding
296 R: Ok, u għedtli ħin minnhom kont qed 297 titkellem u għedtli li kien hemm xi 298 affarijiet li għenuk li wara li ħriġt mill- 299 programm irilepsjajt u imbagħad erġajt 300 dħalt xahar programm u hemmhekk kienet 301 xorta diffiċli ftit il-ħajja imma kien hemm 302 xi affarijiet li għenuk tikkopja. Tista' 303 titkellem ftit iktar fuqhom dawn?	
304 I: Jiena imbagħad kont bdejt naħdem. 305 Kont naħdem X iġifieri ta' mhux dan, 306 imma kont diġa għandi 8 siegħat mill- 307 ġurnata fhimt, li jiena mhux qiegħda d-dar 308 u kont immur l-NA ukoll u kont noħrog 309 mal-grupp tal-NA. U kont narahom 310 perfetti ħdejja u li jiena baqali x'naħdem 311 fhimt? Huma kollox hekk serenita u hekk 312 u jien x'serenita! L-anqas kont naf 313 x'naqbad nagħmel. Ikolli l-uġigħ ma 314 nistax imur nieħu biex jgħaddili, taf kif! 315 Irid naffaċja d-dwejjaq kollha. Imma	304 Being gainfully employed. *Hook for change* 305-307 Filling her time with prosocial activities. 308-309 Forming part of an addiction recovering oriented group. *Tertiary desistance* 310-313 Low self-efficacy 313-317 Resisting not to engage in self-medication. *Primary desistance*

316 imbagħad, imbagħad minn hemm u minn 317 hawn għenuni kienu fhimt? Qisni 318 noqgħod clean u nibda. U imbagħad kelli 319 t-tifel. Kont pregnant uwx u żgur niftakar 320 li ġieli kelli ħsibijiet u kont ngħid issa 321 kieku sena ilu kont imur nieħu bħalissa. 322 Ma rridx niffaċjaha din. U kont domt 323 għax inti mhux billi se tidħol programm u 324 qatt mhu se taħseb. Impossibli man wara 325 dak iż-żmien kollu u X kien jgħidli 326 normali, kieku jien ninkwieta kieku tiġi 327 tgħidli allajbierek li qatt ma tiġik 328 f'moħħok fhimt!	314-315 Learning new ways of coping with negative emotions. 317 Feeling supported by the drug recovering community. *Hook for change* 318-319 Pregnancy turning point. *Hook for change* 318-321 Battling cravings while pregnant. *Difficult journey to desist drugs*. 322-325 Considering *desistance as a process*. 323 Acknowledging the difficult journey to desist. Considering desistance as a battle 325-328 Supported by professionals. Being understood. *Hook for change*
329 R: U x'kien jgħinek biex inti ma terġax 330 taqa għad-droga?	
331 I: Ara meta ma kontx tqila naħseb il- 332 programm, l-NA u ehe għax ridt li nibqa 333 clean. Anki l-mistħija li n-nies kienu se 334 jitkelmu ħażin fuqi jekk nerġa' naqa kienet 335 tgħini biex ma nieħux. Imma mhux vera 336 Jiena kont ngħid shame u l-guilt, kont 337 ngħid jien ħa ngħidilhom per eżempju…	331-332 Primary desistance through programme and recovering community's support. 334-335 Reintegrative shaming – *tertiary desistance* 336-337 Shame and guilt contingencies to sustain desistance. 340-342 Ashamed of her relapse.

338 filfatt l-NA ma kontx ngħidilhom li jiena 339 kont naħseb eżempju. U ħażin, għax jekk 340 ġieli taħseb sippost trid tgħidha imma jien 341 kont nistħi ngħid peress li kont diġa t-tieni 342 darba. Kont ngħid lil X imma. Imbagħad 343 meta kont pregnant imbagħad t-tifel uwx. 344 Kelli l-iktar ħaġa li setat iżżomni fhimt, 345 jien li ma mortx nieħu.	342-343 Seeking support in professionals. 343-346 Maternal identity important contingency to sustain desistance. *Identity transformation.*
346 R: X'tagħtek il-pregnancy biex hekk kont 347 qed iżżomm hekk?	
348 I: Heq it-tifel uwx. Ma ridtx li t-tifel… 349 it-tfal tiegħi qatt ma ridt ngħaddihom 350 milli għaddejt jiena. Jiena batejt ħafna 351 eżempju ommi fina kienet tixrob u 352 tpejjep. Dan iż-żmien hekk kienu ħafna 353 minnhom. Jiena, għallinqas jiena… u anki 354 s-sigaretti eżempju fil-kbir	348-350 Possible fear of transgenerational transmission of drug abuse.
355 armejtu mall-ewwel il-pakkett. U 356 fiż-żgħir jiddispjeċini naqra għax għamilt 357 xi xahrejn biex qtajthom, kienet iktar 358 difficli f'dan. Imma fl-ieħor la sigaretti 359 eżempju, xejn l-anqas drink. U darba 360 hekk ħrigna ma' tax-xogħol u qaluli trid	355-357 Feeling guilty of the possible negative consequences of the harmful effects of the substance of abuse on her children's well-being. 360-363 Lifestyle changes. *Secondary desistance*

361 tazza inbid u għidtilhom le, jien ma 362 nixrobx iġifieri imma stajt kieku rid tgħid 363 mhu se tagħmili xejn tazza inbid 364 eżempju. Ma ridx inweġġahom bl-ebda 365 mod li jien batejt.	364-365 Ensuring she is a good role model for her children.
366 R: U dan dejjem waqt li inti kont 367 pregnant qed tirakkuntali bħalissa uwx 368 hekk?	
369 I Iva	
370 R: qisu l-ħsieb li se ssir omm kien…	
371 I: u kelli ħafna expectations sbieħ. Li 372 imur noqgħod waħdi, li se nikri, li se 373 nagħmel ix-xirjiet, naħsel il-ħwejjeġ, 374 dejjem innaddaf, sibt l-indafa ukoll li 375 vera ħazin issa fhimt. It-tfal ma tistax 376 iżommhom pina, imma jiena kont 377 nistressja u hekk. U ridt ukoll naħseb li	371-375 Positive images of possible self. 372-374 Lifestyle changes.
378 irrid in-nadif għax moħħi… kont qisni 379 qlibt. Minn addiction tad-drogi ġejt 380 b'addiction oħra. Cross addiction fhimt. 381 Imma kont fi stat it-tajjeb imbagħad qisni	378-380 Possibility of cross addiction. Possible personality tendencies associated with addiction.

