MOTHERHOOD IN THE LIGHT OF ONE'S HISTORY OF SUBSTANCE USE ADDICTION AND RECOVERY

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Abstract

This study explores the understanding of motherhood in the light of their history of substance use addiction and recovery. The research question delves into the narratives of these mothers, exploring how their history as users impacts on their understanding of their identity as a mother. Special attention is given to the way the mothers assert their parental authority. A narrative research design is employed consisting of six interviews, one with each of the participant mothers. Results and thematic narrative analysis indicate that mothers tend to embrace the ideological discourse of 'intensive mothering'. Additionally, maternal reflective function, adopting healthy emotional regulation strategies, and successfully working through guilt and shame thus enhancing self-forgiveness for one's past, feature as playing an important role in the mothers' motherhood identity. Specifically, the mothers seem more anchored in their mothering role and more confident in asserting their parental authority. This also increases the likelihood of their children developing a secure attachment with them as the mothers are more likely to serve as a secure base and a safe haven for their children. The conclusions elaborate on these findings and speculate on their implications for practice and interventions in rehabilitation, parenting, and therapeutic programs for recovering mothers.

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Nomenclature list

- CWS: Child Welfare Services, also referred to as CPS, Child Protection Services
- MMT: Methadone Maintenance Treatment
- NMHI: National Mental Health Institution

Chapter 1 – Introduction

Preamble

"What's in a mother?" This question arose for me while delivering training on attachment-based parenting to women recovering from addiction. Most of these mothers acknowledged their mothering role while believing that, given their history of addiction, they had no right to teach their children right from wrong. This felt sense of inadequacy seemed to revoke their implicit authoritative right as a parent. This carries consequences for their children. Specifically, children brought up without rules and boundaries which they are expected to respect are more likely to have difficulties with emotional regulation and with authority figures, amongst others (Karen, 1998; Bowlby, 1988/2005).

Reflecting upon my own experience of being mothered, dominance and punishment were the norm. My mother often used the terms "għax jien ommok" (because I'm your mother) and "għax hekk għidtlek" (because I said so) whenever I asked for reasons for my requests to do something being denied. This contrasted with knowledge gained on child upbringing and personality development while reading for a M.Sc. in Attachment Studies.

Boundary-setting is implicit to the role of 'motherhood' (Gerhardt, 2004). Meeting with a reality whereby such authority seemed not assumed as intrinsic to motherhood made me to want to dig deeper. As a future clinical psychologist, I hope that with a better understanding of recovering mothers' understanding of 'motherhood' I may be in a better position to support them as women and as mothers.

Rationale – including the research gap and research question

Mothers who abuse substances are repeatedly found to have themselves experienced a traumatic upbringing, often characterised by abuse and/or neglect (Fowler, Rossiter, Sherwood, & Day, 2015; Virokannas, 2011). This makes them more likely to abuse and/or

neglect their own children when these express their needs as, when these mothers themselves were children, their needs often went unmet (Gerhardt, 2004). Upon seeking treatment, these women face multiple struggles, including the social stigma of being an 'inadequate' mother, their children's anger and lack of trust, a lack of social support, and difficulties with housing and employment (Marcellus, 2017; Benoit et al., 2015; Kross, 2004). These factors will be kept in mind while exploring recovering mothers' understanding of motherhood.

While research about recovering mothers' identification with the mother-role is rich (Marcellus, 2017; Couvrette, Brochu, & Plourde, 2016), studies I am aware of to date do not explore how the mothers' history of addiction impacts on their understanding of motherhood. This research aims to make a contribution to this gap as explored by the research question: "what is the recovering mother's understanding of motherhood?" Special attention is given to how mother's understanding of motherhood impacts with the mothers' assertion of their parental authority.

Using a narrative approach, by eliciting stories around recovering mothers' understanding of motherhood from pregnancy to the present, this research intends to explore the understanding of the mother role by mothers who have undergone day/evening rehabilitation programs or MMT, are now abstinent, and have children under age 18. As a researcher, I will strive to chronologically present the recovering mothers' lived multilayered experience and subjective understanding in relation to 'motherhood' (Creswell & Poth, 2018). This approach is known for its application to the subjective experience of identity across time (Riessman, 1993).

This research aims to provide a holistic understanding of motherhood, holding implications for parenting programs, rehabilitation programs, and therapeutic work done with recovering mothers, especially around aspects of identity, motherhood, and parenting.

Conceptual frameworks

An attachment theoretical framework.

Central to attachment theory is the belief that our perception of ourselves and our self-worth, the level of safety in the world, and of others' availability influence how we interact with others and how we cope with stressors life (Bowlby, 1988/2005). Mothers recovering from addiction are more likely to have themselves survived a traumatic history and to not have had their needs met as children (Virokannas, 2011; Karen, 1998).

Given the double stigma of being a mother and an addict, plus difficulties faced with social services, housing, and employment, there is a higher chance of these mothers having low self-worth and trying to manage things on their own, thus refraining from asking for help (Marcellus, 2017; Benoit et al., 2015; Karen, 1998).

In light of the above, when their children show distress, these mothers are more likely to be less emotionally and psychologically available, and more intolerant of their children's needs (Roldán, Galera, & O'Brien, 2005). This likely mirrors their own upbringing and impacts on their children's self-worth and view of themselves and the world (Lewis, 2010; Gerhardt, 2004).

This research aims to explore how recovering mothers' experiences of being parented and of mothering influence their understanding of motherhood.

A resilience framework.

Resilience 'to rebound' is used to refer to people who have been through, or are still going through, one or multiple situations threatening their life or stability (Masten, 2014). Women recovering from addiction are documented to have had a traumatic upbringing and their lifestyle as likely to be turbulent (Marcellus, 2017). Hence, it can be said that recovering mothers are resilient in having rebounded to live a life without drugs (Fowler et al., 2015).

Resilience is found via ordinary things in life (Angelou, 1969). Examples include having a support system, holding a role in the community (employment, volunteering...), being creative, reading fiction, and being emotionally intelligent, among others (Masten, 2014; Zeidner, Matthews, & Roberts, 2009). Ungar (2012) emphasises on the importance of socioecological factors in resilience. Specifically, Ungar (2012) speaks about the crucial role culture, services, communities, and family members play in supporting a person to overcome adversity. Altogether these factors can increase one's sense of agency, mastery, and control, all central tenets to resilience (Cairns & Cairns, 2010; CTARS as cited in Newman, 2002).

This research aims to identify factors of resilience among recovering mothers which could be drawn upon in practice.

The epistemological stance.

The social constructionist perspective puts forward the belief that each individual will construct their understanding of 'motherhood' through the interaction of social, historical, and cultural norms the person has been exposed to (Creswell, 2007).

As researcher of this study, I acknowledge that, while both the participants and I have a subjective layered understanding of the constructs we will be discussing, we will also be co-constructing a subjective understanding through our interaction (Creswell & Poth, 2018).

In interpreting my participants' narratives I will hence take into account my subjective understandings of the constructs and reflect on the ways in which these understandings are impacting the co-constructed narrative (Creswell & Poth, 2018).

The Maltese Context in light of a social constructionist perspective.

The meaning given to being a 'good mother' depends on the cultural context the mother lives in (Bemiller, 2010). Western ideology promotes good mothering as taking place when the mother takes care of all her child's wants and needs, placing them before her own

(Bemiller, 2010). The mother is expected to not engage in behaviours that could put her children at risk, such as substance abuse (Couvrette et al., 2016; Benoit et al., 2015).

Such ideology is core to Maltese culture which holds family life and child rearing at its centre (Abela, 2016; Abela, Frosh, & Dowling, 2005). Gossip with religious and judgemental overtones is also an integral part of the culture of the Maltese islands (Abela, 2016). This is certain to influence recovering mothers' perceptions of their mothering role (Abela, 2016).

As Abela (2016, p. 23) wrote, "the social construction of what it is to be male or female (in Malta) is changing". In 2016, 52.7% of women were in employment and around 20% were at risk of poverty or social exclusion (NSO, 2018).

These factors impact on the private and public identity of the woman and the mother in Maltese society (Creswell, 2007). They will be kept in mind while exploring recovering mothers' understanding of their motherhood identity (Creswell, 2007).

Definition of terms

- Addict: Based on the DSM-V (APA, 2013), an addict is referred to as a person with Substance Use Disorder. This includes the person using substances over a long period of time, having difficulty with not using, having cravings, experiencing withdrawal symptoms when substance use is delayed/stopped, prioritising substance use over other commitments, using even if it is leading to medical and/or relational and/or legal difficulties, and spending a significant amount of time acquiring, using, and recovering from the substance (American Psychiatric Association (APA), 2013).

Layout of study

Chapter 2 outlines the literature pertinent to this research. Chapter 3 goes into the methodology employed in the study, including the research design and data analysis. Chapter

4 presents the participants' narrative accounts followed by a discussion of emergent themes in Chapter 5. In conclusion, Chapter 6 will look at a summary of the salient findings, research limitations and recommendations, as well as implications for practice.

Chapter 2 – Literature Review

Following my literature search, I review research on addiction and its implications on the motherhood identity. I highlight struggles recovering mothers encounter within a sociocultural context, their impact on the mother-child relationship, and on their motherhood identity. In conclusion I review how rehabilitation services best support them in this regard.

Literature search

A literature search was carried out on the HyDi database using combinations of the following key words: motherhood, motherhood identity, self-forgiveness, emotional regulation, good mother, looking-glass self, identity theory, drug rehabilitation, guilt, shame, parental authority, parental discipline. Secondary sources resulting from this initial search which seemed relevant to this research were also reviewed.

The development of addiction

The gender gap in rates of substance use has decreased over the years (Cook, Green, de la Ronde, et al., 2017). Women who engage in substance use are documented to have a history of trauma, abuse, rejection, and abandonment (Marcellus, 2017; Subadra & Dheeshana, 2012). This is believed to increase the likelihood of their engaging in addictive behaviours such as smoking, alcohol and substance use and dependence (Marcellus, 2017; Valtonen, Cameron Padmore, Sogren,et al., 2009). People who use or abuse substances describe their upbringing as having been overprotective and low in caring, sometimes with their primary caregiver(s) being users (Torchalla, Aube Linden, Strehlau, et al., 2014; Sinha, 2008). Drug users are known to struggle with a wide range of painful emotions and, potentially, comorbid psychiatric illness (APA, 2013; Khantzian, 1985). The use and abuse of substances is found to be independent of socioeconomic status and ethnicity (Mayes & Truman, 2002; Goldberg, 1995).

Kilty (2011) explored how criminalised women negotiate their identities via addiction. The women's discourse presents substance use as a disease, perpetuating a sense of loss of control (Kilty, 2011). Once they stopped using their discourse shifted to framing drug use as a choice, positioning themselves as being in control (Kilty, 2011). The women distinguished between their 'addicted self' and their 'true self' which they were working their way back to (Kilty, 2011). Kilty (2011) stressed that these women's 'true' identity remains spoiled by their history of substance use and, possibly, criminalisation; influencing their recovery.

Drug use introduces people into a social community of drug users, giving them a sense of identity and belonging (Radcliffe & Stevens, 2008). It may also provide a sense of power and perception of being in control while under substance intoxication (Kilty, 2011). Working toward a drug-free life requires that the women stay away from drug-users (Martin, 2011). This sometimes means ending a relationship with a drug-using partner and the loss of friends who use drugs, leading to potential isolation (Silva, Pires, Geuerreiro et al., 2012).

The choice of drug normally reflects what the users are experiencing (Lewis, 2013). For instance, heroin and other opiates mute emotions such as rage and pain whilst cocaine relieves distress (Khantzian, 1985). Essentially, substance dependence provides for a numbing out of emotions which would otherwise feel unbearable (Lewis, 2013; Covington, 2008).

People whose life revolves around drug use, especially heroin, are referred to as 'junkies', a term often associated with criminality (Earnshaw, Smith, & Copenhaver, 2013; Radcliffe & Stevens, 2008). When high-harm-causing users (HHCUs) are concentrated into treatment, users who are not involved in criminality may find it stigmatising and shameful to access such treatments for their own benefit (Harris & McElarth, 2012). This implies that there are different categories of drug users (Radcliffe & Stevens, 2008).

Motherhood and Addiction

Women are known to be more likely to access services when they are pregnant with the intent of being physically and psychologically present for their children (Marcellus, 2017; Martin, 2011). Dr Vella, specialising in working with recovering addicts who are pregnant, disclosed that, in her professional experience in Malta, several mothers do not engage in a rehabilitation program yet still access services to come clean during pregnancy (Dr A. Vella, personal communication, 7th February, 2019). When they do so, heroin users are normally placed on Methadone Maintenance Treatment (MMT), also referred to as Opioid Substitution Therapy (OST), to safeguard the baby (Chandler, Whittaker, Cunningham-Burley et al. 2013; Silva et al. 2012). Substance use during pregnancy puts the infant at risk of suffering from Neonatal Abstinence Syndrome at birth (McQueen, Murphy-Oikonen, & Desaulniers, 2015).

The meaning given to being a 'good mother' depends on the sociocultural context the mother lives in (Abela, 2016; Bemiller, 2010). Kilty and Dej (2012) warn against using 'motherhood' as an anchor toward recovery as, if mothers relapse, this may affect both identities of recovering addict and drug-free mother. Cultural ideals of motherhood could serve the recovering mother as a source of motivation to abstain (Kilty & Dej, 2012). The failure of living up to same cultural ideals, however, could fuel feelings of inadequacy and of being a failure, resulting in a cycle of drug dependence (Kilty & Dej, 2012; Hardesty & Black, 1999).

Western ideology, including Malta, tends to promote intensive mothering as 'good mothering'; specifically:

i. the mother takes care of all her child's needs – including the child's financial, physical, and emotional needs

ii. puts her child's needs and wants before her own

iii. is intuitively in touch with such needs

iv. does not engage in behaviour that could put children at risk, such as substance abuse

(Abela, 2016; Benoit et al., 2015; Radcliffe, 2011; Virokannas, 2011).

Intensive mothering is a cultural benchmark all mothers struggle with, irrespective of whether they are working toward reaching or rejecting it (Tarasoff, Milligan, Lan Le et al., 2018; Henderson, Harmon, & Newman, 2016). Often, feelings of guilt result at the perception of failing to meet societal expectations (Douglas & Michaels, 2004).

Lauinger (2015) argues that the decision to mother a child should be taken wisely to enhance the likelihood that the child is brought up in a stable, supportive environment. For many female addicts, unplanned pregnancies happening in transient relationships seems common (Herland & Helgeland, 2017; Pikhala & Sandlund, 2015). These circumstances increasingly attribute to them the label of ‘bad mother’, one they are likely to introject given that we cannot separate how we view ourselves from how we perceive other people to perceive us, thus holding implications for identity development (Subadra & Dheeshana, 2012; Bemiller, 2010).

Söderström (2012) explored fourteen female users’ psychological preparation toward their motherhood identity upon discovering they were expecting. Delayed acknowledgement of the pregnancy due to irregular menstruation and the belief of being infertile given their history of erratic use of contraceptives was highlighted (Söderström, 2012). The pregnancy was seen as a burden, especially by those whose partners were also using, who lacked social and familial support, lived in poverty, and had legal difficulties (Söderström, 2012). Some opted for abortion, others saw the pregnancy as a potential turning point and found familial support once their families became aware of their pregnancies (Söderström, 2012). Those who rehabilitated experienced losing their drug-using social network while struggling with emotional and psychological pain previously numbed out by drugs (Söderström, 2012). Some

women relapsed or never managed to quit, their attachment to the drug interfering with their transition to their motherhood identity (Söderström, 2012). Worry and feelings of guilt about the drugs' impact on their baby prevailed whereas the mothers' greatest fear was that of losing custody of their child (Söderström, 2012). CPS intervention to protect the foetus was found to delay the expecting mothers' psychological transition to motherhood (Söderström, 2012). This delay persisted long after the child was born as the mothers needed to keep up with appointments and visits from CPS to demonstrate the baby's safety and wellbeing (Söderström, 2012).

Mothers may be separated from their children by CWS when the children are deemed to be at risk (Tarasoff et al., 2018; Dawe & Harnett, 2007). Not all women who engage in substance use lose their children to CWS (Barnard & Barlow, 2003). A study by Taplin and Mattick (2013) found that two-thirds of 171 women accessing services for opioid treatment across Sydney Australia were taking good care of their children and, thus, CWS were not involved (Taplin & Mattick, 2013). The other third tended to have low levels of contact with their own parents, to have a higher number of children, and to have comorbid psychiatric disorders (Taplin & Mattick, 2013).

Herland and Helgeland's (2017) longitudinal study focussed on the self-conceptions of 15 Norwegian mothers brought up in high-conflict families and who went on to use drugs or to engage in prostitution and criminal behaviour. Most felt stigmatised as 'unfit mothers' by virtue of CWS's involvement (Herland & Helgeland, 2017). The mothers spoke of continuously negotiating their identity between the 'good', 'good enough' and 'bad' mother across time, placing motherhood on a continuum (Herland & Helgeland, 2017; Kilty & Dej, 2012). Having partner, familial, and/or social support fed into these mothers' sense of identity and their ability to invest in intensive mothering of their children (Herland & Helgeland, 2017).

A study on how recovering mothers negotiate their identities across time found that mothers at earlier stages of recovery embrace the sociocultural label of 'monster mother' (Gueta & Addad, 2012). Mothers in later stages of recovery adopt a more empathic and resilient discourse which challenges mainstream discourse (Gueta & Addad, 2012). The latter frame their actions as addicts as their functional way of coping given life circumstances at the time (Gueta & Addad, 2012). The mothers thus place themselves in a victim position while adopting a self-medicating discourse (Gueta & Addad, 2012). This implies denying responsibility for past behaviours while actively taking responsibility for present behaviour, simultaneously reducing feelings of guilt and shame around their past (Gueta & Addad, 2012; Khantzian, 1985).

Chandler et al. (2013) conducted a study to understand the experience of 14 mothers and 5 fathers on OST. Participants voiced how engaging in OST helped them keep their children, become clean, and to be perceived as recovering addicts and 'good enough' parents (Chandler et al., 2013). On the other hand, they spoke about engaging in OST as being a barrier to 'normal' life – making it to appointments and accessing services used by illicit drug-users (Chandler et al., 2013). The participants perceived themselves as publicly carrying the stigma of being a 'drug user' and potentially labelled as 'junkies', notwithstanding their being in rehabilitation (Chandler et al., 2013; Radcliffe & Stevens, 2008).

Research by Silva et al. (2012) focussed on the ambivalence of 24 recovering mothers around motherhood, parenting, and drug use. Pregnancy was perceived as a pivotal moment toward becoming drug-free (Silva et al., 2012). Those who worked through their ambivalence and adjusted to parenting had children over 6 months of age, had started on MMT before or during pregnancy, and managed to remain clean without relapsing (Silva et al., 2012). Their having partner and familial support was found to play a pivotal role in recovery (Silva et al., 2012). Recovering mothers who relapsed had a partner who used and/or was violent with

them, at times leading to couple separation, and low familial and social support (Silva et al., 2012). These tended to focus on basic functional care of their children, at times neglecting their children altogether (Silva et al., 2012).

Mothers who keep using throughout pregnancy and/or postpartum reported that it helped them cope with the stressors of parenting (Buist & Janson, 2001). They were more likely to come from a history of abuse and trauma and to be dealing with depression and/or anxiety in the first year and a half of pregnancy and postpartum (Ordean, Graves, Chisamore et al., 2017; Madigan, Wade, Plamondon, et al., 2014).

Recovering mothers need to work harder than non-user mothers to satisfy the socially constructed ideals of 'good motherood' (Herland & Helgeland, 2017; Goldberg, 1995). Western culture views womanhood and motherhood as naturally feeding into each other, assuming that women are implicitly happy to mother (Abela, 2016; Stabile, 2016; Arendell, 2000). Consequentially, women who become mothers and are not interested in taking on this role are labelled as pathological and to have failed as both a woman and a mother (Stabile, 2016; Arendell, 2000).

For other women, 'motherhood' accounts for 'healing' their own lost childhood (Couvrette et al., 2016; Hardesty & Black, 1999). Some women voiced that they looked forward to having more children to redeem themselves as a 'good mother', especially if they had been intoxicated when mothering their elder children (Couvrette et al., 2016; Hardesty & Black, 1999).

Unmet needs and emotional regulation

It is common for women engaging in substance use and dependence to have experienced childhood abuse and/or trauma, often at the hands of family members, and/or intimate partner violence (Marcellus, 2017; Subadra & Dheeshana, 2012; Sword et al., 2009).

This makes them likely to have conflicted or absent relationships with some family members and an insecure attachment style (Fraser, Barnes, Biggs et al., 2007; Karen, 1998).

Having an insecure attachment style implies difficulties around emotional regulation, that is, difficulties in being in touch with and differentiating between their own and their children's states and tending to them, also suggesting low emotional intelligence (Kun & Demetrovics, 2010; Fraser et al., 2007; Mayes & Truman, 2002). If one or both primary caregivers were users, the women may not know alternative ways of coping emotionally, possibly not having had someone to help them self-regulate or to model emotional regulation (Mirick & Steenrod, 2016; Torchalla et al., 2014). Additionally, they may be dealing with guilt and shame arising from having repeated a narrative they possibly did not want to repeat (Sammut Scerri et al., 2017; Byng-Hall, 1998). These factors make it more difficult for recovering mothers to abstain from using, resulting in mothers using even while on MMT in order to cope with parenting stressors (Radcliffe, 2009).

The child's cries and needs trigger the mother's own childhood unmet needs and narrative of being parented (Gerhardt, 2004). A mother unable to tolerate such dependency needs and feelings of distress is more likely to be psychologically absent and to neglect and/or abuse her child for expressing them (Gerhardt, 2004). This is likely to impact the children's self-worth, sense of control and predictability, and sense of safety of the world, in other words, their attachment style (Vetere in Sammut Scerri et al., 2017; Sarfi, Smith, Waal, & Sundet, 2011). It is also likely to affect the child's behaviour at school and peer relationships (Abela in Sammut Scerri et al., 2017). *Figure 1* gives a general overview of the difficulties encountered by users and their children.

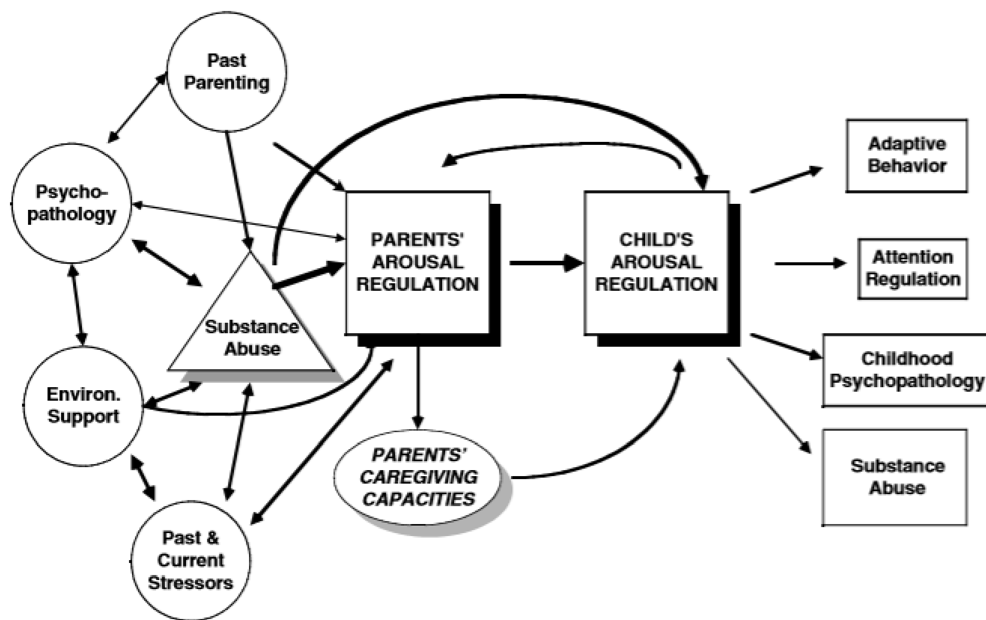

Figure 1: Overview of the difficulties with arousal and attention encountered by parents using cocaine and their children (Mayes & Truman, 2002, p. 349).

Porreca, Biringen, Parolin et al. (2018) studied the relationship between Substance Use Disorder (SUD), presence of comorbid pathologies, neuropsychological functioning, and mother-child emotional availability (EA). Results indicated that the 29 participant mothers had neuropsychological difficulties, especially around executive functioning, and that they tended to score high on psychiatric symptoms and low on EA in comparison to normative populations (Porreca et al., 2018). The tasks concerning executive functioning included attention, task switching, planning, coordination, and being able to draw on general knowledge to answer ambiguous questions (Porreca et al., 2018). Notably, a higher maternal cognitive index correlated with higher maternal sensitivity to the child, less intrusive behaviours, and better overall neuropsychological functioning (Porreca et al., 2018).

Mirick and Steenrod (2016) focussed on the effects of parental opioid abuse on the development of attachment in children. With high opioid use it is more likely that the children are neglected for long periods by their parents who then tend to be more intrusive

when interacting with them (Mirick & Steenrod, 2016). It is unclear whether this is due to the mothers' own upbringing and history, the use of opioids, or both (Mirick & Steenrod, 2016).

Bailey, Hill, Oesterle et al. (2009) explored the intergenerational transmission of externalising behaviour across three generations with a focus on parental monitoring – knowing child's whereabouts and companions, spending time in conversation; harsh parenting – shouting, threatening to spank, spanking; and parental substance use. G1 parental monitoring, harsh parenting, and substance use were associated with G2 externalising behaviour (Bailey et al., 2009). G2's externalising behaviour was found to be associated with their engaging in substance use in adulthood (Bailey et al., 2009). This predicted G3 engaging in externalising behaviour (Bailey et al., 2009). This was found to be related to harsh parenting by G2 and independent of G2's parental monitoring (Bailey et al., 2009).

Emotional regulation is a skill recovering mothers start learning through rehabilitation (Brown, 2004). In rehabilitation they work through their childhood experiences and learn to attune to and regulate their feelings, many of which had been numbed by substance use (Milligan, Usher, & Urbanoski, 2017; Brown, 2004). Metacognition and reflective function, prerequisites for emotional regulation, enable mothers to become attuned to and to differentiate between their own and their children's states (Slade, 2010; Suchman, McMahon, DeCoste, et al., 2008). Reflective function refers to the ability to evaluate past and present experiences and to give a balanced account of what happened, indicating the capacity for mentalising (Crittenden & Landini, 2011).

Social and familial support is found to improve mother-child relationships and parenting practices while supporting parents in knowing they are loved and cared for (Borg Xuereb, Abela, & Spiteri, 2012; Belle, 1982). Parents can be supported

- emotionally – when they feel trusted and perceived to be parenting well

- instrumentally – helped with childcare and household tasks in a practical manner
- informationally – being given information on services and how to access them
- materially – by being provided with necessary physical needs

(Borg Xuereb et al., 2012; Cochrane & Niego, 2002).

Struggles faced upon recovery – guilt, shame, parental authority

Following recovery, these mothers tend to struggle with finding housing, employment, non-user friends, and a partner who is neither a user nor abusive toward them or their children (Earnshaw et al., 2013; Radcliffe, 2011; Finkelstein, 1994). Reasons for these struggles include stigmatisation, social isolation, or both (Martin, 2011). Poverty and mental health difficulties may also be present (Fraser et al., 2007). If recovering mothers depend on a substance-using partner for a roof over their and their children's heads, they may relapse while prioritising survival (Mayes & Truman, 2002).

Loneliness, feeling drained in the mothering role, the sense of loss from the life the women led before pregnancy, and mothering not being as fulfilling as they had thought it would be are also highlighted (Douglas & Michaels, 2004; Rogan, Shmied, Barclay et al., 1997). Additional struggles include re-experiencing guilt and shame through the involvement of CWS, the taking of saliva and urine tests as proof of nontoxicity, and by remembering their behaviour with their children prior to rehabilitation (Subadra & Dheeshana, 2012; Smith, 2006). The sense of guilt and shame is often amplified when mothers witness their newborn having opiate withdrawals (Radcliffe, 2009).

Guilt is a sense of having done wrong and can include a fear of being punished for such actions (Sutherland, 2010). Shame is a general sense of self being negatively evaluated in relation to others (Sutherland, 2010). All mothers' experiences of guilt and shame depend on the cultural and institutional context they live in (Sutherland, 2010). This occurs on three

levels – the ideological macro level; the meso level comprising of comparisons of themselves with other mothers in society; and the micro level incorporating their lived experiences of mothering behind closed doors (Sutherland, 2010).

A study by Ehrmin (2001) sheds light on African American mothers' unresolved feelings of shame and guilt and their perceptions of having failed as mothers given their substance abuse. This was coupled with the reality that when sex was the currency for drugs the father was often unknown (Ehrmin, 2001). The recovering mothers' realisation of the harm their addiction was causing their children often rendered them helpless as it was part of the children's life which they could not take back (Ehrmin, 2001). They hoped their children could forgive them for it (Ehrmin, 2001). Believing in a higher power emerged strongly in the mothers' narrative, helping them construct a new identity as ordinary mothers (Ehrmin, 2001).

In light of such experiences of guilt and shame, recovering mothers seem to struggle with asserting their parental authority with their children (Yaffe, 2013). Specifically, they struggle with directing and controlling their child's behaviour through setting boundaries and reinforcing such boundaries when conflict occurs (Yaffe, 2013; Carlson et al., 2006). Suchman et al. (2008) indicate that this is a more likely reality with mothers who have low emotional awareness and regulation.

