

# Parents' experiences of substance use problems, parenthood, and recovery within the 12-step movement

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## Abstract

**Aim:** The aim of this study was to explore how people with earlier substance use problems narrated their experiences of becoming and being parents. The literature in this area is limited.

**Method:** The study participants, all active members of the 12-step movement, were interviewed about their experiences of substance use problems, recovery, and parenthood. The data were analysed using a narrative theoretical framework seeking to answer the questions of how the parents narrate their experiences of parenthood within the frame of a classic 12-step storyline and how they present themselves as parents through these narratives. **Results:** The results show that, on the whole, the narratives conformed to a classic 12-step storyline. For example, the narratives' turning points were often built up around experiences of "hitting rock bottom", when the negative consequences of substance use culminated in dramatic events forcing the narrators to see the seriousness of their problems. At the same time the motivational potential of having or expecting (or wishing for future) children was downplayed by several study participants, who instead said that positive driving forces such as human relationships were not enough to break through their denial of their substance use problems. Finally, all study participants described how the process of working towards sobriety had been a transformative experience through which they had come in better contact with their feelings and emotions, and they defined this as an important resource in their everyday lives as parents. **Conclusion:** The results showed that the parents, when narrating their experiences within the frames of a classic 12-step storyline, were

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also able to present themselves as competent parents, empowered rather than stigmatised by their earlier experiences.

### Keywords

12-step, narrative, parenthood, recovery, substance use problems

This study explores the experiences of becoming a parent and having young children among people who have recovered from substance use problems. It focuses on how these parents bring together their narratives of recovery and substance use problems with narratives of being parents. There exists some research on how mothers with active substance use problems present themselves as parents and relate to prevailing norms and values of parenthood (Baker & Carson, 1999; Hardesty & Black, 1999), but there is limited research on how parents view their parenthood after recovering from substance use problems. However, results of an interview study by Pirskanen, Holmila, Kataja, Simonen, and Tigerstedt (2017) among parents who had recovered from substance use problems showed that recovery had altered their views on parenthood. These parents claimed a range of different subject positions such as *Struggler*, *Functional parent*, and *Emotion worker* in their accounts of their new roles as recovered parents. There are also a couple of studies on experiences of parenthood while being in the process of recovery. For example, Virokannas (2011) interviewed mothers in treatment for substance use problems and analysed how they positioned themselves in relation to child welfare authorities. Studies of parents in methadone maintenance programmes have shown that some of these parents tended to reduce their parental responsibilities to the functional aspects (Silva, Pires, Guerreiro, & Cardoso, 2012), but also that the recovery process helped participants step-by-step to regain their parental identity (Peled, Gavriel-Fried, & Katz, 2012). Research has also shown that parenthood can function as a motivation to enter

treatment (Seay, Iachini, DeHart, Brown, & Clone, 2017; Sun, 2000; von Greiff & Skogens, 2017), and pregnancies and childbirth have been described as potential “turning points” for women with substance use problems (Myra, Ravndal, Wie Torsteinsson, & Wiig, 2016; Radcliffe, 2011).

This study focuses on how members of the 12-step movement narrate their experiences of becoming and being parents, and how these narratives relate to a classic 12-step storyline. What happens when culturally shared beliefs of what it means to become and be a parent are brought together with one’s 12-step identity? Prior research has looked both at parenthood among people with substance use problems and at storytelling within the 12-step movement. As the study at hand analyses 12-step narratives from the perspective of parenthood, it will add new knowledge to existing narrative research on recovery from substance use problems.

### 12-step movement

Because the parents interviewed in this study have been engaged in Alcoholics Anonymous as well as Narcotics Anonymous and Cocaine Anonymous, throughout the article I use the term 12-step, which includes all these movements. 12-step programmes exist both within the frame of professional substance use care, and as self-help groups, and are a common form of continuing care after formal treatment. As 12-step self-help groups are accessible and free to participate in, they have been found to play an important part in the recovery of many substance users (Donovan, Ingalsbe, Benbow, & Daley, 2013). Studies on effectiveness have also shown that taking part in a 12-step

programme is at least as helpful as participating in any other type of intervention (Bøg, Filges, Brännström, Klint Jørgensen, & Karrman Fredrikson, 2017; Kelly, Magill, & Stout, 2009).