382 fhimt. U issa il-kbir se jagħlaq nine, 383 mhux tajjeb jew?	382-383 Expressing pride to being abstinent.
384 R: Iġifieri ilek 11 years clean.	
385 I: U bil-klieb magħna uwx, tajjeb uwx!	
386 R: Hekk hu prosit! U xi tfisser għalik li 387 inti omm?	
388 I: Heq, l-aqwa ħaġa li qatt ġratli f' ħajti. 389 Jien dik l-aqwa ħaġa. One l-anqas kont 390 nemmen li jiena nista' inkun pregnant. 391 Kont naħseb li mhux tajba vera. U l-isbaħ 392 ħaga, l-iktar ħaġa… ma nafx l-anqas nista 393 niddiskrivih il-feeling, tant hu kbir u	388-390 Extreme satisfaction with being a mother. 391-393 Identity of a mother becomes a master status.
394 nħossni tajjeb. Inħossni ħazin għaġeb xi 395 kultant inħossni qed nonqoshom li fil- 396 verita' mhu qed nonqoshom xejn. Imma	394-396 Difficulties experienced during the the process of mothering.
397 jiena per ezempju għamilt ġurnata jien 398 naf b'rasi tuġani u ngħidilhom morru 399 ilagħbu jew hekk u imbagħad ngħid ara 400 ma tantx tajthom attenzjoni. Il-bieraħ 401 kont qed naħsel il-platti u għandi fejn 402 titfa' l-platti hekk fuq is-sink u ż-żgħir qed	397-404 Sometimes expressing guilt for feeling inadequate at mothering.

403 ilaħħaq u ħa jiġbidili u tajtu daqqa fuq 404 idu hekk. Mhux għax irid intih u bdejt 405 nagħmilu “No, no, no”. Ma weġġajthux 406 ta’ faqqat naqra, imma iddispjeċini! Dak 407 sew faqqajtilhu. Ir-raġel qalli dak 408 m’għamiltlu xejn u xi kultant tajjeb li 409 tgħajjat naqra żgħira magħhom fhimt. 410 Nerħilhom ftit ta’ imma imbagħad xorta 411 naqra strict magħhom jekk ngħidilhom le, 412 le. U skond kif uwx, mhux… nipprova 413 ifhem, m’inhix perfetta ta imma. U jien 414 nevalwa ħafna lili nnifsi. Tajjeb imma 415 ħazin ukoll għax nikkritikani u hekk 416 għamilt għaxra tajbin nara 3 eżempju 417 tajbin jew 2. Qabel 0 kont nara issa qed 418 nimpruvja. U ġieli niskanta bin-nies, 419 jibdew jgħidu affarijiet fuqhom u jiftaħru 420 b’mod, b’affarijiet tajbin. Jiena l-anqas 421 jien kapaċi eżempju fhimt. Għadni ma 422 wasaltx hemm narani. Baqali ħafna 423 x’naħdem fuqhi innifsi.	407-408 Feeling supported by her husband while mothering her children. 410-411 Disciplining her children. *Exhibiting self-control?* 412-413 Acknowledging limitations in mothering. 414 Engaging in self-evaluation. *Possible anxiety?* 414-416 Low self-esteem. 417-418 Ameliorating her self-esteem. Believing more in her abilities. 421-423 Journey of self-growth and self-awareness.

Appendix H

Table of Conceptual Categories

Categories	Subcategories	Themes	Subthemes
1. Substance use trajectory before motherhood	1.1 Escalation and commitment/ Vicious cycle	• Attachment to drugs	• Telescoping effect • Loss of control
		• Community marginalisation	• Rejection by family • Association with similar rejected peers
		• Identity of a drug addict	• Master status of a drug addict • Contact with CJS • Procriminal peers • Engagement in cognitive distortions
2. Becoming a mother	2.1 Internalisation of the motherhood identity	• Opportunity to desist	• Fear of possible intragenerational transmission of drug abuse • Modelling drug free lifestyle to their children • Counteracting loneliness and despair
		• Motivation to sustain abstinence	• Withstand cravings • Investing in childrens' well-being

		• Assuming mothering role in the context of a romantic relationship	• Overcoming lingering effects of negative childhood attachment styles
		• Assuming maternal identity	• Engaging in meaningful interactions with children • Reduction in rewards associated with drug use
	2.2 Incongruence with the maternal identity	• Stressful experience	• Struggle to accept identity of a mother • Increased drug use • Unable to cope with newfound responsibility
		• Mothering incongruent with maternal lifestyle	• Using drugs seeking excitement
	2.3 Stigma, shame and guilt	• Struggle to abstain drugs • Considering themselves inadequate mothers	
		• Lack of family support	• Having their credibility doubted • Escalation in drug use • Decreased motivation to seek treatment

		• Intensification of stigma by professionals	• Lack of support from professionals • Considering themselves inadequate mothers
		• Intensification of guilt following child hospitalisation	• Negative impact on maternal self-esteem • Negative impact on maternal identity
3. Trajectories of desistance and mothering	3.1 Primary desistance	• Different approaches to desistance	• Harm reduction • Drastically stopping drugs
		• Several relapses	• Several attempts at desisting • Lack of support • Drugs serving a function within the family • Addictive cycle barrier to desistance • Drugs coping mechanism
		• Motivating contingencies for desistance	• Mother-infant relationship • Physiological constraints • Emotional distress • Negative emotional state • Feeling tired of the addiction lifestyle

			• Self-harm and suicidal thoughts • Informal Coercion • Formal Coercion • Fearing loss of child custody • Fearing custodial sentences
	3.2 Secondary desistance	• Hooks for change	• Family support • Support from partners • Support from children • Building social capital • Engaging in meaningful employment • Adequate housing • Support from professionals • Support from drug rehabilitation programme
		• Identity transformation	• Increased self-efficacy • Internalising prosocial identity • Internalising maternal identity – master status

			• Enhanced reflective process • Prioritising mother-child relationship • Guild for the impact of substance abuse on children • Building psychological capital
	3.3 Tertiary desistance	• Sense of community belonging	• Experiencing community acceptance
		• Redemption script	• Receiving respect • Contributing to society
		• Reintegrative shaming	• Fearing community shaming
4. Experience of mothering	4.1 Challenges in negotiating mothering and addiction concurrently	• Challenging role	• Ambivalent feelings • Resorting to substance abuse to deal with psychological distress • Requiring drugs to mother children
		• Functional mothering	• Avoid using drugs in front of children

