

Mothers in Addiction Recovery Rising: The Will And The Way

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1. An invitation and orientation

“Reading is not walking on the words; its grasping the soul of them” (Paulo Freire)

Dear ‘Reader’,

Welcome! This is not just a report, but a living story - an unfolding conversation, a weaving of voices, hopes, struggles, and possibilities.

We invite you to read this with your eyes and with your heart. As has often been attributed to H. Jackson Brown, *“sometimes the heart sees what is invisible to the eyes”*. So, you are encouraged to feel, to listen, to respond while recognising that we live the future in what we do in each moment. Perhaps noticing, as Francisco Varela (1987) said, *“we lay down a path in walking.”* Therefore, you are invited to be more than a ‘reader’ but a **receiver and a partaker** in this story and report, to be with and witness what is unfolding within and among us. To sense into the possibility of your responses now, enacting and living the future into being.

For those who are coming behind: honouring shared struggles

At the heart of this story was a thread that remained constant and grounded this process from the very beginning: a collective wish to honour those who have walked the path of recovery before, and to offer something for those coming behind and still finding their way. Numerous times over this process it was articulated by women in interviews and in the co-inquiry group that there was a strong wish to offer something - quotes, stories, experiences, insights - that might help ease the way for other mothers and women (and men) in recovery, especially those who may feel lost, stuck, or alone. It was about showing that even in places of deep struggle - whether internal, relational or circumstantial - others have been there (or similar places) and found a way forward. To offer companionship and the reassurance that others have stood where you stand, or somewhere nearby, and found a way forward. This thread was a fierce commitment to stand beside others, extend solidarity and to say: ‘you don’t have to walk alone’. One woman shared her wish to be a *“beacon of hope”* - to show that recovery is possible, especially in those moments when it feels like there may be no way forward. To extend a hand in the dark as if to say, you’re not the only one who’s felt this way and I am here to guide you, if I can.

Alongside this, ‘*mother-women*’¹ also shared stories of the barriers they had faced, not only as a way of telling their experiences, but as a call for change. These stories were about making visible what needed to shift, so others don’t have to keep facing the same struggles. There was a clear desire that naming these challenges might help clear a different path or way for those who follow.

By sharing stories of struggle, value, and moments of flourishing, our wish in this report is that others may find this story meaningful for where they are now. It may be a phrase, an experience, or a reflection that resonates, something that affirms a sense of direction or offers reassurance that you are not alone. These are not signposts or instructions, but offerings,

¹ Please see the definition of ‘mother-woman’ shared at the start of section 3 on page 12 if helpful

threads to hold onto, a feeling that your steps are not isolated. Perhaps they may even offer a sense that you're not lost after all...that in the sharing of these stories, something recognisable emerges, a reminder that even in uncertainty, others have walked before you, and it is possible to find your way, though as a mother-woman, the experience of the path may be different, shaped by particular challenges, responsibilities and experiences. We hope there may be some sense of this in the story and reflections that follow, by listening to the voices of mother-women who have gone before.

Framing the process: how we came to this story

This story was created as part of an action research project, which was guided by the following research question: *“How can we advance the ‘system’ with mothers in addiction recovery?”* The word ‘advance’ doesn’t mean change by force but is about growing an understanding of what it looks like if mother-women and their families are at the heart of a ‘system’. This research reflected a wish to centre the voices, wisdom, and lived and living experiences of mother-women in recovery so we can listen and hear what matters and is valued by them.

Phase One: Appreciative inquiry and interviews

The research was grounded in participatory and relational ways of engagement. In the first phase, ten women participated in interviews grounded in Appreciative Inquiry. It was hoped that this could orient the research towards ‘*generative*’ exploring of what gives life, what matters and what holds value. This was not just in relation to the ‘positive’ but rather intended to open up insights and wisdom from challenges and struggles. Appreciative Inquiry has also been described as about an anticipatory reality where it seeks to bring the future into the present as a ‘*mobilizing agent*’. This moves us to a ‘*possibility centric*’ approach from a ‘*problem-centric*’ one (Coghlan & Brydon-Miller, 2014: pg.45).