Cain (1991) compares the 12-step movement to a subcultural system, as it holds a set of certain beliefs and assumptions, and in this sense can be seen to constitute a specific meaning system within the larger Western culture. Most of the beliefs and principles of the movement are formulated in the *12 Steps Towards Recovery*, which constitutes the basic programme for each individual member's work towards sobriety. One of the most important principles is the definition of a substance use problem as a progressive and incurable disease (Cain, 1991). This view is formulated in the first step, in which the participant is asked to acknowledge his or her powerlessness over the alcohol or other drug. Acquiring the insight and view that substance use problems are a disease is described as a fundamental part of the 12-step recovery process (Hänninen & Koski-Jännes, 1999). Furthermore, this disease is viewed as something originating in the individual's self and emotions. People with substance use problems, from a 12-step perspective, are therefore by definition emotionally ill (Denzin, 1993).

Several of the following steps emphasise the importance of spirituality, and individuals are said to gain control over their substance use problems by surrendering this control to God or a Higher Power (Swora, 2004). The definition of spirituality has, however, broadened over time, from the purely religious to the include the individual's own ability to think, feel, and do things he or she is not able to do through mere will power alone (Kelly, 2016). Other steps include admitting one's wrongs and defects of character. For example, the fourth step calls for a fearless moral self-inventory that, as pointed out by Swora (2004, p. 196), serves the purpose of creating "a new past in the present". The eighth and ninth steps focus on making amends to people one may have harmed during one's time with active substance use problems, and in this way serve the purpose

of changing the way one acts in the social world and relates to other people (Swora, 2004). Finally, the 12th step requests that the 12-step member should carry the message of the movement on to other people who may need it. Through the process of working with the steps, an identity transformation is expected to take place, as the individual is not only supposed to become abstinent, but also to develop spiritually, and become more humble, caring, and open-minded (Humphreys, 2000; Swora, 2004).

### *Storytelling in the 12-step movement*

Storytelling is an essential part of the 12-step movement. At meetings, the members tell each other about the development of their substance use problems and their processes of recovery. The basic structures of the 12-step movement's traditions and values are thus passed on through oral tradition (Denzin, 1993). The original text of the 12-step movement, the *Big Book*, first published in 1939, consists mainly of personal stories by the earliest members, and the life story of Bill W, the founder of the 12-step movement, can be seen as a prototype for other 12-step stories (Steffen, 1997).

*The classic 12-step storyline.* Carole Cain (1991) outlined the basic elements of the classic 12-step storyline as follows: Storytellers often begin with a description of their first time drinking (in many cases described as problematic from the very start) or first experience of drugs. Then follows a description of how the substance use progressed and led to negative effects such as divorces, job losses, car accidents, and hospitalisations. Storytellers also often describe the negative reactions of people close to them, who point out their possible substance use problems. Denial, however, leads to continued substance use and continued negative consequences. The turning point in the story is often the retelling of an experience of "hitting rock bottom". At this point, substance users finally recognise their powerlessness over their

substance use and decide to give the 12-step programme a chance.

**Narrative frames and individual experiences.** Several researchers have studied the importance of storytelling in the 12-step movement, especially how individuals' experiences are shaped through social interactions with other 12-step members in a way that conforms to the superior collective narrative/classic 12-step storyline of substance use problems and recovery (Humphreys, 2000; Steffen, 1997; Weegmann & Piwowitz-Hjort, 2009). As pointed out by Cain (1991), when 12-step newcomers learn the 12-step story and start to identify themselves as people with substance use problems, the 12-step perspective comes to guide not only their present self-understanding, but also their understanding of their past. The 12-step story thus becomes a tool for reinterpreting the past and starting to understand oneself within the framework of a 12-step identity. Cain also showed how individuals are socialised over time into telling their life stories more and more in line with the classic 12-step structure. She argues that the 12-step identity is something that has to be acquired, and that one important way to do this is through personal stories. Through listening to long-time members' stories and learning to tell one's own according to the 12-step model, members learn to use the personal story as a "vehicle for identity acquisition" (Cain, 1991, p. 215). Despite the narrative framework set up by the classic storyline, however, room remains for individuality in the personal story. Individuals telling their 12-step life stories are thus doing active identity work within the existing narrative structures (Cain, 1991; Weegmann & Piwowitz-Hjort, 2009).

### **Aim of the study**

The aim of the study was to explore how parents who self-define as active members of the 12-step movement speak about their experiences of becoming and being parents. How do

the participants narrate their experiences of parenthood within the narrative framework of the classic 12-step storyline? How do they conform to or oppose this storyline? And how do these narratives relate to culturally established values of parenthood? That is, how do the interviewees present themselves as parents in their recovery narratives? The study contributes to existing narrative research on recovery within the 12-step movement by incorporating the dimension of parenthood, thus analysing 12-step stories from a novel perspective.