			• Reduced ability to be emotionally present • Carrying out functional tasks
		• Inability to mother as effectively as they wished	• Using drugs in front of younger children • Annoyed by children's presence • Anger and impatience
		• Losing child custody	• Effects of past victimisation experiences • Difficulty to assume maternal identity
		• Relinquishing duties of a mother to family members	• Neglecting parenting role • Solidifying drug addict identity
	4.2 Striving to become good mothers	• Identifying with the mothering role	• Increasing contact with children • Securing maternal relationship – Rebuilding relationship with children
		• Prioritising children's well being	• Striving to raise children in prosocial environment

		• Engaging in positive parenting	• Structure • Presence • Social support • Self-control
	4.3 Challenges encountered while mothering	• Lingering effects of substance abuse	• Guilt • Stigma • Courtesy stigma
		• Dealing with stigma	• Pride
5. Identity and identity transformation	5.1 Identity of a drug addict	• Master status of an addict	• Junkification process • Labelled as addicts
	5.2 Identity of a person who has desisted drug abuse	• Realising negative consequences of substance abuse	
		• Possible selves	• Depicting positive images about themselves
		• Cognitive transformation processes	• Identifying with new prosocial identities • Engaging in key institutions
		• Delabeling process	• Changing behaviour
	5.3 Identity of a mother	• Internalisation of the maternal identity	• Agentic self • Possible self • Positive hopes for the future

		• Authenticity	• Possible self-reminding themselves that desistance is a lifelong battle supports abstinence

Appendix I

Participants' Original Quotations and Their Translation to English

After a very short time, I was using so much that I started losing weight, I was so weak and only drugs made me feel better. (Isabelle)

U fi żmien qasir, tant kont qed nuża li bdejt nitlef il-piż, u kont inkun veru għajjiena li bid-droga biss kont inħossni aħjar. (Isabelle)

Because then you only think about drugs, nothing else is important in your life. (Yvonne)

Għax imbagħad moħħok ikun biss fid-droga, xejn ma jibqa' importanti f'ħajtek. (Yvonne)

I no longer went out and I was barely eating. (Isabelle)

Ma kontx qed noħroġ u bilkemm kont qiegħda niekol. (Isabelle)

My character totally changed. I no longer laughed. I used to feel abnormal. I felt like a sick person. (Philippa)

Il-karattru tiegħi inbidel għal kollox. Ma bqajtx nidħak. Ma bqajtx inħossni normali. Kont inħossni qisni persuna marida. (Philippa)

I had a strong habit, and I used to engage in crime to obtain money to buy drugs. (Rosie)

Kelli vizzju kbir u kont nagħmel affarijiet ħżiena biex inġib il-flus biex nixtri d-droga. (Rosie)

There were times where I ended up sleeping in the streets. (Isabelle)

Kien hemm drabi fejn spiċċajt norqod barra. (Isabelle)

And at 16 I started using heroin. My parents no longer wanted me to live with them. I left and started living on my own. Then I met people involved in drugs and I started spending more time using drugs with them. (Beatrice)
Ta' sittax bdejt nuża l-heroin. Ommi u missieri ma ridunix ngħix iktar magħhom. Tlaqt u bdejt ngħix waħdi. U imbagħad iltqajt ma' nies involuti fid-droga u bdejt inqatta' ħafna ħin magħhom nuża d-droga. (Beatrice)

I had a label, telling me that I am an addict. (Beatrice)
Qisni kelli tikketta, tgħidli li jiena addict. (Beatrice)

Rock bottom considering herself as a bad person. (Yvonne)
Missejt il-qiegħ u bdejt nara lili nnifsi persuna ħażina. (Yvonne)

I could not get pregnant, so I did not have a reason to stop drugs. (Mandy)
Ma stajtx ninqabad tqila, allura kont narani li ma kellix għalxiex nieqaf mid-droga. (Mandy)

This is my life. This is who I am. I cannot get better. (Rosie)
Din hi ħajti. Din hija jien. Ma nistax noħroġ minnha. (Rosie)

When I got pregnant, there were not many options. Either I regain my life, or I continue using drugs. I always wanted to have a family and children. I never wanted to lose child custody, so I decided to quit substance abuse. (Mandy)
Meta inqbadt tqila ma tantx kelli options. Jew nieħu ħajti lura jew inkompli nuża d-droga. Dejjem xtaqt li jkolli familja u tfal. Qatt ma xtaqt li nitlef il-kustodja tat-tfal, allura ddeċidejt li nieqaf nuża d-droga. (Mandy)

We are a very close family. My family never left my side. Their support encouraged me to quit drugs and remain abstinent. But then when I got pregnant, my daughter saved me. She was my anchor not to go back to that life. (Paula)
Aħna bħala familja veru magħqudin. Il-familja tiegħi qatt ma telqitni. Is-sapport tagħhom għeni biex nieqaf mid-droga u nibqa' hekk. Imma imbagħad meta inqbadt tqila, my daughter saved me. She was my anchor not to go back to that life. (Paula)

I had the support of my husband and professionals and six months before my pregnancy I stopped substance abuse. But during that period, I battled cravings. Then when I learnt that I was pregnant, my cravings stopped. The joy of pregnancy took over. (Rosie)
Kelli s-sapport tar-raġel u tal-professionals u sitt xhur qabel inqbadt tqila waqqaft id-droga. Imma f'dak il-perjodu kien ikolli l-cravings. Imbagħad meta sirt naf li jien tqila, il-cravings waqfu. Il-ferħ tat-tqala ħa over. (Rosie)

I think it is something within you. For example, my father and grandfather were alcoholics, my mother was a gambler and a drug user, and I was a drug user. There is a high possibility that my son has that personality, and this frightens me a lot. (Mandy)
Jien naħseb li hi xi ħaġa fik. Eżempju, missieri u n-nannu kienu alcoholics, ommi kienet tilgħabhom u user, u jiena kont user. Hemm ċans kbir li ibni ikollu dik il-personalità, u din tbeżżani ħafna. (Mandy)

I always told myself that I will never have children and use drugs concurrently. I did not want to influence them badly. My father was a user and I think that he influenced me. It frightens me that they can become addicts because of me. (Rosie)