This difficulty in setting boundaries seems similar to the laissez-faire parenting style normally associated with lack of boundaries and high levels of affection, increasing the likelihood of all the family being overwhelmed by anxiety (Omer et al., 2013; Sterrett, Williams, Thompson et al., 2013). Omer et al. (2013) argue that positive parental authority is an anchoring function which serves a crucial role in the development of a secure parent-child bond. Specifically, the more the parents are anchored in their parenting role, the more effective their parenting is as they fulfil the roles of both safe haven and secure base (Omer et

al., 2013). For positive parental authority to have an anchoring function the following need to be in place:

i. structure – rules, routines, clear boundaries and rights of family members.
ii. presence – parental sensitivity and parental vigilance. The former is concerned with offering comfort and reassurance when the child is distressed. The latter is an active process of flexibly moving between ‘open attention’ for any signs of distress, ‘focussed alertness’ at perceiving signs of distress, to ‘active protection’ when intervention is perceived as required to safeguard the child while maintaining low intrusiveness.
iii. social support – being supported by extended family, friends, and institutions in parenting helps to increase transparency of the parental authority while strengthening the parents’ authority itself as the parents gather support from their network.
iv. self-control – delayed responding to the child’s demands rather than reacting to them together with persevering in the parental decision (Omer et al., 2013., Omer, 2011)

Barber and Harmon (2002) found that when parenting is high in psychological control; including high intrusiveness, threats of love withdrawal, distancing, and inducing guilt, there is a higher chance that the development of the children’s sense of self and individual identity will be interfered with. The children may also develop both internalising and externalising problems (Pettit, Laird, Dodge et al., 2001). When parenting control is inadequate, in that it lacks vigilance and boundaries, it is more likely that the children will develop externalising difficulties, among which drug use and antisocial behaviour are examples (Barber & Harmon, 2002).

Self-forgiveness

Self-forgiveness is a person's acceptance of responsibility of their wrong-doing together with a tendency toward being self-compassionate following an offence instead of engaging in self condemnation or resentment (Carpenter, Tignor, Tsang, & Willett, 2016). Proneness to shame ('I am bad') is negatively associated with self-forgiveness and tends to be accompanied by a tendency to withdraw and defend oneself (Carpenter et al, 2016). Proneness to guilt ('I did a bad thing') is positively associated with self-forgiveness and tends to be accompanied by repair behaviours (Carpenter et al., 2016). Cohen, Wolf, Panter, and Insko (2011) call for caution when talking about shame, arguing that although shame is associated with negative self-evaluation, the withdrawal aspect associated with shame may relate to learned behaviour as a means of coping.

Research shows that an act of offense triggers different psychological needs in the victim and the offender respectively (Schnabel & Nadler, 2015; Woodyatt & Wenzel, 2014). The victim feels threatened, possibly angry, and needs to re-establish his/her sense of control (Schnabel & Nadler, 2008). Ideally the victim receives acknowledgement of the needs triggered by the offence by the offender him/herself (Schnabel & Nadler, 2008). The offender needs to feel that s/he is still accepted and that s/he belongs and, thus, that s/he is not rejected as a person by the victim (Woodyatt & Wenzel, 2014; Schnabel & Nadler, 2008).

Children can be conceptualised as 'victims' during periods in which the mothers' need to use drugs took priority over their children's needs (Schnabel & Nadler, 2008; Conners, Bokony, Whiteside-Mansell, et al., 2004). In this respect, recovering mothers would be implicitly perceived as 'offenders' in relation to their past behaviour. As presented above, offenders need to perceive themselves as being loved and accepted in order be able to start taking active responsibility for their actions (Woodyatt & Wenzel, 2014; Conners et al., 2004). This is a response their children might not be ready to give as they might still feel

threatened and uncertain of their mothers' ability to be physically and psychologically present without relapsing (Carlson et al., 2006). Simultaneously, recovering mothers are likely to be dealing with feelings of guilt and shame related to their history of addiction, its impact on their relationship with the children, and on their children' quality of life thus far (Woodyatt & Wenzel, 2014). This could result in feelings of self-condemnation (Schnabel & Nadler, 2008).

Woodyatt and Wenzel (2014) recommend that recovering mothers reflect on the values of motherhood they are considered to have violated, understand why these values are important, and pinpoint times when they adhered to these values (Woodyatt & Wenzel, 2014). This process is believed to support recovering mothers to reintegrate their identity as mothers, forgive themselves and, over time, move toward self-trust and a desire for reconciliation (Woodyatt & Wenzel, 2014). Reconciliation refers to a shift in the way the victim and offender regard each other once the emotional rift that had estranged them is addressed and resolved, necessitating a mutual coming-together of both parties (Staub, Pearlman, Gubin, & Hagengimana, 2005).

It remains uncertain whether children's forgiveness of their mother's history suffices for the mother to assert her parental authority in the mother-child relationship or whether she would need to have forgiven herself first (Price Tangney, Boone, & Dearing, 2005). Gueta (2013) sheds light on this dilemma by exploring self-forgiveness as perceived and lived by 25 recovering mothers. When recovering mothers managed to accept the impact of past behaviours on their children and others and to change their mothering practices, they were more likely to forgive themselves, to have better relationships with their children, and to move toward a more positive self-identity (Gueta, 2013). This helped them also achieve actual forgiveness from their children (Gueta, 2013). In contrast, the discourse of mothers

unsuccessful at self-forgiveness tended to voice difficulties in limit-setting with their children, attempting to please their children as much as possible (Gueta, 2013).

Self-forgiveness by recovering mothers is also found to be crucial for them to remain abstinent from substance use in the long term (Webb, Toussaint, & Hirsch, 2017). Self-acceptance is found to be a mediating factor between guilt, shame, and self-forgiveness (McGaffin, Lyons, & Deane, 2013). Specifically, the higher the guilt the higher the proneness to self-acceptance and, hence, the higher the levels of self-forgiveness (McGaffin et al., 2013). The higher the levels of shame, the lower the levels of self-acceptance and, consequently, of self-forgiveness (McGaffin et al., 2013).

What they want for their children

Recovering mothers recognise the importance of being available to, and supportive of, their children, irrespective of the decisions their children eventually make (Ahmed, 2006; Roldán et al., 2005).When recovering addicts open up to their children, normally aged 7 years and older, about their past as drug users, they also discuss how their substance use has affected and is affecting them as a family (Pikhala & Sandlund, 2015). Considered a feat of remarkable courage on behalf of the recovering addict, this sets the pace for honest communication and the idea that things can be spoken about and discussed (Pikhala & Sandlund, 2015).

Interestingly, participants in a study by Pikhala and Sandlund (2015) argued that the children had witnessed so much with regards to their drug use that they were unlikely to try it out for themselves. Concurrently, they feared their children being stigmatised by association with them given their history, even though actual stigmatisation had not taken place (Pikhala & Sandlund, 2015). This phenomenon of ‘anticipated stigma’ is believed to potentially negatively impact the behaviours the mothers engage in with their children (Pikhala & Sandlund, 2015; Chandler et al., 2013).

Gender-sensitive rehabilitation

Over the years, the importance of gender-sensitive rehabilitation has moved to the forefront (Gueta & Addad, 2012; Radcliffe, 2009). It is acknowledged that women and men have different needs in the construction and reconstruction of their identities (Grella, 2008; Goldberg, 1995). Research indicates that it is important that the cultural acceptance for men to experiment and the cultural abhorrence of women, especially mothers, behaving similarly, is kept in mind during rehabilitation (Douglas & Michaels, 2004; Finkelstein, 1994).

Rehabilitation programs targeting mothers address identity factors around womanhood as well as motherhood while respecting the differences between the women themselves, including their race, socioeconomic status, and spiritual beliefs among others (Milligan et al., 2017; Covington, 2008). The likelihood of these women having survived abuse and trauma at the hands of male figures in their lives may indicate difficulties around the concept of 'love' and romantic relationships for the women's discourse, difficulties which are often addressed in rehabilitation (Tarasoff et al., 2018; Sammut Scerri et al. 2017). This knowledge alerts services to the importance of safety being a priority within rehabilitation to safeguard against retraumatisation (Covington, 2008).

Research (Akin, Johnson-Motoyama, Davis, et al., 2018; Torchalla et al., 2014; Grella, 2008) outlines the importance of using a nonconfrontational, empowerment-based, trauma-informed and relational model when working with women recovering from substance use/addiction. The providers' ability to build genuine and supportive relationships with the recovering mothers is crucial (Akin et al. 2018; Harvey, Schmied, Nicholls, et al., 2011). Also, such services would ideally include a focus on perinatal and postnatal services, parenting skills and support services, and services focussed on women's health, apart from the generic services normally provided (Milligan et al., 2017; Baker, 2000). They would also provide childcare services on-site or through parenting agencies together with a live-in

residential service for children, while also including the children and the family in the woman's rehabilitation (Tarasoff et al, 2018; Grella, 2008; Baker, 2000).

A study by Sword et al. (2009) reviewing integrative services stresses the supportive and affirmative element of the recovering addicts' identity of motherhood in having their children present during treatment. Participating in an integrated program targeting early intervention for high-risk families, participant mothers reported that it challenged their preconceptions of mothering and helped them recognise and understand the impact of their addictions on their interactions with their children, together with the benefits of sobriety (Fowler et al., 2015). They reportedly developed increased maternal insight and competence in their interactions with their children, moving toward healthier parenting styles in general (Fowler et al., 2015). Helping the mothers cope with parenting stress while undergoing rehabilitation supported the mothers to cope with parenting stress when reintegrated into society and to be better equipped with parenting strategies (Fowler et al., 2015; Goldberg, 1995). The mothers were also trained on budgeting and other lifeskills which supposedly further reduces the likelihood of relapse (Fowler et al., 2015).

Tarasoff et al. (2018) reviewed services provided in integrated programs in a province in Canada, together with the clients' perceptions of such services. Women, many of whom had a history of abuse and trauma, highlighted that they felt safer in female-only programs (Tarasoff et al., 2018). Additionally, being in a female-only program helped them get in touch with their womanhood as well as their motherhood, encouraging a more holistic identity (Tarasoff et al., 2018). Substance-use treatment, mental health counselling addressing comorbidities between substance use and mental health, child-minding facilities during treatment hours, support in women's interaction with legal and child welfare systems, and the provision of prearranged transportation were all prioritised by the clients accessing these services (Tarasoff et al., 2018). A gap in services which is deemed necessary by recovering

mothers is a focus on the mother-child relationship via mother-child dyadic intervention and the provision of therapeutic childcare (Tarasoff et al., 2018).

Dawe and Harnett (2007) studied the impact of a weekly home-based intervention called Parents Under Pressure 'PUP' spanning over 10-12 weeks versus that of a two-session intervention on similar principles, and versus that of the standard MMT (Dawe & Harnett, 2007). The PUP is a multifaceted program with a focus on increasing parental affect via mindfulness-based techniques, focusing on several areas including life skills, challenging the notion of the ideal parent, and mindful child management (Dawe & Harnett, 2007). Those assigned to the PUP intervention were also assisted in housing and legal matters as necessary (Dawe & Harnett, 2007). Those in the standard care group had a doctor visit every 3 months and support in housing, employment, and benefits (Dawe & Harnett, 2007). Significant improvements in several domains in family functioning were found in the participants of PUP intervention, a decrease in child abuse was found in the two-session intervention participants, whereas those who participated solely in standard care showed an increase in child abuse potential as measured by the Child Abuse Potential Scale (Dawe & Harnett, 2007).

Conclusion

This chapter has highlighted that motherhood is multifaceted, including intergenerational, personal, dyadic, and sociocultural factors (Marcellus, 2017; Torchalla et al., 2014). The next chapter presents the research design of the study, including information about participant selection, narrative representation and thematic narrative analysis.

Chapter 3 – Methodology

This chapter puts forward the rationale for a qualitative research, describes the selection of participants, and goes into the adopted research design for the study. It then presents the organisation and analysis of data, and ethical principles adhered to throughout the study. I also present my position as researcher in the study.

The rationale for a qualitative study

The focus of this research was on eliciting the lived experience of the participants while recognising that each experience is in and of itself unique (Emerson & Frosh, 2004). For this purpose, it was deemed that a qualitative research is most suitable as it appreciates the individuality of each experience (Coyle, 2007). Moreover, the information gathered from using the qualitative method of research allows for insight into the participants' understanding of their behaviour and of themselves vis-a-vis the phenomena they are talking about, which was one of the main aims of this research (Emerson & Frosh, 2004).

Narrative approach

I chose a narrative research approach to gain insight into the lived chronological multi-layered experience and understanding of recovering mothers in relation to 'motherhood' (Creswell & Poth, 2018). I acknowledge the complexity of life whereby narratives normally have a beginning, an end, and a more muddled up middle (Emerson & Frosh, 2004). Bruner (1990) argues that it is common for the narrative to arise when there is dissonance between the person's reality and their perceived ideal within a social context. As the participants recount their narratives, this helps them to revise their beliefs while achieving more coherence of how events happened, hence enriching their subjective experience of identity across time (Riessman, 1993; Bruner, 1990).

The constructionist approach is prominent in restorying, whereby the participants' narrative is in itself a construction brought together by the participants' history, perceptions, beliefs, and emotions among other factors (Emerson & Frosh, 2004). In presenting the stories I was careful to remain as faithful as possible to how they narratives were told (Emerson & Frosh, 2004). I was, however, simultaneously reconstructing the stories by removing parts of speech and summarising other parts, a process influenced by my own history, perceptions, beliefs, thoughts, emotions, and reactions to their narratives (Emerson & Frosh, 2004).

Research Design

Narrative retrospective interviews.

For the purposes of this research, in line with the qualitative research design and narrative approach, I used semi-structured interviews (Langdridge, 2004) (see Appendix C).

The start of the interview had an open-ended question followed by other open-ended questions, each having additional prompts (Langdridge, 2004). This resulted in funnelling, that is, in focussing in on the experience being explored to ensure a thorough exploration of the participants' narratives (Emerson & Frosh, 2004). Whenever participants deviated from the question I pursued their train of thought (Riessman, 2008). Hence, although the power differential remained as I was doing the questioning, both the participants and myself held a degree of control over the interview (Riessman, 2008).

I acknowledge that using a semi-structured interview may have reduced the richness of information which could arise via an unstructured interview (Langdridge, 2004). Nevertheless, it was deemed important to ensure a certain extent of similarity in interview structure across participants while ensuring that all topics are covered, making a semi-structured interview the better choice (Langdridge, 2004).

The interviews were carried out at a time and place convenient for the participants (Langdridge, 2004). At the start of the interview I took the time to speak with the participants informally, thus establishing an atmosphere of ease and openness (Bloor & Wood, 2006). I introduced myself, thanked the participants for their interest in participating in the research, and together we went through the information sheet and consent form, using the least technical language possible (Langdridge, 2004). Once the participants signed, we started the interview.

Throughout the interviews I strove to remain as neutral as possible while empathising with the participants on their narrative, so that they feel understood and not judged by me, as much as possible (Bloor & Wood, 2006).

At the end of the interviews, I thanked the participants for sharing their rich stories. I asked them whether there was anything they wanted to change or remove from what they had said and whether there was anything they thought was important for them to add to the interview. This allowed the participants to own their own narratives and to appreciate how their participation in the research could benefit others (Riessman, 2008).

Interviews lasted between 60 minutes and 180 minutes, although all participants were asked the same questions, highlighting the individuality of the participants and the uniqueness of their stories (Langdridge, 2004). All interviews were audio recorded (Langdridge, 2004).

Self-reflexivity.

As part of my reflexive process I held active conversations with my supervisor and, whenever possible, with the gatekeepers who work directly in the field of substance use addiction and recovery. Such conversations helped me to better position my research within a local context and within a gender-focussed reality (Elliott, 2005).

Throughout the research I kept a reflexive diary, noting down my emotions, thoughts and biases about the material I encountered (Elliott, 2005). As I engaged with the participants, I engaged in a similar process, noting that which was arising in the space between us and within myself (Emerson & Frosh, 2004). Throughout the interviews and during the analysis and write-up of the research, I also kept in mind that I was positioning the participants' narratives as impacted by my own perception, understanding, beliefs, biases, and reactions to same constructs and narratives (Emerson & Frosh, 2004).

Pilot Study.

The first interview served as a pilot for the interview guide (Langdridge, 2004). As no major changes were deemed necessary, it was also included in the final analysis.

Participants

Participant selection criteria.

To participate in this research, eligibility criteria required that recovering mothers would have:

- been abstinent from substance use and abuse for a minimum of six months: for ethical reasons (Elliott, 2005).
- completed a day/evening program and/or MMT: this is in line with the trend that mothers seem to prefer such rehabilitation strategies compared to sleep-in residential rehabilitation as, often, these mothers do not have someone to leave their children with (Dr A.Vella, personal communication, 7th February 2019).
- children under the age of 18: this was deemed important as, given the aim of the research to elicit stories around motherhood, the mothers' narratives would be focussed on the period when their children would be most

dependent on their caregiving for their survival and development (Gerhardt, 2004).

Sampling method and accessing participants.

Recruitment took place via purposive sampling through Aġenzija Sedqa, San Blas, and Oasi, three local agencies focussed on working with recovering users (Creswell & Poth, 2018). First I made contact with the agencies with the proposal, information sheet, consent forms, and interview guide (See Appendices A, B, and C). Following permissions by the agencies, the assigned gatekeepers contacted participants who were eligible for the study. The gatekeepers passed on my contact to the participants and they contacted me by phone. With some participants, the gatekeepers arranged the interview date themselves with the participants, my first contact with the participants being right before the interview.

As a brief introduction to the participants, the six mothers were in their 20s, 30s, or 40s. Five had their children living with them while one had her daughter on weekends and her son for a few hours weekly. Half the participants were living with their partner. All mothers were employed, some holding white and grey collar jobs, and four owned their own place. To ensure confidentiality and anonymity, I have given them and any family members they mentioned pseudonyms and removed any identifying information from the narratives (Elliott, 2005).

Data

Organising data.

I transcribed the interviews verbatim. This gave me the opportunity to be more in touch with the narrative and to be more aware of my emotional and cognitive reactions and biases (Emerson & Frosh, 2004). In the transcripts, pauses and hesitations as well as changes in tone are included, serving to highlight the uniqueness of the narratives (Emerson & Frosh, 2004). In the process of transcribing, I was already analysing the narratives and developing

my understandings of the stories based on the literature and on my reactions to the narratives based on my own history and beliefs (Emerson & Frosh, 2004).

Story representation.

In presenting the stories I remained as faithful as possible to how the story was narrated, “viewing the interview as discourse” in itself (Emerson & Frosh, 2004, p. 33). Due to the word count, parts of the narratives were removed or summarised. This led to a reconstruction of the narratives, a process impacted by my own beliefs, thoughts, emotions, and reactions to their narratives (Emerson & Frosh, 2004).

Following this process, I emailed the participants my representation of their story in an effort to obtain their feedback upon the accuracy of the representation and also the impact of reading their narration on their understanding of motherhood and their lived experience. I also offered them the opportunity to add or remove anything from the narratives. Five participants got back to me saying that they were touched by the narratives and that it helped to make them more aware of how far they had progressed. Two participants asked me to remove details about their partner’s involvement from the narratives. None had anything else to add to the narratives. Where amendments were requested, these were completed and the narratives resent to the participants and approved before being inserted in the Results chapter.

Data Analysis.

Thematic narrative analysis was employed at this stage of the interview. By attending to the verbal and emotional content of what was being said, I elicited dominant themes within each narrative and across narratives (Elliott, 2005). This was done against a backdrop of sociocultural, linguistic, and psychological function of the narratives and of the position taken by each of the participants (Emerson & Frosh, 2004). Having kept as faithful as possible to the narrative, I explored how the themes progressed as the narrative unfolded (Riessman,

2008). Theoretical knowledge also served as a background to this process. The identified themes were then discussed with my supervisor and presented in the Discussion chapter.

Translation.

Five of six interviews were held in Maltese. To ensure transparency, while the Results chapter presents the English versions of the narratives, the Maltese version of the five narratives is in Appendix D. Translating the narratives involved a process of reconstruction as impacted by my own beliefs, thoughts, emotions, and reactions to their narratives (Emerson & Frosh, 2004). The reader will engage in a similar process of reconstruction when reading the narratives, highlighting the multi-layered meaning of narrative (Emerson & Frosh, 2004).

Reliability and Trustworthiness

Mishler (1990 as cited in Emerson & Frosh, 2004) argues for validity in the context of narrative research to refer to the social co-construction of knowledge rather than the empirical truth sought out in quantitative methods.

Narrative research is said to hold good internal validity as the participants are empowered to narrate their experiences using their own language, (Elliott, 2005). External validity is found in the researcher's ability to be as faithful as possible to each narrative in its multi-layered meanings within its sociocultural framework (Elliott, 2005). This was ascertained through regular meetings with my supervisor who helped me to become more aware of my own reactions and biases to the literature and to the narratives encountered. This helped me maintain an open and transparent self-reflexive process, thus minimising interpretive omnipotence (Emerson & Frosh, 2004; Riessman, 1993).

Creswell and Miller (2000) present eight ways of increasing trustworthiness, Creswell (2007) noting that using a minimum of two ascertains the study's trustworthiness. Of the eight recommended, I have established trust with the participants, sent them their respective

narratives to ensure their narrative resonates with them thus using respondent-validity, used peer review by maintaining an open and transparent dialogue with my supervisor, and I clarified researcher bias by stating my position in the Introduction chapter (Creswell & Miller, 2000).

Ethics

After the research proposal was accepted by the M.PSY. Dissertation Committee, I submitted an application for ethical approval to the Faculty Research Ethics Committee (FREC). Approval from FREC was final and I was informed that I did not require approval from the University Research Ethics Committee (UREC). This assured me that the research proposed, outlining all the research steps as envisaged, were ethically sound (Emerson & Frosh, 2004).

The mothers' participation in the research was entirely voluntary and they were aware that they could refuse to participate or withdraw from the research at any point without giving reasons and without repercussions (Elliott, 2005). Similarly, they were aware that they could also withdraw information in part or in whole till 1st May 2019 without repercussions and without giving reasons (Elliott, 2005). Prior to commencing the interviews, the mothers gave their fully informed consent (Langdridge, 2004).

The research did not envisage that any harm would come to the mothers by participating (Elliott, 2005). However, acknowledging the delicate nature of the topic researched, the participants were alerted that the gatekeepers were available to them should the need for support arise following the interview (Elliott, 2005). During the interviews I was empathic with the participants and encouraged them to include questions of their own at all parts of the interview (Emerson & Frosh, 2004). At the end of the interview, I reminded them of their right to withdraw information and openly gave them the possibility of withdrawing information in part or whole and also to add anything they would have wanted to speak about

but which the interview itself had not touched upon (Elliott, 2005). Questions from the mothers were encouraged and answered sensitively and with transparency when these arose (Elliott, 2005).

Confidentiality was paramount in this research, with all names mentioned in the discourse being changed to pseudonyms from the moment of transcription and any identifying details removed from the narratives (Elliott, 2005).

Once I reconstructed the narratives I forwarded them to the respective participants for their feedback. Two participants asked for information about their partners to be removed from the narratives. I removed the information as requested and forwarded the amended narratives to the respective participants. Once the participants resonated with the representation of their stories, I included them in the Results chapter. This ensures that the narrative representation is ethically sound (Creswell, 2007).

Finally, I followed GDPR regulations in keeping with utmost ethical practice. This included all transcriptions being password-protected and any hard copies being kept under lock and key.

Conclusion

In this chapter I presented the rationale for a qualitative study. I also outlined the research design selected for this research, the data analysis, and choice of story representation. Trustworthiness of the research and ethical considerations were also discussed. I will now proceed to present the narratives in the next chapter.

Chapter 4 – Results

Table 1 provides an introduction to the participants. In this chapter I present the narrative of each of the participants. The participants' own words are visible in bold font. For transparency, the Maltese version of the narratives is found in Appendix D, except for Brenda's whose interview was carried out in English. All the participants except for Debbie came smartly dressed and on time to the interview. Debbie rescheduled the interview thrice and arrived forty-five minutes after the interview was scheduled to start. All interviews went smoothly.

Table 1: *Overview of Participants*

	Ania	Brenda	Celine	Debbie	Emma	Fiona
Age	31	38	39	31	27	40
Career	In a shop	In a telecom company	Caregiver	In a school	Insurance	In a gaming company
Onset using	Early 20s	15	11	14	18	13
Duration of using	3 years	17 years	20 years	17 years	2 years on and off	21 years
No. of partners	1	3	2	3	1	1
Partner using	Ex-user	Ex-users	(Ex?) users	Non-user, user, non-user	Ex-user	Ex-user
Living with partner	Yes	Living with 3rd partner	No	No but planning to with 3rd partner	No	Yes
No. of children	4	2, 1, 1	2	1, 1	1	1
Pregnancy planning	1st only	No	No	No	No	No
Reason for using	Via partner	Peer pressure	Via friends	Peer pressure	Low self-esteem	Peer pressure
Comorbidity	N/A	Admitted to NMHI	N/A	Bipolar	Seems to have depressive episodes	N/A
Home	Own their place	Owns her place	Owns her place	Lives with mother	Owns her place	Rents out

Ania

I'm 31, a mother of four, I live with my children's father in our own place which his parents built above their own...and I work part-time in a shop. I'm six years clean after using heavily for three years. My partner was already using when we met. I started using because drugs were close to me.

Only the first pregnancy was planned. I was 21 then and wanted to know what it means to be a mother. In fact, I breastfed for six months. His first six months were ok, then I started using...**there's a year and a half I don't remember. When I was pregnant with my daughter I stopped using...and started again right out of hospital. She lived mostly with our neighbour. My eldest were taken on care order for a year-and-a-half.**

When we hit rock bottom (from using) **I consulted the doctor, 'I'll do whatever it takes to have my children back'. Women are different to men.** (The care order) **moved me to take action. At the time drugs were my partner's priority. I regarded CPS as the devil incarnate. Nowadays I thank God for them...I would've never turned my life around otherwise.** Ania followed a day rehab program and found a job while her partner completed a residential rehab program. She recounted how she had decreased methadone by 5 weekly instead of by 1 every fortnight as advised. **I kept using services but it felt like I was still dependent on drugs and I didn't want to feel that way. Three months after rehab I was pregnant with my third...it was like having the first baby again**. **Whenever I was tempted I remembered about Fiorella and stayed clean. I spent 6 months just her and me; he was in rehab, the others in fostering. My son used to tell me 'why is Fiorella with you and we aren't? Don't you love us?' I think Fiorella's so special to me because she was a ray of light...I tell her 'you're my sunshine'. Not because the others aren't but she has something...different. Pregnant with my youngest nine months later, I took it badly...my eldest had just transitioned back and I'd just managed to get back on my**

feet (with work)**. My youngest started childcare at 9 months...with her I learned what it means to be a mother. I was there every step...I remember her first tooth...**(and other milestones).

Being a mother means everything to me. (To be a good mother) **the first year should be spent with the child....but with none of my children did I manage to do so...it's not feasible not to work. (Even though it's with their father) I feel guilty to leave them again after school when I work till 8pm (biweekly). I get up early to prepare lunches, take them to school, go to work, pick them up and we spend time together...they do their homework, I prepare a snack, I take my daughter to catechism lessons and my son to private lessons, pick them up, we shower...we play with playdough, we go to the swings... 'Mum guess what happened at school today...' I'm there.**

My mum owned a shop and was always working. I was brought up by my aunt and grandma. Due to circumstances I couldn't do otherwise but...in anger, I told my mother 'it's not you who brought me up'. I know I hurt my mother and I don't want my children to say it to me. I was left wanting nothing materialistic as a child. I don't spoil my children but if they need something I make sure they have it. My mother never kissed or hugged me, or I her. I am affectionate with my children. I want to do all it is to be a mother – if they have an appointment, I take them, if they need help, I help them. I want to know everything that happens in their life. I've learnt to be a mother through being with my children and reflecting on my upbringing.

As a child, **if I arrived five minutes late I'd have to miss the next outing with my friends. My father was strict but the only time he hit me was once when I wanted to leave with my partner...and one other time...we argued, he threw a chair at me while I was holding my son. I filed a police report, he reported me to CPS and they took my children away. I've put my parents through a lot but I cannot forget what he did.**

When I was using...I don't remember what I fed them...I often left them dirty....I didn't take my son more than five times to school...and I used to make them sleep to have time for myself. I wasn't present during the first three years of my daughter's life. My son was always with us. He never saw us using but he'd be in the car with us while we were using. Now he questions 'why didn't we stay with you?' I reply 'we had big headaches, nowhere to live, no money, and we couldn't take care of ourselves, let alone of you'. At school I don't give talks...I don't want my children bullied because their parents are ex-users...and I don't want them to learn from someone else. I'm afraid they'd look at me differently and that they'll hurt me by saying '...other people brought me up'...'you preferred drugs to us'. Joe sometimes questions, 'When you used to have headaches...'. He's 9 and starting PSD. I'll seek professional advice on how best to tell them. Sometimes you see children smoking or topless. I don't want my children to be like that. I want to teach them...so if someone tells them 'have a smoke' they refuse.

I don't know what my children think about me. Whenever they need anything they come to me, so I think I give them a sense of security. To my youngest I mean the world...maybe because they still depend totally on me. They all mean the world to me.