### **Theoretical approach to storytelling**

The data were analysed within a narrative theoretical framework that positions storytelling as the basic way that human beings make sense of their lives (Somers, 1994). When telling stories, we both construct and communicate our views of ourselves, of other people, and of the world we live in. Through storytelling, chaotic experiences can be structured and ordered, and fragments can be moulded into a coherent entirety (Johansson, 2005). Narratives thus serve the function of structuring experience and memory (Bruner, 2004). This theoretical standpoint implies that I view my data (the interviews) as narratives actively constructed by the study participants, rather than just information about the participants' experiences. The goal of the analysis will thus be to explore in which ways the participants construct their parent identity and structure their experiences of having children in relation to the narrative frames set up by the classic 12-step storyline. The analysis will consequently pay attention both to *what* the participants say and *how* they say it (see, e.g., Silverman, 2013).

### **Data and analysis**

The data consist of eight interviews with parents (of children up to 10 years old) who said that participating in the 12-step movement had been an essential part of their recovery. To find

potential interviewees, professionals at several social agencies and substance use care units were contacted in Stockholm and other Swedish cities. This, however, turned out to be quite an unsuccessful way to recruit. In the end, only one out of eight interviewees was found this way, while the others were recruited through “snowball sampling”, a form of network sampling in which new interviewees are found through the recommendations of existing participants. The use of snowball sampling is common in studies of hard-to-reach populations (such as minority groups, sex workers, or people with substance use problems), as random samples are often too difficult to obtain (Goodman, 2011; Handcock & Gile, 2011). The participants in this study had no active substance use problems at the time of the interviews. However, it is likely that speaking of children and parenthood in relation to one’s earlier substance use problems raises a taboo that makes this population harder to reach than if the subject of the interviews had been more neutral. As pointed out by Crosby, Salazar, DiClemente, and Lang (2010), a range of obstacles often makes it difficult to achieve rigour in studies involving hard-to-reach populations. And although snowball sampling may not be the best strategy, there is always a need to “... strike a balance between the need for rigour and the realities of working with populations that may be less than amenable to engaging in research” (Crosby et al., 2010, p. 2).

### **Participants**

The participants’ ages ranged from 27 to 43 years. Five of the participants were women and three were men. Four lived in the same medium-sized Swedish town, three in suburban areas of Stockholm (the capital of Sweden), and one in the countryside. The participants had experiences of different kinds of substance use problems. While two of them reported alcohol as the only substance of use, four reported alcohol and opiates, one reported alcohol and amphetamines and one reported cocaine as the

main substance of use. Similarly, the length of abstinence varied between interviewees. While a couple had been abstinent from substance use for only a few years and had had active substance use problems since becoming parents, others had been abstinent for as long as 10 years and had become parents for the first time during this time of abstinence. Some of the interviewees had first come into contact with the 12-step movement through 12-step programmes offered in professional substance use care and had continued attending meetings after finishing those care programmes. Others had found their way to the 12-step movement on their own and did not describe professional substance use care as being at all important to their recovery. All participants had one or more children under the age of 10 years. One parent, however, the father of a toddler, also had two children over 10.

One criterion for participation was that the parents should be living with their child(ren). This automatically excluded parents who, for one reason or another (e.g., ongoing substance use problems or the child being taken into custody), did not currently live with their child(ren). The interviewees should not, therefore, be seen as representative of the whole population of parents with experiences of substance use problems, but rather as a subgroup who had had good outcomes in that they had been abstinent for a time and had custody of their children.

### **Procedure**

All interviews were conducted in the interviewees’ homes and lasted from 45 to 75 minutes. Before the interviews, participants were informed of their rights in the interview situation, the purpose of the study, and their guaranteed anonymity, and all gave their signed informed consent. The interviews were audio-recorded and transcribed verbatim. To guarantee anonymity, the names of the interviewees and some other personal information were changed in the transcribed material.

From an ethical perspective, I considered it crucial not to make the interview participants feel pressured to disclose more personal information than they had initially intended to do. In order to achieve this, it was important to communicate that the participants themselves decided in how much detail they wanted to retell their experiences when approaching sensitive topics. This was mainly done by refraining from asking too specific follow-up questions, and instead waiting for the interview participants to formulate their answers in a way they felt comfortable with. I also refrained from asking follow-up questions on sensitive topics (for example experiences of childhood traumas, assaults, or criminality) which were brought up by the participants themselves, but did not explicitly relate to experiences of parenthood. The study was approved by the regional ethics committee in Stockholm (dnr 2015/1203-31/5).