Dejjem għidt lili nnifsi li qatt mhu se jkolli t-tfal u nuża d-droga fl-istess ħin. Ma ridtx ninfluwenzahom ħażin. Missieri kien juża u naħseb din affetwatni. Tbeżżani li jistu' jsiru addicts minħabba fija. (Rosie)

I did not want that drugs become the norm, like by saying that drugs are nothing serious. Then if I use drugs, how would I face him (son) and tell him not to use himself! I would not be a good role model for him. (Mandy)
Ma ridtx li d-droga tiġi xi ħaġa ta' kuljum, qisni qed ngħid li d-droga mhix xi ħaġa serja. Imbagħad jekk jien nuża d-droga, kif se jkolli l-wiċċ ngħidlu biex ma jużax! Ma nkunx role model tajba għalih uwx. (Mandy)

I believe that finding love and happiness are the most important things to quit drugs. Before I used to tell myself that it was ok to use drugs as no one cared about me. I even had two children whom I lost custody of because of drugs. My ex-partner did not love me. We only used drugs together. But now my partner loves and cares for me. We have twins and the bond that I have with them, I cannot even describe it. (Yvonne)
Jiena nemmen li jekk issib l-imħabba u l-kuntentizza għandek kollox biex tieqaf mid-droga. Qabel kont ngħid lili nnifsi li kien ok li nuża d-droga għax ħadd ma kien jagħti kasi. Anki kelli żewġt it-tfal ħaduhomli minħabba d-droga. L-ex tiegħi ma kienx iħobbni. Konna biss nużaw id-droga flimkien. Imma issa il-partner iħobbni u jieħu ħsiebi. Għandna tewmin u l-bond li għandi magħhom, l-anqas nista niddiskrivihilek. (Yvonne)

When my daughter was six months old, I used to find drugs at home. I was afraid of relapsing. Just like my partner was a drug addict, I also was. However, I always reminded myself of my daughter to stay strong. (Paula)

Meta t-tifla kellha sitt xhur, kont insib id-droga id-dar. Kont nibża' li nerġa' naqa. Bħal ma l-partner kien addict, jiena wkoll kont. Imma dejjem fakkart lili nnifsi fit-tifla to stay strong. (Paula)

When I was pregnant, I used to have some cravings and I used to tell myself that if I had these cravings a year ago, I would have gone to have a fix. But the pregnancy stopped me from going. (Isabelle)
Meta kont tqila, ġieli kien ikolli ftit cravings u kont ngħid lili nnifsi li kieku kelli dawn il-cravings sena ilu, kont immur nistrieħ. Imma it-tqala kienet iżżomni milli mmur. (Isabelle)

My son is everything for me. I am serious about this. Before my life revolved around getting and using drugs. Now I wake up in the morning and see him smiling. What a difference! God forbid something happens to him. (Mandy)
It-tifel kollox għalija. Bis-serjeta qed ngħidlek. Qabel ħajti kienet iddur mad-droga. Issa nqum filgħodu u hekk narah jitbissimli. X'differenza! Allaħares jiġrilu xi ħaġa. (Mandy)

The pregnancy gave me a lot of positive emotions. I would really like to relive it. I cannot even describe what it gave me. It changed me as a person, I became more responsible. There are a lot of positive things that changed in me. (Rosie)
It-tqala tagħtni ħafna emozzjonijiet sbieħ. Veru nixtieq nerġa' ngħixa. L-anqas nista' niddiskrivilek x'tagħtni. Biddlitni bħala persuna, sirt iktar responsabbli. Hemm ħafna affarijiet pożittivi li nbiddlu fija. (Rosie)

I was never interested in having children or in marrying. It was difficult for me to accept that I was pregnant. (Beatrice)

Qatt ma kont interessata li jkolli tfal jew li niżżewweġ. Kienet diffiċli għalija biex naċċetta li kont tqila. (Beatrice)

I spent seven months clean while I was pregnant with my first child. But then in the last weeks I started using again. It felt too much for me. (Yvonne)
Għamilt seba' xhur clean meta kont tqila bil-kbir. Imma imbagħad fl-aħħar ġimgħat erġajt bdejt nuża. Bdejt inħossha wisq tqila għalija. (Yvonne)

I was fed up of working, I was fed up of spending all my time with my children, I was fed up of the life that I was living. I met a guy and I decided that yes, I wanted to become a drug addict. (Kathy)
Kont iddejjaqt naħdem, kont iddejjaqt inqatta' l-ħin kollu mat-tfal, kont xbajt mill-ħajja li kont qed ngħix. U ltqajt ma wieħed u ddeċidejt li iva, jien ridt insir drug addict. (Kathy)

My mother used to see me trying to desist drugs, however she still doubted my attempts. And I used to tell myself, I am not using drugs and I am still not believed and so I used to end up using again. (Philippa)
Ommi kienet tarani qed nipprova nieqaf, imma ma kinitx temmini. U kont ngħid lili nnifsi, jien mhux qed nuża d-droga u xorta mhux jemmnuni u kont nispiċċa nerġa' nuża. (Philippa)

You are incapable of mothering children. (Yvonne)
M'intix kapaċi tieħu ħsieb it-tfal. (Yvonne)

The social worker used to tell me 'I don't want you to spend money, I will bring you baby items.' Ok I appreciate, but what the hell!! I want to buy them new things, not having to beg

for scraps from others! Once she brought me a nappy changer and it was full of cockroaches. What the hell! Ok she helped me, but you still feel like a second-class citizen. (Yvonne)
Is-social worker kienet tgħidli, 'Ma rridekx tonfoq il-flus, issa nġiblek l-affarijiet tal-baby jien'. Ok napprezza imma x' iżżik! Nixtieq nixtrilu affarijiet ġodda, mhux nieħu t-tilqiet tan-nies! U darba ġabitli nappy changer u kienet mimlija cockroaches. X' iżżik! Ok kienet tgħini, imma xorta kont inħossni qisni second class. (Yvonne)

