

## DESISTANCE AND IDENTITY REPAIR: REDEMPTION NARRATIVES AS RESISTANCE TO STIGMA

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*Recent research has examined the role of the narrative construction of identity in desistance from criminal offending and substance use. The narrative identity theory of desistance was developed with a population of male offenders. The present analysis explores the applicability of the theory to a sample of substance-using pregnant women and mothers, a highly stigmatized and increasingly criminalized group. The analysis of in-depth interview data reveals that desisting women constructed narrative identities that emphasized their moral agency and resisted the stigmatizing discourse surrounding substance-using mothers. The results support the narrative identity theory of desistance by demonstrating its applicability to a population for which the theory was not specifically designed and have implications for future research on identity theories of desistance as well as offender supervision practices.*

Keywords: desistance, substance use, identity, narrative criminology

### *Introduction*

Increasingly, there has been a shift towards reconceptualization of desistance from deviance from a static event to a developmental process (Fagan 1989; Bushway et al. 2001; Laub and Sampson 2001). Consequently, criminologists are increasingly considering theories of cognitive transformation (Giordano et al. 2002) or identity change (Maruna 2001; Farrall 2005; Vaughan 2007; Paternoster and Bushway 2009; Bushway and Paternoster 2011; 2014; Rowe 2011; King 2013a; 2013b) and desistance. Each of these theories states that desistance is a process of cognitive transformation or change in identity whereby individuals stop identifying as ‘offenders’ and craft non-offender identities. The theories all draw a connection between individuals’ identities and their motivations for behaviour. However, these theories differ in their emphasis on structural opportunities for change (Giordano et al. 2002) or on individual agency (Paternoster and Bushway 2009; Bushway and Paternoster 2011), with some approaches (Maruna 2001; Farrall 2005; Vaughan 2007) adopting an interactionist framework that highlights the relationship between agency and structure, particularly the way that social structure determines the availability of certain identities, social roles and resources.

One such interactionist approach is narrative identity theory, which offers an explanation for the continuous construction of identity over the life course and emphasizes the power of identity to explain behaviour. The theory states that individual identities are constituted by the integration of life experiences into a ‘personal myth’ or life story, which provides the individual with a sense of coherence and purpose (Gergen and Gergen 1988; McAdams 1988; 1997; 2006; Polkinghorne 1988; Bruner 1990; 2002). Narrative identity theory is consistent with the emerging paradigm of narrative

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criminology, an interdisciplinary approach that examines the relationship between crime and narratives or stories about crime. [Presser \(2009\)](#) has argued that narrative is valuable as an organizing concept for criminological theory because it applies to both individuals and aggregates and is ‘methodologically viable’, meaning that narratives are available and readily collected ([Presser 2009: 190](#)).

The best-known application of narrative identity theory in criminology is likely Maruna’s *Making Good* (2001). Maruna, informed extensively by the work of [McAdams \(1988; 1997; 2006\)](#), employs narrative identity theory to explore the process of identity reconstruction through which repeat offenders reform and go on to lead social and productive lives. The narrative theory of desistance is fundamentally one of ‘narrative repair’ of spoiled or stigmatized identities, wherein desisting individuals ‘mine’ their past experiences for evidence of moral agency and recast negative experiences as redemptive suffering.

Maruna’s application of narrative identity theory to criminal desistance offers interesting new insights and avenues for inquiry, and there is ample room for further development. There is a need to study whether and how the theory applies to populations other than the participants of the Liverpool Desistance Study (LDS), who were mostly male ‘street crime opportunists or “generalists”’ ([Maruna 2001: 62](#)). The current research seeks to address these gaps by applying the narrative identity framework to a population of substance-using pregnant women and mothers, a group that differs from the LDS participants by gender, type of deviance and nature of stigmatization.

### *Literature Review*

In his analysis of the narratives of offenders who participated in the LDS, [Maruna \(2001\)](#) found that the offenders who successfully desisted from criminal activity had redemptive personal narratives that interpreted past failures and traumatic experiences as necessary precursors to current and future success. The analysis identified five common components or themes of redemptive narratives. The first is the establishment of the ‘true self’ or ‘core self’, the ‘real me’ that is ‘good’ and ‘normal’. The second theme is the identification of a bad ‘it’, a force that is responsible for bad behaviour and experiences. The establishment of a bad ‘it’ external to the self helps to protect the core ‘good’ self, as it allows the narrator to escape being overwhelmed with shame for past transgressions. For substance users, the substance or the addiction usually fills the role of the bad ‘it’. The third theme is ‘empowerment’, the acknowledgement of helpful others or a higher power that believes in the individual’s potential and shows individuals they have worth and value. These helpful others are often described as seeing the individual for who they ‘really are’ (i.e. good and normal) when others could not. A fourth and very powerful theme is that of ‘redemptive suffering’. Individuals narrating a redemptive self must find a way to connect their negative pasts with more positive futures. This is vital for achieving a coherent narrative identity. Redemption stories cast past negative experiences as necessary for the positive present and future: ‘If I hadn’t gone through that, I wouldn’t be the person I am today’. Finally, redemption narratives forecast a purposeful future. The storyteller demonstrates commitment to generativity, ‘the concern for and commitment to promoting the next generation [...] and generating products and outcomes that aim to benefit youth and foster the development and

well-being of individuals and social systems that will outlive the self' (McAdams and de St. Aubin 1998: xx).