Phase Two: Co-inquiry

In the second phase, six women engaged in a co-inquiry over approximately twelve months with periods of varying duration and frequency. Co-inquiry is research that is “*with*” people rather than “*on*”, “*for*” or “*about*” them. Participants are co-researchers and co-subjects together shaping the process, interpreting meaning and deciding what matters. It is:

“a way of working with other people who have similar concerns and interests to yourself, in order to understand your world, make sense of your life and develop new and creative ways of looking at things [and to] learn how to act to change things you may want to change and find out how to do things better.” (Reason & Heron, 1997: pg 1).

It recognises multiple ways of knowing:

- *Experiential* - knowing through direct, lived experience; being present with people, places, or situations. It’s about sensing, feeling, and the quality of relationship
- *Presentational* - knowing through expression; using story, poetry, movement or images to show meaning felt or experienced

- *Propositional* - knowing about something; ideas, facts, or theories shared through words, concepts, or explanations
- *Practical* – ‘knowing how’ to do something; skills or abilities shown in action, often learned through doing and shared with other

(Heron & Reason, 2008)

Phase Two facilitated a shared exploration of what might be of value to focus on and how we might begin to move toward “it”. We began with open dialogues - sensing possibilities, considering potential actions, and exploring what felt ‘right’. This gradually evolved into writing this story together, as understanding grew about what might be missing or where there was potential for deeper insights, what we wished to grow, the direction we felt we might need to take, and how meaning could be expressed. This process of sensemaking drew from reflexive thematic analysis (Braun & Clarke, 2022) and the concept of participatory sense-making (De Jaegher & Di Paolo, 2007; De Jaegher & Preiser, 2022), which sees meaning as emerging in the relational spaces between people as they interact, reflect, and co-create understanding. Rather than coding and theme-building in isolation, our analysis unfolded through mutual storytelling, ‘attunement’², and dialogue. We sensed together what mattered, what was absent, and what wished to emerge or be expressed. In this way, the story, and the analysis that shaped the story, was an ongoing, participatory process that was responsive to one another, to our own experiences, to the story, and to what we hoped to offer, invite and potentially co-create with you, the ‘reader’.

Positionality & authorship

I, Louise McCulloch, have taken responsibility for the physical writing of this story which has been informed by the words of the mother-women participating in Phase One as well as the direct narratives which you will see presented here. The storyline was written together in the co-inquiry as we discussed what we wished to share, sensed what was important or missing or could be framed differently; we narrated this story together. As such, this narrative emerged in the shared space we co-created, a space that was shaped by mutual trust and ongoing learning. We have tried to hold a sense of **togetherness without collapsing difference**, to speak with, not for; to be alongside, not above.

Voice is relational. In this story, there is a “we” when it speaks to shared process and purpose, and a “they” or “the (mother-)women” only when honouring the women’s autonomy and distinct experiences of addiction recovery. This is not a neutral account. It is a situated story that seeks to witness, to be with, and to speak to what may be unheard.

² **Attunement** in this context refers to a quality of relational presence marked by sensitivity, openness, and responsiveness to what is emerging *with* and *between* people. It invites a kind of listening that goes beyond words - sensing into the felt, the subtle, the not-yet-formed. Meaning and understanding arise not only from individual experiences or positions, but also through what unfolds in shared space. In this way, attunement supports a co-creative and embodied way of knowing that is continually unfolding. This was expressed in the story we co-wrote, where understanding emerged through the weaving together of diverse voices in a process of becoming-with - shaped through dialogue, reflection, and connection.