Today the nurses let me breastfeed my daughter. Then the next day I was not allowed because I was on methadone. I really took it badly because it was the only good thing I could give her to relieve her pain. I started sobbing and got anxious as I thought that I harmed my daughter. Then another nurse came, and I told her what happened. She got furious and told me that I was supposed to breastfeed my daughter more than other mothers!... Labelling! There is still so much ignorance in our society, and you do not expect it from professionals! Also, the doctor asked me the types of drugs I use. He did not even read my file! I was clean! I told him I used to abuse of snowballs (combination of heroin and cocaine) and he sarcastically told me 'I only know about marshmallows'. (Rosie)
Illum in-nurse ħallitni nredda' lit-tifla. Imbagħad l-għada ma ħallewnix għax kont bil-methadone. Vera kont ħadtha ħażin għax dik kienet l-uniku ħaġa tajba li stajt nagħti lil binti biex inserraħha. U bdejt nibki u sirt anzjuża ghax bdejt naħseb li weġġajt lil binti. Imbagħad ġiet nurse oħra u għidtila x'kien ġrali. U vera rrabjat u qaltilhom li jien suppost irrid inredda' iktar minn ommijiet oħra!... Labelling! Veru għad hemm injoranza fis-soċjetà, u ma tistennihix minn professjonisti! Anki it-tabib staqsini x'tip ta' drogi nuża. L-anqas biss kien qara l-file! Kont clean! U għidtlu li kont nuża snowballs u qalli sarkastikament 'Jien marshmallows biss naf.' (Rosie)

I went to the breast-feeding clinic, and I was telling the nurses that my son was at NPICU and she asked me why he was there, and I told her to tail down methadone. And she was holding me and comforting me and then she removed her hand and told me 'Oh I see.' What the hell, I still need support as other mothers! (Mandy)
Mort il-breast-feeding clinic u bdejt ngħid lin-nurse li t-tifel kien qiegħed l-NPICU, u staqsitni għaliex kien qiegħed hemm, u għedtilha biex jaqta' l-methadone. U kienet qiegħda żżomni biex tfarrag̈ni u imbagħad neħħiet idejha u qaltli 'Oh I see'. X'iżżik, jien xorta għandi bżonn l-għajnuna bħal ommijiet oħrajn! (Mandy)

My son was hospitalised at the NPICU for the first two months after birth. Maa!! It was a petrifying experience. You see this innocent baby, and because of me, because of my drug use he was suffering so, so much! (Mandy)
It-tifel kien l-NPICU l-ewwel xagħrejn. Maa!! Kienet esperjenza tal-biża. Hekk tara dan it-tifel innoċenti, u minħabba fija, minħabba d-droga kien qed ibati ħafna ħafna! (Mandy)

When my twins were born, I used to doubt whether I could mother them. I had already lost two children because I prioritised drugs. I was clean but I still felt I might not be a good mother for them. (Yvonne)
Meta twieldu t-tewmin, kont niddubita nistax inkun omm tajba. Kont diġa tlift żewġt itfal minħabba d-droga. Kont clean imma xorta ħassejtni li minix omm tajba biżżejjed għalihom. (Yvonne)

I tried stopping substance abuse several times but stopping is very difficult and I always ended up using again. (Beatrice)

Pruvajt nieqaf kemm il-darba, imma vera diffiċli biex tieqaf u kont dejjem nispiċċa nerġa' nuża. (Beatrice)

Although I tailed down drugs, I was still using so I decided to quit everything altogether. (Mandy)
Avolja naqqast id-droga, xorta kont qed nuża, allura ddeċidejt li nieqaf għal kollox. (Mandy)

At home everyone used drugs, so it was something normal for us. (Yvonne)
Id-dar kulħadd kien juża, allura kienet xi ħaġa normali għalina. (Yvonne)

My mother did not want me to attend a programme. Since I was using drugs, she thought I got better as I was not fighting with her. Instead, I was spending time hearing her whining. I was not reacting but continuously nodding since I was on heroin. (Isabelle)
Ommi ma riditnix nattendi programm. Peress li kont qed nuża d-droga, kienet qiegħda taħseb li jiena ġejt aħjar għax ma kontx qiegħda niġġieled magħha. Minflok kont qed inqatta xeba ħin ħdejha nismagħha teqred. Ma kontx qed nirreaġixxi imma l-ħin kollu ninnodja peress li kont fuq il-heroin. (Isabelle)

I attempted several programmes that I lost count. There was always something that once back in the community hindered me. I used to feel extreme sadness and insecure that I end up using drugs again. It is a vicious cycle. (Beatrice)
Pruvajt ħafna programmi li tlift il-count. Dejjem kien hemm xi ħaġa li żżomni lura meta noħroġ mill-programm. Kont inħossni ħafna anzjuża u insecure li nispiċċa nerġa' nuża. Qisu vicious cycle. (Beatrice)

I entered a programme for three weeks but once I started feeling my emotions again, I could not handle them, it was very difficult. And I said that it was not worth it. I left and I started using drugs again. (Kathy)

Kont dħalt programm għal tlett ġimgħat imma kif erġajt bdejt inħoss l-emozzjonijiet, ma stajtx nikkontrollahom, kienet vera diffiċli. U kont għidt dan mhux worth it. U tlaqt u erġajt bdejt nuża. (Kathy)

I was losing everything. I was losing my children. I was not taking care of them. I did not give them the love they deserved. They were a huge part of my decision to stop. I did not want to disappoint them. (Philippa)

Kont qed nitlef kollox. Kont qed nitlef lit-tfal. Ma kontx qiegħda nieħu ħsiebhom. Ma tajthomx l-imħabba li jistħoqqilhom. Kienu parti kbira mid-deċiżjoni tiegħi li nieqaf. Ma ridtx niddiżappuntahom. (Philippa)

I decided to stop because of the negative consequences that addiction was having on me, not because of my children. (Kathy)

Iddeċidejt li nieqaf minħabba l-konsegwenzi negattivi tad-droga fuqi, mhux minħabba t-tfal. (Kathy)

Once I was at home alone and I was so sad that I wanted to jump out of my window. This was a turning point in my life, choosing between life and death. Deep down I did not want to die, and this motivated me to seek treatment. (Beatrice)

Darba kont qiegħda d-dar waħdi u tant kont imdejjqa li xtaqt naqbeż mit-tieqa. Din kienet it-turning point f'ħajti, li nagħżel bejn ħajja u mewt. Deep down ma ridtx immut, u minn hemm iddeċidejt li nfittex l-għajnuna. (Beatrice)

My parents decided to take me to OASI. It was not my choice. I did not want to go. (Paula)
My parents decided to take me to OASI. It was not my choice. Jien ma ridtx immur. (Paula)