Maruna explains that the redemptive narratives 'maintain equilibrium by connecting negative past experiences to the present in such a way that the present good seems an almost inevitable outcome' (2001: 87). The opposite of the redemption script is the 'contamination' (McAdams 2001) or 'condemnation' (Maruna 2001) script, in which positive or neutral episodes are transformed into negative episodes. Offenders who can successfully tell a redemption story about themselves can resist damage from stigmatization, 'repair' their identities and have greater agency to act in generative and prosocial ways.

#### *Recent research on identity and desistance*

Maruna's *Making Good* (2001) has been followed by more recent research on the relationship between offending, identity and desistance. King (2013a; 2013b), for example, further explores conceptualizations of desistance and agency by discussing the role of agency in offenders' capacity to imagine alternative future identities. Other scholars have emphasized the importance of structure and the availability of social identities and resources that provide 'hooks for change' (Giordano et al. 2002) to initiate desistance or 'skeleton scripts' (Rumgay 2004) that provide guidelines as to how to act in accordance with a new identity. Sandberg (2009) explores the role of narrative identities as resistance to stigmatizing cultural discourses surrounding street youths. These narratives were utilized by the youths to make them seem worthy of respect.

In addition, researchers have explored the gender dimensions of identity. Gadd and Farrall (2004), for example, find support for Maruna's (2001) approach but emphasize the need for a gender-sensitive framework that examines the construction of masculinity and femininity in identity narratives. Presser (2004; 2005) examines narratives of masculinity in men's accounts of their violent crimes and finds implications for feminist methodology, specifically a call for research that is reflexive, self-aware, and examines not only the data but the context in which the data are collected (e.g. the research interview).

#### *Motherhood and substance use*

Studies of gender, identity and desistance often highlight the importance of women's identities as mothers. The work of Rumgay (2004) and Giordano et al. (2002) highlights the possibilities of motherhood for providing conventional 'scripts' (Rumgay 2004) or 'hooks' (Giordano et al. 2002), although both studies emphasize that internalization of the mother identity is not automatic and is subject to both individual agency (in recognizing the opportunity for change and embracing it) and structure (in the availability of resources and the recognition of that identity by others). Not all women who give birth will have their mother identities socially validated (Solinger 1992; McMahan 1995). Scholars recognize the ideology of 'intensive mothering' (Hays, 1996; 2003) as the dominant mothering ideology in North America and elsewhere (McMahan 1995; Arendell 2000; Blair-Loy 2003; Douglas and Michaels 2005; Avishai 2007; Christopher 2012). This ideology involves an intense emotional relationship between a mother and

her children, requiring the selfless devotion of time, money and physical and emotional energy (Hays 1996; 2003; Arendell 2000). Research demonstrates that mothers of varying social classes and racial or ethnic backgrounds feel pressure to conform to this ideal standard, leading them to find other ways to integrate the ideal with their realities (McMahon 1995; Blair-Loy 2003; McCormack 2005; Christopher 2012; Elliott et al. 2015). Furthermore, the idealized concept of maternal love leaves little room for feelings of ambivalence about children and motherhood. Hollway (2006: 76) argues that maternal ambivalence has been pathologized, making it difficult for mothers to acknowledge their ‘less than loving’ feelings for a child or about their mothering responsibilities.

The idealized construction of motherhood conceals the reality that women who are mothers are not *only* mothers and must struggle to integrate their multiple selves into a cohesive whole, where the mother identity exists in tension with others (Hollway 2006). Thus, being a mother may coexist with substance use if the substance use is ‘normalized’ and fitted around the demands of mothering. Measham and colleagues (2011) find that while many women reduce their substance use as they adopt adult roles and responsibilities (including motherhood), other women are able to accommodate their substance use around other demands in their lives, e.g. reducing their substance use when their children are young and mothering is more time-intensive, then returning to more regular use as children age and become more independent.

Women mothering in adverse circumstances find themselves under pressure to meet the near-impossible expectations of the intensive mothering ideology while facing a lack of resources to perform their mother identities. For example, Brown and Bloom (2009), in their exploration of maternal identity and successful re-entry, find that although women may highly value their mother identities, the structural barriers in regard to housing, employment and social services can complicate their efforts to re-assume their maternal roles.

### *Current study*

The current research contributes to narrative desistance theory by extending Maruna’s (2001) ‘making good’ approach to analyse the narratives of substance-using pregnant women and mothers. This population is particularly valuable for such an analysis because pregnant women and mothers are heavily stigmatized for their substance use (Humphries 1999; Boyd 1999; Murphy and Rosenbaum 1999; Litzke 2005; Banwell and Bammer 2006; Radcliffe 2009; Linnemann 2010; Springer 2010). Substance use during pregnancy is also increasingly criminalized in the United States (Jos et al. 2003; Flavin 2009; Paltrow and Flavin 2013; 2014; Murphy 2014), placing this population at risk of detection, arrest and criminal penalties. Concerns about women and substance use have emphasized moral concerns about the effects of alcohol and other drugs on women’s maternal instincts and their ability to care for children (Blackwell et al. 1996; Humphries 1999; Brownstein-Evans 2004).