The first step of the analysis was to identify the parts of the data relevant to the aim of the study. The interviews were carefully read through to select the parts where participants talked about their parenthood *in relation to* their substance use problems and recovery. Those parts in which the participants spoke about parenthood or substance use/recovery without relating these phenomena to each other were not selected for the analysis. Such unselected passages could include detailed retellings of birth experiences or memories of substance use before becoming a parent. Consequently, the analysis was conducted, not on the complete narratives, but on the selected parts in which the subjects of parenting and substance use problems/recovery were brought together. The next step focused on how the participants talked about their children and parenthood and how these narratives related to the classic 12-step story of substance use and recovery. The analysis examined how the narratives conformed to or challenged this storyline, and how participants presented themselves as parents while telling their stories.

## Results

Below, the interviewed parents' narratives of substance use problems, recovery, and parenthood are described and analysed under the headings *Negative consequences as motivation for change*, *Substance use problems and heredity*, and *"Now" compared with "then"*.

### *Negative consequences as motivation for change*

Most of the participants did not explicitly mention their children (or a prior wish for children) as a determining factor in their decision to seek recovery. Instead, several described this decision as based on experiences of having "hit rock bottom".

Linda had heavy substance use problems, including use of alcohol, cannabis, heroin, and subutex, from the age of 15 to 25. She is now 30 years old and has a three-year-old daughter. Linda describes how she had wished for a life with family and children, but how the urge for drugs was stronger. In this passage, she expresses her view that negative consequences, rather than positive driving forces, determined when she decided to become drug free.

But I don't think it [longing for children and family] was any driving force to become sober. Not for me . . . I don't believe that driving forces are enough. [ . . . ] it didn't matter how much I loved Magnus [partner], because I loved the drugs even more. The love for the drugs was stronger, even though I didn't want it to be like that. I think that I wanted to stop, because I wanted to be like everyone else, and I wanted to have all that [family and children], but I couldn't make it. So, I don't think that it is the driving forces that make us sober. Not for me . . . It was the consequences. [Retells traumatic experience where she feared for her life.] And then I just felt that . . . If I ever get out of this, then . . . Because I understood that [ . . . ] Hanging with these criminals, and doing these criminal things, putting myself in these situations – it will kill me. So I understood that I had to change my life completely.

Linda illustrates the strength of her dependence by admitting that her love for another human being, in this case her partner, could never compete with her love for drugs. She defines the concrete negative consequences of substance use (in her case the experience of fearing for her life) as far greater motivation to change than her abstract wishes for family and being “like everyone else”. Linda’s narrative in this sense can be said to follow the classic 12-step storyline in which “hitting rock bottom” is the starting point for recovery.

The tendency to deny any positive driving force towards change is echoed in the other participants’ narratives. As in Linda’s case, the negative consequences of substance use problems were described as the determining factor in the decision to start working towards recovery.

Minna is 31 years old and has a six-year-old son. With the exception of when she was pregnant, she had problematic use of cannabis, alcohol, and prescribed opiates from the ages of 16 to 29, with alcohol as her main drug since her son was born. She has now been sober for two years. After separating from her son’s father, Minna has been living with her son every second week. She describes how, during her time with an active alcohol problem, she did her best to stay sober when her son was living with her, but drank heavily when he stayed with his father. When asked explicitly whether pregnancy and parenthood could have been turning points for her substance use problems, Minna’s answer is quite negative.

Interviewer: Do you wish that someone had reacted to your drinking habits during pregnancy? And that you could have had some extra support or intervention at that time?

Minna: Well, maybe that would have been good. But I wouldn’t have been susceptible to it.

Interviewer: No.

Minna: I don’t think...I mean, interventions can be a good

thing, but I don’t think they help you at all if you are not susceptible, and at the right stage. And I was not done, not by far. So...Well, it may have sowed a seed, but...I don’t think it would have helped me. I wouldn’t have stopped. I was not done yet.

In the excerpt above, Minna underlines her view of a substance use problems as a process following a certain pattern, with the substance-using person being unready to receive help before being “done” with the substance use. Minna at no time describes becoming a parent during her substance-using period as having had any pivotal impact on her decision. Minna’s narrative is in line with the 12-step understanding of how substance use problems make people prioritise drinking and drug-taking over everything else in life. Through this retelling of her experiences, Minna also turns down the idea of pregnancy and childbirth as natural turning points in life. In this way Minna communicates the established 12-step view that every person with a substance use problem has to hit rock bottom before being ready to deal with the problem unreservedly, and she narrates her experiences within the frame of this understanding. She describes reaching the stage where she felt “done” a few years later, when her drinking problems had escalated even more, and she was no longer able to deny the seriousness of her situation.

Minna describes how, during the time of her substance use problems, she sometimes viewed her son as an obstacle to her ability to live the way she then wanted to.