Meeting ‘systems’

Encounters with ‘systems’ take place in everyday moments. As such, this story is located where people meet systems and privileges this experience. While the meaning of ‘system’ is not explored in detail in this report, it is important to note that system is often assumed to refer to a real entity in the world - overlooking how observing and relating can themselves bring a system into being (Ison, 2010). The way systems are related to shapes what is possible to sense, to become, and to do. In this way, systems are not only encountered but *enacted* - through relationships, through presence, and through everyday acts of care. This gives rise to what might be called *relational governance*: a way of shaping and living governance that is not primarily rooted in formal authority or procedures, but in mutual responsiveness, attentiveness, and meaning-making in human connection. Relational governance, in this sense, speaks to the way governance is enacted through being with others, through listening, shared responsibility, and responsiveness rather than something imposed or abstracted. It draws attention to how governance is lived, felt, and co-created in the moment.

Recognising systems in this way calls for a *systems sensibility* - a form of attentiveness to how systems are felt, encountered, and lived. It gestures toward a quality of perception and relational awareness that arises from being within the midst of systems as they unfold. Attending to systems with this sensibility means noticing through feeling, relating, and emergence. Systems sensibility invites a way of seeing that is grounded in experience and care - one that aligns with the invitation for this story and report: to listen more deeply, to act with intuition, and to remain attuned to what becomes possible when lived and living experience leads the way. Approaching systems through this relational and experiential lens offers a way of understanding the research question that guided this work “*how can we advance the system with mothers in addiction recovery?*”, not just as a technical question, but as a question of orientation: how we, as people in relation, are with one another, and how ‘change’ is lived, grounded in connection, care, and responsiveness.

Lived and living experience: from occasional input to embedded wisdom

This report, and the process that shaped it, stands as an important contribution, and an important participatory research process in a moment in time. Yet, it also reveals something essential, that the inclusion of the perspectives and voices of mother-women in recovery cannot be the end point; rather, it highlights the necessity of listening to and being guided by those with lived and living experience in a continuous, embedded and relational way, where it is woven into the daily fabric of policy, practice and culture.

While the appendix of this report shares reflections on barriers and ideas for how aspects of the ‘system’ might be improved, these are important messages but not the primary message. Systems shift. Contexts change. Research that focuses on fixed problems and solutions may offer insight in a given moment, but it does not always foster the kind of ongoing responsiveness or relational depth that facilitates (meaningful) transformation.

The word *transformation* itself, drawn from the Latin *transformare*, suggests ‘to go beyond form’. This etymological root resonates with the intention here: not simply to reform existing

structures, but to invite shifts in how things are shaped, held, and related to. In this sense, transformation gestures toward an ongoing, living movement - an openness to *becoming otherwise*, guided by the wisdom of lived and living experience.

If we (whether as professionals, community members, or simply as people in relation to one another) are serious about meaningful change, then lived and living experience must move from the margins to the centre, not just in time-bound projects, but in how we lead, learn and live together. Then it becomes vital to deepen how we relate, how we listen, and how we co-create and tend systems that are alive to experience, grounded in care, and open to change.

How might you engage with this report?

You may come to this report hoping to find out *about* things. While you might indeed gain a sense of certain ideas, experiences, or insights, our deeper invitation is not just to learn *about*, but to be *with*. To be with the lived experience shared here, the distinct challenges of being a mother-woman in recovery; of being lost from self and hope and stuck in barriers; noticing silence and its textures; and sensing how we might tend the fires within and among us.

When asked for their key recommendation, the mother-women in the co-inquiry shared ‘**empathy and understanding**’. These are not ‘things’ that can be mandated or instructed. Rather, they are **relational capacities** that can only emerge when space is made for them to grow. This report seeks to tend such space: to open to listen and grow in understanding together. It does not aim to define what something *is*, but to open space for sensing how relationship might unfold with the stories, the struggles, and with one another.