For example, the social construction of the ‘crack mother’ persona during the late 1980s and early 1990s depicted substance-using mothers as unfit parents who prioritized drugs over the welfare of their children. These women ‘violated emerging expectations

about self-sacrifice and motherhood' and were depicted as giving 'no thought to who would shoulder the long-term costs of caring for defective children' (Humphries 1999: 66). Media portrayals of female methamphetamine users are also highly stigmatizing. The female meth user is depicted as hyper-sexual, immoral and unable to parent (Linnemann 2010). Linnemann found that media coverage of methamphetamine users associated women's criminality with their failure as mothers and argues that media has constructed 'meth moms' as 'a new threat to traditional morality seeping into Midwestern communities' (2010: 105). Finally, recent research has highlighted the effect of stigmatizing discourse surrounding the use of opioids and opioid replacement therapy (Chandler et al. 2013; Stone 2015). Overall, substance-using mothers 'sit at the intersection of idealized images of motherhood, the social efforts to protect children from abuse and neglect, and the dehumanizing social problems of drug and alcohol abuse' (Brownstein-Evans 2004).

In the face of the powerful and stigmatizing 'master narrative' of substance-using mothers, how do women desisting from substance use make sense of their past experiences and create scripts for non-offending and generative futures? I analyse and compare the narratives of desisting and persisting women using the theoretical framework of Maruna's (2001) narrative identity theory of desistance and the five identified themes of redemptive narratives: the good 'real me', the bad 'it', empowerment by others, redemptive suffering and narrating a generative future. By exploring the narratives of members of a highly stigmatized group, this research aims to expand upon narrative identity theory by considering how narratives told from specific social locations may be used to resist stigmatizing cultural discourse, repair the damage of stigma and support the narrator's desistance from deviance.

### *Method*

The interview data are from a larger study on substance use during pregnancy. The target population was women who were pregnant or recently pregnant (within the last 12 months) and who had used alcohol, tobacco, illicit drugs or misused prescription or over-the-counter medications at any time during their most recent pregnancies. The study site is a small, post-industrial city in the midwestern region of the United States.

Participants were selected through a targeted-purposive sampling procedure to allow for maximum variation based on the theoretical constructs of interest (Patton 1990; Miles and Huberman 1994; Creswell 2007).<sup>1</sup> This approach yields both high-quality, richly descriptive accounts of individual cases and shared patterns that 'derive their significance from having emerged out of heterogeneity' (Patton 1990: 172). The aim of this sampling approach is not to produce results generalizable to any larger population but rather to uncover significant common themes within a highly varied sample.

Women were recruited into the study through various approaches. First, public health nurses employed by the county health department disseminated recruitment

<sup>1</sup> This technique is conceptually similar to the purposive sampling of heterogeneous instances used in quantitative research (Shadish et al. 2002).

materials (flyers, business cards) to women on their caseloads. The public health nurses also distributed the flyers and business cards to other clinics within the health department. Of the final sample of 30 women, five were recruited from the public health nurses' caseloads, and a further six were recruited through flyers posted by the public health nurses around the health department offices. To recruit women who were not in contact with the public health nurse programme, recruitment materials were posted at drug treatment centres, community centres and social service enrolment offices, the local library, pregnancy support clinics, obstetricians' and paediatricians' offices and substance abuse support group meeting locations. Nine women were recruited through flyers and business cards posted in public locations. Finally, women who completed interviews often volunteered to refer other women they knew who met the recruitment criteria. A further ten women were recruited through referrals by study participants. No one participant was responsible for more than two referrals.

### *Data collection*

Data were collected through semi-structured interviews to encourage participants to share their stories in a way that was meaningful to them and to allow for follow-up questions where necessary. Topical areas covered by the interview schedule included lifetime and recent substance use, motherhood and mothering experiences, contact with law enforcement and Child Protective Services and experiences seeking medical, substance use and mental health services. Life stories were elicited using the Life Story Interview guide (McAdams 2008), which assists in the focused and efficient collection of data while still empowering respondents to tell their stories in their own words.

Interviews were completed in a single session in a place where women felt comfortable and lasted approximately 90–130 minutes. Interview locations chosen by the participants included restaurants at non-peak hours, private library rooms and in a private area overlooking a neighbourhood playground. Women received \$50 for participating in the study.

Interviews were audio-recorded with the permission of the participant and transcribed by the interviewer. All identifying information (e.g. names) was replaced with pseudonyms, which are used here. The transcriptions were first auto-coded according to the interview schedule topics for organization purposes and then coded line-by-line by hand according to inductive analytic techniques. Existing coding schemes (Maruna 2001; Foley Center 2009) were used to code for themes of redemption and contamination. The strength of emerging themes was assessed using basic tabulations, and the findings presented here represent the most common patterns in the data.

Inter-rater reliability was assessed according to the method described in Maruna's *Making Good* (2001). Conger's (1980) kappa was calculated to measure the agreement between three coders. Calculation of these measures is considered preferable to simple measures of percentage agreement because they correct for agreement by chance alone. All reliability sample areas generated kappa values in the 'substantial agreement' range (0.61–0.80). The estimates were bootstrapped across 5,000 replicates to account for differences between the reliability sample and the rest of the data. The estimates varied little, further strengthening the confidence that inter-rater reliability had been established.