Interviewer: Your experiences of having a substance use problem, what consequences do you think that they have had for how you are as a parent?

- Minna: Well... One consequence is that I have been a bad mother.
- Interviewer: You see it that way?
- Minna: Yes, really, I have.
- Interviewer: Okay.
- Minna: And I feel so much guilt about that. That I haven't been there for him. And that I have sometimes wished that he did not exist. Because if he had not existed, then I would have been able to drink the way I felt that I wanted. So, I feel a lot of guilt, of course. [...] So that has been a consequence, for me and for my relation to him.

In the excerpt above, Minna describes how, during her time with an active substance use problem, her urge for drinking was stronger than her love for her son. She also emphatically defines herself as having been a bad mother. Though describing her current painful regrets about having neglected her son, Minna also emphasises that she has gone through a change and is now a more empathetic and caring parent than she was then. On the whole, Minna's description connects to Linda's narrative about how the substance becomes more important than anything else in life – including loved ones.

The only time children are explicitly mentioned as connected to the decision to start working towards recovery is in the interview with Mikaela. Mikaela is 33 years old and has a seven-year-old daughter. She describes having had substance use problems (mainly alcohol, but also cannabis, amphetamines, and ecstasy) from the ages of 15 to 27 years. Mikaela was sober during her pregnancy and when her daughter was a baby, but she had a relapse and started to drink again. She had been going to 12-step meetings for a couple of months without having succeeded in staying sober when a close friend, also active in the

12-step movement, threatened to contact the social authorities if she did not get sober.

We were really good friends. And he called me some time when I was drunk, and then he just told me that "If you don't get your shit together, I will call the social authorities. Because you shouldn't be having children. Not in that mess". So he was the one who saw it. The only one. No one else was even close to understanding. [...] I was so scared. I have always been terrified of authorities. That they will come and take my child, send me off to rehabilitation [...].

In the excerpt the "really good friend" is positioned as having an important role in Mikaela's process of moving towards realising the seriousness of her situation. Mikaela describes her friend as caring and clear-sighted when he put pressure on her to change. Through quoting her friend, Mikaela defines her former self as a parent incapable of caring for a child. However, like Minna, Mikaela does this from her present position of having been sober for several years and having done successful work towards personal change. She is no longer the same insufficient parent that she was then. Mikaela's narrative can be seen as the only example of when parenthood and the relationship to one's child is ascribed a determining role in the decision to work towards recovery. However, this experience is retold as a hitting rock bottom experience, as the emphasis is on the negative consequences (fear of losing custody) rather than any positive driving force such as improving her relationship to her daughter.

### *Substance use problems and heredity*

All participants were asked whether, in the future, they would speak to their children about their experiences of substance use problems, and all said that they probably would. A recurrent theme when the participants talked about this was their view of substance use problems as a disease that some people are vulnerable to while others are not. Linda discusses her thoughts on heredity in the quotation below.



That was a worry we had before we had children, that “What if she will be an addict too?” Because we believe in genetics, that it is partly hereditary. [...] Magnus [the father] said that “Two wrongs do not lead up to one right”. [Laughter] But then we felt quite safe anyway, thinking that, well, we are capable of seeing the signs. We can pick it up. Because we have been there. I mean, we know what it is all about. We can see when someone is manipulating. [...] things that other parents maybe wouldn’t see or react to.

In the quotation above, Linda thus express the view that her and her partner’s knowledge of addictive behaviour, gained through their own experiences and recovery work, can be potential recourses for them as parents, and give them chances to compensate for possible genetic vulnerability.

Johan had problems with heavy cocaine use, but has now been clean for 10 years and has a nine-month-old daughter and two older children from an earlier relationship. Johan also expresses the view that genetics are important. He describes already having spoken to his 12-year-old son about his earlier experiences.

Johan: And, I mean, he knows that he may have this gene, and . . .

Interviewer: Have you talked about that?

Johan: Yes, we’ve talked about that. Because he asked “How do you become an addict? Does everyone who drinks wine or ever taste it become alcoholics?” And I told him that “No, they won’t”. And I told him how it was for me, that when I drank for the first time, I wasn’t able to stop. I loved the effect so much more than my normal friends did. And from that day I was drunk every weekend. [...] So, I think he will be quite cautious himself. Well . . . I

think the most important thing is to be able to speak about it. So, it won’t become a taboo.