If you are a **person in recovery**, you may recognise things in these pages that speak to your own journey. This report is grounded in the particular experiences of mother-women acknowledging the specific and often complex realities of recovery while parenting. But many of the feelings shared here, of being stuck, lost from your self or from hope may resonate beyond those who are mother-women in recovery. You may find something here that helps you feel less alone, or that supports you in sensing your next step, however small.

If you are a **policymaker**, you might find moments that ask you to pause and listen, to consider how policy might attune more fully to the lived realities of those it seeks to serve.

If you are a **professional** - in health, addiction, social care, or child and family work - this report might invite you to reflect on your practice with those you support. Perhaps you’ll notice how you already create spaces of care and dignity. Or you may be nudged to hold something differently or to listen more deeply with the people you support.

If you are reading as a **fellow human being**, this report welcomes you too. It invites you to consider how we meet one another in our struggles and in our experiences. Especially with those whose voices are too often excluded.

It’s important to acknowledge that for some, especially those seeking policy direction or service recommendations, the lack of fixed directives in this report may feel uncomfortable or unclear. But this discomfort is also part of what the report invites: not a prescription, but a practice of deepening understanding, of growing empathy, and of recognising that perhaps the

most “help full” guidance emerges not from fixed answers but from being in relation with stories, with feelings, and with each other.

What might you notice as you journey through this story?

As you read this story, you may notice that some narrative quotes appear more than once. This is intentional. Like echoes in a canyon or motifs in a piece of music, they return. Not in repetition for repetition’s sake, but to offer new resonance as you, the ‘readers’ understanding shifts and deepens. Like patterns within a fractal, the same words may invite different meanings depending on where and when they meet you. This has been minimised but at times it felt necessary.

You will encounter the term ‘**mother-woman**’ which is used intentionally throughout this story. This phrase reflects the intersecting identities that the women in this inquiry embodied, being both mothers and women, not as separate roles, but as entwined, lived experiences. You may also notice that at times, we refer simply to ‘mother’ or ‘woman’. Mother-woman was used when the dual identity felt relevant, especially when maternal identity shaped experience differently from being ‘just’ a woman or ‘just’ a mother. Mother is used when referring specifically to parenting or caregiving actions, and woman when maternal identity is not relevant in the moment. The term mother-woman draws on the work of O’Reilly (2019), and it honours the idea that the experiences, pressures, and possibilities of mothering are deeply gendered and uniquely situated. While you will find a fuller explanation at the start of section 3: ‘*Meeting the mother-woman in recovery*’, it felt important to note this framing here too, early in the story.

You might also notice that the narratives have been shared with a focus on curation rather than interpretation. This means they are not selected or shortened to prove a point or validate a prior claim but are held in a way that invites voices into dialogue with one another, and with the story we began to shape. At times, this involves sharing longer passages, not for the sake of length itself, but to allow space for complexity, emotion, contradiction, and resonance to emerge. The intention is not to present narratives to be solved or decoded, but to offer them as living expressions to be felt, witnessed, and attuned to. This orientation invites a shift, not only toward understanding the experiences of mother-women in addiction recovery, but toward noticing how these experiences might shift how we relate to one another in policy, in practice, and in community.

This approach also invites a shift in how we view research itself from ‘*mirroring*’, reflecting what has happened, to ‘*worldmaking*’, participating in tending the potentiality for something to come into being (Gergen, 2014). Research, in this sense, is not only descriptive but *generative*. It becomes a space where possibilities can be sensed, held, and perhaps even nurtured into life. We hope that this can be a living story. It is not a conclusion, but a beginning. It is an invitation to listen, receive this story and partake. And for us to continue to grow this story together.

*** **Note:** All names in the pages that follow have been changed to protect confidentiality.

2. Introduction: healing forest and recovery

There is a story told in Native American wisdom and the Wellbreity Movement known as the healing forest. It reminds us that if a sick tree is removed from a damaged or toxic forest and planted in rich, healthy soil, it has a much better chance of healing and thriving. However, if the tree is returned to the same unhealthy forest, its struggle to survive will likely return, as the environment that may have been part of the sickness remains unchanged (Clark, 2019).