TABLE 1 *Description of sample (N = 30)*

Variable	Mean/% (n) [range]
Age	28.5 [19–41]
Number of children	2.8 [1–8]
Race/ethnicity	
White	50.0% (15)
African American	26.7% (8)
Hispanic	6.6% (2)
Native American	3.3% (1)
Mixed/other	13.3% (4)
Health insurance	
None	13.3% (4)
Health plan	13.3% (4)
Medicaid	56.7% (17)
Private insurance	16.7% (5)
Education	
Less than high school	23.3% (7)
General education development testing	20.0% (6)
High school graduate	26.7% (8)
Some college	16.7% (5)
College +	13.3% (4)

### *Description of sample*

The recruitment efforts resulted in a sample of 30 women (Table 1). The mean age of the interviewees was 28.5 (range 19–41). Sixteen women self-identified as White, eight women as Black or African American, one woman as Hispanic and one woman as Native American. Four women self-identified as ‘other’. Seventy per cent of the interviewees had a high school education or less. Women had between one and eight children (mean = 2.8).

Recruitment efforts focused on heterogeneity of substance types. Alcohol, marijuana and prescription medications (e.g. opioid painkillers, benzodiazepines) were the most common substances used, with less common substances including cocaine, methamphetamine, heroin and hallucinogens. During their most recent pregnancies (within the past year), twenty-four women reported using tobacco, ten women used alcohol, eleven women used marijuana, six used heroin, five misused prescription medications, two used cocaine and two used methamphetamine. One woman used psilocybin mushrooms and other hallucinogens.

In *Making Good*, Maruna (2001) reflects that the participants in the LDS were rarely clearly ‘desisters’ or ‘persisters’. He concludes such clear-cut classifications have been made purely for the convenience of statistical analyses and conceal meaningful variation in patterns of desistance. This is consistent with the findings of the present analysis. Some women in the study promptly desisted upon discovery of their most recent pregnancies, others desisted later in the pregnancy, still others desisted from some substances and not others, and a final group persisted with substance use throughout their pregnancies. At the time of their interviews, 15 women self-identified as desisting from all substance use and 15 women self-identified as continuing to actively use substances to some extent.

*Results**Good me, bad it*

The first two themes of redemptive narratives in Maruna's (2001) theory of 'making good' go hand-in-hand: the establishment of a good 'core self' and the bad 'it' that caused past deviance. Redemption narratives highlight the actions or experiences of the teller that emphasize the teller's inherent goodness or normalcy while attributing past deviance to bad circumstances or a corrupting force (e.g. substance use). In this way, they explain how an individual who may have a long history of offending or substance use, including failed attempts to desist, may now be successful and headed for a non-offending future.

The redemptive narratives shared by women in this study highlight the good core self as an act of resistance to a stigmatizing master narrative. Desisting women more frequently narrated a good 'core self' and bad 'it' than women who were persisting. Of the 15 women who were desisting at the time of their interview, 14 (93.3 per cent) expressed their belief in their good core self. Only six (40 per cent) persisting women made similar claims. Consider the story of Brittany, a 28-year-old woman who had permanently lost custody of her three sons. Early in her narrative, she talked about her first pregnancy:

Brittany: I found out I was pregnant and I was really wanting just to do everything right, like I read all the baby books and everything. I got really into it, I have to admit. I quit smoking, which I never thought I would do, and... I mean, I, it was – I mean, I tried to not even stand in front of the microwave when it was going. I really just tried to do everything right, I just got really into it, I bought a lot of baby books.

As Brittany's substance use increased, she struggled to keep up with the responsibilities of motherhood. Her narrative emphasizes how hard she tried to be a good mother, even as she describes her guilt about everything that happened. At the time of her interview, Brittany was desisting from substance use and attending a methadone clinic, where she had met another woman who had also lost custody of her children:

Brittany: It seemed kinda like she was feeling the same way as I was, just like... a bad person, or she didn't love the kids enough, or that kind of thing, and... you know, I guess, that's the main thing I'd wanna say, is that I'm not, like – like a monster. I care. The [court workers] made it out to seem like I was [a monster].

Brittany offers explicit resistance to the master narrative of substance-using mothers as unloving, uncaring or monstrous. She identifies the fragments of the master narrative that are misrepresentative of her experiences and continued on to retell her story in a way that highlighted the love she has for her children, the efforts that she made to desist from substance use and the reasons that she sometimes failed or relapsed, not because she was bad or flawed, but because she 'just overwhelmed [herself]'.

Kellie, a 31-year-old woman who persisted with heroin and marijuana use until the birth of her son but was now desisting, explained:



Kellie: Ummm, I don't know, I guess it kind of always—when I think about it, reminds me that no matter how bad I feel about myself for the things I've done, that I am a good person, and I am special, and, um, you know, yeah, despite all the crap and all the dirt and whatever, that deep down I am, you know, a good person and capable of loving and deserving of love. [...] I kinda go back to just myself at my purest state, I guess, when I was a kid, and that's how I *really* am. I thought I had it all figured out [*laughs*].