Johan emphasises the importance of openness in discussing substance use problems, but at the same time underlines that he did not bring the subject up until his son started to ask questions. In the quotation, Johan formulates the risk of heredity in absolute terms; either his son will turn out to have “this gene” or he will not. Like Linda, Johan expresses a hope that he will be able to compensate for potential heredity through his own knowledge and experience of substance use problems and recovery if or when his son starts to experiment with alcohol.

Jakob is a 28-year-old father of two young children (aged one and two years) and used cannabis, amphetamines, and opiates from the age of 14 to 22 but has now been clean for six years. In the quotation below, Jakob discusses how to handle situations when his children get older and come into contact with alcohol outside the home.

Jakob: I don’t want to be that kind of parent that is okay with that [children drinking as minors]. But if they do not show the same tendencies as I did . . . Well, of course they should be allowed to go out and have a drink, if they are old enough. [...] I mean . . . I have met people in the 12-step movement, and some of them can be almost fundamentalists, saying “It is poison! It is poison!” Well, it is not poison for everyone. [...] And when they have grown-up children and take this extreme position, I have seen that. I have friends whose parents are ex-addicts. And they [the

friends] have to keep some distance, because they [the parents] get too intense... And it was that way during the years they were growing up, too. The parents have been sober, but they have been going on about... like printing 12-step into [laughter] a totally unproblematic teenager. Because they are so scared.

Interviewer: So that's not the way you want to handle it?

Jakob: No. Hell, no.

Jakob also expresses a view on addiction (in this case alcohol problems) as something that a certain group of people are susceptible to, while others are not, and he states that as long as his children do not show any signs of belonging to the former of these groups, he will be okay with them drinking alcohol. Jakob contrasts this attitude to people within the 12-step movement who he considers "almost fundamentalists". Unlike Linda and Johan, who emphasise the 12-step way of thinking as a resource for handling their children's future contacts with alcohol (and perhaps narcotics), Jakob expresses his determination not to let his 12-step engagement influence his parenthood and relationships to his children unless there is a concrete reason.

*"Now" compared with "then"*. A distinct feature of the participants' narratives was the clear divide between "then" and "now", before and after going through recovery. As illustrated in the quotations below, becoming a parent is not in itself ascribed the same potential of personal change as working with the 12 steps. Those parents who had undergone recovery before having children described themselves as emotionally ready, and in some respects better prepared than the average parent, to take care of their children. Those participants whose substance use problem was active when they

became parents described how their relations to their children changed after they decided to work wholeheartedly for personal change within the 12-step movement. A recurrent theme in participants' narratives of personal change during recovery, in life in general as well as in life as a parent, was the importance of emotions. Emotions, and the capacity to be in contact with, understand, and handle one's emotions, were often described as the key to both recovery and to being a well-functioning parent. The participants described going from being emotionally numb to being in contact with their own emotions, and they emphasised how this was an advantage to them as parents.

Linda describes how her participation in the 12-step programme has given her an opportunity to work with her emotions.

I have worked a lot with my emotions. And I think that anyone would benefit from participating in a 12-step programme, all kinds of people. To work with emotions... Because in our society, emotions are kind of taboo, and everyone is supposed just to mind their own business. And I feel that I and he [the daughter's father], we are privileged in that way. We can talk about emotions, and we can... It's okay to have emotions. And I can raise my kids in another way than how I got raised myself. And then maybe, it won't end up as bad [for them] as [it did] for me.

Linda frames her work with the 12-step programme as an important resource in her parenthood. She defines herself as privileged compared with people who have not had the same opportunity to work with their emotions, and she expresses the hope that her competence in this area will have a long-term positive effect on her children's well-being. A similar perspective is expressed by Jakob. He emphasises how his work towards recovery has converted his earlier experiences of substance use problems into strengths rather than weaknesses.

Well, I think that when you start to understand yourself, you also start to understand other

people. So, I feel quite . . . I mean, I would never have worked with myself like this if I had not had substance use problems. And I think that I have . . . Well, I think that when our kids grow older and maybe get into trouble, then I will have a lot to teach them, when it comes to taking care of emotions and everything. Communicating that it is okay to be angry and things like that. That I will be able to handle things as they happen. I feel confident in being able to raise my kids, with the experiences that I have. I feel that I have an enormous strength, if anything [were to happen]. Well, I feel that I have something to give them.

Jakob states that his substance use problems have given him the opportunity to work with himself and become a better person, and parent, than he otherwise would be. He expresses confidence in being able to handle problematic situations as they may happen and concludes that his work on himself during recovery has given him something that he will be able to pass on to his children.

A similar view is expressed by Emil. Emil is 30 years old and the father of two small children aged two years and six months. He had a substance use problem that included heavy drinking and the use of various narcotics, but he has been sober and drug free for several years.