This story offers another way to think about recovery. Too often, recovery is only seen as a personal journey, as a matter of willpower or individual strength. But what if recovery is also about the soil we're rooted in, the relationships, communities, systems, and conditions around us? What if each of us, such as practitioners, policymakers, communities, all play a part in shaping the kind of forest where healing is possible?

This metaphor is deeply relevant to mothers in recovery. Many are expected to heal in 'systems' that are not always welcoming. Some parts of systems are supportive and healing, whilst others remain punitive and unresponsive to their experiences. Recovery does not happen in isolation; it requires not only individual effort but also, the transformation of the environments that impact well-being. The healing forest suggests that while personal resilience is essential, systemic context is just as critical. As Desmond Tutu reminds us, "My humanity is bound up in yours, for we can only be human together" (The Socratic method, 2022). How we, as human beings, choose to show up for one another, to listen, to stand alongside, and to notice what helps and harms, defines who we are and the kind of communities we create. For mother-women in recovery, this means fostering communities that nurture their growth, and a society that values their dignity and listens.

The path to recovery is not solely about personal willpower but also about creating the conditions that facilitate individuals and communities to thrive. Just as it is difficult for a single tree to flourish in a sick forest; likewise, it is challenging for a mother-woman in recovery to flourish in a 'system' that does not support her. It is only by healing the entire forest that lasting recovery and transformation can be fostered - creating space for everyone, especially those who may not yet see recovery as a possibility, so they might begin to imagine themselves in it.

This is an important metaphor for us to hold as recovery can too often be seen as an individual journey; however, it is intertwined with the ecologies we all shape and are part of such as families, communities and systems of support.

3. Meeting the “mother-woman” in recovery

This part of the story emerged from discussions in the co-inquiry group about the importance of naming and describing the unique experience of being a ‘mother’ in recovery. The women shared that this experience is not the same as being ‘just’ a woman in recovery. There are additional layers, responsibilities, expectations, judgements, and deep systemic pressures that shape the experience in ways that often remain unseen. Together in the co-inquiry we explored this more deeply, and the idea of the ‘**mother-woman**’ came forward, a concept that captures how maternal identity carries its own specific challenges and complexities.

This term ‘**mother-woman**’, drawn from the work of O’Reilly (2019), helped to articulate some of the nuances and challenges:

“The category of mother is distinct from the category of woman: many of the problems mothers face—social, economic, political, cultural, and psychological—are specific to their work and identity as mothers. Mothers, in other words, do not live simply as women but as mother women, just as Black women do not live simply as women but as racialized women. Moreover, mothers’ oppression and resistance under patriarchy are shaped by their maternal identity, just as Black women’s oppression and resistance are shaped by their racialized identity. Thus, mothers need a feminism of their own—one that positions the concerns of mothers at the starting point for a theory and politics of empowerment.” (O’Reilly, 2019: pg 20)

Alongside O’Reilly, we also found resonance with Adrienne Rich’s distinction between *motherhood as institution* and *mothering as experience* (Rich, 1977). This distinction helped make visible how some challenges arise from the **institution of motherhood**- the social and cultural expectations imposed on mothers - while others emerge from the **experience of mothering**, the relational, emotional, and practical work of nurturing a child. In the stories shared, both are present: the scrutiny and expectation, and the deep desire to nurture and be present with their children, often under difficult conditions.

In the women’s stories, it was possible to notice how these layered dynamics showed up in recovery: the experience of day-to-day mothering and of trying to heal often with limited or no support; whilst meeting motherhood and the scrutiny of ‘systems’ and expectations that governed what being a mother meant but rarely acknowledged the full context of their lives. It became clear that to engage meaningfully with recovery, we must also engage with the intersection of mothering and motherhood - of relationship and role.