To protect the good core self, past deviance must be attributed to some other force. Women who were desisting from substance use attributed their past behaviour to a bad 'it', a force that had caused them to act badly in the past but was now controlled or eradicated. They viewed this force as internal (e.g. an addiction) but as responsible for behaviour they considered unintentional or uncontrollable. Eleven (73.3 per cent) desisting women attributed negative experiences in their past to a bad it, whereas only five (33.3 per cent) persisting women did so.

Alyssa, for example, had struggled with her addiction to heroin and crack cocaine for more than a decade. At the time of her interview, she was receiving methadone treatment and caring for her three-month-old daughter. She spoke about how her drug use created a 'not-real me' that was different from her true self:

Alyssa: The not-real me was when I was using drugs. I wasn't the real me, you know, I did it to fit in, in the beginning, at the end I just did it to stay numb. And the real me cares. When I was on drugs, I didn't care about nothing. You know, I'm a caring, loving person, I'm very into my children's school activities and was *not* when I was doing drugs, so. I mean, you don't give a damn, because that wasn't me, because none of that stuff I believed in, you know. I never believed in doing—believe in some of the stuff, like sleeping with that guy for drugs, I don't believe in that shit, that wasn't me.

Shannon, who was desisting from prescription pill abuse felt addiction, would always be part of her but could be overcome:

Shannon: Let me figure out how I want to word this... Because addiction is a disease, I have this disease but it doesn't have to define me or my life, or where I'm going in life. I can still accomplish anything, plus more, than a quote-unquote "normal person," a person without addiction.

Shannon identifies her addiction as an internal part of herself but something that 'doesn't define who I am'. 'I'm me who's in recovery, I'm me who is a mom, I'm a fiancée, I'm a teacher', she explained. Her narrative pushes back against a master narrative that strips substance-using mothers of their moral agency; she acknowledges that she is an addict but insists that 'it doesn't have to define me or my life'.

In contrast, Suzanne was persisting with heavy alcohol use and expected to return to cocaine and prescription pill abuse in the future. She, too, claimed her addiction as part of herself but did not downplay the addiction or emphasize her prosocial roles.

Suzanne: I'm an addict, and I fall off, and I have problems, and my kids know, my family knows, I don't hide it, I don't lie about it, I don't have an issue with people knowing that it's – it's a sickness, it's a disease, and it's not always something that I can control.

Even though both Shannon and Suzanne describe addiction as a 'disease' and recognize that they are people with addiction, they take very different approaches to this 'bad it'. Shannon depicts her addiction as something that does not have to define her or hold her back from accomplishing what 'normal' people can accomplish. Suzanne, in contrast, perceives her addiction as a flaw in her core self that is beyond her control, and

she expects that it will continue to negatively impact her life. Her agency is restricted because she does not see herself as someone who can overcome addiction and achieve long-term desistance because her addiction is ‘not always something that I can control’.

### *Empowerment*

The third common theme of redemptive narratives is empowerment. Maruna’s (2001) analysis found that desisting offenders’ narratives often included help from some outside force, ‘someone who “believed in” the ex-offender’, and that it was through this empowerment that ‘the narrator is able to accomplish what he or she was “always meant to do.” Newly empowered, he or she now also seeks to “give something back” to society as a display of gratitude’ (Maruna 2001: 87).

Analysis of women’s accounts revealed that what Maruna (2001) identified as empowerment is a type of identity verification (Swann and Hill 1982; Swann 1990; 2005; Swann et al. 2002). Identities are negotiated through interaction: the story one tells about oneself is of little use if it is deemed untellable or unverifiable by others. Stone (1962) claims that identity is not simply something an individual takes for himself or herself, but part of an individual that is identified by others, and that ‘a person’s identity is established when others place him as a social object by assigning him the same words of identity that he appropriates for himself’ (Stone 1962: 93). Nine (60 per cent) of fifteen desisting women described being empowered by a parent, an intimate partner or a higher power, versus only two (13.3 per cent) persisting women.

Hazel ran away from home at age 14 and was introduced to crack cocaine by an older woman, who Hazel now believes might have been running a prostitution ring. Hazel was soon working as a prostitute to support her addiction. This continued for ten years until her mother helped her get away from that lifestyle:

Hazel: I had so many—I got so many tickets from doing [prostitution], I started getting tickets and tickets and... they were misdemeanors, but three misdemeanors is a felony, so then I got tired of getting caught and they, what’d they do, they sent me to a rehab and then after that I had talked to my mom, and she had – she told me that if I came back home, she had something for me and if I did good, she would show me the way to be a real lady. [...] My mom was my biggest influence, she stayed by me, she coached me, she paid for me to get my hair and nails done so I look like something else, and I had never looked like that before. She bought makeup, she bought me towels, I just... I didn’t know I was worth all this.

Hazel’s mother had received money from a medical malpractice lawsuit and this allowed her to financially support Hazel while she transitioned into her new lifestyle. Hazel describes not only the emotional support her mother provided by coaching and trusting her but also the material resources that helped her actualize her new prosocial identity and perform that identity convincingly.

For many women in the study, assistance came in the form of a new romantic relationship with a non-using partner. Tasha, for example, credits her new fiancé with her desistance from prescription pill use:

Tasha: From the day I started dating him, he accepted my kids, he loved my kids, and he treated me how I should’ve been treated from day one. He actually made me feel special and like I was loved. At that point, I realized a lot. I realized that I am worth something to somebody and I needed to get my shit together. And that’s when I said enough is enough.