It is either me or the drugs. And I stopped. (Yvonne)
Jew jien jew id-droga, u waqaft. (Yvonne)

I was aware that if I did not change, my baby would be taken away from me. But the social workers used to tell me, 'why don't you leave the baby with the sisters until you get better?' As if they were doing me a favour! I wanted to get better, man! And I was tailing down drugs. If they really wanted to help me, they should have supported me in quitting, and not ask to take my baby away! (Mandy)
Kont naf li jekk mhux se ninbidel, kienu se jieħduli t-tarbija. Imma s-social workers kienu jghiduli, 'għax ma tħallix il-baby ftit mas-sisters sakemm tiġi tajba?' Qishom se jagħmluli xi pjaċir! Jien ridt nirranġa, man! U kont qed innaqqas mid-droga. Kieku veru riedu jgħinuni, kienu jgħinuni nieqaf, u mhux isaqsuni biex jieħdu l-baby! (Mandy)

They told me I was unable to raise children and took my baby as soon as I gave birth. Losing the baby meant that I did not have a reason to desist for. (Yvonne)
Qaluli li jien ma stajtx inrabbi t-tfal u ħaduli t-tifel eżatt kif twieled. Meta tlift il-baby ħassejtni li m'hemm xejn iktar għalxiex nieqaf. (Yvonne)

My case was heard at the drug court. I was afraid of prison. The drug court social worker used to encourage me to stop drugs. (Rosie)
Il-każ tiegħi nstemgħa id-drug court. Kont imbeżża mill-ħabs. Is-social worker tad-drug court kienet tinkoraġġini biex nieqaf mid-droga. (Rosie)

Now my mother is aware that I am changing, and she is giving me her full support. She keeps encouraging me to persevere to finish the programme. She is taking care of my children. I am grateful for her support. (Kathy)
Issa ommi qiegħda tagħraf li jiena qiegħda ninbidel, u qiegħda tissaportjani ħafna. Tinkoraġġieni biex nibqa' nżomm soda ħalli nispiċċa l-programm. Hi qed iżżomli t-tfal ukoll. Grata ħafna għas-sapport tagħha. (Kathy)

My daughter provides me with a lot of support. She believes in me and tells me to stay strong. I do not want to disappoint her. (Philippa)
It-tifla ttini ħafna sapport. Hi temmen fija u tgħidli biex nibqa' soda. Ma rridx niddiżappuntaha. (Philippa)

My aim is to remain abstinent, not just for myself but for everyone who believes in me. (Philippa)
L-għan tiegħi hu li nibqa' clean, mhux għalija biss imma għal dawk kollu li qed jemmnu fija. (Philippa)

I feel very supported at the programme. Whenever I need someone to talk to, they are always there ready to listen. (Kathy)
Inħossni vera ssaportjata fil-programm. Meta jkolli bżonn nitkellem ma xi ħadd, dejjem insib min hu lest biex jismagħni. (Kathy)

Whenever I have a problem… for example, my daughter was not doing well at school, and I talked to X from Oasi to see how I could support her. (Paula)

Kull meta jkolli xi problema… eżempju my daughter was not doing well at school, and I talk to X mil-OASI biex nara kif nista' ngħinha. (Paula)

I did not want to lose my daughter. I wanted to be a good mother. You cannot take drugs and raise children simultaneously. This encouraged me further to sustain desistance. (Rosie)
Ma ridx nitlef lit-tifla. Ridt inkun omm tajba. Ma tistax trabbi u tieħu d-droga fl-istess ħin. Din għenitni biex nibqa' ma nieħux. (Rosie)

Now I am realising what I have lost, and I feel guilty for what I have done. But now I want to make it up to my children for all the times I was unavailable, and I want to prove them that I have changed. (Kathy)
Issa qed nirrealizza xi tlift, u inħossni guilty ta dak li għamilt. Imma issa nixtieq inpattilhom lit-tfal, tad-drabi kollha li ma kontx hemmhekk għalihom u rrid nurihom li nbdilt. (Kathy)

I feel guilty about what happened. But I am working on my guilt. I engage in self-talk, and I tell myself that it is ok, it is part of my past, and I am working on myself to continue improving. (Philippa)
Inhossni guilty fuq x'ġara. Imma qegħda naħdem fuq il-guilt tiegħi. Nagħmel ħafna self-talk u ngħid lili nnifsi it's ok, dak parti mill-passat tiegħi, u qed naħdem fuqi nnifsi biex inkompli mixja 'l quddiem. (Philippa)

Being a mother is the best thing that has ever happened to me. (Isabelle)
Li jiena omm hija l-aħjar ħaġa li qatt ġratli. (Isabelle)

Being a mother means the world to me. My son gave me everything I ever wanted in my life. (Mandy)
Li jiena omm tfisser id-dinja għalija. It-tifel tani dak kollu li dejjem xtaqt f'ħajti. (Mandy)

I was a very insecure person and I never believed in myself. But once I entered the drug rehabilitation programme and I started working on myself, I saw positive qualities in me which I never saw while abusing of drugs. (Beatrice)
Jien kont persuna insecure ħafna u qatt m'emmint fija nnifsi. Imma meta dhalt il-programm tad-droga u bdejt naħdem fuqi nnifsi, rajt kwalitajiet pożittivi fija li qatt ma kont rajt waqt li kont qed nabbuża mid-droga. (Beatrice)

The attendance to the Narcotic Anonymous despite initially being a struggle to remain abstinent, the group encouraged me and helped me to abstain. (Isabelle)
Meta kont immur in-Narcotic Anonymous għal bidu kienet diffiċli għalija biex nibqa clean, imma l-grupp kien jinkoraġġini u jgħini biex nibqa' astinenti. (Isabelle)

My employer knows about my past substance abuse, but she still believes in my abilities. (Beatrice)
Ta' fuqhi taf li jien kont nabbuża mid-droga fil-passat, imma hi xorta temmen fil-kapaċitajiet tiegħi. (Beatrice)

The shame that people would speak negatively about me should I relapse, used to help me to remain abstinent. (Isabelle)
Il-mistħija li n-nies kienu se jitkelmu ħażin fuqi jekk nerġa' naqa kienet tgħini biex ma nieħux. (Isabelle)

I have a very good relationship with my stepchildren, and they seek me for advice because I know what the street life entails. And given my history, I will surely notice if they start using and I will do my best to support them to quit as I know what this life entails. This encourages me to remain clean. (Rosie)