So here, you are invited to come closer to the mother-woman in recovery, to witness her realities not through abstract categories or roles, but through her lived experience. This is not an attempt to define her, but to make space for her. To offer a deeper understanding of her path through recovery. To listen, to grow understanding and perhaps, to hold space for how we, as readers, listeners, practitioners, and fellow humans, might meet her differently.

The narratives in this section illuminate some of the experiences of being a mother-woman in recovery including the isolation faced; the particular challenges in early recovery; and specific stigma as a mother. Their words reveal the urgent need for spaces that acknowledge

and support the realities of mothering and motherhood and that facilitate honest and real conversations about the challenges of being a mother-woman in recovery, so that learning is possible.

3.1 “*Mothers don’t always be smiling*”: expectations of mother-women

Mother-women, in general, often face gendered expectations around what motherhood means - particularly around care, emotional labour, and selflessness. They can feel that they are more often expected to embody caregiving in ways that required constant availability and emotional regulation. This pressure to behave selflessly can become a form of self-erasure, where even expressing exhaustion, frustration, or discontent feels like failure. These idealised notions of motherhood shape the everyday lives of mother-women: what they internalise, what they question, and what they are slowly unlearning as heard in the narratives in this section

Rebecca shares about the gendered imbalance of care for children she has experienced and how the responsibility lies primarily with the mother:

“So, it's great for the men, isn't it? They can do what they want. For women...we're still looked at as the primary care givers, you know, which is don't get me started on that... It's just not fair. You know, it takes two to make a baby. Why should we put it all on the mother?”
(Rebecca)

Claire brings us into that tension. She reflects on how deeply these ideals were woven into her own sense of being a mother, and how, in recovery, she is slowly learning to challenge them. Her words remind us of how hard it can be to simply admit when mothering feels too much.

“I learned a lot about mothers since being here...mothers don't always be smiling. Don't always like their kids. I couldn't understand that. Katie... she has a daughter, and I like the way she speaks. I love her brutal honesty. Yeah, there is expectations on mothers. It should be a certain way. You should do things like this...by the time she comes in here, she says ‘I just hate being a mother. I don't like her today’. You know, me with being a mother, I always had to have a clean house, the dinner on...but it's not like that, you know. Your house can be untidy. You don't always have to have a dinner on the table...I'm not saying it's wrong to do. Well, it's okay not to do it one day. But I don't think mothers get that- mothers have to do it every day...and I love listening to the way she speaks. ‘No, I'm not okay today to do that’. You know her daughter doesn't get neglected and nothing like that. But I learned a lot from her. It's like no, if you can't do it today, it's okay, you know? Where, when I was at home being a mother, that wasn't okay...like I'll never forget a question that was asked. ‘Do you like being a mother?’ It wasn't to me, it was to someone else. She said, ‘no, not all the time’. And I know I felt like that, but I could never express that. And I'm listening to people now that can express it. And I'm saying, ‘yeah, it is okay’, and that's helped me with my son. It's okay the way things are, he's safe, he's warm, he's in school, he's fed. But it's okay to say ‘no, I'm not happy. I don't like being a mother today’. There is a lot, a lot of pressure on mothers. There is

a lot of pressure and it's only through that and I'm learning as I go along. I wasn't like that. I didn't say what I knew. I felt it, but I could never express it” (Claire)

While these narratives help us to understand the challenges of being a mother-woman in general, it is important to understand the particular challenges of being a mother-woman in recovery which are now explored in the next section.

3.2 What is different about being a mother-woman in recovery?

When a mother-woman steps into recovery, she steps into a space of deep transformation. The journey is often painted as a personal one. Yet for mother-women, it unfolds alongside the experience of caregiving and motherhood. Mother-women in recovery experience particular challenges when they try to recover while still carrying the emotional, physical, and cultural weight of motherhood.