When in a difficult situation nowadays, depending on the situation, I open up about it...to a friend. Other times I just confront the situation...but I try to evaluate first. When I feel anxious around my children I take time alone to calm down. Some people say 'my children come first'. No, I come first. If I'm not feeling good then I cannot take care of them. When my children are stressed...I support them to get through it.

When my eldest came back from fostering...I spoiled them rotten...because I felt that I had let them down. For instance, I used to cook a meal for each. Now I cook only one meal. My attitude changed because I couldn't afford to buy an egg a day, or to go to McDonald's each week. Plus, I remembered that life isn't all roses...it's unrealistic to

give them everything. Extreme discipline isn't good but there's beauty in discipline. Sometimes I ask my son to get off his tablet, 'but why?' 'because', 'but why?' Then my brain clicks, 'Joe you have reading to do, we need to shower, and you need to take a break anyway as it's bad for your eyes'. Since I started putting boundaries I started getting what I want from my children. Life is about give and take. Every action carries its consequences. I tell Joe 'if you're not doing this then you're not playing with your tablet', 'I'm not going to do it', 'then you're not playing with your tablet'. I stick to my word. In the beginning it was very difficult. Rules include, **keeping appointments unless we're sick, showering daily** (unless it's too cold), **doing homework plus at least 15 minutes of reading, and clearing up after themselves.**

Ania feels disrespected **when they answer back...'ok, thank you' and I don't speak to them. Then they have to come and speak to me first, unless I'm at fault, in which case I take the first step. But I understand that when you're angry it's hard to control your emotions. They never spoke blasphemously.** Ania feels that her children trust her. **I never lied to them...except about the tooth fairy and the like. I'd be disappointed if I'm promised something and it's not kept so I really try.**

I show my children that I love them with hugs and kisses, by spending time with them, by being there. I respect them and take the time to explain things to them. My eldest daughter hugs and kisses everyone, even strangers, and I get angry at her for it. They constantly tell me they love me. Even seeing them grinning when I pick them up from school...My son's different...we talk about things but he doesn't show his feelings.

I hope they keep studying to get a good job. If they don't depend on anybody it's enough...and I hope to remain a part of their life ***(chuckles)*****. I hope they don't have drugs and friends who are a bad influence...nothing controlling their life. I cherish moments we're all together. We love camping. We're there without technology; we eat,**

play in the sea, go fishing, enjoy a BBQ...we spend time with the children and we have our time together.

My only regret is that my eldest had to be taken away for me to get on my feet. I gave them my lack of presence...**I put drugs before them. If I ever notice that they're using, I think that's when I'll share my experience with them. If I don't manage, I'll support them to seek help and work through it. I won't shut the door to them. I'll also seek professional help to help me help my children. What scares me as a mother is that they could hurt me with their words, or that one of them dies or acquires a disability. Also, I'm scared of missing out on something that's important to them.** The greatest gift I've given them is **that we managed to bring the family back together.**

Brenda

I'm Brenda, thirty-eight, I have four children, and I've been clean for six years. I work at a telecom company. I started using at fifteen out of peer pressure, stopped, had the first two kids, and relapsed. Both my youngest are methadone babies.

I was only eighteen...I don't think I was ready to be a mother but...**then it comes naturally. Women are made to be mothers...sometimes they do things out of their control, like using. Addiction grasps you with its nails and sinks inside. You forget about your kids. My first two pregnancies were unplanned but didn't come as a shock...the last two did...I'd wanted to stop at two children. The third...I was just out of rehab where I'd met someone. With the shock I relapsed in the first month of pregnancy. In my fourth, I got pregnant as soon as I stopped using but he was still using...I used to take out my anger on my daughter instead of on her father. During my pregnancies my family, friends, and two colleagues who know the story supported me. During the last two I also had the doctor's support**...**I still contact her and she's always**

there for me. The father of my eldest two was always present...Priscilla was about 11 when we split up. Joshua's father lives abroad and visits twice a year...twice a week he visits his grandparents. I still live with the last one.

Brenda's memories with her children include, ***(laughs)*** **colouring on the wall, cleaning up their mess. They hug you in the morning, kiss you goodnight, 'I love you'...when they fall they come for comfort**...**It's very fulfilling. You're someone they look up to...so you should be their rock...anything they need. Priscilla's eighteen now...I used to put her in front of the television with some bread and she didn't move. As a baby my son used to sit watching Shrek. In the first month Joshua was having withdrawals**...**but he was a good baby. Pregnant with my fourth, Miriam, I was on MMT**...**she also had withdrawals...but it was the situation that made her difficult. The worst is the withdrawals**...**all my fault.**

My eldest never went to childcare. My youngest two started childcare at three months...**as I worked full time.** The first time **Oh God! I felt sad leaving them with strangers, not knowing if they're gonna feed and change them or if they're gonna leave them crying. I was lucky...the carer is very dedicated.**

You have to understand your children, speak with your children, and explain to your children...those three make a perfect mother...(from reflecting on my own upbringing) **and what I've observed. My father was an addict, my mother wasn't. It was rocky – police, prison.** Brenda recounted how her mother had to go to work and was strict on discipline. **My father didn't let us have a childhood...I hate that about myself because I had said that I'd never let my children pass through what I passed through...**

I used to lock myself in the bathroom for hours, while my kids watched television...'Ma what are you doing?' 'I'm having a shower'. I cannot imagine what was

passing through their mind seeing me coming out of the bathroom like I don't know what. Miriam and Joshua have no idea of my past. The eldest two remember us using. I don't know what they used to see...they'd visit me at the NMHI....it's shameful! Both my eldest were taken on care order...**it fell recently**...**after nine years** *(voice hoarse)*. **They were placed with my mother....it was very difficult losing my children...we abandoned them.**

Brenda recounted how she quit. **Joshua's father was still in Malta and his grandmother is a bit...of trouble. I received a letter from a lawyer that they're taking me to court to take my son. The magistrate told me 'if next week you don't come here with clean urine, you'll never see your son again'...and I stopped...just like that.** *(swallows)* **I wouldn't have had access to my son and that...freaked me out.**

Something I carry forward is the discipline my mother had...if I say no it's a no. With Miriam...'no'...'what daddy says'...her father gives in. My parents never hit me and I don't believe in hitting the children. With my mother we never had open communication or 'I love you'...I have it with my children.

Now that I'm clean, my eldest see the real me. For many years it wasn't me...it was the drugs. I mean, I hope they see the difference but...it's nice that they see the real me. Both my eldest stayed at their grandmother's...it was more convenient for them. **We meet often and they're welcome to stay with me anytime. I work full time, go home, cooking, cleaning...I'd like to find time to play with my youngest because it's...what they appreciate most. I hope my children think good things about me. I hope they think the problem I had wasn't easy to get rid of, that I'm strong enough, and that they're proud I managed because of them** *(laughs)*. **The past isn't mentioned...to avoid bringing up bad memories. I don't think they'll ever bring it up...it's something they want to forget...but if they'd like an explanation I'm ready to give it.**

When I feel anxious I panic...I breathe in and breathe out...and think happy thoughts. I try to think before I act and, when I'm not feeling 100%, wherever I go, I take my kids. I don't pass from certain roads, I don't go to certain places. When in pain **I cry...I'm very sensitive...I even cry when I feel happy.** When her children are stressed, **I try to understand why and what you can do to make it go away. Recently my son's LSA told him about some paper I'd forgotten to sign and it made him anxious. I told him 'don't worry, I'll speak to her and I won't forget to sign it again'.**

I don't really get into arguments...with my youngest it's more, 'pick your toys up, if you don't you're on punishment or time-out'. When we argue they have to apologise first. Ages ago I found a packet of cigarettes in my daughter's bag, I grounded her. When my son didn't do well in his exams I took away his ipad for three months. **Every action has its consequences. Otherwise they're going to take everything for granted.** Brenda's rules include **clean up, no tablets or mobiles at the table, shoes off before we go in. They had a habit of throwing their jackets on the floor...'your mother is not a slave. Pick up your jacket, put it away, shoes on the shelf, school bags in their place, and change'.** If they don't follow the rules, **'you want a chocolate? You cannot have it because you didn't obey'. It's give and take.**

Brenda perceives her children to respect and trust her. **If I tell them I'm gonna do something I do it...even if it kills me. I'm trying to make up for lost time and lost promises...to regain their trust. I used to tell them 'I'm in traffic' and I never used to go. My children never showed disappointment or pointed fingers at me...I assume that they were. I was disappointed in my father.**

I tell them I love them, I hug and kiss them. They do the same and if they don't, **'aren't you going to tell me that you love me?**. **What I want to see in their future is happiness and peace. What I don't want to see is my past. If I notice signs that they're**

using, I'd confront them straight away...**and anything that needs to be done will be done. I think my story has already helped them because...I don't think they'd ever touch drugs. Hopefully! 'Cause you never know. I'm afraid of failing. I failed already but if I fail again I don't think I would cope. Having children who...should see you as a role model and you fail them is very difficult. Since I've settled down, you can tell, they look happy. That's the greatest gift I've given them. When I was 16 I was stupid...that stupidity made me do things I'll regret till I die.**

Celine

I've been 8 years clean, I'm a single mother of two girls, a 19-year-old and a 6-year-old, and I work as a caregiver. Age 11 I used *smoke*...at 15 ecstasy and snorted coke...at 16 heroine...at 19 I was pregnant. It came as a big shock. I wanted to keep using, I didn't want children. Then the mother instinct kicked in...it's a miracle. I was put on MMT and stopped using with the doctor's and CPS's help. After three years clean *(lowers voice)* **I relapsed. My partner at the time was a user, which never helps. The father**...**can go off, use, come home, and the children are with their mother. So when both are using...it's not good. At 33, clean for a year and a half, I became pregnant with my youngest. The shock was because of the gap**...**I had to start from scratch.**

During both pregnancies **I had no support from my parents. I have an unknown father, my mother was a drug addict...she never was a mummy. You can be an addict or ex-addict and still be a mother...but had my mother never used drugs she'd be the same. My grandmother supported me but she was in a home during my second pregnancy and passed away last year. I also had counselling, a key worker, and my aunt.**

When my eldest was born, I suffered panic attacks. I had no idea what to do...no mother to guide me ***(heavy sigh)*****. There's nothing I didn't do to be a good mother – at school they did phonics I went to a phonics course, parenting skills classes... I'm her mummy but it's like I'm also her sister, her friend...I'm very open with her. There are boundaries and discipline but I was never authoritarian...I speak with her and show her what's good and what's not. It's different with my youngest. Once I told her 'I'm not only your mother, I'm your friend', (***crying sounds***) 'you're not my friend! You're my mummy!' She prefers to tell her sister...she tells me eventually but finds it hard because she sees me as her mummy. With my youngest I'd like to have the same friendship I have with my eldest, although I understood my youngest – a friend can be a friend today and leave the next day.**

When it comes to being a 'good mother'...**I always wanted a family and someone to love me...I gave them the love I never had** ***(starts crying)*****. I'm proud to have managed to find that love in me for my children. I did many things differently to my grandmother** ***(laughs)*****. For instance, she used to tell me all my mum's doings. With my children I don't let on about their father. They're not my counsellors or my punching bag. Plus, you'd be hurting the children and...as a child...things hold a different meaning to you. My grandmother didn't know better but her love was pure. Like her, I'm always there for my children. My eldest used to stay with my grandmother...my youngest uses after-school services. She's not happy there...there's bullying...they need to monitor the children better. It's worrying having to go to work and leave your child miserable.**

I had a difficult childhood...apart from drugs, mummy...used to hit me and I couldn't understand why...I had a terrible childhood ***(crying)*****. My eldest's father was present during pregnancy and she's always had a relationship with him. My youngest's**

father...wasn't allowed to come....he's still in prison and he's not stable...if he's ever granted access I want it supervised.

My children respect me as their mother. I don't tolerate disrespect ***(takes a deep breath in)*** **like being told 'you look like an idiot!' If my daughters use that language with me, 'please speak respectfully. I've always treated you with respect and I'd like you to treat me similarly'. That suffices. My eldest never came home swearing.**

Until (my eldest) **was 11, she had no idea** (I was using)**. I was always escaping to use or using while she's at school. You feel fake, you feel guilty**...**I'm trying to show her a good path while I'm on the other side of it. I knew I couldn't keep using because once my daughter starts understanding...it'll come back in my face; if I discipline her...'Don't you use?' I didn't want that. I wanted them to see that I can lead by example. In 2010 I was given a place; had I left my partner before that I had nowhere to go**...**and I needed to use. Once I moved, I started MMT, never saw my partner again, never looked back.**

During my eldest's first year I used to play with her, sing to her...and she used to fall asleep in my arms. When using, your patience is endless...and you never feel tired. So you spoil them in that regard. Once she got older I spent time with her on school projects, we stopped for coffee, occasionally we had lunch together, at home we sat and talked. I was still patient but then time is limited because you have other commitments. We developed a routine...**and boundaries were more in place; when you use you feel guilty so you agree to everything. It took a long time for me to say, 'no'...'I cannot because I have another commitment. We have to find a way for you to do it...'...I felt afraid she'd feel unsupported...but it's not healthy to give your children all they want.**

My first year with my youngest was difficult; I was alone and having to visit my partner in prison was stressful. My youngest is learning to bear with me, '...I'm working for you and for myself. We're a team and we have to work as a team'. I'm trying to impart these values from now. I used to tell my eldest 'you're my world'. I tell my youngest 'you're in my world but you're not all of it'. My youngest tells me 'mummy you're always on the go, rest a bit' and she's proud to show who her mum is. Also, the fact that she asks for and follows my advice shows she has faith in me. Her sister notices, 'it's amazing how much she believes in what you tell her...even I do ma, your words stick in my mind'.

My eldest got to know (of my past) **from her father because I'd left him...I'd have waited. She looked at me a bit** (differently) **at first but the fact that I wasn't using then helped me as she saw I was doing well. 'Mummy I'm here, don't give up' – sitting on the toilet with a bucket in front of me, throwing up. My eldest was always there, even when I was pregnant. It's thanks to all the love I had given her...children are like a piggybank, whatever you put in them, if you break it that's what you'll find.** Celine said her eldest never used her past against her. **She knows what I passed through...and she's proud of me, 'you're really strong mummy'. I only told her things she can learn from...like where I think I could've done better. I haven't spoken with my youngest about my past...she's more outgoing, curious, independent....I'm afraid she might experiment** (with drugs). **My eldest doesn't worry me in that regard...with every step she takes she speaks with me first. I think I'll tell my youngest when she grows up...it'll open her eyes.**

Nowadays when facing a difficult situation I calm down and if it's not urgent I sleep on it so that I'm able to think with a clear mind. Then, if I can't handle it alone, I ask for help...I call a best friend and we talk about it. When I feel happy I call my children,

'I'm so happy!' ***(both laugh)*****. When I feel sad I try to hide it...'just one of those days'. It stresses me to see my children stressed...I try to support them to understand and resolve whatever is causing it. Currently my eldest is stressed because she's trying to change jobs and I'm trying to encourage her, 'you know I'm behind you, whatever happens'. When my youngest comes out stressed from school we spend time in silence...until we get home and shower. Then I ask her 'how was your day?' because she doesn't like to repeat things about school, I know how she is.**

We argue over disagreements. With my eldest we normally agree to disagree. I admire her for standing by her decisions, although sometimes I think it's not what's best for her, but it's her decision after all. When I argue with my youngest she gets frustrated, cries, **or answers back. Recently I told her 'try not to forget...' 'do you remember when you forgot that?', 'I remember when I forgot but we try to remember'.** Celine uses time out or time off tablet with her youngest. **After we argue I lighten the mood**...**I say something or dance with her.** Rules include **use of appropriate language, that my youngest doesn't participate in conversations between adults, and clearing up after themselves.** As for routine, **we get home, shower, my youngest studies while I cook or we sit together and I help her with homework. Then we spend time together playing dominoes, doing a puzzle, or watching a movie.** If, say, they don't clean up after them, **it remains there.**

My eldest is resentful because I rushed in my second relationship. My youngest because her dad and I are not together and he's not at home. I haven't explained the real reasons to her because she's too young. She thinks he's a good man whose at work. He used to hit me in front of them and my eldest had intervened. It's been years that we're not together.

I show my children that I love them by listening to them, I give them my time, respect them, hug them, and try to lift up their self-esteem. I'm there for them...plus I

take care of the house, I prepare food...I'm there as a mummy. Even by putting my foot down I'm showing them that I love them because I'm helping them develop stronger values. My eldest shows me that she loves me in the way she speaks to me and she never leaves without a hug and a kiss and 'I love you ma'. If I have a hospital appointment or I'm sick, my eldest is there. My youngest tells me as well. Recently my youngest told me 'ma I don't want you to stay home alone'.

For their future I wish them peace with themselves, happiness, and that they're happy with the decisions they take. I hope they never go through what I've been through. If as they grow older I notice they're using I'll speak with them, I'll try to help them get into a program, God forbid...but they need to be the ones taking the decision to stop using. As a mother, I'm afraid that my children die first...or that I die before I know they're settled. The best gift Celine has given them so far**...myself** ***(laughing).***

Debbie

I'm 31, I have a 4-year-old boy and a 9-year-old girl; I recently miscarried. I've been in a relationship for a year with a non-user and clean for 3 years. It's my first experience in a relationship without drugs. I started using at 14 due to peer pressure. Recently, I read for a diploma in childcare and I'm working at a school. I still live with mummy...**but I plan to leave mummy's place to take on more responsibilities...doing things normal people do. I'm a very dependent person...as a parent I need to be responsible for myself and my children**.

Finding out she was pregnant, Debbie planned to stop using**...but it wasn't easy. During the first pregnancy I was on MMT...and I used once or twice but, as I was on methadone, drugs were present anyway. My daughter's father supported me, he was a**

family man. My relationship with my mother always had its difficulties. The second pregnancy **was in an abusive relationship...my son was taken away. My mother had taken my daughter three months after I separated from her father because my son's father used to hit me in front of her**. **Three years ago she started living with her father. I have her on weekends. Once my son was on me in the car...**(my ex) **started hitting me...while I was on the phone with CPS. We found the police waiting for us. They took my son and me to a home for domestic violence. A few months later I'd gone back to him.**

Debbie recounted her struggles after her daughter's birth, **I became paranoid...I had to do everything properly and made sure they were seeing me do so. I was afraid they'd judge me as being a bad parent as I was on methadone, that they'd take her from me.** Pregnant with her son, **I kept my using secret from hospital. Toward the end, I went for an ultrasound...'urine, now!' I ran away, terrified they'd take my son away, and I informed CPS that I was on Subaxone. My son had severe withdrawals. I had some support from his father's sister...none from his father.**

Until my daughter was 3, she didn't have a bad upbringing. Still, I didn't parent her well...out of feeling guilty for using I spoiled her rotten...to compensate for my shortcomings; shopping for toys daily and taking her out instead of sending her to school. To start the day I'd square...after breakfast I let her play on the floor; I was overprotective so she'd stay on the bed for hours because I was afraid she'd fall and get hurt on the floor. I always walked her with a harness, afraid she'd fall or cross the street. **I have no happy memories with my son...drugs, violence...and paranoia.**

My daughter's first day at school, as soon as she spotted other children, 'bye mummy,' and went in. When she didn't shed a tear for me I cried my eyes out. Now that I'm clean I realise how much my daughter was missing out on. In those 11 months

my son...used to feel unsafe, so he was incredibly attached to me. He was with me all the time – on the toilet, having a shower... When they took my son, I attempted suicide on the spot and they locked me up at the NMHI. I was given immediate access visits. Debbie recounted how, over two years, exiting the NMHI she was thrice in and out of rehab, re-entered a relationship with her son's father in rehab and eventually left rehab early when he was suspended. **This was October of 2017**...**we used again, heavily** (and the violence restarted)**.**

(My current partner and I) **have been friends for over four years. Mid-summer our relationship grew serious and...last October...**(my ex) **was served a restraining order against me, my family, and my partner...he was trying to put spokes in my wheel.**

To me being a 'good mother' means to be there, to love and support your children no matter what, and to show them what life's about. I suffered when I had no support. Also, 'I'm your mother'...we're friends only to a certain extent. My mother never told me 'I love you', hugged, or kissed me. That hurts me and I'm affectionate with my children. I have no memories of my childhood...so there can't have been happy things. It hurts me to think my children's memory might be affected, especially my son's...he's been living in a home since he was a baby. I asked CPS to take him to a psychologist.

When using, **I think my daughter knew something wasn't quite right. She also saw me being abused and is terrified of my ex-partner. I was there for my son...he needed me more. His father would become paranoid using coke and once I found my son wrapped in a blanket, face and all.**

Both Debbie's children visited her in rehab. **I wanted to come out clean so I can get my son back as soon as possible. My daughter is close with her father so I'm leaving her**

free to decide on her living arrangements. You're seeing me (drowsy) **because I'm on medication for Bipolar. Nowadays everything comes naturally with my children. I used to take out my anger and bitterness on my daughter. Now I go down to her level more. Last Sunday I didn't feel like going to Carnival and I felt guilty that I wasn't taking her. She agreed to us making a cake together instead. I try to do activities with them. I don't know** (what they think of me)...**I've put them through too much chaos...but hopefully they still think positive things about me. When my daughter's more mature I'll tell her my story from A to Z. It's important that she gets to know from me and it'll give her a clearer picture about life. This applies even more strongly to my son because he's been through much more.** Both children never brought up the past.

To cope with anxiety, **I smoke, binge on sweets, drink coffee, and sometimes take more medication than prescribed. I only feel happy when my son's with me. I never argue with him...he's suffered too much and I feel guilty. I'd give him the light from the ceiling if he asks for it. Recently he punched my sister's partner in the face. I wanted to be angry at him but I told him 'we don't do these things...we don't hit'. I don't know how to discipline him. I've spoken with CPS to take parenting skills classes before he comes to live with me two months from now. My daughter angers me sometimes. After a day together, recently during a weekend break, she tell me 'I'm fed up' or 'take me to nanna's', and I react angrily, I tell her 'do you want to go to daddy's where you'll stay inside because he's always working?' Then I feel guilty**...**I give her a hug. Sometimes I just take her. She's angry at me. I think my son's angry at me but he takes out his anger on men.**

Debbie has set rules with her children – **don't speak when adults are speaking, tell me before going anywhere, and don't speak to strangers.** If they break a rule she gets angry with them. Routine-wise, **on Fridays we go to his mother's place, my daughter**

plays with his siblings' children, then we go home to sleep. On Saturday mornings my son joins us and I take them to the swings or out to eat and in the afternoon we go to my mother-in-law's. Same on Sundays.

I can never forgive myself for what happened. Not after what my son passed through. It was my fault. I still buy them a lot of material things... As for how her children show her they love her, **mostly my son does. Last Christmas I went to see him at a school concert...'this is my mummy'. When he saw me crying he put his hands to my face and told me 'mummy don't cry'. I've hurt him so much and here he is telling me not to cry.**

I hope their future holds better things than their past and that they know I love them no matter what. I hope they have peace, health, and love...and that they're not in need of anything. I hope that drugs, low self esteem, and depression never enter their life. If her children start using when they grow older, **Maaaaaa!...I'd get them to seek help immediately. I'd remind them that I'm there for them and retell them my story so they don't get to the edge as I had. I regret leaving my daughter's father...we were living a comfortable life...and my daughter lived with her family. I regret that I kept putting my son's father and drugs before my son. I'm afraid that because of their anger at what I've put them through they'll turn to drugs to numb out feelings of anger and pain...especially my son...he's passed through so much!**

Debbie explained that she's currently working toward giving her children the best gift yet – **I'm going to get married and to have my own place where we can live as a family.**

Emma

I'm 27, my daughter is five-and-a-half years old. About a year ago, her father and I separated. I work in insurance and I train an hour a day when possible.

I started using when I was 18 for about a year and then stopped using. In my first pregnancy I miscarried and we both relapsed. Pregnant with my daughter...I stopped using and was put on MMT...you wouldn't be clean, clean. I found support from both sides of the family. Emma recounted her experience of pregnancy and birth in detail. **It's an incredible feeling to hear your child cry...her nose was tiny and covered in tiny spots, her pores** ***(both laugh).*** **In the first months they sleep all the time. Then you look forward to her achievements. At 4 months she hit the ideal weight and started eating solid food. She was** (fussy) **with vegetables...with fruit she'd want to eat tin and all** ***(both laugh)***.

I can only speak about being clean up to now. **My daughter saved my life. Addiction means you manipulate yourself**; **today I'll use because I feel sad...today it's because I feel happy, today...and my daughter pulled me out of all that. I cannot** (use)...**I'd be betraying my daughter**. **My father drinks whisky on Sundays, my mother never drank, never smoked**...**I gave them a hard time**. **You can have the best parents in the world because if you're going to use, you're going to use. I'm doing my best with my daughter...when she's quiet people comment on how well-behaved she is but otherwise they point their finger at you. What matters is that my daughter doesn't come home** (having used) **saying 'you put me through it when I was a child'**. Emma recounted an episode whereby her daughter had hit her, explaining how she could discipline her as she had never raised a hand to her, **I sat her down and told her, 'when you feel it in your heart that you're sorry to have hit your mummy, after all that I do for you, get up and apologise'. I cannot discipline her on things I'm doing.**

Emma's daughter went to childcare when she was **2 years 2 months old** to get used to being around other children before starting school**.** The first time **she went in happily...I cried.**

I do my best with my daughter – I go down to her level...**I believe in a give-and-take relationship. I constantly show her my appreciation and encourage her. I grumble when she messes up with homework, 'it's as if you've never gone to school!' Then I notice that, I think she's so affected by her father's absence that, when I discipline her, she feels inferior...she makes more mistakes. I praise her, 'you're beautiful'. Sometimes I surprise her, 'as you were so well-behaved I'm going to give you something back'. Then I also make mistakes. My daughter suffers from seeing me crying over the separation**. **When her father brings her back, 'mummy are you ok?' Sometimes in anger, 'he was supposed to pick her up...he always has some excuse...but he makes time for his partner'...she might think her daddy doesn't love her or doesn't want her**...**but she's with me all the time and I'm only human**. **I cancel my plans because my daughter's my priority. So, to be a 'good mother'...I do my best but I still do things which negatively impact my daughter**. **With my achievements I hope to show my daughter that, as a woman, if she works hard she doesn't need to depend on anyone**. **That's why I hate breaking down in front of her. I want to show her that a woman can be strong and not let anyone affect her. Having a partner is a bonus if they get on well.**

My childhood was normal...they were always present. **We used to be happy...playing in the streets. My daughter and I bond over walks and building rocky BBQs in woodland.** Emma spoke about how her mother would never stick to her punishments. **The most I punished my daughter with was 'stand there and don't move'**...**and I stick to it**...**because if I go back on my word I'll lose credibility to her.**

Emma evaluated that her daughter trusts her and respects her authority. **Recently I told her 'you fix my broken heart'. She hugged me, 'don't worry mum, it will be fine'.**

Emma doesn't plan to tell her daughter about her past **unless she starts using...then I'll consider it**. Facing difficult situations nowadays, **I clam up and sometimes miss out on training. I work twelve-hour shifts from home...I hardly meet anyone. My world revolves so much around my daughter that it's unhealthy for me**...**I've manipulated myself into thinking this is how my life has to be. It's almost like I'm punishing myself for leaving her father**...**he just didn't give me the attention I needed. I cry** when dealing with anxiety ***(laughs)*****. When I'm happy**...**I take over the world** ***(laughs)*****. Nowadays, I find support with my daughter from my family, close friends, and one cousin who I'm close with but I rarely leave her with anyone...not even five times a year.** When Emma's daughter is stressed, **I show her that I'm there, even just watching a movie together, or reading a book. When we argue**, **'...I do everything for you, why are you doing this to me?' I want her to be responsible for her actions.**

When she comes back from school she eats, starts her homework, and showers. Then we spend time together; we watch a series, read a book... As for rules, **my daughter has a habit of getting up and playing during meals. I'm working on us sitting at the table until we're both finished at meal times. I tell her 'let's sit and talk'...so she knows exactly what I want from her.**

Recently she told her father 'you left us!' I told her 'Rox...no. I left'. I have no idea how I'm going to tackle her being angry with me...it scares me. I passed through my parents' separation...**I know what it means. I tell her 'I love you' all the time, even when she's asleep** ***(laughs)*****. She often tells me 'I love you so much!' Sometimes she adds 'even daddy', 'have I ever told you not to love daddy?'...but she's afraid of hurting me. She gives me a lot of attention. When I'm having a bad moment she knows exactly what**

to do...she either lets me be or takes my face into her hands and wipes my tears. She takes good care of me. I support her in whatever she does...'I want to become a tattoo artist' so I sent her to art classes. As long as she's independent and gets there under her own steam (I'm happy). **When I die, she's going to get the house and a savings plan.**

Emma hopes her daughter's future is void of **drugs. I think about it daily...it scares me. I do my best but I have no control over what my daughter does. I won't do like my mother did**...**they got scared. I'll know what she took from the moment she walks in**. **I wouldn't shut the door to her but...I need to show her that I've worked hard to give her a good upbringing and all she has. I'm not only her friend, I'm her mother. Then if we're talking about heroine...you need support. That's where my story comes in.**

I appreciate each moment I have with my daughter. My only guilt is that I broke up the family...though it took me five out of six years to make the decision. I've progressed significantly with my daughter since...*(starts crying).* A man needs nothing else...**at his mother's house he finds food on the table, has a shower, goes out... I'm afraid she'll be angry at me**...**and that my decision**...**will cost me my relationship with my daughter.** Emma is also terrified that her daughter might die before her. **I wouldn't be able to handle that.** Emma's greatest gift yet to her daughter is **my time, love, and support**.