Jien għandi relazzjoni tajba ħafna mal-istepchildren, u jiġu għandi għall-pariri għax jien naf x'hemm fit-triq. U jekk jibdew jużaw id-droga jien żġur se ninduna minħabba l-passat tiegħi, u se nagħmel ħilti biex ngħinhom jiefqu għax naf xi tfisser din il-ħajja. Din tgħini biex nibqa' clean. (Rosie)

I had to use drugs to feel normal, to be able to care for my children. (Philippa)

Ridt nuża d-droga biex inħossni normali, biex inkun nista' nieħu ħsieb it-tfal. (Philippa)

Although I was using drugs, I made sure that I gave my son his bottle and bathe him. (Yvonne)

Avolja kont qed nuża d-droga kont nara li nagħti l-bottle lit-tifel u naħslu. (Yvonne)

Birthdays, Christmas, Easter, I always ensured that I spend it with them. I used to attend my children's school concerts. I used to take drugs in the car, as I did not want to use drugs on the school premises. (Kathy)

Birthdays, Christmas, Easter, kont nagħmel biċ-ċert li nqattahom mat-tfal. U anki kont immur il-concerts tal-iskola tat-tfal, u kont nieħu d-droga fil-karozza, biex ma nużax droga fl-iskola. (Kathy)

It was normal for me to use drugs in front of my son as he always knew me that way. But I avoided using in front of my daughter to avoid fighting with her. Sometimes I used to give her money to go out, so she leaves me alone. (Philippa)

Kienet ħaġa normali għalija li nuża d-droga quddiem it-tifel għax hu hekk biss kien jafni. Imma kont nevita li nuża quddiem it-tifla biex ma noqogħdux niġġieldu. Xi kultant kont intiha l-flus biex titlaq il-barra, ħalli tħallini waħdi. (Philippa)

No one could help me raise my son. Most of my family members were drug users. And with this new-born child, I did not know what to do. And I was using drugs heavily and Appogg took my son away. (Yvonne)

Ħadd ma seta' jgħini nrabbi lit-tifel. Il-familja tiegħi kważi kollha kienu users. U jien hemm b'dan il-baby, ma kontx naf x'naqbad nagħmel. U kont qed nabbuża ħafna mid-droga u l-Appoġġ ħaduhuli. (Yvonne)

Once in August I went out and I left my children with my grandparents, and I did not return. (Kathy)

Darba f'Awwissu ħrigt u ħallejt lit-tfal man-nanniet tiegħi, u m'erġajtx mort lura. (Kathy)

I phone them, and I have supervised access visits with them. (Yvonne)

Jien inċempilhom u jkolli l-SAVs magħhom. (Yvonne)

My children visit me at the programme every fortnight and they are seeing the difference in me, and our relationship is improving. (Philippa)

It-tfal jiġu jarawni l-programm kull ħmistax, u qed jarawha d-differenza fiha u r-relazzjoni ta' tagħna qiegħda timpruvja. (Philippa)

My children visit me at the programme and when they are here, they do not wish to part with me. They are constantly hugging and kissing me like we used to do before. (Kathy)

It-tfal jiġu jarawni l-programm u meta jkunu hawn l-anqas ikunu jridu jinqagħlu minn fuqi. Il-ħin kollu jgħanquni u jbusuni bħal ma konna nagħmlu qabel. (Kathy)

The twins are my responsibility. I am not responsible for my other children. I do not even have the right to take them to hospital! The bond that I have with my twins is incredible, with the others I do not have a bond… and I also do not have a good relationship with one of the foster parents. She blames me for my son's hyperactivity, because of drugs. But what can I do! I cannot change him! (Yvonne)
It-twins, dawk ir-responsabilità tiegħi. Jien m'inhix responsabbli tat-tfal l-oħra. L-anqas biss nista' niħodhom l-isptar! Il-bond li għandi mat-twins inkredibbli, mal-oħrajn m'għandix bond… u anki m'għandix relazzjoni tajba ma' waħda mil-foster parents. Hi twaħħal fija li t-tifel hyper, minħabba d-droga. Imma jien xi tridni nagħmel! Ma nistax inbiddlu! (Yvonne)

The kids are my priority. They rely on me. I want to give them the best I can. (Paula)
The kids are my priority. They rely on me. Irrid intihom l-aħjar li nista'. (Paula)

I do not imagine myself using drugs again and risk hurting my children. (Isabelle)
Ma nimaġinanix nerġa' nuża d-droga u nirriskja li nweġġa' lit-tfal. (Isabelle)

At the programme, they focus on self-growth. I learnt a lot of skills that I am applying with my son. For example, having structure in my life and living day by day helps me keep grounded and be a better mother. (Beatrice)
Fil-programm jiffukaw fuq self-growth. Tgħallimt ħafna skills li qed nuża mat-tifel. Eżempju, li jkolli struttura u nimxi ġurnata b'ġurnata tgħini, u tgħini inkun omm aħjar. (Beatrice)

I feel guilty that I used to be angry and inpatient with my eldest son. The effects of drugs linger. Had I not used drugs, I would have been calmer with him. (Isabelle)
Inħossni guilty li kont inkun irrabjata u bla sabar mat-tifel il-kbir. L-effetti tad-droga jibqu. Kieku m'użajtx droga kont inkun iktar kalma miegħu. (Isabelle)

I have been trying to get pregnant for the past year. The fact that I could not take my daughter with me at home as she was hospitalised because of methadone really bothers me. I always imagined taking my new-born child home with me. (Rosie)
Ilni nipprova ninqabad tqila għal din l-aħħar sena. Il-fatt li ma stajtx nieħu lit-tifla miegħi d-dar minħabba li kellha toqgħod l-isptar ħabba l-methadone tkiddni. Dejjem immaġinajtni nieħu t-tarbija tiegħi d-dar miegħi. (Rosie)

Once other children insulted my daughter telling her that her mother is a drug addict. (Philippa)
Darba t-tfal l-oħra bdew jgħajru lit-tifla li ommha drugata. (Philippa)

My sister was insulted because of my past substance use. But I tell her to tell them, 'she was a drug addict but no longer is, and I am proud!' (Paula)
Oħti qabdu magħha minħabba fiha għax kont nieħu d-droga. Imma jien ngħidilha biex tgħidilhom, 'she was a drug addict but no longer is, and I am proud!' (Paula)