Shannon told a very similar story of meeting her fiancé and wanting to change. After she described how they met and the activities they now enjoy together, like going to church and planning to have more children, I asked her what she thought that this experience meant in the bigger picture of her life story.

Shannon: I just think it says that... I just want to be loved and he loves me for me. He loves me for my outside characteristics, he loves me for who I am on the inside, and accepts me as I am. I just... what does it say about me? I just think that, I think it says I have goals and motivation, morals or whatever.

Shannon and Tasha were both in relationships with men who encouraged and supported their desistance efforts. In contrast, women who were persisting with substance use were often entangled in relationships with substance-using men who undermined their attempts to quit. Kim said that she wanted to quit but said she had a ‘bad influence’—her husband. She saw herself as ‘a sucker’ for putting up with his behaviour, which included spending her money on heroin and encouraging her to use with him:

Interviewer: What does he do?

Kim: I don’t know, he just does it in front of me all the time and [...] he’s like, “You want some?” and I’m like, “Sure, whatever.”

Research on gender and substance use has shown that substance-using women are more likely than men to report a substance-using spouse (Riehman et al. 2000; Langan and Pelissier 2001) and to initiate substance use with a spouse or intimate partner (Brecht et al. 2004; Carbone-Lopez et al. 2012). When women perceive their relationships with substance-using men as constitutive of their own identities, attempts to desist may be repeatedly derailed.

Finally, women said they were empowered by their belief in a higher power that had intervened in their lives when they were at their lowest. This was common in Maruna’s (2001) study, too, but women in the present study specifically identified their pregnancies as messages or gifts from God that helped them to desist.

Kellie: Then, when I found out I was pregnant with J, it was kind of like.... [*makes heavenly noise*], like God had just sent down this life raft, this – what are those circle things they throw out to you when you’re drowning?

Interviewer: A lifesaver?

Kellie: Yes, like, God was just like “Here!” [...] I was so overjoyed and happy but also so devastated because I was like, “How could God give this gift to me like this, in this situation where there’s a chance for him to be taken again, and I can’t get any help?” So that was kind of a big turning point, too, where I thought this is it, this is what I’ve always wanted and maybe needed, and I’ve gotta figure out a way to do this somehow.

These examples of empowerment illustrate the potential for others to contribute to or support a counterstory for a stigmatized individual or group. Hazel, Tasha, Shannon, Kellie and other women were at risk of internalizing the stigmatizing discourse surrounding substance-using mothers. They had started to believe that they were worthless and that they could not take action to change their circumstances. Through the empowerment of others who ‘believed in’ them and presented an opportunity for change, they were able to move their narratives in a positive direction.

If positive identity verification empowered women, then losing custody was the ultimate failure of identity verification for mothers. Women who had lost custody reported experiencing a 'downward spiral' after custody loss, going on a 'suicide mission' or 'self-destructing'. Many women found themselves in this position after attempts to temporarily place their children with family members or friends failed.

Brittany's story exemplifies the difficult decisions faced by substance-using mothers. She had left her two children with her boyfriend's sister while she and her boyfriend went to treatment for three months. While Brittany was still in treatment, the care arrangement fell through and the children were surrendered to child protection authorities. Brittany completed treatment, reunited with her boyfriend and tried to cooperate with the court to regain custody of her children, but quickly fell pregnant again.

Brittany: I tried to do everything [the court] wanted me to do, all the hoops to jump through. I was trying to do them, you know, like doing the [urinalysis] drops [...] Every time I thought of [my sons] it just... the guilt, and like I felt like I let them down and I hated myself, and I didn't know what to do with such feelings.

The guilt Brittany felt about failing to live up to the ideals of good motherhood was overwhelming and she started using opiates again. She became trapped in a cycle of trying to fulfil her court requirements, feeling guilty about her inability to do so, using drugs to deal with the guilt and slipping even further away from meeting her goals. In an example of the sad irony faced by substance-using mothers, Brittany felt that by admitting that she needed help, she would be admitting that she was not fit to parent her sons:

Brittany: I wanted to turn it around, I was pregnant at that time, too, and I wanted to go to treatment, but considering like, how far pregnant I was and how I was trying to pretend to [the court workers] that I was doing so good, I didn't feel like I could say to 'em that I wasn't actually doing good, you know?' Cause at that point it, it had been like 8 months and it was getting bad, and they told me right at the start of all this that since the children were young, that they usually only give parents of children that young like, one year to get better, because they're young and they still could get bonded to somebody else.

A month before Brittany's third child was due, her boyfriend told her he was leaving the state:

Brittany: He just told me he was leaving, that he loved me and if I wanted to go he would take me. [...] And I guess I couldn't see any other choice, I couldn't really see any. I think the only thing we thought at that point was maybe just trying to leave and just, keep the baby I was pregnant with.

Brittany and her boyfriend fled to Florida, where she gave birth to her third child, but they were soon tracked down by the authorities and returned to their home state. Soon thereafter, Brittany permanently lost her parental rights to her two older children and her newborn baby. At the time of her interview, Brittany was receiving methadone treatment, going to therapy and trying to figure out 'where I wanna go' now that she had 'a new start, whether I want it or not'.