Fiona

I'm 40, I have a six-year-old son, I've been working in a gaming company for twenty years. I found a lot of support from work. I've been fourteen years with the same man...he was also (a user)**. Our son was a Godsend. Don't think that because I stopped using six years ago I don't get tempted...Ehhhhh! The demons remain, you can only control them.** Years before getting pregnant Fiona relapsed after completing a residential rehabilitation programme and never engaged in another program.

We'd never used protection...then at my worst – injecting, smoking, smack, coke, all sorts...**I became pregnant. I realised after two months because**...**my period** rarely came and was brief**. I then used for another two-and-a-half months...**it was **a big shock**...***Madonna*****, what am I going to do?! To just stop overnight, how can you do it?** Fiona was put on MMT, connected with CPS, and supported by her mother and doctors. **Don't think I enjoyed my pregnancy. My partner was in prison**...**CPS saying 'we are the baby's voice'**...**and I still didn't want** (the baby) ***(sharp breath in).*** **When they put him against my chest I shouted** ***(animated)*** **'remove him from me!' in shock.**

All that methadone...**he was sick eh, I know how many corridors I ran up and down crying. I couldn't accept that they give him morphine...a drug** ***Madonna*****, he hasn't even opened his eyes...because of my fault! He came out of it and they didn't give him any. Then they wanted to discharge me from hospital and keep my son and I kept fighting...eventually we were discharged together** ***(laughs through tears)*****.**

Being on MMT with a newborn **wasn't a joke. Mummy would often come in to the baby almost on the floor... I had medication every two hours so you feed him** (and) **dose off. Afterwards I went to live with mummy because my partner was still in prison. CPS used to come home without warning...to see the environment. At first I saw them as demons but once I accepted their help** (we had a good relationship)**. Thank God they're there...for the children.** Becoming a mother, **it's very hard, especially when one moment you're a junky and the next full of responsibilities. My life means nothing without him.**

Fiona spoke about how, as a child, she and her siblings witnessed domestic violence between their parents. She described their father as a hedonist, their mother having to leave to remain alive, their father buying their mother's lawyer and winning custody of them, and their doing house chores and cooking as children. **We didn't have time to cry** ***(voice shaky)*****...that's why...I resorted to drugs**. **I never respected...or loved...myself.**

Today...God forbid papa' hears someone badmouthing mummy...and all that he did not do with us he does with our children. All that violence...**mummy used to tell us 'whatever he does, he's your father. What's between us has nothing to do with you'.**

As a user, **I didn't exist for them. Mummy never gave up on me. My father used to tell her 'let her leave!'** Then in rehab, **at times the sea was so rough that Gozo ferry had to operate from San Mizun. I used to tell her 'don't come ma'** *(starts crying)* **No one used to come and mummy...would still come. I don't know what I would've done without her. When I became pregnant**...**by mistake I left the test on the flushing. 'Fiona it's ok, it's a sign that He has something for you.. you'll get through it, I'm with you', and it was true.**

I reflected on how she had fought for her child...***(crying)*** **they would've taken him away...it wasn't a joke**. Fiona's partner had completed a rehabilitation program in his last year in prison, come out when their son was 3 years old, and has remained clean since. Fiona used to take their newborn to visit his father in prison twice weekly. **Even now he needs to give urine**...**which is good. I think of our son but these men don't think of anything**. **It's either drugs or us... he knows I would leave**. (We've progressed) **but it's important to remember where you came from.**

During her son's first year – **life was very fast – CPS running after me, giving urine, visits to prison, work, taking care of my son...** Fiona reported having no memories of her son's first year. (Getting back to work) **I cried so much! Papa' had to take me to work with my son in the car**. Leaving her one-year-old son at childcare, **I couldn't leave. I'd act as if I was leaving and go back many times**...**to make sure he was alright. Now I do a million phone calls during work**.

To be 'a good mother' **it's very important to have a good relationship with them**...**so if anything happens, he can speak with you**. **We had a lot of disadvantages but (*emphasis)* we have a lot of advantages as well for our children**. **Looking at him sleeping**...**I get scared...because you can be a good mother and he can still** (use). **Ohhh *Madonna*! I cry so much sometimes!** If he uses, **you stand by his side no matter what and support him to look for help.** She regularly tells her son **'you can tell me everything. I'm not going to shout at you'**...**'I was a bit on the naughty chair'... 'you see...I didn't get angry at you'**.

Fiona expressed that there's nothing she repeats from her own upbringing with her son. As for what she avoids repeating, **I always befriended people who were...ten years older than me. I was 13, they were 23**. **That's how I started**...**some smoke, pills**...**at 18...smack. I allow him to be a child**...**because we were never children. I've just been offered a managerial position at work. I refused it because...he's only a kid once**.

Oliver's relationship with his father is **very different. We'd be walking and I tell him 'hold dadda's hand'. No, mine! I tell him 'then I'm not going to hold your hand either'. I ask him to hold his hand...as a family...because I never had that and I emphasise on it a lot. I cannot understand it**...**he never saw anything bad from his father**. **But...he just had me...you can't blame the child either. Oliver's super protective of me – his father comes to kiss me...he pushes 'noooooo!' Sometimes we argue, he sees me crying he brings me tissues, pats me on the back, gives me a hug. Mummy was always there for me**...**but we never had hugs and kisses.**

Fiona perceives her son to respect her authority as his mother. When she feels tired, **'Oliver you've tired me out, give me a chance!**...**I'm going to have another baby'**...**'noooooooo!' I feel that my son is proud of his mummy – he'd want me to come pick him up from school...he's not ashamed of me**. **Once he told me 'even when you're**

angry with me I still love you'. **I could do no wrong for him**...**and I don't know how because I let him play**, **get hurt**...**either he feels me...but there's a big bond**.

Fiona starts work early and finishes in time to pick up her son from school. **I play with him**...**wrestling**, **we hide, wear masks, do puzzles...**Fiona's son was too young to bring up the past. **I was lucky my partner was in prison.....because I worked on myself, I worked on my son**...**I had a chance to come clean. If he were out and using, *ħeq*. I'm sorry I was like that to myself...but then I wouldn't be who I am today**. **I had to do what I had to do**.

Nowadays, if I need to leave my son for some time, he stays with my sister, my mother or my father. We're very family-oriented. When anxious, **sometimes I wish I didn't exist because it's hard**...**everything's on the woman! You know they're going to pass...but they come (*sharp breath in*). I don't get cravings to use eh! No. Sometimes I tell my friend 'I don't know what I'd do or where I'd be if I hadn't this child'.** Asked about how she expresses happiness, **I'm ok and that's enough**.

Oliver is happy-go-lucky (he doesn't get stressed)...**but he's very sensitive. He feels for others and it scares me**. Fiona recounted how Oliver gets upset and gives in when his cousin would want something he's holding. ***(despair)*** **'Oliver it's ok to say no! You're not a bad person to say no, and if you say no it's no'. I try to toughen him up because it hurts me too much to see him feeling**. **We're all sensitive people....to resort to what you resort.**

Following mother-son arguments, **he gives in because of me...'ok mummy, ok'**. Fiona has no rules with her son and when it comes to discipline, **I try**...**but I don't stick to it. It's wrong but I don't really do that**. Routine-wise **he comes home, eats, does his homework, and sometimes has football.** Fiona reflected how Oliver's anger seems directed at his father, Fiona having never experienced it herself. Fiona hasn't opened up to her son

about her past. **Once he starts learning those things** (at school)**, yes I will**. **I don't want him to find himself in a situation** (where) **someone tells him 'taste this' and he has no clue. He'll know because his mother told him what it is and what it can do to you.**

Fiona expresses her love to her son **in everyday things...I'm always there**. As for him, **I can do no wrong. He's very affectionate with me, he loves me a lot.** ...**When I have a virus, he comes into the toilet, holds my hair up**.

For his future, **I want him to become a soldier *(laughs)* because I like the discipline... so he doesn't resort to** (drugs)**...that he is happy and *Madonna* that he doesn't get hurt! You touch that...your life is ruined. You get caught in a cycle and oh my God to get out of it! Other than that you can fight anything really, apart from illness**. Her biggest gift yet to her son**...that I remained clean**.

Conclusion

The participants' narratives were presented in this chapter highlighting the multifaceted understanding of motherhood. In the next chapter I will discuss the emerging themes from the narratives.

Chapter 5 – Discussion

In this chapter I will be discussing the themes which emerged via thematic narrative analysis, drawing from the literature and including quotes from the participants' narratives throughout.

Being at a point in my life at which I hope to start my own family, the mothers' narratives led me to reflect on my own upbringing and on how I hope to mother my own children in the future. I also took these reflections to my supervisor whereby my supervisor shared with me her own thoughts and experiences, being a mother herself. This further enriched my understanding of motherhood. I also thought of discussing some of my reflections with my mother but refrained from doing so due to health reasons.

Narratives in context

This theme starts with an overview of the participants, includes a discussion about the mothers' narratives as recovering addicts, and ends with information about the mothers' upbringing.

Overview of participants.

Most participants started using at a very young age due to peer pressure, with four of them using for half their life. Half the mothers do not conform to the common finding of users having multiple partners, none reporting their child to have an unknown father (Subadra & Dhesshana, 2012; Ehrmin, 2001). A common thread remains however that the pregnancies were unplanned, which is in line with research (Pikhala & Sandlund, 2015). Most of the participants' partners were also users when they met.

All mothers are employed, some holding white-collar and grey-collar jobs. This contrasts with literature findings which indicate struggles with employment (Marcellus, 2017). This could be related to the rise in employment rates in Malta (NSO, 2019).

Four mothers own their own place. Celine spoke about how she and her daughter had to live with her using partner, having nowhere else to go until social housing gave her a place. Similarly, Ania and her partner struggled with rent until her partner's mother built them a place above their own. These findings reconfirm that lack of housing could hinder recovering mothers from successfully engaging in rehabilitation (Mayes & Truman, 2002).

The participants' narratives about being a recovering addict.

"Addiction grasps you with its nails and sinks inside. You forget about your kids" (Brenda)

"Don't think that because I stopped using I don't get tempted...Ehhhhh! The demons remain, you can only control them".

All the participants differentiated between a sense of loss of control (or a false perception of being in control) when using and of being in control when clean, simultaneously emphasising on their being clean as their true self. This is in line with research by Kilty (2011). All mothers emphasised that once an addict always an addict, shedding light on their struggle with emotions previously numbed out by drug-use (Khantzian, 1985).

The mothers' reflections on their upbringing.

Table 2: *The mothers' reflections on their upbringing*

	Mother	Father
Ania	Not mentioned	Restrictive, reported her to CPS
Brenda	Took care of her 2 eldest; very disciplined	User
Celine	User, physically abusive	Unknown
Debbie	Took care of her daughter, refers to relational mother-daughter difficulties	Not mentioned.
Emma	Supportive	Supportive
Fiona	Very supportive	Hedonist, domestic violence toward mother

Five participants spoke about their childhood having been high in discipline and low in warmth, in line with research (Torchalla et al., 2014). Brenda and Celine spoke about having had a parent who used in their childhood and four participants spoke about having had a turbulent childhood whereby one parent was a user or they experienced physical abuse or witnessed domestic violence between their parents. All these factors in their childhood may be related to the intergenerational cycle of using (Torchalla et al., 2014; Subadra & Dheeshana, 2012; Bailey et al., 2009). Emma evaluated "my childhood was normal...they were always present," further on referring to her mother's difficulties in sticking with punishments. This is in line with research by Barber & Harmon (2002) indicating that difficulties around inhibitory control by primary caregivers increases the likelihood of their children engaging in substance use. Debbie voiced "I have no memory of my childhood", hinting at trauma (Schore, 2011).

Entering motherhood

This theme focuses on the mothers' journeys toward embracing their motherhood identity starting from their pregnancies to when they came clean.

Becoming pregnant.

Emma was very happy to become a mother. Some with their first-born, not wanting to be mothers or not feeling ready stop using (Celine, Debbie, and Fiona). Using Celine's words about her first pregnancy, "it came as a big shock. I wanted to keep using. I didn't want children". Others struggled with later pregnancies, Ania voicing "I took it badly...I had just managed to get back on my feet (employment-wise)" about her fourth pregnancy.

These findings position motherhood as a choice rather than as being part and parcel of womanhood. This challenges the cultural view interweaving womanhood and motherhood, (Abela, 2016; Arendell, 2000). However, Brenda expressed "women are made to be mothers," indicating that her thoughts are more in line with cultural discourse in this regard.

Transitioning to motherhood.

"Becoming a mother, it's very hard, especially when one moment you're a junky and the next full of responsibilities" (Fiona)

Five participants referred to the difficulties of embracing a motherhood identity. Debbie and Fiona spoke about using briefly even when knowing they were pregnant. This indicates that they had not as yet embraced their identity as mothers. All participants embraced motherhood once they got used to holding the baby in their arms and relaxed into their new routine. This is similar to research by Silva et al. (2012) whereby mothers were more likely to embrace motherhood when they had started on MMT during or before pregnancy and had a support system to rely on.

Factors supporting this transition to a motherhood identity included partner support, social and familial support, and support from work and from services. Debbie expressed "my daughter's father was supportive...he's a family man" while Brenda reflected "I found a lot of support from work". This is in line with research (Herland & Helgeland, 2017; Ungar, 2012; Silva et al., 2012) whereby support is crucial in the transition.

Not all drug-using mothers lose their children to CPS (Taplin & Mattick, 2013). This is evidenced by Celine's story whereby, relapsing three years into her eldest's birth, her daughter's presence played a crucial role in her recovery. This is supported by research (Sword et al. 2009) emphasising the importance of children being present during their mother's rehabilitation.

The mothers also experienced setbacks in moving toward their motherhood identity. For instance, they were normally put on MMT and in contact with CPS the moment they accessed services. Similar to research by Chandler et al. (2013), Ania, Fiona, and Brenda had ambivalent feelings toward CPS, perceiving them as being against them in the beginning, resonating with the fear of being judged as 'bad mothers' and their children being removed, and transitioning to accepting CPS's help and seeing them as supportive. The pressure to reach CPS's requirements emerged in the narratives of Ania, Debbie, and Fiona. Fiona narrated "life was very fast – CPS running after me, giving urine, visits to prison, work, taking care of my son..."followed by "thank God they're there for the children", indicating a shift in perspective on hindsight. Although it is not clear whether this applies to Fiona, research by Söderström (2012) indicates that such a reality could delay the mother's psychological transition to motherhood.

Being on MMT elicited ambivalent feelings in all the mothers who expressed that by being on MMT they were not really clean. For some, this jarred with the motherhood identity they were working toward, with Ania going against the doctor's advice to come off it as

quickly as possible. She asserted “I kept using services but I felt like I was still dependent on drugs and didn’t want to feel that way” Research (Chandler et al., 2013) supports this notion. The fact that mothers continued to access services even after they came clean contrasts with research that recovering addicts tend to access less services to avoid being stigmatised while working toward a ‘clean’ identity (Radcliffe & Stevens, 2008).

Turning Point toward becoming clean relates with motherhood.

All mothers pointed to a specific turning point in their lives at which they stopped using drugs. All accessed services upon being pregnant to reduce as much harm on the baby as possible, evidenced also in research (Ahmed, 2006).

Emma’s narrative, “I found out I was pregnant and I stopped”, implies that motherhood was a turning point and she remained clean. The other mothers relapsed right out of hospital or within a few years of being clean. Being with a using partner and/or needing to use to be able to cope with parenting stressors seemed common in this respect (Crouvette et al., 2016; Martin, 2011). These mothers had their turning point when they lost, or faced the possibility of losing, custody of their child(ren), a finding similar to the study by Söderström (2012). Brenda narrated, “the magistrate told me ‘if next week you don’t come here with clean urine, you’ll never see your son again’...and I stopped...just like that”.

The child as a saviour.

“I used to tell my eldest ‘you are my world’. I tell my youngest ‘you’re a part of my world but you’re not all of it’”. (Celine)

Ania, Emma, Fiona, and Celine used special terms in referring to the child they had after whom they remained clean. In Ania’s narrative it was the care order issued on her eldest two which made her enter rehabilitation. Although she acknowledges that all children are important to her, Ania referred to her pregnancy and birth of her third child as supporting her

to remain clean. “Fiorella was a ray of light...I tell her ‘you’re my sunshine. Not because the others aren’t but she has something...different” (Ania).

Emma and Fiona, both having a single child, refer to their child as their saviour, Emma stating “my daughter saved my life”. The difference between them is that Emma seems to appreciate her daughter’s individuality and wants to be in touch with her daughter’s emotional states whereas Fiona discounts that her son is ever stressed and identifies with his sensitivity. This implies that Fiona may find it difficult to differentiating her emotional states from her son’s and to be in touch with her son’s emotional states (Gerhardt, 2004). To my knowledge to date, there seems to be a gap in research on the finding that recovering mothers refer to the child after who they remained clean in special terms.

Celine’s narrative had two turning points, a common finding in literature in relation to mothers who had a traumatic childhood (Ordean et al., 2017). Although Celine’s second turning point was being given a place via social housing, Celine still refers to her eldest in special terms. This may be as her eldest actively supported her in her recovery and remained present for her, indicating that her eldest likely took on a caregiving role as a child (Gerhardt, 2004).

The participants’ understanding of the Motherhood Identity

In this section I will be discussing the mothers’ understanding of motherhood by drawing on examples from their mothering experiences with their children.

The motherhood mandate

Five participants spoke about the difference between mothers and fathers, asserting that “the father...can go off, use, come home, and the children are with their mother” (Celine). This ties in with stigma around womanhood and motherhood whereby it is culturally stigmatising for women to use but not so for fathers (Marcellus, 2017; Abela, 2016).

All six mothers seemed to embrace western culture ideology of 'intensive mothering' in terms of meeting all their children's needs, having their children's needs at the forefront, and not engaging in risky behaviour (Abela, 2016; Radcliffe, 2011). This gave me the impression that the mothers' partners who are living with them are somewhat in the background when it comes to parenting. It is unclear whether this is because the fathers actively take a step back or whether the mothers tend to take over the parenting role.

Ania adapted the 'intensive mothering' ideology, asserting that "some people say 'my children come first'. No, I come first. If I'm not feeling good then I cannot take care of them".

Celine's adaptation includes negotiating her commitments with her daughters rather than adapting to their demands, "I cannot at that time as I have another commitment". Furthermore, Celine models self-respect, as is visible in the following quote:

> I don't tolerate disrespect *(takes a deep breath in)* like being told 'you look like an idiot!' If my daughters use that language with me I tell them 'please speak respectfully. I've always treated you with respect and I'd like you to treat me similarly'.

Mothering when using, mothering when clean.

> "I used to lock myself in the bathroom for hours, while my kids watch television...I cannot imagine what was passing through their mind seeing me come out of the bathroom looking like I don't know what" ... "now that I'm clean my eldest see the real me" (Fiona)

Ania, Brenda, Celine and Debbie all had children who experienced their mothering while they were using and now that they are clean. The mothers identified a difference in their interactions with their children now that they are clean as opposed to when they were

using. This included motherhood coming more naturally, keeping their promises, having a routine, and, for some, being more in a position of disciplining their children.

These four mothers described how, when using, they had endless patience and energy with their children. Additionally, they reflected that they don't know what their children experienced at the time they were using, with Ania emphasising "my son was always with us. He never saw us using but he'd be in the car with us while we were using". Barnard and Barlow (2003) highlight how children more often than not are aware that their parent(s) were using. Research confirms that using can negatively impact parenting skills (Porreca et al., 2018; Mirick & Steenrod, 2016).

Motherhood as healing.

All mothers emphasised strongly on the importance of being there for their children, keeping their promises, letting their children know that they love them no matter what, having open communication, and being affectionate with them. This is similar to findings in research (Ahmed, 2006; Roldán et al., 2005). Using Celine's words, "I show my children I love them by listening to them, I give them my time, respect them, hug them, and try to lift up their self-esteem"... "I gave them the love I never had". These priorities seem linked to the mothers' fear that their children could potentially use in the future, making 'drugs' very present in their discourse. The mothers voiced hope that their children would turn to them for support if this ever happens.

The mothers prioritise things that they pointed out as having been missing in their own childhood, indicating that motherhood can serve to heal their own lost childhood (Couvrette et al., 2016; Hardesty, 1999). For instance, Fiona reflected "I allow him to be a child...because we never were children". This indicates that the mothers may indirectly be blaming their upbringing for becoming an addict. Having a family in which the father, mother, and children are all together under the same roof was another such factor emphasised

by Ania, Emma, Debbie, and Fiona, and hinted at by Celine. This was also found in research (Couvrette et al., 2016), indicating that the mothers may want to experience a family different from the one they grew up in, especially where there was separation (Emma), violence, abuse, or drug-use (Fiona, Debbie, Celine). Thus, having one's own family could be seen as a way of breaking the intergenerational cycle (Sammut Scerri et al., 2017; Byng-Hall, 1998).

Evaluating their motherhood identity through their children's behaviour.

"I don't know what my children think about me. Whenever they need anything they come to me, so I think I give them a sense of security" (Ania).

Throughout the interviews, the mothers seemed to gauge their mothering based on the children's relationship with them. They pointed out that as their children seek them out for help and support and are happy to present them to other people as their mother, then their children must think positively of them and not be ashamed of them. In Fiona's words, "I feel that my son is proud of his mummy – he'd want me to come pick him up from school...he's not ashamed of me". This indicates a fear of their children being ashamed of them and possibly resenting them for their past. Ania and Brenda fear this of their two eldest who were taken on care order and had experienced them using, Emma for separating from her daughter's father, and Fiona for her past as a user, even though her son never experienced her using.

Celine, whose eldest got to know of her using from her father when she left him, voiced how at first her daughter looked at her differently and that, being clean at the time, her daughter supported her in her rehabilitation and she is now proud of her as her mother. This agrees with research by Pikhala and Sandlund, (2015) emphasising that by speaking with their children about their past the mothers foster an environment of open communication. From Celine's narrative, it seems that her daughter's support also helped Celine to forgive herself and to change her mothering behaviours, which mirrors research by Gueta (2013).

Attachment and Emotional regulation

I start by looking at how the mothers emotionally regulate. I then address their reflective function before moving to discuss the mothers' discourses around how they support their children with their emotions. Following this I speak about repair after mother-child disagreements and end on parentification.

Emotional regulation of self.

> " When facing a difficult situation nowadays, depending on the situation, I open up about it...to a friend. Other times I just confront the situation...but I try to evaluate first. When I feel anxious around my children I take time alone to calm down". (Ania)

"To cope with anxiety, I smoke, binge on sweets, drink coffee, and sometimes take more medication than prescribed" (Debbie)

People engaging in substance use are repeatedly found to have an insecure attachment style and difficulties in emotional regulation (Milligan et al., 2017; Karen, 1998). Contrasting with this finding, Ania's excerpt above indicates that she has adopted healthy emotional regulation strategies (Crittenden & Landini, 2011). Similar strategies are adopted by Celine. Emma tends to "clam up" and miss on training when she is feeling very down, moments generally characterised by meltdowns indicating that Emma might suffer from depressive episodes (Schore, 2011). Debbie's excerpt indicates difficulties with emotional regulation more typical of people in the spectrum of anxious-ambivalent attachment styles (Crittenden & Landini, 2011). Similar strategies are adopted by Brenda and Fiona. In her narrative Brenda included that when she is finding it difficult to cope she actively avoids being alone and passing through places where she knows drugs would be available.

Reflective function.

"My grandma used to tell me my mum's doings. With my children I don't let on about their father. They're not my counsellors or my punching bags. Plus you'd be hurting the children and...as a child...things hold a different meaning to you." (Celine)

Reflective function, the ability to evaluate and give a balanced account of circumstances, indicating the capacity for metacognition and mentalising, varied across narratives (Crittenden & Landini, 2011). Celine's and Emma's narrative held a high degree of reflective function. Ania's narrative also featured intermittent reflective function. The narratives of these three mothers contained an awareness of their needs being different to their children's needs and reflection on how their behaviour might be affecting their children, also indicating the presence of emotional intelligence (Kun & Demetrovics, 2010; Mayes & Truman, 2002). Brenda's featured elements of reflective function. Debbie's and Fiona's narratives came across as having sporadic moments of reflective function. An example from Debbie's narrative is:

> "After a day together...my daughter tells me 'I'm fed up'...and I react angrily, I tell her 'do you want to go to daddy's where you'll stay inside because he's always working?' Then I feel guilty...I give her a hug. Sometimes I just take her. She's angry at me" (Debbie).

From the excerpt it seems that Debbie does not take the time to think before she reacts. Although she acknowledges her daughter's anger, Debbie seems to not take the time to verbally apologise once she feels guilty for reacting in anger to her daughter. Also, she seems not to appreciate her daughter's needs or to reflect on how her words are impacting on her daughter and their relationship.

Supporting their children to process their emotions.

When it comes to supporting their children to emotionally regulate, the mothers are already modeling the emotional regulation strategies they themselves engage in (Bowlby, 1988/2005).

The mothers agreed that they would try to understand where their children's anxiety is coming from and to support their children to work through it. This is in line with their emphasis on being there for their children and is a healthy way of supporting their children to self-regulate (Bowlby, 1988/2005).

The exception to this was Fiona who, when asked how she reacts when her son is stressed, asserted that her child is happy-go-lucky, indicating a tendency of not being in touch with her child's emotional states (Crittenden & Landini, 2011).

Parentification.

"When I'm having a bad moment she knows exactly what to do...she either lets me be or takes my face in her hands and wipes my tears. She takes good care of me." (Emma)

A parentified child is a child, below the age of 18, who takes care of his/her caregiver's needs when, at that age, it is the caregiver's role to take care of the child (Gerhardt, 2004). In their narratives, Celine's eldest, Debbie's youngest, Emma's daughter, and Fiona's son all contain elements of being parentified children. It is a common finding in research that when the primary caregiver(s) is an addict or recovering drug-user, the children may take on a caregiving role (Sammut Scerri et al., 2017; Lander, Howsare, & Byrne, 2013). In the long-term, this could create difficulties for the children in intimate and interpersonal relationships as they may not be in touch with their own needs and emotions and prioritise others' needs over their own, placing them at risk for abuse (Gerhardt, 2004).

Making up after a disagreement.

When it comes to rupture and repair, Ania tends to make the first step in repairing when she is at fault but expects her children to take the first step if they are. Emma did not speak of arguing with her daughter. Debbie avoids ruptures with her son out of guilt of what he has been through while, after arguing with her daughter, she tends to attempt to repair by giving her daughter a hug out of feeling guilty at getting angry at her. Celine tends to repair after arguments, reflecting “after we argue I lighten the mood”.

Brenda and Fiona both wait for their children to take a step in repairing, indicating that their children might be taking care of their mother’s emotional needs (Bowlby, 1988/2005). Fiona voiced this by saying, “he gives in because of me ‘ok mummy, ok’”.

When the caregiver does not engage in repair behaviours after ruptures, this can be emotionally traumatic to the child and may trigger dependency fears of abandonment at which point the child attempts at repairing the relationship to ensure the availability of his/her caregiver (Schore, 2011; Bowlby, 1988/2005).

The participants’ journey toward Authoritative Parenting

Guilt, Shame, and Self-forgiveness.

The mothers expressing guilt and shame are Ania, Brenda, and Debbie whose children were taken from them by care order. Their emotions are directed at the lost time with their children that they cannot get back, their perceived failure at fulfilling the mother role, and that the children suffered consequences of their addiction.

These mothers seem to still be struggling with self-forgiveness in this respect, Debbie adamant, “I can never forgive myself for what happened. Not after what my son passed through. It was all my fault”. Brenda stating, “I failed already but if I fail again I don’t think I would cope”...“At 16 I was stupid. That stupidity made me do things I’ll regret to the day I

die" resonates with Kilty and Dej's (2012) warning against using motherhood as an anchor for recovery.

Guilt and shame emerged in all the narratives in relation to babies having withdrawal symptoms soon after birth. These findings are confirmed in research (Schnabel & Nadler, 2008).

The mothers' fear of their children being ashamed of them emerged in relation to how their children viewed them. The children, however, never showed them resentment. Brenda, whose father was also a user, explained "my children never showed disappointment or pointed fingers at me...I assume that they were. I was disappointed in my father". To my knowledge, this area needs to be further researched.

All mothers emphasised that they do not want their children to learn about their past from someone else and that, if they are to know, they want to be the ones to tell them. However, the possibility of their children looking at them with different eyes keeps some of the mothers from opening up about their past to their children, even though they acknowledge that sharing their stories may support their children to not use drugs in the future. These include Ania and Emma. Ania reflected, "I'm afraid that they'd look at me differently...and that they'll hurt me by saying '...other people brought me up'...'you preferred drugs to us'. Anticipating stigma, Ania actively avoids participating in talks at school, out of fear that her children would be bullied if other children learned about her and her partner being ex-users. This is in line with research (Pikhala & Sandlund, 2015; Chandler et al., 2013) indicating that anticipated stigma is likely to impact the mothers' behaviours with their children. Based on my knowledge to date, research still needs to be done on what is it that would help recovering mothers to overcome their fear of jeopardising the mother-child relationship, thus opening up to their children about their past.

Celine, Debbie and Fiona are awaiting their children to get older to tell them, certain their stories will help their children make better choices in life (Ahmed, 2006; Roldán et al., 2005). Brenda avoids the topic of her past altogether with her children, asserting that the past is to be left to the past. Celine's eldest got to know from her father as has already been discussed.