Going abroad no one will know about my past. (Beatrice)
Meta insifer ħadd mhu se jkun jaf fuq il-passat tiegħi. (Beatrice)

I prefer to avoid the topic with my son. If I tell him, I will tell him when he is older, maybe in his twenties or thirties, as I do not want to negatively influence him. I do not want to taint the image that he has of me. You know, children put parents on pedestals. Telling him that his mother is an ex-user and hearing all the negative comments about drug users in society can shock him. (Isabelle)

Nippreferi li nevita s-suġġett mat-tifel. Jekk ngħidlu, ngħidlu meta jikber, forsi meta jkollu 20s jew 30s, ghax ma rridx ninfluwenzah ħazin. Ma rridx infottilu l-image li għandu tiegħi. Taf int, it-tfal ipoġġu l-ġenituri fuq pedestal. Jekk ngħidlu li ommu ex-user u joqgħod jisma' l-kummenti kollha li jgħidu fuq drug users tista' tixxokjah. (Isabelle)

I am proud of myself, and I am not ashamed to say it out loud. My stepdaughter also tells me that she is proud of me and that my past substance abuse does not affect her. She tells me that if someone insults me, she will tell him 'You're insulting her! She has overcome her addiction and fixed her mistake!' (Rosie)

Jiena proud bija nnifsi u ma nistħix ngħidha. L-istepdaughter tgħidli li hi proud bija u li l-passat tiegħi ma jaffetwahix. U tgħidli li jekk xi ħadd jinsulentani, hi tgħidlu, 'Int għaliha qed tgħid! Irnexxilha tieqaf tieħu d-droga u tirranġa l-iżbalji tagħha!' (Rosie)

My mother started asking questions. For example, once I asked her to lend me money to buy a book, and I really wanted to buy this book, but she did not believe me. So, I just went and used drugs. (Philippa)

Ommi bdiet ssaqsi l-mistoqsijiet. Eżempju, darba ghedtilha biex isselifni l-flus biex nixtri ktieb, u vera xtaqt li nixtrih dan il-ktieb, u m'emmnitnix. Allura qbadt u erġajt mort nuża d-droga. (Philippa)

Contact with the CJS made me aware that I am truly a junky. (Rosie)

Il-kuntatt mal-CJS urini li jien vera sirt junky. (Rosie)

I was aware that if I continued to use drugs, I was either going to continue coming to prison or die. I did not want this to happen. (Kathy)

Kont konxja li jekk se nibqa' nuża d-droga, jew kont se nibqa' niġi l-ħabs jew immut. U ma ridtx li jiġri hekk. (Kathy)

I knew that if I continued to use drugs, my son would be taken away from me. (Mandy)

Kont naf li jekk kont se nibqa' nuża d-droga kienu se jieħduli lit-tifel. (Mandy)

I want to remain abstinent to reunite with my children and be a good mum again. (Philippa)

Irrid nibqa' clean biex nerġa' ningħaqad mat-tfal u nerġa' inkun omm tajba. (Philippa)

My husband was giving me a lot of chances to quit but I was constantly relapsing. Then I said I cannot continue living this life, I need to change for him, for us. (Rosie)

Ir-raġel kien qed itini ħafna ċansijiet biex nieqaf imma kull darba kont qed nerġa' naqa'. Imbagħad għedt ma nistax nibqa' għaddejja hekk, irid ninbidel għalih, għalina. (Rosie)

It would have been better if I remained clean and sought support when I felt down, instead of using drugs again and lose everything. (Isabelle)

Kien ikun aħjar li nibqa' clean u nfittex l-għajnuna meta kont inħossni down milli nuża d-droga u nitlef kollox. (Isabelle)

Now that I am abstinent, I can be a good mother again. (Philippa)

Issa li jien clean, nista' nerġa' inkun omm tajba. (Philippa)

I stopped when I was 28/29 and it felt like I had to restart my life. I did not grow up while using drugs. (Beatrice)
Jien waqaft meta kelli 28/29 u ħassejtni qisni rrid nerġa' nibda ħajti mill-ġdid. Ma inħossnix li kbirt waqt li kont nuża d-droga. (Beatrice)

A few days ago, a professional sent me a message congratulating me for my family. (Isabelle)
Ftit taż-żmien ilu professonist batli messaġġ u qalli prosit tal-familja li għandi. (Isabelle)

The only thing that can make me relapse is if something happens to my children. (Yvonne)
L-uniku ħaġa li tista' terġa' twaqqani fid-droga hija jekk jiġri xi ħaġa lil uliedi. (Yvonne)

I feel I am a normal person. My past no longer affects me. It does not affect me that I am an ex-drug addict and a mother. (Beatrice)
Inħossni persuna normali. Il-passat tiegħi m'għadux jaffetwani. Ma taffetwanix li jien ex-drug addict u omm. (Beatrice)

I do not think about my past, I have put it behind me. I am hopeful for my future. I juggle negative emotions daily, but I never think about using drugs. (Mandy)
Jien ma naħsibx fuq il-passat tiegħi, poġġejtu warajja. U għandi t-tama għall-futur tiegħi. Jien niġġieled kontra emozzjonijiet negattivi kuljum, imma qatt ma naħseb biex nerġa' nuża d-droga. (Mandy)

I no longer use drugs and my children's well-being is my priority. But once an addict, always an addict. You are born with an addictive personality. I would like to have a few drinks with my friends, but I do not. What if I get drunk and someone comes and offers me drugs, and I let go and use drugs again! (Isabelle)

Jien m'għadnix nuża d-droga u s-saħħa tat-tfal hija prioritià. But once an addict, always an addict. Int titwieled b'addictive personality. Inkun nixtieq nieħu xi żewġ drinks ma' sħabi, imma ma nieħux. X'jiġri jekk nisker u jiġi xi ħadd joffrili d-droga u ngħid, u iva! U nerġa' nuża! (Isabelle)

I am proud of my journey, however, I do not let pride supersede me, because even though I am abstinent, I am still a drug addict. I must bear in mind that the problem is part of me and will remain with me. I need to be the one to avoid certain places and people. (Kathy)

Jiena inħossni proud bil-journey tiegħi, imma ma inħallix il-pride tikber, għax għalkemm jien clean, jien xorta nibqa' drug addict. Irrid ngħid li l-problema parti minni u se tibqa' miegħi. Jien irid inkun biex nevita ċertu postijiet u ċertu nies. (Kathy).