Eleanor and Kellie both lost custody of older children to their parents and shared that, at that time, these experiences felt like affirmation that they were not capable of being good mothers.

Eleanor: it's like, [the court] just yanked her away, first thing. It's like they were waiting for it, like they wanted to do it. It was like they enjoyed it, kind of, like they were happy I did bad.

Interviewer: Like you had fulfilled their expectations?

Eleanor: Yes, exactly, like "We knew it." When I wasn't using before, like I'd showed them. So they took her away [...] I just like, went, just terrible from there. Just a downward spiral.

Kellie: All I've ever wanted to do was be a mom, I had had this beautiful baby and they took him, and, you know, I trusted my family that they were helping me and that their goal was reuniting us when I was healthy, and it wasn't that way. [...] Once it was finalized and I knew that there was absolutely no getting him back, I was just kinda like... fuck it. I've lost my child. [...] I just thought, okay, I'm destined to be a fuck-up forever, and that's it.

It remains to be seen how Brittany will later interpret her loss of custody as part of her life story. For Eleanor and Kellie, losing custody was a traumatic failure of verification of their mother identities, but they later depicted these experiences as examples of 'redemptive suffering' that positioned them to be much better mothers to subsequent children.

### *Redemptive suffering*

Desisting offenders need to make sense of their traumatic experiences in light of their new, prosocial selves. They need to find 'some reason or purpose for the long stretches of their lives for which they have "nothing to show"' (Maruna 2001: 98). The solution is to reinterpret one's history to allow the good to emerge from or be caused by the bad. This is an act of narrative repair, as a narrator mines her history for past experiences that might have spoiled her identity and instead repurposes these experiences as evidence that she is meant for greater things.

Ten (66.7 per cent) desisting women had reinterpreted traumatic incidents from their past as necessary for their heightened strength and wisdom today. Only three (20.0 per cent) persisting women interpreted their suffering as redemptive.

Women who were desisting from substance use were more likely to reinterpret their suffering as a sign that they were destined for a greater purpose:

Kellie: I feel like my experiences that I've had are just so, some of them, crazy and amazing and unbelievable that they have to have happened for a reason, and the only thing I can think of is that it's gotta help somebody else somewhere down the line, somebody else has gotta be going through the same thing or might need that for what they're going through, I don't know. [...] That's kind of why I wanted to tell this story because I couldn't tell anybody for so long [*crying*].

Natalie: Yeah, I don't think I went through it – I don't think God let me go through everything I went through without a reason, and I think it has to do with me helping somebody in the future. I don't think I've done what I was supposed to do yet. And I think, I absolutely think it has to do, whatever I've gotta do is connected to what I went through. It's just gotta be.

Natalie felt that she must have been put here to help others avoid the suffering she had experienced. She interpreted her suffering as a necessary precursor to her purposeful and generative future. Women who told redemptive narratives turned negative experiences into resources for better performing their more prosocial roles. What might once have been considered weaknesses were now narrated as strengths.

*Generative futures*

The preceding themes—the good core self, the bad it, empowerment by others and redemptive suffering—set the stage for the narrator’s greater purpose. The ‘good self’ was destined for this purpose all along but waylaid by the ‘bad it’. With the assistance of others who could see through the badness and recognize the narrator’s core goodness, the narrator comes to see that the suffering caused by the ‘bad it’ was necessary for their personal growth and development. The persons they are today are the culmination of these experiences and, as a result, they are uniquely positioned to fulfil a great purpose. Nine (70 per cent) desisting women and two (13.3 per cent) persisting women narrated generative futures for themselves that included goals such as raising their children well, writing books about their experiences, becoming motivational speakers to inspire others and working to ‘change the system’ so that others did not have the difficulty they had faced accessing needed resources.

*Motherhood*

In the LDS, Maruna (2001: 97) observed among desisting offenders a theme of role hyperperformance, where ‘The fathers I talked to were not just fathers, but super-fathers’. The same was true of desisting women in the present study. They were effusively positive in their descriptions of their mothering experiences and how much they loved being mothers.

Kellie: [Being a mom] is the most important thing to me, I mean, sometimes—I always tell my girlfriends, “I’m sorry I’m not being a great friend right now, I’m never around, I’m too busy being a super-good mom,” you know. That’s just all that matters to me and all that’s important.

Women who were persisting with substance use expressed greater ambivalence about motherhood:

Amelia: Sometimes I love it, other times I hate it. As I’m sure you can tell, I’m the kind of person who enjoys being able to do whatever with her time. [...] What do people think about me when I leave my child with them, do they think I’m a bad mom for wanting someone to babysit him so I can go out? You know, it’s just constant thoughts.

The difference between the extremely positive depictions of motherhood offered by desisting women and the more neutral or negative depictions by persisting women support findings from other studies (Giordano et al. 2002; Rungay 2004) that the internalization of mother identities is not automatic but reflects a certain amount of agency in women’s choosing to strongly identify with that role. By talking about motherhood in positive terms and affirming their attachment to the role, women may have been practicing active desistance from lifestyles that were not consistent with the type of motherhood they described. In the descriptions of motherhood offered by Amelia and other persisting women, there remained a space for substance use during ‘mommy time’ or as ‘stress relief’ or ‘nerve medicine’.