Rules, routines, boundaries, and discipline.

"I'm working on us sitting at the table together until we're both finished at meal times" (Emma)

All mothers spoke about having rules with their children except for Fiona. All spoke about having a routine in place except for Brenda. All spoke about having boundaries with their children except for Fiona, Emma, Debbie, and Celine with regards to her eldest daughter. Rules and boundaries are repeatedly found to support children in having respect for authority figures, to be able to distinguish right from wrong, and to successfully engage in emotional regulation (Karen, 1998). This indicates that lack of these could result in the child having difficulties in this respect in the future (Bowlby, 1988/2005). Routines are found to reduce anxiety levels as they provide for structure and containment (Cairns & Cairns, 2016).

Several factors emerged in relation to discipline and parental authority. Ania, Brenda, Celine, and Emma assert their parental authority with their children. Ania and Celine spoke about how this was difficult for them to do in the beginning, Celine asserting that "when you use you feel guilty so you say yes to everything". The transition for these mothers came with the reflection that it is unrealistic to give children everything as, in reality, things are earned, indicating the mothers' reflexivity. Financial difficulties in supporting a family of six people assisted Ania in this transition. As far as I'm aware to date, longitudinal research still needs to be done in this area with special attention to the process of the transition in asserting one's parental authority.

Emma's reprimands seem to induce guilt in her daughter, as seen in the following quote, "'when you find it in your heart that you're sorry to have hit your mummy, after all that I do for you, get up and apologise"..."I want her to be responsible for her actions". Research indicates that guilt in small doses can be healthy provided the caregiver remains emotionally available to the child as it helps the child to develop a sense of right from wrong and to develop metacognition (Bowlby, 1988/2005; Winnicott, 1971/2005).

Debbie and Fiona speak about finding it difficult to discipline their sons. Debbie reasoned "he's suffered too much and I feel guilty". Fiona hesitated, "I try...but I don't stick to it. It's wrong but I don't really do that" (Fiona). Suchman et al. (2008) indicate that this may be more likely the case with mothers who have low emotional awareness and regulation. Yaffe (2013) and Carlson et al. (2006) argue that the higher the maternal guilt and shame, the more difficult it is for mothers to assert their parental authority. Fiona's son never experienced her using but she spoke about how while she was a user her family shut the door to her, possibly creating an experience of shame (Sutherland, 2010).

Parental authority as an anchoring function.

Research (Omer et al., 2013; Omer, 2011) presents positive parenting authority as serving an anchoring function. Specifically, higher anchoring in the parenting role implies more effective parenting, the mothers acting as both safe haven and secure base (Omer et al., 2013). This increases the likelihood of their child developing a secure attachment (Bowlby, 1988/2005).

As discussed in the Literature Review chapter, for positive parental authority to fulfil an anchoring function the following four need to be in place: structure defined by the enforcement of rules, routines, and boundaries; presence characterised by parental sensitivity and vigilance; social support; and self-control seen in responding to a child's demands after thinking calmly about them (Omer et al. 2013; Omer, 2011).

Looking at the mothers' narratives, Ania and Celine seem to be secured in their parenting role as in their narratives they speak about having structure, presence, social support, and delayed responding.

Emma also seems to fulfil these functions with her daughter, indicating that she is anchored in her parenting role. However, she seems to struggle with having clear boundaries with her daughter when she feels depressed over her separation; "my daughter suffers from seeing me crying over the separation"..."but she's with me all the time and I'm only human".

Brenda's narrative indicates that she may have difficulties delaying responding to her children's demands when she is upset and she also spoke about not having a routine with her children. This indicates that Brenda may sometimes struggle with her mothering role.

Fiona's narrative indicates that she is highly present in her son's life and that she relies on support. Fiona also spoke about having a routine and boundaries with her son. Fiona seems to have difficulty with setting rules and delayed responding. This indicates that Fiona may sometimes struggle with her parenting role.

Debbie seems to rely on support but to struggle with having boundaries with her children and also with presence and self-control, tending to be reactive to her children's demands. In Debbie's words, "she'd stay on the bed for hours because I was afraid she'd fall and get hurt on the floor". Also, "I'd give (my son) the light from the ceiling if he asks for it". This indicates that Debbie might still be struggling in her mothering role. It is important to keep in mind that Debbie has her daughter with her only on weekends and that she only sees her son for half a day once weekly. This contrasts with the others who have their children living with them.

Conclusion

This chapter explored the mothers' understanding of motherhood. In the next chapter I will present the salient findings of this research, implications for policy and practice, limitations of this research and my recommendations for future research.

Chapter 6 – Conclusion

In this chapter I am presenting a summary of the salient findings of this research, followed by implications for policy and practice. I conclude by presenting research limitations while highlighting recommendations for future research.

Summary of salient findings

This research sought to understand how the mothers' history of addiction impacts on their understanding of motherhood, with special attention to the mothers' assertion of parental authority.

An intergenerational cycle emerged. Most mothers came from broken families, had one parent who was a user, had highly restrictive parenting which was high in overprotection and low in warmth, and/or suffered or witnessed abuse in their family. Most participants had their own place and were employed, some holding white collar or grey collar jobs. While all mothers were on MMT, only one successfully engaged in a day program to support her rehabilitation. The others either never engaged in a rehabilitation program or relapsed after having completed it.

Findings indicate that the mothers' turning points toward becoming clean were a care order being issued on their children, facing the possibility of a care order being issued, becoming pregnant, or giving birth. Irrespectively, most of the participants referred to the child at the turning point in special terms, sometimes positioning them as their 'saviour'.

Mothers tend to embrace the western ideology of 'intensive motherhood'. They strive to have open communication with their children, to make sure their children have all they need, and to be there for them. They emphasise that their children know that they love them no matter what. These priorities emerged as interwoven with the mothers' fear that their children might use in the future and not turn to them for support. Hence, apart from satisfying

the cultural ideology of being a ‘good mother’, by embracing such values the mothers were essentially working at being their children’s reference point. The mothers also spoke about their efforts to give their children an experience of mothering which they never had in this respect, calling for motherhood as a healing of their own lost childhood.

Evaluating what their children thought of them, an underlying fear of their children being ashamed of them emerged. To my knowledge to date, this is a research gap.

Another salient finding is that the mothers’ shame and guilt seemed to arise mainly from their children having been taken away on care order or from having separated from their children’s father. Having an intact family was a priority to the mothers irrespective of whether their family was intact or not. Mothers who seemed to have worked through both their guilt and shame tended to have higher levels of self-forgiveness, as viewed by Emma’s and Celine’s narratives.

Reflecting on parental authority, Ania and Celine described that, across the years, they transitioned from having difficulties with asserting their parental authority to now being confident in doing so. To my knowledge to date, research documenting a transition in the assertion of parental authority seems lacking, indicating a gap in research.

Mothers who had high occurrence of reflective function through their narratives also seemed to adopt healthier emotional regulation strategies and to be more anchored in their parenting role. Hence, they were more likely to assert their parental authority while being both a safe haven and a secure base for their children, indicating the likelihood of a secure attachment (Omer et al., 2013; Cairns & Cairns, 2016).

To my knowledge to date, whereas one can find research on guilt, shame, and self-forgiveness, these themes do not emerge in combination with other themes such as those of parental authority, reflective function, and emotional regulation. In this respect, the narratives

of my participants fill a gap in research by providing a richer understanding of recovering mothers' experience of mothering.

Last but not least, resilience factors which helped the mothers to stop using and remain clean and to embrace motherhood relied heavily on partner support, familial support, social support and services support (Masten, 2014; Ungar, 2012).

Implications for rehabilitation programs, parenting skills programs, and therapeutic practice

i. Implications for policy :

This research suggests that hands-on community support may be more useful to recovering mothers than other forms of rehabilitation.

Additionally, ensuring that recovering mothers have a roof over their heads independent of their staying in relationship with a drug-using partner, together with a support system to rely on, can go a long way in supporting the mothers to remain clean.

ii. Implications for practice:

Working through guilt, shame, self-forgiveness, and reflective function were all found to play a central role to the mothers' assertion of their parental authority with their children. Hence, I recommend that these factors are all given high importance in therapeutic practice and rehabilitation services.

Findings made me question the applied usefulness of parenting classes which rely on one-way delivery by the 'expert' to passive listeners. I suggest that it may be more beneficial to recovering mothers to have professionals supporting them in their natural environment with a focus on dyadic or triadic intervention. To my awareness, such practice is not currently present in the Maltese Islands. Tarasoff et al. (2018) also point to this being a gap in services. Dawe and Harnett (2007) describe such a program, indicating that such interventions may be limited, possibly due to resources.

Limitations of this research

The narratives represent solely the voices of the six mothers. Including the input of the gatekeepers who worked with the mothers through their recovery would have enriched this research, providing insight into the mothers' transition to motherhood and how the mothers' practices shifted over the years. Including the voice of the children would have further enriched the study.

Recommendations for future research.

To my knowledge to date, this research brings attention to a gap in research about mothers' levels of guilt, shame, self-forgiveness, parental authority, reflective function, and emotional regulation strategies, all believed to be central aspects of motherhood (Omer et al., 2013; Bowlby, 1988/2005). I recommend that this research is replicated with a larger sample and using a mixed-methods research. This would generalise the findings to a larger population while retaining the richness of the narrative.

Another research gap is related to the mothers' transition in assertion of their parental authority over time. I recommend that longitudinal research takes place with recovering mothers with a special focus on this gap.

I also recommend that future research in this area includes the gatekeepers' and children's input so as to give more holistic insight into the understanding of motherhood.

Conclusion

At the end of this journey, I feel indebted to the six mothers who allowed themselves to be vulnerable in sharing their stories with me. Each story touched me deeply, making me reflect thoroughly on the influences of my own upbringing on who I am today, on how I process my emotions, and on my relationship with rules, routines, and boundaries.

Conversing with these women also made me more aware of my own womanhood while supporting me to appreciate my own resilience.

These points of personal growth and increased awareness of the individuality of each recovering mother will undoubtedly feed into my professional work with recovering mothers and with women on their narrative of motherhood in the future.

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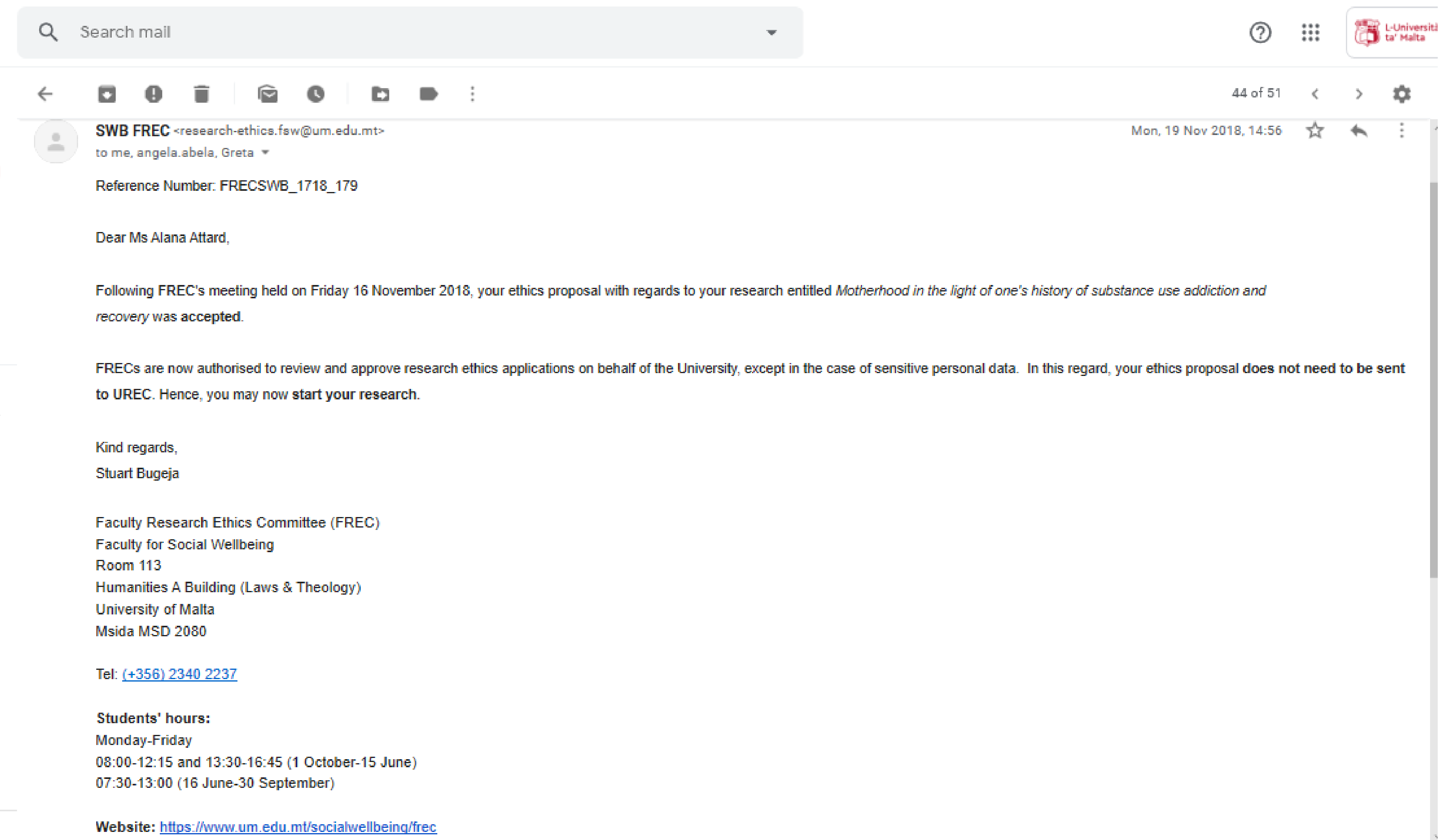
Appendix A: FREC Ethical Approval, Letters for Consent from Gatekeepers and Consent from Gatekeepers



Search mail

44 of 51

SWB FREC <research-ethics.fsw@um.edu.mt>
to me, angela.abela, Greta

Mon, 19 Nov 2018, 14:56

Reference Number: FRECSWB_1718_179

Dear Ms Alana Attard,

Following FREC's meeting held on Friday 16 November 2018, your ethics proposal with regards to your research entitled *Motherhood in the light of one's history of substance use addiction and recovery* was **accepted**.

FRECs are now authorised to review and approve research ethics applications on behalf of the University, 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**.

Kind regards,
Stuart Bugeja

Faculty Research Ethics Committee (FREC)
Faculty for Social Wellbeing
Room 113
Humanities A Building (Laws & Theology)
University of Malta
Msida MSD 2080

Tel: (+356) 2340 2237

Students' hours:
Monday-Friday
08:00-12:15 and 13:30-16:45 (1 October-15 June)
07:30-13:00 (16 June-30 September)

Website: https://www.um.edu.mt/socialwellbeing/frec

Alana Attard

The Cape Residence,

Flat 1213, Block 12,

Triq Patri Indri Schembri,

Luqa. LQA 1857.

Monday, 28th May 2018

Aġenzija Sedqa

212, Canon Road,

Santa Veneral, SVR 9034

Dear Mr Ronald Balzan,

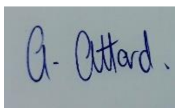
I am currently reading for a Masters in Clinical Psychology at the University of Malta.

I am interested in carrying out my dissertation on the understanding of one's role as a mother in the light of one's history of substance abuse addiction. Professor Angela Abela will be supervising this research which will be taking a retrospective stance, inviting participants to narrate some of their experiences that they recall from being pregnant to the present. The aim of this research is to explore the understanding of the mother role by mothers aged 18 and over who have undergone rehabilitation and are now abstinent (not using substances) and living with their first and only child between the ages of 3 and 5.

In view of the above, I would like to kindly request your permission with recuiting participants for my research upon approval from the University Research Ethics Committe (UREC). Participation would involve an in-depth interview lasting approximately one hour and the interviews are envisaged to take place between November 2018 and March 2019.

Whilst thanking you in advance for your time, I look forward to your reply.

Yours sincerely,



Alana Attard

M.Psy (Clinical) student

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

25th June 2018

The Cape Residence
Flat 1213, Block 12,
Triq Patri Indri Schembri
Luqa LQA 1857

Ref no: 535/1

To whom it may concern

Alana Attard's request to conduct research within the services of the Foundation for Social Welfare Services has been reviewed. The research aims to explore 'The Understanding of One's Role of a Mother in the Light of One's History of Substance Abuse 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.

Regards,

Ronald Balzan

Ronald Balzan
Research Executive

INCORPORATING:

Agenzija APPOGG	Tel: 2295 9000 Fax: 21 225354 URL: www.appogg.gov.mt
Agenzija SEDQA	Tel: 23885110 Fax: 21 441029 URL: www.sedqa.gov.mt
Agenzija LEAP	URL: https://fsws.gov.mt/en/leap/Pages/default.aspx

Section to be completed by FSWS Research Review Panel ONLY

We have examined the above proposal and advise

Approval **Conditional Acceptance** **Refusal**

For the following reason/s if any:

Approval is being given for the applicant to conduct an interview with six (6) mothers who:

- would have been abstinent from a drug rehabilitation programme for a minimum of six months;
- who would have an only child aged 3 to 5 living with them.

IMPORTANT DISCLAIMER: Even though the Foundation for Social Welfare Services is approving the research study, it cannot guarantee that individuals satisfying the specified criteria will be idenified, or that they would want to participate.

Ronald Balzan

Signature Date: 25th June 2018

Note: If conditionally accepted, the recommended changes must be confirmed with the Research Office before the research can proceed.

Section to be completed by the Research Office for Conditionally Accepted Research ONLY.

The recommended changes stipulated by the Conditional Acceptance have not been implemented and these changes have not been confirmed by the Research Office. As a result of these changes the research is now **Refused**. . ☐

The recommended changes stipulated by the Conditional Acceptance have been implemented and these changes have been confirmed by the Research Office. As a result of these changes the research is now **Approved**. . ☐

Signature Date

If Accepted/Conditionally Accepted to whom the study will be directed:

The Unit/s:

The person/s referred	Contact details
Dr. Anna Maria Vella – Senior Medical Officer, Aġenzija Sedqa	anna-maria.a.vella@gov.mt
Ms. Antonella Mizzi – Leader,Psychology and Family Team, Aġenzija Sedqa	antonella.mizzi@gov.mt

Foundation for Social Welfare Services
212, Cannon Road, Santa Venera SVR 9034
Tel: 22588000; Fax: 22588939

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Alana Attard

The Cape Residence,

Flat 1213, Block 12,

Triq Patri Indri Schembri,

Luqa. LQA 1857.

Monday, 28th May 2018

Caritas Malta,

5, Lion Street,

Floriana, FRN1514

To whom it may concern,

I am currently reading for a Masters in Clinical Psychology at the University of Malta.

I am interested in carrying out my dissertation on the understanding of one's role as a mother in the light of one's history of substance abuse addiction. Professor Angela Abela will be supervising this research which will be taking a retrospective stance, inviting participants to narrate some of their experiences that they recall from being pregnant to the present. The aim of this research is to explore the understanding of the mother role by mothers aged 18 and over who have undergone rehabilitation and are now abstinent (not using substances) and living with their first and only child between the ages of 3 and 5.

In view of the above, I would like to kindly request your permission with recuiting participants for my research upon approval from the University Research Ethics Committe (UREC). Participation would involve an in-depth interview lasting approximately one hour and the interviews are envisaged to take place between November 2018 and March 2019.

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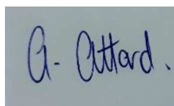
Yours sincerely,



Alana Attard

M.Psy (Clinical) student

Anthony Gatt <anthony.gatt@caritasmalta.org>

to me

Fri, Jul 6, 2018, 9:15 AM

Dear Alana

This is to confirm that Caritas (Malta) is willing to support this research project. We can facilitate your search for participants and act as gate keepers. Clients will feely be asked whether they are interested in participating. We cannot guarantee that anyone accepts but we are aware that some persons might find it useful for them as a form of giving back.

If participants who use our services accept to participate, we kindly ask you to give us a copy of the study on it's completion.

Anthony Gatt

Anthony Gatt
Clinical Coordinator, New Hope (Caritas Malta)
Drug Rehabilitation Programmes & Services

T: (00356) 25906600 (Head Office - 5 Lion Street, Floriana FRN1514)
T: (00356) 21465934 (San Blas Therapeutic Community L/O Zebbug)
M: (00356) 7990 4994
W: www.caritasmalta.org

Alana Attard

The Cape Residence,

Flat 1213, Block 12,

Triq Patri Indri Schembri,

Luqa. LQA 1857.

Monday, 28th May 2018

OASI Centre
5, Triq Wied Sara
Victoria VCT 2963
Gozo – Malta

To whom it may concern,

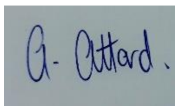
I am currently reading for a Masters in Clinical Psychology at the University of Malta.

I am interested in carrying out my dissertation on the understanding of one's role as a mother in the light of one's history of substance abuse addiction. Professor Angela Abela will be supervising this research which will be taking a retrospective stance, inviting participants to narrate some of their experiences that they recall from being pregnant to the present. The aim of this research is to explore the understanding of the mother role by mothers aged 18 and over who have undergone rehabilitation and are now abstinent (not using substances) and living with their first and only child between the ages of 3 and 5.

In view of the above, I would like to kindly request your permission with recuiting participants for my research upon approval from the University Research Ethics Committe (UREC). Participation would involve an in-depth interview lasting approximately one hour and the interviews are envisaged to take place between November 2018 and March 2019.

Whilst thanking you in advance for your time, I look forward to your reply.

Yours sincerely,



Alana Attard

M.Psy (Clinical) student

4th June 2018

Dear Ms. Attard,

I acknowledge the receipt of your request dated 28th May 2018. On behalf of the Director General, Fr. Emmanuel Cordina, I am pleased to inform you that your request has been approved.

Can you and your supervisor kindly sign the recruitment letters and send them in pdf format by e mail. Upon receiving them will send an e mail to the Foundation's service users.

A copy of your dissertation would be highly appreciated, for our library.

Regards

Daniela Gauci

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

Each of the gatekeepers received a copy of the information sheet, consent form, and the interview questions in tandem with the letter for consent. The information sheet and consent form is found in Appendix B of this research and the interview questions are in Appendix C.

Appendix B: Information Sheets and Consent Forms for Participants

INFORMATION SHEET FOR PARTICIPANTS

Motherhood in the light of one's history of substance use addiction and recovery.

I would like to invite you to participate in this research study. Participation in this study is entirely voluntary. You can withdraw from participation at any point during the study, without giving reasons. You can also withdraw information which you do not feel comfortable in sharing until 1st May 2019 by contacting me directly via email or phone or through the gatekeeper, who is the person who put us in contact. After this date the dissertation will be submitted for assessment and further changes will not be possible. If you choose not participate, this will not act against you in any way. I confirm that all measures will be taken to protect your privacy and the privacy of your data as stated by the General Data Protection Regulations (GDPR) and national legislation that implements and further specifies the relevant positions of said Regulation.

In order to help you decide whether you would like to participate, this form contains the rationale behind the research, together with details on what your participation in it will include. You may take time to talk to anyone you feel comfortable talking with about this research. Should you have any difficulties or need further information kindly let me know.

Alana Attard M.PSY. (Clinical) Trainee

Department of Psychology, University of Malta

Mobile number: 9912 6619

Email: alana.attard.07@um.edu.mt

What is the aim of this study?

Through the eliciting of stories around the recovering mothers' understanding of motherhood, from the point of pregnancy through to the present, this research intends to explore the

understanding of the mother role by mothers who have undergone rehabilitation and are now abstinent (not using substances) and have one or more children under 18 years of age.

Results of this research may have implications for parenting programs and therapeutic work done with mothers recovering from addiction.

Who will be participating in this study?

Six mothers who have completed a rehabilitation program targeting substance use addiction or Methadone Maintenance Program for a minimum of 6 months and are now abstinent (not using substances) and living with their only child of ages between 3 and 5.

If I accept to participate what will be required of me?

Should you accept to participate in this study, you will be asked to participate in an in-depth interview which will last for approximately 1 hour. This will take place at a time and place at your convenience. The interview will include questions about your experiences as a mother from pregnancy to the present.

All interviews will be digitally recorded and later transcribed and will be accessible solely to myself and to my supervisor. The recordings and transcriptions will be discarded at the end of the study. Any identifiable information will be removed from the transcripts and will not be included in the dissertation write-up.

Who do I contact to request written information about my personal data as included in the research?

For access to your personal information as stored for the purposes of this research, you may contact myself via email on alana.attard.07@um.edu.mt or on 99126619.

Additionally, you may also write to my supervisor, Prof. Angela Abela, requesting such information on angela.abela@um.edu.mt or 23403601.

How long will my participation in this research last?

This research will be running between November 2018 and June 2019. The interview will take place over a month during this time. After the interview I may share the content of the interview with you so as to ensure that I remained loyal to your stories as you will be narrating them.

Are there any possible risks because of participation in this study?

No possible risks are envisaged as a result of participation in this research study. If there are questions which you find distressing or overly-personal, you will not be required to answer them. If you do feel distressed, you will be guided to seek appropriate support.

All data will be anonymised and any possibly identifying information will be removed for the writing of the study. All data collected will only be used for the purpose of the research study and only my supervisor, Prof. Angela Abela, and I, will have access to the original transcripts of the interviews/questionnaires.

Are there any benefits as a result of participation?

There are no direct benefits for you, but your participation is likely to help to increase the understanding of motherhood for who, like yourself, have recovered from addiction. In turn, this may help to better shape parenting skills programs and also therapeutic interventions for mothers who are recovering or have recovered from addiction.

What is the study related to?

This study is related to the researcher’s dissertation for a Masters in Clinical Psychology at the University of Malta.

Thank you for taking time to read this.

Alana Attard

Name of Researcher

Signature

31st October 2018

Date

Supervisor's Signature

CONSENT FORM

Motherhood in the light of one's history of substance use addiction and recovery.

TO BE FILLED BY PARTICIPANT:

I have read the Information Sheet about the research study whose title appears above. I have had the opportunity to consider the information and clarify all my concerns about my participation in the research.

All my questions have been answered to my satisfaction.

I understand that my participation in this research is voluntary and that I am free to withdraw at any time, without giving any specific reason for my withdrawal. I understand that I am free to withdraw any information till 1st May 2019. I also understand that I may request access to personal data in writing by contacting the researcher or the researcher's supervisor on the contact details provided.

The information collected about me and my family during this research study will only be used for the purpose of the above research. The original copies will be password-protected and/or stored under lock and key ; will only be accessible to the researcher and her supervisor, Prof. Angela Abela; and will be deleted after the dissertation has been evaluated.

A copy of the Information Sheet and a signed copy of the Consent Form will be provided to me. I thus agree to take part in the research study mentioned above.

___________________________ ___________________________

Name of Participant Signature

Date: ___________________________

TO BE FILLED BY RESEARCHER:

I certify that I have explained, to the best of my ability, to the above participant, the nature and purpose, procedures, as well as the possible risks and potential benefits, of this research. I confirm that the participant was given an opportunity to ask questions about the study and all questions asked have been answered truthfully and fully.

I assert that the individual has not been coerced into giving consent and the consent has been given freely and voluntarily.

The information collected about the above participant during this research study will be password-protected and/or stored under lock and key and used only for the purpose of the above research. The original copies will be accessible to me and my supervisor, Prof. Angela Abela, and will be deleted after the dissertation has been evaluated.

A copy of the Information Sheet and a signed copy of this Consent Form will be given to the participant.

Alana Attard ____________________ A. Attard ____________________

Name of Researcher Signature

31st October 2018 ____________________ Angela Abela ____________________

Date Supervisor's Signature

INFORMAZZJONI GĦALL-PARTEĊIPANTI

Il-maternità fid-dawl ta' l-istorja passata ta' vizzju t'użu minn sustanzi u l-irkupru minnhom.

Nixtieq nistiednek tipparteċipa f'dan l-istudju. Il-parteċipazzjoni f'dan l-istudju hija kompletament volontarja. Tista' tiddeċiedi li twaqqaf il-parteċipazzjoni tiegħek fi kwalunkwe punt ta' dan l-istudju bla ma tagħti raġuni. Tista' wkoll tiddeċiedi li tneħħi informazzjoni li ma tħossokx komda li taqsam sa l-1 ta' Mejju 2019 billi tikkuntattjani direttament permezz ta' l-emejl jew bit-telefon, jew billi tinfurma lill-persuna li poġġietna f'kuntatt. Informazzjoni li tagħżel li tneħħi tiġi distrutta u ma tiġix inkluża fir-riċerka. Wara din id-data tiġi sottomoessa ir-riċerka u ma jkunx hemm lok għal iżjed tibdil. Id-deċiżjoni li ma tipparteċipax mhix ħa taħdem kontrik bl-ebda mod. Nikkonferma li ser jittieħdu l-miżuri kollha meħtieġa sabiex l-identita' tiegħek u ta' l-informazzjoni li tipprovdi jkunu protetti skond l-*General Data Protection Regulations* (GDPR) u leġiżlazzjoni nazzjonali li timplimenta u tkompli tispeċifika l-proviżjonijiet relevanti ta' l-imsemmija Regulazzjoni.