I think it helps me to be more emotionally present as a parent. But I don't know . . . I mean, I needed my substance use problems to get the recovery, but it is from the recovery process that I have learned so much. I think it has given me the tools I need to be a better . . . Well, to be someone who is for example emotionally present. Which I can see that maybe not everyone else is.

Like Jakob and Linda, Emil frames his experiences as having, in the long run, benefitted him as a parent. However, he emphasises that his work in recovery, not the substance use problem itself, has given him something. Emil describes how the recovery process has made him a better person, both compared with the one he was before, but also compared with people in

general, who he describes as not always being emotionally present to the same degree that he is.

Since most participants recovered from their substance use problems before they became parents, they also described being (to varying degrees) emotionally "ready" for the arrival of their children. A couple of participants who had active substance use problems after they became parents, however, described a "then" when they had also experienced emotional numbness with their children.

Mikaela's daughter (now nine years old) was born when Mikaela had been sober for over two years. Mikaela started drinking heavily again when her daughter was nine months old. When her daughter was three, Mikaela became sober through the 12-step programme. Mikaela describes her earlier, three-year abstinence as the result of an ultimatum issued by her ex-partner, not a decision rooted in her own will, and she sees this as the reason she couldn't stay sober in the long run. This sober period during which Mikaela's daughter was born, in this way is thus presented as belonging to "then" (before 12-step recovery), and Mikaela describes herself as emotionally "turned off" during the first years with her daughter.

And just like everything else, she was just a . . . project. Something that should be dealt with. That's the way I have seen things in my life, earlier. [ . . . ] It didn't matter if it was a child, a job, or my dog. [ . . . ] It was just another project. Just another thing to deal with. Because I could see that . . . other people did those things. They got children, and they took care of them. And for me it has been so hard to understand when people say that they would do anything for their child, or their partner, or their family. You know, for me . . . They were just things [weak laughter] in my life.

Mikaela defines herself as a parent who was unable to connect emotionally to her child. Later in the interview, Mikaela describes how her relation to her daughter has changed as she has worked towards recovery within the 12-step

movement. She makes a clear distinction between “then” and “now”, and thus presents herself as being nowadays a well-functioning parent:

Of course, I have been there. Physically. But not always emotionally. Today I am there for her, both physically and emotionally.

Similar experiences were described by Johan. He has a nine-month-old daughter, but also two older children from an earlier relationship. These older children were born during the time he had an active substance use, and Johan describes being high at the hospital when his eldest child was born. Johan also makes a clear division between “then” and “now” as he contrasts the experiences of his older children’s births to that of the youngest.

The first time . . . Like I said, I was completely turned off. So, if you had asked me then, I would have told you that “Yes, it was fantastic. It was so great”, or whatever people say. I would have made an answer up, the one I thought you would like to hear. But I was completely turned off. With the second one, then I was . . . more emotionally present. And this third time, I was [laughter] totally there.

Johan portrays himself as a person who, at the time, was unable to recognise any genuine emotions. Like Mikaela, Johan describes his emotional expressions as lacking an inner anchor and depending on what he recognised as appropriate after reading and interpreting other people.

## Discussion

The process of identity transformation connected with taking part in a 12-step programme has been explored by several researchers who describe the 12-step programme as a way of life, rather than just a type of substance use rehabilitation (Humphreys, 2000; Swora, 2004). Sobriety is, from a 12-step perspective, not only abstinence from drinking or taking

drugs, but also a state of humility, less self-centredness, and more openness to change and spiritual growth than during the times both before and during substance use (Swora, 2004). In the narratives of this study’s participants, this identity transformation was mainly manifested through descriptions of how one has changed and become able to live a richer and more harmonious life through learning to accept and come to terms with one’s feelings. Through the 12-step recovery process, earlier experiences are described to have been transformed into strengths rather than weaknesses, and these strengths are also described as important resources in parenthood. The tendency to define former substance use problems and recovery this way has been described in earlier research. For example, Swora (2004) states that 12-step members often see their substance use problems as meaningful in that they led them, through the 12-step recovery process, to more fulfilling lives.