*Helping others*

Desisting women often looked outside of their own families and expressed a desire to take their message to a broader audience. Two women reported that they were in the process of writing a book about their lives because, as Eleanor joked, ‘People love it

when people fail and succeed!’ Desisting women in this study felt especially qualified to be mentors and counsellors because they had experienced substance abuse themselves:

Natalie: I don’t know if really mentor is the word, maybe... I wanna help the ones that went through, that’s going through the streets and stuff like that, that are really, really lost, and I think they need more than just mentoring. Set something up, maybe... And I know that, like, for me, there was nobody that had really been through anything of any kind of nature that – the people that were stepping in to help just sat behind a desk a lot. They had no-- they mighta had life experience but they didn’t know shit about what was going on with me, and I guess that brings to mind that therapist that wanted to blame everything on the rape and not the four years I was living on the street. Are you fucking kidding me? I still don’t believe it. I still don’t.

Natalie offers a strong resistance to someone else telling her story. She maintains that she is the expert on her own story and how it relates to ‘what was going on’. She resists her therapist’s efforts to link her substance use to her rape and instead draws the connection between her substance use and the years she spent ‘living on the street’ as a teenager.

Hazel’s desire to ‘tell my story to thousands’ was already off to a promising start. Hazel had been invited to speak in front of ‘younger girls that were like, 12 to 16 year olds’ from ‘a youth or bad girls camp’. She had the opportunity to talk about her experience as a teenage runaway who wound up prostituting to support her crack cocaine addiction. She recalled telling them to turn their lives around now, ‘cause you never know where you’ll end up’, ‘cause I always said that wouldn’t be me and, guess what?’ She reflects on this experience as a high point in her life:

Hazel: I think there was like over a thousand girls in there, and they let me stand up and speak to them. I felt good that day, I did. I was like, wow! All my life I wanted to stand up and like, I’m somebody now. That felt good. I was almost about to cry. [*laughs*]

For Hazel, sharing her experience with others was not only an act of generativity that showed her concern for helping young girls to avoid the pain she had experienced but also an affirmation of her ‘success story’. With each telling of her redemption narrative, Hazel was ‘doing’ her desistance.

### *Conclusion*

Through an analysis of in-depth interviews with women who used alcohol and other drugs during their recent pregnancies, the current research provides evidence that women who desisted from substance use narrated their lives according to redemption scripts (Maruna 2001) that emphasized their good ‘real selves’ and reinterpreted negative past incidents as experiences that made them stronger, wiser and better prepared for a future of ‘giving back’ to others. The analysis also revealed that these redemptive narratives offered resistance to cultural discourse about substance-using women that depicts them as uncaring or neglectful mothers. Women resisted the narrative of substance users as a homogeneous group and described the efforts they were making to defy negative stereotypes.

These findings contribute to the study of narrative identity and desistance by affirming the findings of earlier work and extending the theory to better understand

how redemptive narratives can restore moral agency, in turn empowering the narrators to imagine and pursue generative futures. The role of others in this empowerment is further developed, as these others (including counsellors, supportive partners and 'higher powers') supported women's restorying of their life narratives and offered 'verification' of the newly repaired identity. Future research should explore the possibility that mental health, substance abuse treatment and criminal justice professionals might similarly empower women to restory their self-narratives in ways that support desistance.

The results caution against the imposition of external interpretations of the link between past traumatic experiences, substance use and desistance. As Natalie's story demonstrates, attempts by others to impose their own psychological interpretations of women's experiences may be met with frustration and resistance, as Natalie felt 'they didn't know shit about what was going on with me'. In contrast, the theme of empowerment as identity verification offers more promising avenues for effective intervention by illustrating how assistance from others can help women overcome deprivation of opportunity and associated feelings of worthlessness. Each of these stories of empowerment highlights an individual or a force who 'believed in' the woman and supported her early movements towards desistance by providing her with opportunities for resources and new roles. This finding has important implications for, for example, offender supervision practices. Future research should explore the possibility for criminal justice or treatment professionals to play the role of this empowering other who helps to support women's desistance efforts.

This study was designed to minimize the collection of identifiable information about the study participants. Many women in the study would be considered active offenders by criminal justice authorities. To minimize their risk, I did not collect legal names, addresses or other identifying information. No signatures were collected on consent forms or incentive receipts. The advantage of this approach is increased protection for participants, but the disadvantage is that it prohibits follow-up interviews or check-ins, because participants cannot be tracked or contacted after the interview. The analysis, therefore, offers interesting insight into the way women who are desisting support their desistance through their redemptive narratives at the time of the interview but cannot speak to the way those redemptive narratives might sustain desistance over time. In light of the findings of Maruna's *Making Good* (2001) and the present study, it seems time to assess narrative identity theory and desistance over time through a longitudinal, multiple-interview research design, as suggested by Farrall (2006).

The goal of this analysis is to inform and help refine the narrative identity theory of desistance. Thus, despite these limitations, the strengths of the themes uncovered provide important opportunities for further theoretical development and for research that investigates the process of desistance, particularly how this process may differ depending on the individual's social location and the cultural and historical context. The findings support the need for further research that considers the importance of gender, race and class for life transitions, including the nature of master narratives directed at some populations and not others, the availability of identity-repairing narratives and resources and how stigmatization and the internalization of oppressive master narratives may restrict opportunities for desistance.



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