Sabiex tkun tista' tiddeċiedi jekk tipparteċipax, din il-formola tipprovdilek informazzjoni dwar l-idea wara dan l-istudju u x'ser tkun tinvolvi l-parteċipazzjoni tiegħek dan. Tista' titkellem ma' min tħossok komdu dwar l-istudju. Jekk ikollok xi diffikultajiet jew ikollok bżonn xi informazzjoni oħra, jekk jogħġbok ikkuntatjani.

Alana Attard, Studenta ta' l-M.PSY. (Clinical)

Dipartiment tal-Psikoloġija, Universita` ta' Malta

Numru tal-mobajl: 99126619

Emejl: alana.attard.07@um.edu.mt

X'inhu l-għan ta' dan l-istudju?

Li mill-istejjer li joħorġu minn dan l-studju jkun minfhum aħjar it-tifsira li omm tagħti l-maternità fid-dawl ta' l- istorja passata tagħha ta' vizzju t'abbuż minn sustanzi u l-irkupru minnhom. Dawn l-istejjer ippjanati li jibdew mill-punt tat-tqala sal-preżent. Din ir-riċerka qed tiffoka fuq l-esperjenza t'ommijiet li kkompletaw programm ta' rijabilitazzjoni jew *Methadone Maintenance Program* għal perjodu ta' minn ta' l-inqas sitt xhur u li huma astinenti (mhux jużaw sustanzi) u li għandhom ulied taħt it-tmintax il-sena.

Riżultati ta' din ir-riċerka jaf ikollom implikazzjonijiet fuq programmi iffukati fuq modi ta' trobbija u fuq xogħol terapewtiku ma' ommijiet li qed jirkupraw mill-vizzju t'abbuż ta' sustanzi.

Min ser jipparteċipa f'dan l-istudju?

Sitt ommijiet li ilhom minn ta' l-inqas 6 xhur li kkompletaw programm ta' rijabilitazzjoni ffukat fuq l-vizzju t'abbuż minn sustanzi jew *Methadone Maintenance Program* u li issa huma astinenti (mhux jużaw sustanzi) u li għandhom ulied taħt it-tmintax il-sena.

Jekk naċċetta li nipparteċipa, x'ser ikun mistenni minni?

Jekk taċċetta li tipparteċipa f'dan l-istudju ser tkun mitluba li tipparteċipa f'intervista iddettaljata li ddum madwar siegħa. Din issir f'post u ħin konvenjenti għalik. L-intervista tinkludi mistoqsijiet dwar l-esperjenza tiegħek bħala omm miż-żmien tat-tqala sal-preżent.

L-intervisti kollha ser ikunu rrekordjati diġitalment u wara jiġu transkritti. Jien bħala r-riċerkatriċi ta' dan l-istudju u s-superviżura tiegħi, Prof. Angela Abela, biss ikollna aċċess għal din l-informazzjoni. L-irrekordjar u t-transkrizzjonijiet ikunu protetti permezz ta' password u/jew maqfulin b'ċavetta u katnazz, u jitħassru fl-aħħar ta' l-istudju. Kwalinkwe informazzjoni pertinenti għall-identita' tal-persuna u l-familja tagħha ser titneħħa mit-transkrizzjonijiet u mill-istudju.

Lil min għandi nikkuntatja f'każ li nkun irrid nitlob informazzjoni bil-miktub fuq id-data/informazzjoni tiegħi personali bil-mod li hi miżmuma u li ser tiġi użata fir-riċerka?

Sabiex taċċessa informazzjoni tiegħek personali hekk kif miżmuma u użata għall-iskopijiet tar-riċerka, tista tikkuntatja lir-riċerkattriċi permezz t'emejl fuq alana.attard.07@um.edu.mt jew fuq 99126619.

Tista' ukoll tikkuntatja lis-superviżura tar-riċerka, Prof. Angela Abela, sabiex tirrikjedi din l-informazzjoni permezz t'emejl fuq angela.abela@um.edu.mt jew fuq 23403601.

Kemm ser tkun twila l-parteċipazzjoni tiegħi f'din ir-riċerka?

Din ir-riċerka ser tibda minn Novembru 2018 u tispiċċa f'Ġunju 2019. L-intervista ssir f'perjodu ta' xahar matul dan iż-żmien. Jista' jkun li wara l-intervista naqsam miegħek il-kontenut ta' l-intervista' biex naċċerta ruħi li kont fidila lejn l-istejjer li ser tirrakkontali.

Hemm xi riskji minħabba l-parteċipazzjoni tiegħi f'din ir-riċerka?

L-ebda riskju mhu mistenni li jiġri minħabba l-parteċipazzjoni tiegħek f'din ir-riċerka. Jekk hemm xi mistoqsijiet li tħoss li huma stressanti jew personali żżejjed, mhux ser tkun mistennija li tweġibhom. Jekk tħossok stressjata waqt l-intervista' tiġi ggwidata għal għajnuna adatta.

Il-kunfidenzjalita` ser tkun miżmuma matul l-istudju kollu u informazzjoni li biha tista' tiġi identifikata tkun mibdula waqt il-kitba ta' l-istudju. L-informazzjoni kollha miġbura ser tintuża' biss għal din ir-riċerka u s-superviżura tiegħi, Prof. Angela Abela, u jien biss bħala r-riċerkattriċi ta' din ir-riċerka, ser ikollna aċċess għat-transkritti ta' l-intervisti/kwestjonarju.

Hemm xi benefiċċji b'riżultat tal-parteċipazzjoni tiegħi f'din ir-riċerka?

M'hemm l-ebda benefiċċju dirett għalik, imma l-parteċipazzjoni tiegħek ser tgħin biex tixħet dawl fuq l-irwol ta' omm għal ommijiet li, bħalek, irkupraw minn vizzju t'abbuż ta' sustanzi.

Dan ukoll mistenni jinfluwenza l-mod kif isiru programmi ta' trobbija u interventi terapewtiċi għal ommijiet li qed jirkupraw jew li rkupraw minn vizzju t'abbuż ta' sustanzi.

Dan l-istudju ma' xiex inhu relatat?

Dan l-istudju huwa relatat mat-teżi tar-riċerkatriċi għall-Masters fil-Psikoloġija Klinika ġewwa l-Universita` ta' Malta.

Grazzi tal-ħin li ħadt biex taqra din l-informazzjoni.

Alana Attard

Isem ir-Riċerkatriċi

Firma

31 t' Ottubru, 2018

Data

Firma tas-Superviżura

FORMOLA TA' KUNSENS

Il-maternità fid-dawl ta' l-istorja passata ta' vizzju t'użu minn sustanzi u l-irkupru minnhom.

BIEX TIMTELA' MILL-PARTEĊIPANT:

Jien qrajt l-informazzjoni pprovduta dwar ir-riċerka ta' studju t'hawn fuq.

Jiena kelli l-opportunita` li nikkunsidra l-informazzjoni u nikklarifika d-diffikultajiet kollha dwar il-parteċipazzjoni tiegħi fir-riċerka.

Il-mistoqsijiet kollha ġew imwieġba għas-sodisfazzjon tiegħi.

Jiena nifhem li l-parteċipazzjoni tiegħi fir-riċerka hija volontarja u li jien ħielsa/ħieles li ma nibqax nipparteċipa fi kwalunkwe ħin, mingħajr ma nagħti raġuni speċifika għaliex qed nirtira. Nifhm li għandi sa l-1 ta' Mejju 2019 biex nirtira informazzjoni li ma nkunx komda li tidħol fir-riċerka. Nifhem ukoll li jien libera li nitlob aċċess għall-informazzjoni/data tiegħi personali bil-miktub lir-riċerkattriċi jew lis-superviżura tar-riċerkatriċi fuq il-kuntatti pprovduti.

L-informazzjoni miġbura dwari u dwar il-familja tiegħi waqt din ir-riċerka ser tkun użata biss għall-iskop tar-riċerka msemmija hawn fuq. Il-kopji oriġinali ser ikunu protetti permezz ta' password u/jew maqfula taħt katnazz u ċavetta u jkunu biss aċċessibli għar-riċerkatriċi u s-superviżura tagħha, Profs. Angela Abela, u ser ikunu imħassrin wara li tiġi evalwata r-riċerka.

Kopja tal-karta ta' Informazzjoni u kopja ffirmata tal-Formola ta' Kunsens ser tkun ipprovduta lili. Għalhekk qed naqbel li nipparteċipa f'din ir-riċerka.

__________________________ __________________________

Isem il-Parteċipant Firma

Data : __________________________

BIEX TIMTELA' MIR-RIĊERKATRIĊI:

Jiena niċċertifika li spjegajt, bl-aħjar mod li naf, lill-parteċipant/a imsemmi/ja hawn fuq, in-natura u l-għan, proċeduri, kif ukoll riskji u benefiċċji possibli ta' din ir-riċerka.

Jiena nikkonferma li l-parteċipant/a kien/kienet mogħti/ja l-opportunita` li ssaqsi/jsaqsi mistoqsijiet dwar dan l-istudju, u li l-mistoqsijiet kollha kienu mwieġba sew u kompletament. Jiena niddikjara li l-individwu ma kienx imġiegħel/imġiegħla biex jagħti/tagħti kunsens u l-kunsens kien mogħti liberament u volontarjament.

L-informazzjoni kollha miġbura dwar il-parteċipant/a msemmi/ja hawn fuq matul din ir-riċerka ser ikunu wżati biss għall-iskop ta' din ir-riċerka. L-kopji oriġinali ser ikunu biss aċċessibli għalija u għas-superviżura tiegħi, Prof. Angela Abela, u ser jiġu imħassrin wara li tiġi evalwata r-riċerka.

Kopja tal-karta ta' Informazzjoni u kopja ffirmata ta' din il-Formola ta' Kunsens ser tkun ipprovduta lill-parteċipant/a.

Alana Attard

Isem ir-Riċerkatriċi

A. Attard.

Firma

31 t'Ottubru, 2018

Data

Angela Abela

Firma tas-Superviżura

Appendix C: Interview Guide

Motherhood in the light of one's history of substance use addiction and recovery.

1. Can you tell me a bit about yourself? Whatever you say about you interests me.
2. I understand that you are a mother. Can you describe to me any thoughts you may have had about being a mother?
    - Was it something you wished for?
    - Do you remember when you discovered you were pregnant?
    - Addiction during pregnancy?
    - Support during pregnancy?
3. Tell me about your experience regarding the birth of your baby?
4. What memories (struggles/beautiful moments) come to mind when thinking about bringing up your child?
    - In the first year of life?
    - Did you use Child Care services during infancy?
    - Tell me about your experience with your child when s/he entered kindergarten?
5. What is your understanding of being a 'good' mother?
    - Where does this understanding come from?
6. Can you tell me a bit about your own childhood?
    - What would you take with you from your own upbringing to mother your child?
    - What in your own upbringing do you find yourself careful to leave out from the relationship with your child?
7. Can you tell me about your child?
    - Age? Intoxication during pregnancy/pregnancies? Early childhood?
    - Presence of father? Relationship of mother with father?
8. How do you think your child experienced you when you were an active addict?
    - How did you spend time together?
9. Can you guide me through how you decided to quit?
    - What was your experience of the recovery process?
10. When you went into rehab, what story did your child have of your absence?
    - Any contact with your child?
    - Who took care of your child in the meantime?
    - What did it mean to you that your child/child was/were living him/her/them?
    - How was it for you living without your child while in rehab?
    - How was it to be reunited with your child?
11. Now that you are back living with your child, how do you experience your role as a mother?
    - Do you feel that your child respects your authority as his/her mother?
12. How do you think your child experiences you now that you are abstinent?
    - How do you spend time together?
13. What do you think your child thinks of you?
    - Is the past ever spoken about?
    - Does the child bring up the past?
14. When you are in a situation that you experience as being difficult, what do you do?

15. How do you cope with feeling pain? Anxiety? Happiness?
16. What happens when your child is feeling distressed?
17. What happens when you have an argument with your child? (reparation)
18. Think of a time when you felt the need to discipline your child. Can you describe to me what happened?
19. Are there any rules you have set your child? (e.g. bedtime, play time, use of language…)
    - What happens if a rule is broken?
20. Have you ever felt resentment from your child?
    - How was it for you?
    - How did it affect your role as a mother?
    - *same question using: ‘disrespected’, ‘trusted’
21. Do you have any shared routines?
22. How do you show your child affection?
    - How does your child reciprocate?
23. What do you want for your child’s future?
    - What do you not want for your child’s future?
24. Can you describe to me a moment with your child which you treasure?
    - Can you describe to me a moment with your child which you regret?
25. If when your child grows up you notice that s/he is engaging in addictive behaviours, how would you perceive it?
26. What are you most afraid of in the role of a mother?
27. What is the greatest gift you have given your child so far?

Il-maternità fid-dawl ta' l-istorja passata ta' vizzju t'użu minn sustanzi u l-irkupru minnhom.

1. Tista' tgħidli ftit fuqek innifsek? Kull m'għandek xi tgħid jinteressani.
2. Nifhem li inti omm. Tista' tiddiskrivili xi ħsibijiet li seta kellek rigward li tkun omm?
    - Hi xi ħaġa li xtaqt?
    - Tiftakar meta skoprejt li kont tqila?
    - Waqt it-tqala kont taħgmel użu minn sustanzi?
    - Kellek sapport waqt it-tqala?
3. Tgħidli fuq l-esperjenza tiegħek ta meta twieled/twieldet ibnek/bintek?
4. X'memorji (diffiċli/sbieħ) jiġuk f'moħħok meta taħseb fuq it-trobbija t'ibnek/ta' bintek?
    - Matul l-ewwel sena?
    - Kont tagħmel użu mis-servizzi taċ-Child Care fl-ewwel sena?
    - Tgħidli daqxejn fuq l-esperjenza tiegħek ta' meta ibnek/bintek daħal/daħlet il-kindergarten?
5. Inti x'tifhem bil-frażi li tkun 'omm tajba'?
    - Minn fejn taħseb li ġejja din il-fehma?
6. Tista tgħidli ftit fuq it-tfulija tiegħek?
    - Kieku kellek tieħu xi ħaġa mit-tobbija tiegħek għat-trobbija t'ibnek/ta' bintek, x'tieħu?
    - X'hemm mit-tfulija tiegħek li toqgħod attenta li tħalli barra mit-trobbija t'ibnek/ta' bintek?
7. Tista tkellimni fuq ibnek/bintek?
    - Eta'? Intossikazzjoni waqt it-tqala? Intossikazzjoni waqt l-infanzja?
    - Preżenza tal-missier? Relazzjoni ta' l-omm mal-missier?
8. Kif taħseb li ibnek/bintek esperjenzawk fiż-żmien li kont qed tuża?
    - Kif kont tqattgħu l-ħin flimkien?
9. Tista' tiggwidani fuq kif iddeċidejt li tieqaf tuża sustanzi?
    - Kif kien għalik l-perjodu ta' rikuperazzjoni?
10. Meta dħalt f'rijabilitazzjoni, xi storja kellu ibnek/kellha bintek ta' l-assenza tiegħek?
    - Kellek kuntatt m'ibnek/ma' bintek?
    - Min ħa ħsieb lil ibnek/bintek f'dak il-perjodu?
    - X'kien ifisser għalik li ibnek/bintek kien/et qed j/tgħix ma' dik/dawk il-persuna/i?
    - Kif kienet għalik li tgħix mingħajr ibnek/bintek waqt ir-rijabilitazzjoni?
    - Kif kienet għalik li terġa tingħaqad m'ibnek/ma' bintek?
11. Issa li qed terġa tgħix m'ibnek/ma' bintek, kif tesperjenzah l-irwol t'omm?
    - Tħoss li ibnek/bintek j/tirrispetta l-awtorita' tiegħek bħala omm?
12. Kif taħseb li ibnek/bintek j/tesperjenzak issa li inti astinenti?
    - Kif tqattgħu l-ħin flimkien?
13. X'taħseb li ibnek/bintek j/taħseb fuqek?
    - Ġieli titkellmu fuq il-passat?
    - Ibnek/bintek i/tqajmu l-passat?

14. Meta ssib ruħek f'sitwazzjoni diffiċli, x'tagħmel?
15. Kif tkampa meta tħossok muġugħa? Anzjuża? Ferħana?
16. X'jiġri meta ibnek/bintek qed iħossu/tħossha stressjat/a?
17. X'jiġri meta jkollok argument m'ibnek/ma bintek? (reparazzjoni)
18. Aħseb fi żmien li ħassejt il-bżonn li tiddixxiplina lil ibnek/bintek. Tiddiskrivili x'ġara?
19. Poġġejt xi regoli ma' ibnek / ma' bintek? (e.g. ħin l-irqad, ħin il-logħob, użu tal-lingwaġġ…)
    - X'jiġri jekk tinkiser regola?
20. Qatt ħassejt riżentiment minn ibnek/bintek?
    - Kif kienet għalik?
    - Kif affetwatelk l-irwol t'omm?
    - *l-istess mistoqsija: 'diżrispettata, 'fdata'
21. Għandkom xi rutina simili?
22. Kif turih/a mħabba lil ibnek/bintek?
    - Ibnek/bintek kif j/tirreċiproka?
23. Xi trid għall-futur t'ibnek/ta' bintek?
    - X'ma tridx għall-futur t'ibnek/ta' bintek?
24. Tista' tiddiskrevili mument li tgħożż m'ibnek/ma' bintek?
    - Tista' tiddiskrevili mument m'ibnek/ma' bintek li jiddispjaċik?
25. Jekk meta j/tibda j/tikber ibnek/bintek tinduna li qed ikollu/ha ċertu vizzji, x'tagħmel?
26. X'inhi l-iktar ħaġa li tbeżżgħek fl-irowl t'omm?
27. X'inhu l-ikbar rigal li tajt lil ibnek/bintek s'issa?

Appendix D: Narratives in Maltese

Ania

Ania was on time to the interview. She came across as a very bubbly person.

Jiena illum omm ta' 31 sena, għandi erbat'itfal, ngħix mal-partner tiegħi, ma' missier it-tfal fil-post tagħna li bnewlna ommu u missieru fuq tagħhom....u naħdem part-time f'ħanut. Sitt snin ilu kont nuża, għamilt tlett snin nuża. L-ewwel darba li ltqajt miegħu kien ġa jieħu. Jiena bdejt għax...kienet viċin tiegħi. L-ewwel li esperjenzajt l-ismack nnutajt li stajt nagħmel ġurnata bla ikel...u jien dejjem kont overweight. Ma rridx nerġa nasal f'dak il-punt.

L-ewwel tqala biss kienet ppjanata, kelli 21. ridt inkun naf x'iġifieri tkun omm. Filfatt fl-ewwel baby għamilt 6 months inredda. Mela, it-tifel nista ngħidlek li l-ewwel sitt xhur orrajt, imbagħad kont bdejt nuża. Iġifieri...għamilt dik is-sena w'nofs mat-tifel mhux daqshekk li niftakar ħa nkun onesta'. Tqila bit-tifla waqaft nuża...imma once li wellidtha kif ħrigt mill-isptar, qabbadt nieħu...kienet tgħix iktar għand il-ġara milli magħna. Kull ma kelli ġiex t'itfal dak iż-żmien u kienu ħaduli il-ġiex t'itfal il-kbar....ħarġitli care order. It-tfal m'għamlux miegħi sena u nofs.

Meta missejna l-qiegħ (from using) **ġejt u kellimt lit-tabiba, 'irrid nara x'nagħmel biex nerġa nakkwista t-tfal miegħi'. Imma mara differenti mir-raġel. Jien per eżempju kienu ħaduli t-tfal kienet step kbira biex jiena nagħmel xi ħaġa. Hu dak iż-żmien d-droga ghalih kienet iktar prijorita'. Dak iż-żmien kont narahom dimonju CPS...illum il-ġurnata nbierekom għax imn'Alla iġifieri jkunu huma...kienet l-switch li ġagħlni nerġa niġi f'tiegħi, għax kieku ma kontx nqum fuq saqajja u nibda ħajti.** Ania followed a day rehab program and found a job while her partner completed a residential rehab program. She recounted how she had decreased methadone by 5 weekly instead of by 1 every fortnight as advised. **Xorta bqajt nuża s-servizzi imma ħassejtni li għadni dipendenti fuq id-droga xorta u ma ridtx inħossni hekk. Tlett xhur wara l-programm nqabdt tqila bit-tielet**

baby... daqs li kieku l-ewwel baby. Jekk jien kien se jkolli drawback, niftakar fi Fiorella u ma nużax. Ħeq one għamilt l-isbaħ sitt xhur magħha biss; hu programm, it-tfal fostered. Umbagħad it-tifel kien jgħidli 'għalfejn Fiorella miegħek u aħna le? Mela inti ma tħobbniex?' Naħseb Fiorella daqshekk speċjali għalijja għax, kif għidtlek, ix-xaqq ta' dawl...filfatt ngħidilha 'you're my sunshine'. Mhux għax l-oħrajn le imma hi kellha xi ħaga...differenti. Wara li kelli lil Fiorella, għaddew 9 months u erġajt nqbadt tqila biż-żgħira. U jien dak iż-żmien ħadtha bi kbira wisq...kienu għadhom kemm ġew lura magħna t-tfal u kont għadni kemm irnexxieli nqum fuq saqajja (from work). **Iż-żgħira ta' 9 xhur daħħaltha child care. Naħseb maż-żgħira kont x'iġifieri tkun omm. Għal kull ħaġa li għamlet kont hemm...niftakarhom iġifieri l-ewwel sinna...** (and other milestones).

Li jien omm tfisser kollox għallijja llum il-ġurnata. (To be a good mother) **għalijja kif għandha tkun għallinqas l-ewwel sena, naħseb li għandha tkun mat-tfal l-ewwel sena tat-trobbija. Naf li iebsa, jiena stess ma' l-ebda wieħed ma rnexxili nagħmel sena sħiħa d-dar inrabbihom jiena il-ħin kollu għax ma naħsibx llum il-ġurnata kemm tista ma taħdimx. Inħossni guilty t-tfal ġbarthom mill-iskola, tlaqthom ma' missierhom meta naħdem darbtejn fil-ġimgħa sat-8pm, issa orrjat mhux barrani. Jien inqum filgħodu kmieni, nlesti l-lunches, wassalt it-tfal l-iskola, mmur naħdem, niġborhom mill-iskola u għandi l-ħin mat-tfal... jgħamlu l-homework, għamiltilhom xi ħaga x'jieklu, wassaltha l-mużew u t-tifel il-privat, niġborhom, ninħaslu...playdough, noħodhom il-bandli...'Ma, taf x'ġara llum l-iskola..' qiegħda hemmhekk. Jiena meta kont żgħira ommi kellha ħanut, allura kienet taħdem mit-8 sa nofsinhar, u mill-4 sas-7pm kuljum. Jiena trabbejt maz-zija u man-nanna. Jiena t-tfal tiegħi ma rridhomx jitrabb- kien hemm ċirkostanzi li ma stajtx nagħmel mod ieħor imma...jiena darba kont għedtilha lill-mummy, għedtilha 'inti ma rabbejtnix inti'. Jien għidtha b'rabja u naf li weġġajtha l-ommi, imma ma rridx li eventwalment it-tfal jiġu jgħiduha lili. Ara jien żgħira fit-trobbija**

tiegħi kelli kollox u ma nivvizzjhomx lit-tfal imma ma nixtieqx li nħalli lit-tfal neqsin minn xi ħaġa fej jidħlu affarijiet li għandhom bżonn. Jien ommi lanqas qatt bisitni jew għannqitni, u qas naf li jiena lilha. Mat-tfal ngħannaqhom u nbushom. Ara nixtieq nagħmel dak kollu li x'iġifieri tkun omm – appuntament, ħadthom jiena, għandhom bżonn l-għajnuna, għinthom. Ma rridx jiġri xi ħaġa u ma nkunx naf biha.. Li naf x'iġifieri omm esperjenzajta minn jien m'uliedi kważi kważi, u nirrifletti fuq it-trobbijja tiegħi.

Meta kont żgħira, jekk kont ittardjajt 5 minutes il-weekend ta' wara ma kontx immur ma' sħabi. Jiena missieri qabel dejjem kien strict imma li niftakar li sawwatni missieri, ehhhh darba meta ridt nitlaq mid-dar mal-partner tiegħi...u l-uniku darba oħra konna iġġilidna, kien garali siġġu u flixkun taż-żejt waqt li kelli t-tifel f'idejja. U spiċċajt għamiltlu rapport l-għassa u nara lilu ġej u filfatt kien rrapurtani hu CPS u ftit wara ħaduli t-tfal. Issa jien għamiltilom ta, imma dawk xorta jibqgħuli hemm.

Meta kont nuża... qas niftakar x'kont intihom jieklu... min jaf kemm il-darba ħallejthom maħmuġin...skola kull ma niftakar li ħadtu t-tifel xi ħames darbiet...u kont inraqqadhom biex ikolli l-ħin għalijja. It-tifla, l-ewwel 3 snin ta ħajjitha qatt ma kont preżenti. U it-tifel bil-kontra, it-tifel dejjem magħna. Qatt ma rana nieħdu jew affarijiet hekk, imma kien ikun fil-karozza magħna u aħna qed nieħdu. It-tifel ġieli jgħidli 'għalfejn ma konniex bqajna magħkom?', 'kellna rasna tuġgħana ħafna, ma kellnix post fejn noqogħdu, ma kellnix flus, u aħna ma konniex nistgħu nieħdu ħsieb lilna nfusna, aħseb u ara lilkom'. Din ir-raġuni filfatt li l-iskola ġieli kien hemm każ li titkellem jew affarijiet hekk...ħabba t-tfal le...ma rridx li t-tfal jiġu bullied għax ommhom u missierhom ex-drogati...u ma rridx li jsiru jafu xi ħaga minn xi ħadd iehor. Għalhekk forsi l-quddiem, inkun onesta' jien ma nixtieqx li jsiru jafu li jien abbandunajtom minħabba d-droga, għax iġifieri li dik rebħitni milli huma, imma

mbagħad ma rridx li jkunu jafu m'għand ħaddieħor.Nibża li ma jibqgħux jarawni forsi bl-għajnejn...nibża li ħa jweġġgħuni b'xi ħaġa...li jgħiduli 'rabbewni nies oħra', jew 'preferejt id-droga milli lilna'. Joe kultant jgħidli, jgħidli 'imma Ma meta kienet tuġġħak rasek qabel'. Għandu 9, issa jibdew hux, PSD. Ma nafx, issa jista' jkun forsi eventwalment nieħu parir professjonali kif għandi ngħidilhom u ngħidilhom. Ġieli tara tfal qed ipejpu fit-triq jew b'żaqqom barra. Ma rridx li t-tfal tiegħi ikunu hekk. Imma mbagħad fl-istess ħin irrid li...nipprova nurihom minn qabel...ħalli jell jiltaqgħu ma' xi ħadd jgħidilhom 'ejja ħu nifs' jirrifjutaw.

Ma nafx x'jaħsbu fuqi t-tfal, imma meta jkollhom bżonn xi ħaġa dejjem, f'sens, għandi jiġu, iġifieri naħseb li ntihom sens ta sigurta'. Għaż-żgħar nista' ngħidlek li nfisser kollox...imma forsi għax għadhom jiddependu minni. Imma jiena għalijja nista' ngħidlek li jfissru kollox.

Meta nkun f'sitwazzjoni diffiċli, skond is-sitwazzjoni, nara ma' min ħa niftaħ qalbi...ġeneralment ma' ħabiba tiegħi. Ġieli affrontajta dak il-ħin is-sitwazzjoni...once li ħriġt, ħriġt imma nipprova, kemm jista' jkun nevalwa. Meta inħossni anzjuża mat-tfal, naf li għandi bżonn ħin għalijja, ħalli nieħu nifs, nikkalma, nerġa niġi tajjeb. Haw min jgħidlek, 'jien l-ewwel it-tfal'. Le, l-ewwel jiena – jekk jien m'inix tajba jiena, m'inix tajba biex nieħu ħsiebhom. Meta huma jkunu anzjużi nara kif nissapportjom biex isolvuha.

Ara, jien għamilt żmien, il-kelma ċara fottejtom lit-tfal. Meta ġew mill-fostering kont nipprova nikkuntentahom f'kollox....għax jien kont inħoss li nqasthom. Per eżempju kont insajjar platti differenti għal kulħadd...issa sirt insajjar platt wieħed. Inbdilt għax one, ma naffordjax nixtrilu bajda kuljum, jew morna McDonald's darba f'ġimgħa. Eh, u ftakart li fil-ħajja mhux kollox ward u zahar, mhix reali li tikkuntentahom f'kollox. Dixxiplina esaġerata mhux sabiħa, imma d-dixxiplina sabiħa.