Throughout their narratives, the participants in this study are doing active identity work, presenting themselves as parents. Among those participants who had recovered by the time they had their first child, self-presentation as a parent often emphasised how their work with the 12 steps had made them more emotionally present and in touch with their feelings than the average person or parent. Among the participants who had children during a time of active substance use problems, the positioning of oneself as a (nowadays) well-functioning parent was accomplished by comparing the former self with the present recovered self. The narratives in these cases centred on descriptions of having felt an emotional numbness towards the child, and these experiences were contrasted to how one nowadays is more emotionally present. The criticism of the parent one earlier was thus served to emphasise the improvements made. The quite harsh condemnations of how one functioned as a parent during the time of active substance use problems can also be seen in the light of how an important part of working with the 12 steps is to admit one’s wrongs and

defects of character. Earlier research has shown that parents with active substance use problems (who are not involved in the 12-step movement) can negotiate culturally held values of parenthood and present themselves as capable parents despite their ongoing substance use (e.g., Baker & Carson, 1999). This kind of negotiation, presenting one's former, substance-using self as a "good enough" parent, would probably be difficult within the narrative framework set up by a 12-step understanding.

Research has underlined pregnancy as well as parenthood as important motivators for women to seek help for substance use problems (Fraser, McIntyre, & Manby, 2009; Schultz, Teyra, Breiler, Evans-Campbell, & Pearson, 2018). Research on whether these factors are also motivators for men is very limited, but a study by McMahan, Winkel, Suchman, and Rounsaville (2007) showed that men in substance abuse treatment, to a high extent, were motivated to work with improving their parent capacities. Furthermore, parenthood is, from a general perspective, often mentioned as one of the most important turning points in an adult's life (Rönkä, Orvala, & Pulkkinen, 2003). In light of this, it is noteworthy that none of the participants credited becoming a parent (or wishing for children in the future) with the same strong potential for personal change as the process of working towards sobriety within the 12-step movement. With only one exception, none of the parents interviewed mentioned parenthood, children, or a wish for future children as major factors in their decision to start working towards recovery. Instead, the turning points in the narratives were almost always experiences of hitting rock bottom, indicating just how strong the notion of "hitting rock bottom" is within 12-step discourse. As Humphreys pointed out (2000), stories of hitting rock bottom often include dramatic events such as psychotic breakdowns, arrests, divorces, or suicide attempts. The lack of focus on children in the participants' narratives is thus logical, as hitting rock bottom refers to negative consequences of the substance use problems, rather

than wishes for a better future (that may include becoming a parent or improving relations to the children one already has). The one exception in the data, when parenthood is mentioned within the telling of a hitting rock bottom experience, also is clearly negatively framed, as the parent in question describes her fear of having her child removed by the social authorities.

In several of the participants' narratives, the disease model of problematic alcohol and drug use was connected to an understanding of these problems as genetically hereditary. However, several of the parents described feeling prepared to meet their children's possible future problems with the knowledge and competence gained through their own recovery. Thus, they considered it possible to compensate for potential genetic vulnerability, and several hoped to be more competent and better prepared than the average parent for their children's possible future interactions with alcohol and drugs. One parent, however, expressed some scepticism about letting his own 12-step experiences guide his reactions to his children's future contacts with alcohol or drugs, and he emphasised the importance of taking a laid-back position in this respect. All participants, however, shared the view of substance use problems as a disease that some people are susceptible to, while others are not.

This study focused on whether and how participants related their experiences of parenthood to the principles and beliefs of 12-step programmes, and how they conformed to or opposed the classic 12-step storyline when narrating these experiences. Since the study had a small sample, recruited through snowballing, there are certain limitations in the generalisability of the results. Another potential limitation could be the fairly long time since the interviewed parents had active substance use problems. However, life stories are shaped in retrospect. For example, which life events are assigned meaning as turning points in relation to a substance use problem is often clearer when constructing one's life

story later and at some distance (Teruya & Hser, 2010).

To summarise, the results show several interesting tendencies. The study confirms earlier research (e.g., Andersen, 2015; Carr, 2011) that has shown the importance of treatment context in how recovery narratives are created and new non-substance-abusing identities are formed. The participants' narratives, on the whole, conformed to the classic 12-step storyline. The lack of reference to children (or future children) as a motivating factor towards recovery is a striking example of how the classic 12-step story was an organising narrative structure in the participants' retellings of their parenting experiences. The participants' decisions to start working towards sobriety were all connected to hitting rock bottom experiences rather than to any particular incentive, including present or future children. An interesting question for future research would be whether the idea of having children is considered a turning point in the stories of parents who have recovered from substance use problems through methods other than 12-step programmes. The most salient result of this study, however, is that all participants described their work with the 12 steps as leading them to personal change through allowing them to become more in touch with, and better able to handle, their feelings. They also emphasised how this improved their parenting capacity and promoted the well-being of their children, in both the short and the long term. Through their narratives of substance use problems and recovery, they were able to present themselves as (nowadays) competent and well-functioning parents. The 12-step storyline thus allowed for integrating experiences of substance use problems into the parent identity in a way that made these experiences empowering rather than stigmatising.

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