Xi kultant lit-tifel ngħidlu jieqaf ftit it-tablet 'imma għaliex?', 'għax hekk', 'imma Ma għaliex?' Imbagħad qisu moħħi jikklikja, ngħidlu 'Joe jekk ħa toqgħod tilgħab iktar bit-tablet, one trid taqra, two irridu ninħaslu. Trid tieġu brejk, u ħażin għal għajnejk'. Sirt nieħu dak li rrid. Give and take fil-ħajja. U għal kull azzjoni hemm konsegwenza. Per eżempju lit-tifel ngħidlu 'jekk mhux ser tagħmel din, m'intix ser tilgħab bit-tablet', 'mhux ħa nagħmilha,', 'mhux problema, m'intix ser tilgħab bit-tablet'. Pero nibqa bil-kelma. Fil-bidu kienet diffiċli ħafna. Rules include **ma nistgħux infallu appuntament sakemm ma nifilħux, ninħaslu kuljum** (unless it's too cold)**, homework irid isir u hemm il-qari wkoll li jekk għamlu 15 minutess biżżejjed, jekk ħammġu rridu niżbarazzaw.**

Ania feels disrespected **meta ġieli jirrispondu, iwa. Meta jirrispondu ngħidilhom 'Iwa?!, orrajt, thank you' u ma nkellimhomx. Imma mbagħad iridu jiġu huma eh ikellmuni imma jekk ikolli tort le, nipprova nirranġa. Imma nifhem li jekk tkun vera rrabjat iebsa biex tikkontrolla l-emozzjonijiet tiegħek. Qatt ma tkellmu ħażin.** Ania feels that her children trust her. **Qatt ma gdibtilhom...jekk per eżempju nigdeb tooth fairy, ħmerijiet hekk. Ara jien ma nieħux pjaċir jekk xi ħadd iwegħdni xi ħaġa u ma jżommhix, allura nipprova.**

Nurihom li nħobbhom għax inbushom u ngħannaqhom, billi nqatta l-ħin magħhom hux, iġifieri trid tkun hemm. Nirrispettahom u nieħu l-ħin biex nispjegalhom...affarijiet hekk. Għandi t-tieni waħda ħi, jekk ma tiġix tgħannqek u tbusek, ma tafekx, nirrabja magħha fuq hekk. Huma għandhom vizzju jgħiduli 'nħobbok'. Anke per eżempju, anki tgħanniqa, jew kif rawk li ġbarthom mill-iskola, d-daħka fuq wiċċhom ukoll turi ħafna, li bħal speċi kuntenti li qed jarawk. It-tifel le...jitkellem miegħek, orrajt, imma ma jurikx feelings le.

Għall-futur one nixtieq li jkomplu jistudjaw għax il-quddiem, ċertu affarijiet iġifieri jew tat-tbatija li tista' ssib mingħjar skola. Jekk ma jiġu bżonn ħadd biżżejjed

huma...u li nibqa' parti minn ħajjthom ***(chuckles)*****. Li ma jkollomx ħbieb ħżiena u droga...li ma jkun hemm xejn jikkontrollalhom ħajjtihom. Jien ngħożż il-mumenti li nqattgħu kollha flimkien. Inħobbu mmorru camping. Qegħdin hemm mingħajr teknoloġija, mingħajr affarijiet, kilna, lagħbna fil-baħar, marru jistadu, qegħdin hemm qed nieħdu pjaċir BBQ, hemm l-ħin tat-tfal, ħin bejnietna, flimkien.**

Li jiddisppjaċini il-kbar l-iktar hu...kellhom jiħduhomli biex inkun kapaċi nqum fuq sieqi u nimxi. Tajthom in-nuqqas tiegħi... ġibt lid-droga qabilhom. Jekk ninduna li qed jużaw la jikbru, dakinhar naħseb, nipprova ntihom l-esperjenza tiegħi, milli stajt. Jekk ma nkunx kapaċi jiena nħeġġhom biex imorru għall-għajnuna. M'iniex waħda li qabdu xi vizzju se ngħalqilhom il-bieb...se nipprova ngħinhom jirranġaw. Jekk hemm bżonn infittixha jiena l-għajnuna minflok ifittxuha huma. Jien li nibża bħala omm li jistgħu jiġu jgħiduli xi ħaġa li tista' tweġġagħni, allaħares qatt li jmutli xi ħadd minnhom jew disabled. Ehhh u li nitlef xi ħaġa li tkun importanti ħafna għalihom. L-ikbar rigal li tajthom hu li għaqqadna l-familja bħala familja.

Brenda

Brenda's narrative is only present in the Results Chapter as the interview was conducted in English.

Celine

Ehhh, mela, jiena ex-user, ilni... 8 snin clean. Single mother ta' żewġt ibniet, waħda għandha 19 u l-oħra għandha 6...u naħdem bħala carer. Ta' 11 kont inpejjep l-ismoke....ta' 15 kont bdejt bl-ecstasies u nisnortja l-coke u hekk...ta' 16 qbadt nuża l-heroine...u ta' 19 inqbadt pregnant. Kienet xokk kbir għalijja, errrm, għax kont nieħu

d-droga u ridt nibqa' nieħu d-droga, ma ridtx tfal. Erm imma umbagħad kif qisek tkun pregnant u hekk, qisek dik l-imħabba waħedha tibda tiġi u dak il-mother instinct qisek.. miraklu, waħdu jiġi. Waqaft bl-għajnuna tat-tabiba u ta' CPS iġifieri. Għamilt tlett snin *(lowers voice)* **imma erġajt qbadt nuża. Kelli partner kien juża, ma tgħinx hux, qatt. Umbagħad il-missier mhux bħall-omm, taf kif, mhux ħa jagħti kas għax jista jaqbad, jitlaq għal rasu, jieħu, jiġi d-dar, u t-tarbija tieħu ħsiebha, t-tfal tieħu ħsiebhom l-omm. Iktar dipendenti fuq l-omm. U t-tnejn jużaw...mhux ħaġa tajba iġifieri. Meta kelli 33 kont ilni qisni xi sena u nofs clean u nqbadt tqila biż-żgħira. Issa x-xokk taż-żgħira kien differenti għax kien hemm gap kbira u trid terġa tibda mill-bidu.**

(Waqt iż-żewġ pregnancies) **sapport minn naħa tal-ġenituri ma kellix. Bħala missier unknown father, bħala omm, drug addict...qatt ma kienet mummy. Għax tista' tkun drug addict jew ex-drug addict u you can be a mother...naħseb li anki kieku ma kinitx tuża d-droga she would be the same, bħala mummy, fhimt? Eh, kelli sapport mingħand in-nanna imma fiż-żgħira għax kienet ġo home...she passed away last year. Imbagħad taf int ikollok counselling, key worker dejjem tkun hemm tgħinek, u z-zija kienet tgħini ukoll.**

Meta twieldet il-kbira kienu jtuni l-panic attacks. M'għandix idea x'ħa nagħmel, m'għandix omm tgħidli kif ħa nagħmel ***(heavy sigh).*** **Irħilha li umbagħad ma nafx x'mgħamiltx to be a good mother iġifieri għax, anka l-iskola, jekk għamlulhom il-phonics mort il-kors tal-phonics, mort parenting skills... Jiena l-mummy imma fl-istess ħin qisni oħtha, ħabiba..vera open magħha. Hemm boundaries u dixxiplina, imma qatt ma kont, tipo bilfors,taf kif? Dejjem nitkellem magħha, dejjem nuriha x'inhu tajjeb u x'inhu ħażin. Maż-żgħira it's different. Darba għidtilha 'you can talk to me, I'm not only your mother, I'm your friend'. Qabdet tibki, qaltli 'you're not my friend! You're**

my mummy'. Ċertu affarijiet ma tkunx trid tgħidhom lili, tkun trid tgħidhom l'oħtha...tgħidli imma bil-mod u issibha bi tqila għax lili tarani bħala mummy. Nixtieq li maż-żgħira ikolli l-istess relazzjoni bħal m'għandi mal-kbira. Jien fhimta in a way għax għaliha a friend can be a friend today and leave the next day.

(Rigward li tkun 'omm tajba')...**dejjem xtaqt familja u dejjem xtaqt min iħobbni...tajthom dik l-imħabba li qatt ma kelli jien *(starts crying)*. Imma...llum ngħid li I'm proud tiegħi nnifsi li rnexxieli u li stajt noffri dik l-imħabba lit-tfal tiegħi u li kapaċi nħobbhom. Kien hemm ħafna affarijiet li għamilthom differenti minn nanna *(laughs)*. Eżempju in-nanna kienet titkellem fuq ommi miegħi, x'għamelt ommi. Jiena mat-tfal ma nitkellimx x'jagħmel missierhom, kif inhu missierhom, u x'inhu jiġri. Għax dawk mhumiex il-counsellor tiegħi u they're not my punching bag lanqas. Ħeq u inti tkun qed tweġġa lit-tfal b'li qed tgħid...tkun għadek żgħira...għalik ikunu jibdew ifissru affarijiet oħra. In-nanna ma kinitx taf mod ieħor imma kont naf li l-imħabba tagħha xorta kienet pura. Li ħadt minnha li jien dejjem hemm għat-tfal, imma bil-mod tiegħi. Il-kbira kienet toqgħod man-nanna. Iż-żgħira ħadtha after-school services. Mhix daqshekk kuntenta hemmek...jkun hemm ċertu bullying... naħseb li għandhom bżonn jimmonitorjaw lit-tfal sewwa fuqha dil-ħaġa tal-bullying. Hija inkwetanti...għax xogħol trid tmur bilfors u taf li qed tħalli lil uliedek imdejqin.**

It-tfulija tiegħi kienet iebsa...barra li kont ngħix f'ambjent tad-drogi...il-mummy kienet issawwatni ħafna...u ma kontx nifhem għala qed tweġġagħni lili... Le t-tfulija tiegħi terribbli kienet *(crying)*. Missier l-ewwel waħda kien hemm meta twieldet u t-tifla u hu dejjem kellhom relazzjoni. Missier it-tieni waħda...ma ħallewħx jiġi...hu għadu qiegħed il-ħabs u mhux stabbli...iż-żgħira ma nixtiqiex li jkun hemm kuntatt u, jekk ikun hemm aċċess, nixtiequ supervised.

Inħoss li t-tfal jirrispettaw ħafna li jiena (ommhom). **Anka eżempju d-dar ma nittollerax ħafna kliem. Iġifieri...*(takes a deep breath in)* haw min jaċċetta li, eżempju, jkun hemm dak in-nuqqas ta' rispett li l-mummy tgħidilha 'uwejja qisek belha!'. Ma naċċettaħħomx dawk. Irid ikun hemm ċertu rispett. Jekk tkellimni hekk ngħidilha 'please tkellem sew, jien dejjem irrispettajtek u nħoss li għandek tirrsipettani lura'. Ġeneralment tkun biżżejjed. Qatt ma iġifieri tidħol tidgħi whatsoever, no.**

(Il-kbira) **sakemm kibret, kellha 11, ma kinitx taf li kont qed nuża. Escaping dejjem hux...dejjem trid issib il-ħin biex tieħu, jew tieħu waqt li tkun l-iskola. Tħossok falza *(heavy sigh)*, tħossok guilty...qed nipprova nidderiġiha fit-triq it-tajba u fl-istess ħin jien qegħda n-naħa l-oħra. Dejjem kelli f'moħħi li jien ma nistax nibqa nieħu għax it-tifla kif ħa tikber ħa ssir taf...it will come straight back in my face. Jekk ħa ngħidilha xi ħaġa taf tgħidli 'mela inti ma tiħux?' Dik ma ridtiex jiena. Jien ridthom jarawni li nista nagħti eżempju. Umbagħad fit-2010 kont ħadt il-post; qabel kont għadni mdendla nuża għax il-partner li kelli ma stajtx nitlaq; one għax ma kellix fejn noqgħod, u two għax kont qisni qegħda ġo ħabs hux, irrid nieħu iġifieri. Kif ħadt il-post bdejt fuq MMT u l-partner tiegħi ma rajtux aktar. Minn hemm bqajt sejra, ma waqaftx.**

L-ewwel sena tal-kbira kont nilgħab ħafna magħha, kont dejjem inkantala, kienet torqod f'idejja. Iżgur. L-ewwel nett meta tuża jkollok paċenzja iġifieri ma tispiċċa qatt...m'hemmx ħin ta' mument li tgħajja bħal ommijiet normali. Iġifieri you spoil them in a way, ukoll. Meta kibret umbagħad kont qattajt ħafna ħin magħha f'li kien ikollha bżonn fl-iskola, jekk waqafna ħadna kafe, jekk ħadna lunch flimkien, jekk id-dar qagħdna fuq is-sufan nitkellmu. I was really patient imma umbagħad il-ħin ikun limitat taf int, għax ħajtek tkun mimlija b'ħafna affarijiet. Beda jkollna rutina u l-boundaries; għax inti in a way tibda tħossok guilty għax qed tuża allura tgħidilha iva għal kollox. Damet naqra biex ġrat ta.... li ħa ngħidilha 'le'...'isma ma nistax nagħmilha

dik għax f'dak il-ħin għandi l-appuntamenti tiegħi. Naraw kif ħa nagħmlu biex tagħmilha inti'...kont nibża li tħossha m'għandiex sapport....imma mhux tajjeb ittijom kollox lit-tfal lanqas.

L-ewwel sena maż-żgħira kienet diffiċli ukoll; kont qegħda, again, waħdi , u trid tmur tarah il-ħabs u ħafna stress. Iż-żgħira qed tidra li trid tieħu naqra paċenzja ***(both laugh)*****. Ngħidilha 'il-mummy qed taħdem kemm għaliha u kemm għalikom. We're a team and we have to work as a team'. Iġifieri dawk il-valuri mindu tkun żgħira tkun qed tibnihom. Mal-kbira kont 'you are my world' u maż-żgħira 'you are in my world imma you're not all of it'. Iż-żgħira kemm il-darba tgħidli 'il-ħin kollu għaddejja, mummy, jaħasra ieqaf naqra u hekk'...u anka she's proud to show who, who her mum is. Anki li ssaqsini għal parir u tużah naħseb li għandha fiduċja fijja. Oħtha tinduna, tgħidli 'ara kemm temmen f'li tgħidilha..anka jien ma', il-kelma li tgħidli int tibqali ġo moħħi'.**

Il-kbira qallha missierha, kixifni iġifieri għax ma bqajtx umbagħad miegħu...jien kont nistenna kieku aktar il-quddiem biex ngħidilha. Kienet tarani naqra hekk għall-bidu imma l-fatt li ma kontx nuża kienet tgħinni ħafna li qed tarani sewwa. Kienet tgħidli 'mummy hawn qegħda jiena, taqtax qalbek' – bilqegħda fuq it-toilet bil-bucket quddiemi, nirremetti. Imma dejjem hemm kienet, anka fil-pregnancy taż-żgħira kienet hemm. Dik-l-imħabba kollha li tajtha jien hux. Tfal bħal karus, li ħa titfa fihom, jekk ħa tkissru dak ħa ssib. Celine qalet li l-kbira qatt m'użat il-passat tagħha kontriha. **She knows, taf minn xiex għaddejt... Il-kbira tammirani ħafna u kemm il-darba tgħidli 'you're really strong mummy'. M'għidtilhiex kollox għax inħoss li m'għandiex għalfejn tkun taf ħafna, daqshekk. Għidtilha dak li tista' titgħallem minnu, bħal fejn naħseb li stajt għamilt aħjar. Maż-żgħira ma tkellimtx fuq il-passat...ż-żgħira naraha iktar fuq tagħha, curious, indipendenti...tbeżżagħni għax ngħid ma tmurx tesperimenta** (bid-

drogi). **Ara l-kbira, l-kbira toqgħod lura, trid issaqsi lill-mummy biex tagħmel xi ħaġa. Naħseb li ngħidilha liż-żgħira la tikber, niftħilha għajnejha.**

Illum il-ġurnata meta nkun qed naffaċċja sitwazzjoni diffiċli, il-biċċa l-kbira nikkalma u kemm jista' jkun jekk ma tkunx sitwazzjoni urġenti norqod fuqha iġifieri u naħseb naqra l-għada ċar x'ħa jiġri. Nara nistax niħħendiljaha waħdi. Jekk le, ikolli nfittex l-għajnuna...inċempel xi best friend u nitkellmu naqra. Meta nħossni ferħana inċempel lit-tfal 'kemm jien ferħana!' *(both laugh)*. **Meta nkun imdejqa nipprova ma nurihiex imma..erm, ngħidilhom 'just one of those days'. Meta t-tfal iħossuhom stressjati...jistressjawni naqra narahom stressjati ta. Erm, għalkemm forsi ma tibdiex turi imma jistressjawk naqra...nipprova ngħinhom hux, nara kif ħa nsolvu l-istress. Bħalissa l-kbira qed tistressja naqra ruħha għax ħa tipprova tbiddel ix-xogħol u nipprova nagħmillha kuraġġ u ngħidilha 'taf li jiena I'm always behind you jiġri x'jiġri'. Iż-żgħira meta toħrog stressed mill-iskola għandna naqra ħin silence magħha...sakemm naslu d-dar ninħaslu u hekk. Imbaghad nsaqsiha 'how was your day?' Għax tiddejjaq dejjem tirrepeti l-istess fuq l-iskola u terġa titkellem, naf kif inhi.**

Nargumentaw meta ma naqblux fuq xi ħaġa. Mal-kbira nispiċċaw ngħidu li m'aħniex qed niftehmu fuqha din. Nammiraha li żżomm mad-deċiżżjonijiet għalkemm naf li forsi kultant mhux ħa tkun daqshekk tajba imma it's her decision after all. Meta nargumenta maż-żgħira tagħmel in-nervi, jew tibki jew inkella tirrispondik lura. Milux għidtilha 'ipprova tinsiħx,' qaltli 'inti tiftakar dakinhar meta nsejt dak?' Għidtilha 'niftakar meta insejt dak imma nippruvaw ma ninsewx'. Celine kultant tuża timeout jew 'time off tablet' maż-żgħira. **Wara li nargumentaw I lighten the mood...jew ngħid xi ħaġa, jew niżfen magħha.** Regoli jinkludu **li ma jitkellmux ħażin, nipprova li ż-żgħira f'conversations bejn l-adulti ma nħallijiex tidħol, u li jiżbarazzaw warajhom.** Bħala rutina, **kif niġu ninħaslu, imbagħad toqgħod ħdejja u hekk ikolli bżonn insajjar toqgħod tagħmel**

xi studies jew hekk fuq it-table u tkun ħdejja u ngħinha. Imbagħad noqgħodu naqra flimkien jew per eżempju noqgħodu nilgħabu dominoes jew nagħmlu puzzle. Ikun hemm ċans naraw xi naqa movie. Jekk, per eżempju, ma jiżbarazzawx warajhom, tibqa' hemm ma' l-art il-ħaġa.

Il-kbira teħodha kontrijja għax għaġġilt fit-tieni relationship. U ż-żghira teħodha kontrijja minħabba missierha għax ma bqajtx miegħu u mhux qiegħed id-dar. Għadni ma spjegajtilix għax għadha żgħira. Imma mingħaliha li hu bravu, x-xogħol, u hekk. Kien jaqbad itini quddiem it-tfal u qabżet għalijja l-kbira u hekk iġifieri... Issa ilna snin mhux flimkien

Nurihom li nħobbhom billi nismagħhom, naqsam il-ħin magħhom, nirrispetthom, ngħannaqhom, u tipo ntellalhom is-self-esteem. Li nkun hemm għalihom. U fl-affarijiet kollha l-oħra hux li, li nieħu ħsieb id-dar, li nlesti l-ikel li, jien naf.. Li qegħda hemmhekk bħala mummy. Anke li niqfilhom nurihom li nħobbhom għax qed nifqilhom f'ċertu affarijiet biex ikollhom aktar valuri. Il-kbira turini li tħobbni bil-mod ta' kif tkellimni. Li, eżempju, ma titlaqx mingħajr ma tgħannaqni u ttini kiss u tgħidli 'I love you ma'. Il-kbira jekk ikolli per eżempju xi sptar jew inkun ma niflaħx jew hekk tkun miegħi. U ż-żgħira l-istess. Dakinhar iż-żgħira qalti 'ma ħa tibqa' hawnhekk int id-dar waħdek?' Qaltli 'jien ma nixtieqx li tibqa waħdek'.

Għall-futur tagħhom nixtieq li jkunu fil-paċi magħhom infushom, li jkunu kuntenti u li d-deċiżżjonijiet li jagħmlu b'ħajjithom ikunu kuntenti bihom. Ma nixtieqx li jgħaddu milli għaddejt jien. Jekk meta jikbru ninduna li qed jaqbdu xi vizzji inkellimhom, nipprova ngħinhom biex jidħlu f'programm, Alla ħares qatt... imma huma jridu jiddeċiedu li jieqfu. Bħala omm nibża l-iktar li jmutuli t-tfal...jew li mmut jien qabilhom, qabel ma jkunu ssetiljaw biżżejjed. Celine irriflettiet li l-ikbar rigal li tat lil uliedha s'issa hu **lili nnifsi.** ***(laughing)*.**

Debbie

Għandi 31, għandi boy għandu 4 u għandi girl għandha 9; milux kelli miscarriage. Qegħda f'relazzjoni, ilni sena, ma' partner non-user iġifieri, qatt ma miss ma' droga, u ilni 3 snin clean. Din ir-relazzjoni hija xi ħaġa ġdida għalijja għax qatt ma kelli relazzjoni mingħajr sustanza fin-nofs. Bdejt żgħira ħafna nuża, eh, kelli 14, ħabba peer pressure, Iġifieri bħala emotions u kif taħdem relazzjoni l-ewwel darba li qed inħosshom. Riċenti, kif ħriġt mill-programm, għamilt kors fiċ-childcare, diploma, u qed naħdem ġo skola. Għadni noqgħod mal-mummy...imma l-goal tiegħi huwa dak issa, li nitlaq mingħand il-mummy u jkolli iktar responsabbilita'...nipprova nagħmel l-affarijiet li jagħmlu n-nies normali fil-ħajja tagħhom. Ma rridx nibqa' dipendenti fuq ommi. Jiena persuna dipendenti ħafna... meta jiena parent u suppost irrid nkun responsabbli tiegħi nnifsi u t'uliedi.

Meta Debbie ssaret taf li hi tqila ppjanat li tieqaf tuża... **imma ma kinitx daqshekk faċli. Kont qegħda nieħu l-methadone...u forsi użajt xi darba jew darbtejn waqt it-tqala kollha, fhimt, imma xorta kelli l-mistura, fhimt, iġifieri...kien hemm sustanza. Missier it-tifla issapportjani, kien raġel tal-familja. Ir-relazzjoni m'ommi dejjem kellha l-intoppi. It-tieni tqala ġiet f'relazzjoni abbużiva...li t-tifel spiċċa ittieħed. It-tifla kienet ħaditha l-mummy qisu tlett xhur wara li tlaqt lil missierha għax missier it-tifel kien jgħolli idejħ fuqi quddiem it-tifla. Dan l-aħħar tlett snin li it-tifla qed toqgħod ma' missierha. Weekends tkun miegħi. Darba ċempluli mic-CPS, kelli t-tifel fuqi konnha qegħdin fil-karozza u qabad itini fil-karozza u kont fuq il-linja mac-CPS u bdew jisimgħu kollox. Eżatt kif wasalna fejn noqgħodu insib il-puluzija jistennewna u ħaduni ġo home, lili u lit-tifel, għal domestic violence. Għamilt ftit xhur hemm u erġajt kont mort lura.**

Debbie tkellmet fuq id-diffikultajiet li affaċjat wara li welledet lil bintha, **Paranoia kbira...kont irrid noqgħod attenta li nagħmel kollox eżatt u li jarawni li qed nagħmel. Kont nibża li ħa jiġġudikawni li jiena m'inix parent tajjeb, peress li kelli l-mistura u hekk, u kont naħseb li jistgħu joħduhieli, fhimt?** Tqila bit-tifel, **ippruvajt naħbi mill-isptar li qegħda nuża. Umbagħad lejn l-aħħar mort għal ultrasound l-isptar u kif dħalt qaluli 'urine issa'. U ħrabt, imwerwra li ħa joħduli t-tifel, u infurmajt lic-CPS li kont qegħda fuq is-Subaxone. Meta twieled kellu withdrawals tal-biża. Fit-tqala tiegħu kelli ftit sapport mingħand oħt missier it-tifel...imma hu xejn.**

It-tifla sakemm kellha qisu 3 years, avolja kont nuża, imma ma kellhix trobbija ħażina. Jiena xorta ma kontx inrabbiha tajjeb għax...kont inħossni guilty li jiena nieħu d-droga u kont nispoljaha ħafna... kont nipprova niggwadanja n-nuqqasijiet tiegħi b'affarjiet materjali; noħodha tixtri t-toys kuljum u noħroġha flok nibgħatha l-iskola. L-ewwel ħaġa filgħodu li jiena niskwerja u nieħu...wara l-breakfast inħalliha tilgħab naqra ma' l-art; kont overprotective ħafna fuqha li kienet tqatta ħafna ħin per eżempju fis-sodda għax kont nibża li jekk ħa nħalliha ma' l-art ħa taqali u tweġġa. Għamilt 3 years inżommha bil-harness biex timxi għax kont nibża li taqa jew taqsamli. M'għandix memorji sbieħ mat-tifel...ġlied, droga, swat...u paranoja.

L-ewwel ġurnata ta' l-iskola tat-tifla, malli rat it-tfal daret, qaltli 'bye mummy' u daħlet. U x'ħin rajtha daħħlet hekk mingħajr ma bkietni tgħidx kemm bkejt jien. Imma llum li jiena clean u sober u nirraġuna, ninduna li t-tfila kienet nieqsa minn dawn l-affarijiet. It-tifel dawk l-11 months li għamel kien iħoss li qiegħed mhux safe. Allura kien wisq attached miegħi. Immaġina kull ħaġa li nagħmel it-tifel miegħi, jekk ħa nagħmel toilet, it-tifel ħa jkun fuqi, jekk ħa nidħol ninħasel, it-tifel ħa jidħol jinħasel miegħi. Meta ħaduh tellagħwni mill-ewwel NMHI għax ppruvajt nagħmel suwiċidju dak il-ħin. Tawni l-access visits mill-ewwel mat-tifel. Debbie irrakkuntat kif, fuq

sentejn, wara li ħarġet minn NMHI daħlet u ħarġet tlett darbiet minn programm reżidenzjali ta' rijabilitazzjoni, u reġgħet daħħlet f'relazzjoni ma' missier binha li ukoll kien qed jagħmel il-programm u spiċċat telqet kmini mill-programm meta hu ġie sospiż. Dan kien Ottubru 2017...u erġajna qbadna nużaw id-droga (u l-vjolenza reġgħet bdiet)**.**

Il-partner tiegħi, konna ilna ħbieb jiena u hu fuq erba' snin. Umbagħad qisu f'nofs is-Sajf, dħalt f'relazzjoni serja u...f'Ottubru li għadda...ħarġitli l-court order tal-, tal-garanzijja li missier it-tifel ma jistax jersaq lejja jew jipprova jkellimni jew b'xi mod jipprova jagħmel kuntatt miegħi, jew mal-partner tiegħi, jew mal- familja tiegħi. Għax qabel ma ħarġet il-court order beda xorta jipprova jagħmilli l-ħsara.

Għalijja li tkun omm tajba tfisser li tkun hemm għal uliedek, li tħobbhom, li tissapportjhom no matter what, u li tikxfilhom il-karti mill-ewwel it-tfal tal-ħajja kif inhi. Jien meta kont bla sapport, jien naf kemm batejt. U 'jiena ommok'...ħbieb imma sa ċertu punt. Ommi qatt ma qaltli 'I love you' jew qatt għannqitni jew bisitni. Dawk iweġġawni. Filfatt ngħamilhom ħafna mat-tfal tiegħi jiena. M'għandix memorji ta' tfuliti... sinjal li m'hemmx affarijiet sbieħ. U ngħid it-tfal tiegħi ħa jkollhom dil-ħaġa li għandi jiena, u dik tweġġagħni, speċjalment it-tifel...għix għal ħafna żmien ġo home. Infatti nitkellem ħafna fuqha ma' tac-CPS biex nibdew nqabbdlu psychologist u jieħu naqra terapija minn issa.

Meta kont nuża naħseb li t-tifla kienet taf li hemm xi ħaġa mhux f'postha. Apparti minn hekk umbagħad kienet exposed għall-abbuż li kont ngħaddi minnu u titwerwer meta tilmaħ l-ex tiegħi. Għat-tifel qisni dejjem xorta bqajt hemm fhimt, iktar, għax kellu iktar bżonni. Missieru kien jiġi paranoid, peress li kien jieħu ħafna coke, u darba sibtu mgeżwer kollu bil-lużar, b'wiċċu b'kollox.

Uliedha t-tnejn kienu iżuruha meta kienet qegħda programm. Jien dħalt ngħamel programm biex noħroġ sew, u jfittxu jtuni t-tifel kemm jista' jkun malajr. It-tifla issa ġiet wisq close ma' missierha, għidt inħalliha fil-liberta' tagħha, nagħmel li tħossu l-aħjar għaliha. Qed tarani naqra hekk (għajjiena), **għax nieħu medication għax għandi Bipolar. Illum l-affariiet jiġu iktar naturali, fhimt, minn qabel. Qabel mat-tifla qisni dejjem irrabjata, indannata fhimt, u l-ħin kollu naħtafha u dan. Issa iktar naqa għall-livell tagħha. Eżempju nhar il-Ħadd ma kellix aptit ninżel il-Karnival u bdejt inħossni guilty li mhux ħa noħodha. Qablet li nagħmlu kejk minflok. Nipprova ngħamel activities magħhom u hekk. Ma nafx** (x'jaħsbu fuqi)... **qisni daħħalthom f'wisq ġenn...imma hopefully jaħsbu affarijiet tajbin xorta fuqi, nispera. La t-tifla ikollha iktar sens tal-ħajja inpoġġiha bilqegħda u ngħidilha mill-A saz-Z. L-ewwel nett l-aħjar li tisma mingħandi one, u, apparti minn hekk, ħa tkun taf il-ħajja x'issarraf. Lit-tifel, kif jikber u jkun jifhem sew iktar u iktar ngħidlu għax hu iktar għadda.** Debbie qalet li uliedha qatt ma qajjmuħ il-passat.

Biex tkampa bl-anzjeta' **inpejjep, niekol ħafna ħelu, nixrob il-kafe, nieħu l-medication u medication nieħu żejda ġieli. Ma nħossnix ferħana. Irrid ikolli t-tifel miegħi biex ngħid nista nkun ferħana. Fejn jidħlu argumenti, mat-tifel ma nargumentax għax inħossu bata, wisq u l-guilt feeling ma jħallinix kwieta. Jekk irid il-linfa minn mas-saqaf, nara kif ħa niddendel u naqlagħhielu. Riċenti t-tifel taħ daqqa ta' ponn ġo wiċċu lir-raġel t'oħti. U ridt nirrabja miegħu dak il-ħin imma...umbagħad għidtlu 'dawn mhux affarijiet li ngħamlu...aħna ma nsawtux'. Ma, ma, ma nafx nikkoreġiħ qisni. Filfatt tkellimt naqra ma' CPS biex nieħu naqra parenting skills qabel jiġi miegħi qisu xahrejn oħra. It-tifla ġieli tirrabjani. Tkun ilha ġurnata għandi, milux f'weekend break, tgħidli 'jiena iddejjaqt' jew 'wassalni għand in-nanna', u noħroġ mill-ewwel irrabjata għaliha, ngħidilha 'trid tmur għand id-daddy, toqgħod ġewwa, għax**

dak dejjem xogħol?' Umbagħad inħossni guilty li nkun għamilt hekk...u mmur ngħannaqha. Ġieli qbadt u wassaltha. Irrabjata għalijja hux. It-tifel irrabjat naħseb lejja imma r-rabja joħroġha lejn l-irġiel.

Debbie għandha regoli mat-tfal – **taqbiżx meta qed jitkellmu l-kbar, trid tgħid lili qabel titlax x'imkien, u taqbadx u tkellem nies li ma nafuhomx.** Jekk tinkiser xi regola **nirrabja magħhom.** Bħala rutina, **Fridays ninżlu għand ommu, jkun hemm it-tfal ta' ħutu u toqgħod tilgħab magħhom, umbaġġad immorru d-dar norqdu. Is-Sibt filgħodu dejjem jiġi ħuha, jiġi t-tifel, u noħroġhom – jew immorru bandli, jew immorru nieklu u umbagħad wara nofsinhar inniżżilha għand il-kunjata u jkun hemm it-tfal ta' ħutu u l-istess toqgħod tilgħab magħhom. Il-Ħadd qisha l-istess pattern.**

Ma nista naħfer qatt lili nnifsi ta' li ġara. Qatt. Milli għadda t-tifel ma nistax. It-tort tiegħi. Għadni nixtrilhom l-affarijiet materjali, għadni ngħamilha. Tirrifletti fuq kif uliedha juruha li jħobbuha, i**t-tifel l-aktar ta. Fil-Milied mort naraħ il-concert ta' l-iskola...beda jgħidilhom 'din il-mummy tiegħi ta, dil-mummy tiegħi'. U kif rani nibki għamilli idejħ ma' wiċċi hekk u qalli 'le mummy toqgħodx tibki'. Għidt ara naqra weġġajtu tant u qed jgħidli mummy toqgħodx tibki.**

Nixtieq li jkollhom futur ħafna aħjar mill-passat, u li jafu li jien inħobbhom dejjem, li jkollhom paċi, saħħa, imħabba....nixtieq li ma jkunu neqsin minn xejn. Nispera li droga, low self-esteem, depression qatt ma jidħlu f'ħajjithom. Jekk meta jibdew jikbru tara li qed jaqbdu l-vizzju tad-droga, **Maaaaaa! Ovvjament għajnuna mill-ewwel. Nurihom li ħa nkun hemm u nerġa nfakkarhom l-istorja tiegħi, jekk iridux jaslu fejn wasalt jiena. Jiddispjaċini l-mument li ddeċidejt li nitlaq l'missier it-tifla...konna qegħdin ngħixu ħajja vera komda...u t-tifla kienet qed tgħix bħala familja ukoll, ma' ommha u missierha. Jiddispjaċini li bqajt inġib lil missieru u d-droga l-ewwel. Nibża li**

r-rabja tagħhom għal dak li għaddejtom jiena, iduru għad-droga. Biex jinnumbjaw il-feelings ta' rabja, ta' weġgħat...b'mod speċjali t-tifel, li għadda tant.

Debbie spjegat li l-ikbar rigal għal uliedha s'issa **għad irrid intijulom. Issa ħa nizżewweġ u jkolli l-post tiegħi u nkunu qed ngħixu bħala familja.**

Emma

Għandi 27, għandi tifla għandha ħames snin u nofs. Xi sena ilu, erm, ma bqajniex flimkien jiena u missierha. Naħdem insurance. Inħobb nagħmel naqra trejning kuljum, meta jirnexxieli.

L-ewwel tqala kelli miscarriage u jien u hu irrilepsjajna. Meta ħriġt tqila bit-tifla waqaft nuża u bdejt fuq MMT... allura ma tkunx essaċċ clean, clean. Kelli ħafna, ħafna sapport miġ-ġiex naħat fhimt, siegħa l-familja tiegħu u siegħa l-familja tiegħi iġifieri. Emma irrakkontattli f'dettall fuq it-tqala u t-twelid ta' bintha**. L-iktar feeling inkredibbli x'ħin tismagħha tibki...kellha imneħirha żgħir u kollu qisu titkek hekk b'dawk il-pori *(both laugh)*. Fl-ewwel xhur il-ħin kollu jorqdu. Umbgħad tibda inti dejjem, dejjem tkun looking forward għall-achievements tagħha. Eżempju 4 months tolqot il-weight kif suppost mela tista tibda l-ikel. U niftakar l-ikel eżempju ħaxix kienet dan, umbgħad meta stajt nibdiela l-frott kienet tkun trid tiekol bil-bott b'kollox *(both laugh)*.**

Jiena, personalment, jien nista nitkellem minn dak iż-żmien s'issa li bqajt clean, qed tifhimni. Għax jiena dik it-tifla salvatli ħajti fil-verita'. L-addiction hija dejjem tipprova timmanipula lilek innifsek u l-moħħok; illum għax għandi d-dwejjaq...illum għax jiena kuntenta, illum...u t-tifla, it-tifla qalgħatni minn kollox. Ma nistax nuża...I'd be betraying my daughter. Jiena missieri jieħu erbgħa whisky il-Ħadd, ommi qatt ma xorbot, qatt ma pejpet...jiena tajthom kedda ta' barra minn hawn. Ommok u missierek

jistgħu ikunu l-iktar tnejn minn nies sew fid-dinja għax jekk inti ħa tgħamilha, ħa tgħamilha. Allura jiena li qed ngħamel l-għalmu tiegħi biex meta tikber it-tifla; meta tkun kwieta jgħidulek 'kemm hi brava' imma jekk tgħamel xi ħaġa jiġu u jgħidulek. L-iktar ħaġa importanti hi li t-tifla ma tiġilix d-dar għall-argument (tkun użat) u tgħidli 'inti għaddejtni minnha meta kont żgħira'. Emma irrakkuntatli inċident meta t-tifla tagħha tatha daqqa u spejatli kif hi setgħet tikkoreġiha peress li qatt ma sawwtitha, **poġġejtha bilqegħda, għidtilha 'x'ħin tħoss ġo qalbek li jiddispjaċik li lill-mummy tajtha daqqa wara dak kollu li ngħamel miegħek, qum u skuża ruħek'. Ma nistax nikkoreġiha fuq ċertu affarijiet jekk jiena qed nagħmel il-ħażin ukoll.**

Emma daħħlet lit-tifla childcare meta **kellha xi 2 years 2 months qisu biex tkun imdorrija mat-tfal peress li kienet dieħla skola.** L-ewwel darba **marret qisha mhux hi, jien illalu kemm bkejt! Jien nagħmel l-għalmu tiegħi għat-tifla – nipprova ħafna ninżel għall-livel tagħha...nemmen ħafna bil-give and take. Nuriha l-apprezzament tiegħi l-ħin kollu u nagħmillha dejjem il-kuraġġ. Ingerger meta ġieli tgħamilli kummiedji bil-homework ta' l-iskola ngħidila 'imma madoffi inti qisek qatt ma mort skola!' Imma ninnutaha, naħseb tant kemm hi affetwata minn nuqqas ta' missierha li, eżempju meta jiena nikkoreġiha she feels inferior...tibda tiżbalja iktar. Jiena li nipprova ngħamel hu li dejjem intiha sapport, infaħħarha, ngħidilha 'inti sabiħa'. Kultant intiha sorpriża, ngħidilha, 'talli inti tifla brava jiena ħa ngħatik xi ħaġa lura'. Umbgħad jiena għandi l-iżbalji tiegħi ukoll. It-tifla tbati ħafna għax tarani nibki fuq is-separazzjoni. X'ħin iwassalha missierha, malli jgħalaq il-bieb 'mummy inti ok?' Ġieli, tant kemm nirrabja, ngħid 'ara naqra suppost kellu jiġi għaliha... umbgħad dejjem b'xi skuża...imma umbgħad biex imur fejn il-partner tiegħu isib il-ħin'...qisha forsi taħseb li d-daddy tagħha għax ma jħobbhiex jew għax ma jridhiex...imma dik il-ħin kollu miegħi u speċi ta, jiena umana. Inħassar il-pjanijiet tiegħi għax it-tifla l-prijorita' tiegħi. Li tkun omm**

tajba...akkont li nagħmel kemm nagħmel xorta nagħmel affarijiet li naffetwaha ħażin. Jiena lit-tifla rrid nuriha li bl-affarijiet li ngħamel jiena li, tipo I achieve, irrid nuriha li hi, bħala mara, jekk taħdem għaliha innifisha there's no need to depend on anyone. Għalekk jiena meta niġi weak hekk quddiemha iddejjaqni. Irrid nuriha li mara tista tkun bsaħħitha, biex hi ma, ma tħalli lil ħadd jaffetwalha ħajjitha. Li jkollha partner huwa bonus li jkunu jaqblu.

Kelli tfulija normali...they were always present. Konna nieħdu pjaċir noħorġu nilgħabu barra fit-toroq. Lit-tifla nieħu pjaċir neħodha, jien naf, nagħmel, ngħid lid-daddy jagħmilli l-injam u hekk, umbagħad noħodha ġol-kampanja, umbagħad noqgħodu nibnu BBQ bil-ġebel, nagħmlu l-injam...għandna naqra bond hekk. Emma iddeskrivietli kif ommha ma kinitx iżżomm mal-punishments li kienet ittihom. **Bħala punishment li wasalt nħidilha 'mur hemmek bil-wieqfa u ara ma tiċċaqlax'... u nżommha biex jiena nkun dejjem kredibbli għax inkella mhu ħa jfisser xejn il-kelma tiegħi if I always go back on my own word.** Emma evalwat li bintha tafdaha u tirrispetta l-awtorita' tagħħa bħala ommha. **L-aħħar darba għidtilha 'you fix my broken heart'. Ġiet tgħannaqni qaltli 'don't worry mum, it will be fine'.**

Emma ma tixtieqx titkellem ma' bintha fuq il-passat tagħha **diment li t-tifla ma tmiss xejn... u anka jekk tmiss irrid niżinha.** Meta ssib ruħha f'sitwazzjoni diffiċli, **ningħalaq fijja nnifsi u kultant lanqas trejning ma mmur. Jien naħdem shifts ta' tnax-il siegħa mid-dar...ma nara lil ħadd iktar. Imma, naħseb tant, tant id-dinja tiegħi iddur mat-tifla biss li naħseb qed nagħmel ħsara lili nnifsi ukoll...għax issa immanipulajt lili nnifsi li qisha ħajti hekk trid tkun. Kultant inħossni li qed inpattiha lili nnifsi għax jiena, jiena waqaft minn ma' missier it-tifla... ma kienx itini l-attenzjoni li għandi bżonn.** Meta tħossha anzjuża **nibki *(laughs)*. Meta nkun ferħana neqleb id-dinja *(laughs)*. Il-ġurnata ta' llum sapport għal mat-tifla insib minn naħa tal-familja tiegħi, żewġt iħbieb close, u**

kuġina li jien close magħha imma rari li nħalliha ma' xi ħadd...naħseb qas tiġri ħames darbiet fis-sena. Meta t-tifla tkun stressjata **nuriha li jien hemmek, anka sempliċiment qgħadna naraw film jew qbadna naqraw ktieb. Meta jkollna xi argument... ngħidilha 'jiena dejjem hawnekk għalik, dejjem nagħmel kollox għalik, għalxiex tagħmilli hekk umbagħad?' Irridha tkun responsabbli anka għall-azzjonijet tagħha.**

Meta tasal mill-iskola, ġeneralment tiekol u tibda il-homework u naħsilha. Umbgħad għandna l-ħin tagħna; naraw xi series jew naqraw ktieb. Bħala regoli, **it-tifla biex tiekol, daqqa marret qabdet ir-rota, daqqa qabdet... Allura qed nagħmel mezz li inpoġġu mal-mejda flimkien u qabel ma nlesti jiena ma tqumx u qabel ma tlesti hi ma nqumx jiena waqt ħin l-ikel. Ngħidilha 'ejja ħa nieklu, noqgħodu ngħidu kelma,' biex hi tkun taf mill-ewwel x'irrid jiena mingħandha.**

M'ilux lil missierha qaltlu 'mhux inti tlaqt?' Għidtilha 'Rox le..jiena'. Ma nafx kif ħa nittakiljaħ iġifieri, li ħa tkun irrabjata miegħi...tbeżżgħani. Jiena għaddejt minn separazzjoni tal-mummy u tad-daddy iġifieri...naf x'iġifieri. Ngħidilha li nħobbha l-ħin kollu, anka tkun rieqda *(laughs).* U anka hi tgħidli 'ajma kemm inħobbok lilek!' Umbgħad ġieli tgħidli 'anka d-daddy ta'. Ngħidilha 'u jien qatt għidtlek tħobbux lid-daddy?'...qisha tibża li ħa tweġġagħni. Ittini ħafna attenzjoni. Meta nkun f'mument ħażin taf x'għandha tagħmel...jew tħallini waħdi jew tiġi quddiemi, taqbaldi wiċċi u timsaħli d-dmugħ. Jien tagħmel x'tagħmel nissapportjaha. Darba qaltli 'jiena meta nikber tattoo artist ħa nsir'. X'għamilt? Bgħattha l-art classes. Jiena l-aqwa li tkun indipendenti u li tasal bil-ħila tagħha. Jekk niġi nieqsa, mhux talli ħa jkollha l-post b'xejn, talli għamiltilha savings plan.

Għall-futur tat-tifla nixtieq li ma jkunx hemm drogi. Naħseb fuqha kuljum..illallu kemm nibża! Jiena nagħmel l-almu tiegħi, pero jien m'għandix kontroll fuq x'se tagħmel it-tifla. Ara ħa ngħidlek mhux ħa ngħamel bħal m'għamlu ommi

eżempju, ta, għax jiena naf x'iġifieri...għax beżgħu. Jiena ħa ninduna...kif daħlet xi tkun ħadet, jien kollox ħa ninduna. Il-bieb qatt ma ngħalaqulha imma jien irrid nuriha li jiena għamilt l-almu tiegħi ħajti kollha biex lilek rabbejtek sew, biex tajtek dan kollu. Li umbgħad jien ma niġix il-ħabiba tagħha biss, jiena ommha. Umbgħad jekk qed nitkellmu fuq heroine...għajnuna u sapport trid. Hemmek eżempju fejn tidħol l-istorja tiegħi.

Kull mument napprezza mat-tifla. L-unika guilt li għandi li fridt il-familja...għalkemm jekk għamilna sitt snin u xi ħaġa ngħixu flimkien, kont ilni ħamsa minnhom biex nieħu d-deċiżżjoni. Jien naf kemm imxejt il-quddiem bit-tifla minn dak iż-żmien... ***(starts crying)*****. Raġel x'irid iktar? Imur għand ommu, isib l-ikel lest, kif lesta inħasel, joħroġ. Il-biża tiegħi li ħa jkollha r-rabja għalijja...u nibża li dik id-deċiżżjoni...tista tiswieni r-relazzjoni tiegħi mat-tifla.**

Emma imwerwra li t-tifla tmut qabilha. **Ma niħħandiljaħħiex dik eh żgur.** L-ikbar rigal li tat lil bintha s'issa **l-ħin, l-imħabba, s-sapport.**

Fiona

Għandi 40, għandi tiflel ta' sitt snin, ilni naħdem f'gaming company għoxrin sena. Kienu għinuni ħafna iġifieri jiena minn fuq ix-xogħol. Ilni ma' l-istess raġel xi erbatax-il sena...hu kien bħali (jużа)**. Imma x'ħin kellna dak it-tifel, it's a Godsend, qed ngħidlek. Taħsibx iġifieri li għax waqaft, ilni clean xi sitt snin, ma jiġikx it-tentazzjonijiet ta! Ehhhh! The demons jibqgħu ġo fik, iġifieri you can only control them.** Snin qabel it-tqala Fiona għamlet programm residenzjali, irrilepsjat, u qatt ma reġgħet daħlet fi programm ieħor.

Kull darba senza protection u hekk...meta nqbadt jiena kont one of the worst times I ever was iġifieri – bil-labra, inpejjep, smack, coke, minn kollox...u nqbadt. U iġifieri jiena wara xi xahrejn ta indunajt, għax jiena period ftit kien jiġi u rari. **Umbgħad għamilt xi xahrejn u nofs oħra nuża...it was a big shock...Madonna, x'se nagħmel?! Biex taqbad u tieqaf mill-llum għal għada, how can you do it?**

Fiona bdiet fuq MMT u qabbduha mac-CPS, u kellha s-sapport ta' ommha u tat-tobba. **Don't think I enjoyed my pregnancy. Tiegħi kien il-ħabs dak iż-żmien...CPS kienu jgħiduli 'aħna l-leħen tat-tarbija'...u jiena kien għadni qisni ma rridx (it-tarbija)** ***(sharp breath in)*****. Issa jew ix-xokk, jew ma nafx imma meta poġewuli haw fuq sidri ngħajjat 'neħħuwuli minn fuqi!'**

Dik il-mistura kollha...kien sick it-tifel eh, jiena naf kemm ġrejt kurituri u nibki. Jien ma ridtx naċċettaha li jtuħ il-morfina...droga għadu Madonna qas fetaħ għajnejħ ***(starts crying)*****...ħabba t-tort tiegħi! He came out of it u ma tawħx.** Umbgħad riedu jirrilaxxawni lili u jżommu t-tifel u bqajt niġġielied...u konna ħriġna flimkien *(laughs through tears).*

Fuq l-MMT ma' tarbija tat-twelid...**it wasn't a joke. Kemm il-darba kienet tidħol il-mummy u ssib kważ, il-baby ma' l-art...jiena kull sgħatejn kienu jtuwieli allura x'ħin titimgħaw inti tkun wasalt biex torqod. Jien mort ngħix mal-mummy umbgħad għax tiegħi kien għadu l-ħabs. CPS kienu jaqbdu jiġuli d-dar għall-għarrieda...biex tara l-environment... Fil-bidu rajthom dimonji vera, imma once li aċċettajt l-għajnuna tagħhom (kellna relazzjoni tajba). Allaħares m'hawnx huma għat-tfal.** Li ssir omm **it's very hard, speċjalment li filli junky fit-triq u filli with all that responsibilities. Jien għalijja ħajja mingħajru m'hi xejn.**

Fiona irrakkuntatli kif, fit-tfulija, hi u ħutha kienu raw vjolenza domestika bejn il-ġenituri. Iddeskriviet lil missierha bħala xalatur, spjegat li ommha kellha titlaq biex tibqa ħajja, tkellmet fuq kid missierha xtara l-avukat t'ommha u ħa kustodja tagħhom, u li meta kienu tfal kellhom jagħmlu l-faċendi tad-dar u isajru. **We didn't have time to cry** ***(voice shaky)*****...b'hekk żvugajt fid-drogi. Jien qatt ma kelli rispett...jew imħabba...għalijja innifsi. Illum il-ġurnata l-papa' allaħares jisma xi kelma kontra l-mummy...u jagħmel ħafna mat-tfal. Li m'għamilx magħna, iġifieri. Dak is-swat kollu li kienet tara l-mummy...kienet tgħidilna 'dak x'inhu missierkom. Li hemm bejni u dan m'għandux x'jaqsam magħkom'.** (Meta kont nuża) **jiena ma kontx neżisti eh għalihom. Il-mummy qatt ma qatgħet qalbha minni. Missieri kien jgħidilha 'ħalliha titlaq!' Meta kont programm, ġieli tant kien ikun imqalleb il-baħar li l-vapur irid jaħdem minn San Miżun. Kont ngħidliha 'tiġix ma', x'ġejja tagħmel?'** ***(starts crying)*** **Ħadd ma kien jiġi u l-mummy xorta kienet tiġi. Kieku ma kinitx il-mummy, ma nafx x'kont nagħmel. Meta nqbadt tqila, it-test bil-fixkla ħallejtu fuq il-flushing. Ċemplitli u qaltli 'Fiona it's ok, sinjal li għandu xi ħaġa għalik...you'll get through it, hemm jien miegħek'. U vera.**

Ma' Fiona irriflettejt fuq kemm kienet iġġieldet għal binha. ***(starts crying)*** **joħduwulek iġifieri... it wasn't a joke.** Il-partner ta' Fiona kien għamel programm ta' rijabilitazzjoni fl-aħħar sena li kien il-ħabs, u baqa clean. Ħareġ mill-ħabs meta t-tifel kellu tlett snin. Fiona kienet tieħu lil binhom iżur lil missieru l-ħabs darbtejn fil-ġimgħa. **Hu għadu sa llum il-ġurnata iġifieri irid jagħti l-pipi u hekk...aħjar eh iġifieri, għax jiena inġib it-tifel quddiem għajni imma dawn l-irġiel ma jġibu xejn. Jew hi** (id-droga) **jew aħna..iġifieri jaf li ndabbar. (Imxejna ħafna l-quddiem) imma. ma tridx tinsa minn fejn ġejt.**

Fl-ewwel sena tat-tifel, **kienet ħafna fast il-ħajja – CPS warajja, nagħti l-pipi, visits il-ħabs, f'xogħol, nieħu ħsieb it-tifel...** Fiona spjegatli li m'għandix memorji ta' l-

ewwel sena ta' binha. (Meta daħlet lura x-xogħol) **Uuuuuuh kemm bkejt! Kellu jiġi l-papa' iwassalni x-xogħol bit-tifel fil-karozza.** Meta beda childcare ta' sena, **ma stajtx nitlaq. U taparsi sejra u nerġa lura...biex inkun ċerta li he's alright. Illum il-ġurnata miljun telefonata mix-xogħol.**

Biex tkun omm tajba, **l-ewwel nies importanti ħafna jkollok relazzjoni tajba magħhom għax għall-quddiem, jiġri xi ħaġa u hekk, he can speak to you. Aħna umbgħad vera kellna d-disadvantage imma għandna ħafna advantages ukoll *(emphasis)* għat-tfal tagħna. Meta jkun rieqed imma, naraħ hemm...u nibda nibża. Tista tkun good mother, xorta jista jmurlek...**(juża). **Ohhh Madonna! Ommi ma kemm ġieli nibki.** Jekk juża, **you stand by his side no matter what, no matter what and support him to get help.** Regolarment tgħidlu li-tifel, **'lili tista' tgħidli kollox. I'm not gonna shout at you '. U jiġi jgħidli, 'I was a bit on the naughty chair'...ngħdilu 'qed tara...ma rrabjajtx miegħek'**.

Fiona esprimiet li m'hemm xejn minn tfulitha li tagħmel mat-tifel. Meta saqsejtha x'tevita li tirrepeti qaltli, **jiena dejjem għamiltha ma' nies...għaxar snin ikbar minni. Jiena kelli 13 u huma 23. Jiena minn hemm bdejt...naqra smoke, pirmli...imbgħad t'18 kont missejt l-ismack niftakar.. and oh my God eh! Għalijja importanti li nħalliħ ikun tifel...għax jiena qatt ma kont. Għadhom kemm offrewli managerial role ix-xogħol. Ma ħadtx il-pużizzjoni because...he's only a kid once.**

Ir-relazzjoni t'Oliver ma' missieru **differenti ħafna. Inkunu barra nimxu ngħidlu 'żomm idejn id-dadda naqra'. Le, tiegħi! Ngħidlu 'mela lanqas jien mhu ħa nżommlok idejk'. Ngħidlu żżommlu idejħ,' as a family, ħeq għax jiena qatt ma kelli hekk u nemfasizza ħafna fuqha. Ma nistax nifhimha għax dan qatt ma ra xejn mingħand missieru ħażina. Imma...he just had me...ma ttiħx tort it-tifel lanqas hux. Oliver is super protective over me – jiġi missieru ibusni jew hekk jiġi jimbutta 'noooooo!' Jew inkella ġieli jkollna xi ngħidu, jarani nibki iġibli t-tissues, iteptipli fuq dari, itini qabbi. Il-**

mummy vera dejjem kienet hemm għalijja...imma qatt ma kellna dak il-bews u tgħanniq.

Fiona tħoss li binha jirrispetta l-awtorita' tagħha bħala ommu. **Meta jgħajjini ngħidlu 'Oliver għajjejtni, give me a chance!'...'ħa nixtri tifel ieħor ta,' ngħidlu. Jibki 'noooooooo! Fit-tifel inħossha li he's proud of his mummy – ikun iridni niġi l-iskola għaliħ...he's not ashamed of me. Darba minnhom qallli 'mummy, even when you're angry with me I still love you'. I could do no wrong for him...u ma nafx kif għax jiena inħalliħ jilgħab, iweġġa...issa jew he feels me...imma hemm a big bond**

Fiona tibda xogħol kmieni filgħodu u tispiċċa fil-ħin biex tiġbor lil binha mill-iskola. **Nilgħab miegħu...wrestling, nistaħbew, nilbsu l-maskli, nagħmlu xi naqra puzzles...** Binha kien żgħir wisq biex iqajjmu l-passat. **It was a good job li hu kien il-ħabs...għax jiena ħdimt fuqi nnifsi, ħdimt fuq it-tifel...kelli ċans niġi clean. Li kieku kien hu barra u għadu għaddej, ħeq. Jiddispjaċini li I was like that to myself...imma kieku m'inix il-persuna li jien illum lanqas. I had to do what I had to do really.**

Illum ikolli bżonn lil xi ħadd iżżommli t-tifel, jew oħti, jew ommi, jew missieri. We're very family-oriented. Illum il-ġurnata, meta tħossha anzjuża **nibda ngħid kemm nixtieq ma neżistix għax it's so hard...kollox fuq il-mara! Imma taf li ħa jgħaddu...imma jiġu** ***(sharp breath in).*** **Ma tiġinix ta l-aptit li mmur nieħu. Le. Kultant lil ħabibti ngħidilha 'kieku m'għandix dat-tifel, ma nafx x'nagħmel, jew ma nafx fejn qegħda'.** Rigward kif tesprimi l-ferħ tagħha, **I'm ok u daqshekk biżżejjed.**

Oliver huwa a very happy-go-lucky kid (ma jkunx stressjat)**...imma he's very sensitive. Iħoss għal ħaddieħor u tbeżżgħani wisq**. Fiona irrakkuntat kif Oliver jiddispjaċiħ u jċedi meta kuġintu tkun trid xi ħaġa li qed iżomm hu. **Ngħidlu** ***(despair)*** **'Oliver, it's ok to say no! You're not a bad person to say no, and if you say no it's no'. U mat-tifel**

nipporva nderriħ naqra on the tough side ukoll għax iweġġagħni wisq x'ħin naraħ iħoss. Aħna kollha nies sensittivi...b'hekk tirrikorri għal xiex tirrikorri.

Wara argumenti mat-tifel, **iċedi hu minħabba fijja...jgħidli 'ok mummy, ok, ok'.** Fiona qalet li m'għandiex regoli ma' binha u meta tiġi għad-dixxiplina **nipprova...ma nżommhiex imma. Vera ħażin imma I don't really do that.** Ir-rutina tinvolvi li **jiġi d-dar, jiekol, homework, ġieli jkollu futbol.** Fiona irriflettiet fuq kif ir-rabja ta' binha qisha diretta lejn missieru u li qatt ma wera rabja lejha. Għalkemm għadha ma tkellmitx ma binha fuq il-passat tagħha, **once he starts learning those things** (l-iskola), **eħe I will. I don't want him to get in a situation li m'għandux idea ta' xi ħaġa, jew ikun hemm xi ħadd jgħidlu 'duq din' u ma jaf xejn. Ikun jaf għax qaltlu l-mummy x'inhi, u kemm hi ħażina, u x'tista tgħamillek**

Fiona tesprimi l-imħabba għal binha **in his everyday things hux...I'm always there.** Għal binha **ma nistax nagħmel ħażin hux.. He's very affectionate with me. Iħobbni ħafna. Anka meta jaqbadni xi virus jiġi fit-toilet u jżommli xagħari, u jtini fuq dari.**

Għall-futur tiegħu **nixtiequ jmur suldat *(laughs)* għax tgħoġobni ħafna d-dixxiplina...biex ma jaqalix** (juża)...**nixtieq li jkun kuntent u Madonna ma jweġġax! You touch that, your life is ruined. Qbadt dak iċ-ċirku and oh my God biex toħroġ minnu. Lbqijja you can fight anything ta really, apart from mard.** L-ikbar rigal li Fiona tħoss li tat lil binha s'issa...**li bqajt clean.**