3.2.1 “I miss that mother role”: loneliness and isolation

Mothering in recovery can be a very isolating experience, particularly when children are young. Recovery can be complicated by the demands of parenting, and the emotional weight of trying to balance your own care with your children’s needs.

Rebecca shares how this tension can lead to feelings of loneliness, with few places to turn for support, especially for single mothers navigating these challenges alone.

“It's fairly lonely actually, being a single mother, you know? Really, really lonely. I think more lonely when you're fighting the battle of addiction as well. You can't even. Oh, I'm going off there to let off steam. I'm going out with my friends, for tonight” (Rebecca)

Claire highlights the loneliness that can come from not only the absence of a social support network, but also from the loss of the mothering role itself. This feeling of missing out on the everyday aspects of mothering can leave a sense of emptiness.

“I love being a mother. The hardest thing was not having the mother role. When I came into addiction, when I ended up homeless and the whole lot. It's very hard. Like even now, we went to the residential last week, and we were doing the food, hiding the sweets when they came in, so they'd eat their dinner, and we were laughing about it and when I got back, I was very sad because I miss that mother role...I remember I cried here, it was the mother role. I'll never get over the fact that I'm not with the kids every day” (Claire)

3.2.2 “Not just learning how to be a mother. You're learning how to be”

For mother-women in recovery, the recovery journey is not just about giving up drugs. It often involves learning how to be a mother and parent while also learning how to live. Recovery often begins at a point when a woman is still figuring out who she is without substances. Basic life skills may need to be relearned. Emotions that may have been numbed or avoided can become raw and difficult to manage. In this context, the task of mothering can feel overwhelming.

The following narratives by Eva and Christine draw attention to the emotional weight of trying to grow as a person while also meeting the needs of a child. Mothering can begin before you feel ready to care even for yourself.

Eva's story shows how overwhelming it can feel to be responsible for a child before feeling grounded in one's own recovery.

"In those early years, I had got my son back for overnights and I still could not take responsibility for him. I did not know how to be a mother, and I did not know how to be a human being living in the world without substances...I always felt different in the world, and I did not know how to live my life like normal people do. I could not handle my emotions. I could not handle feelings, and I think from a young age, I wanted to take my own life from a young age because I did not know how to be in the world. So, I believed that drugs saved my life for a period of time, and then they turned their back on me. They stabbed me in the back. They stopped working for me. But in recovery, I could barely look after myself, never mind this little human being. So, I had to learn how to be in the world, but also how to take care of this little human being." (Eva)

Christine echoes this, but also speaks to the difficulty of functioning in everyday routines of mothering, often for the first time without substances.

"I still think it's very hard being a mother in recovery in the sense of like you're learning all these new things about yourself and you're trying to apply them to your daily life. But when you've been on drugs for so long and so highly medicated and having like no life skills, I needed drugs for everything. Like to get up, to get the kids up for school, you know, to actually be a mother I needed a drug. So, I did not know how to be a mother without using drugs. This is all stuff I had to; I'm still learning to do. I'm learning all this now, and it's very hard because you're learning, not just learning how to be a mother. You're learning how to be. I'm trying to see who, learn who I am myself, you know, as a person" (Christine)

3.2.3 *"Inside I was crying": balancing motherhood and early recovery*

In early recovery, mother-women often find themselves navigating intense internal and external demands. Recovery is still new and yet the responsibilities of motherhood can return quickly. The stories here offer insight into what it feels like to carry these twin loads of recovery and motherhood.

Lucy brings us into the intensity of early recovery itself and in particular the overwhelming feelings that can arise at this stage.

"When you're in early recovery, everything's catastrophised...it's like, oh, my God, my UPC Bill needs to be paid. And it's like, you know, it's this big drama...and you'll see people in early recovery, and they're running here, there and everywhere, and, you know, it's great, and they're getting their life back... your body's only levelling back out. So, it's like, your head's constantly manic. And, you know, it's like, especially in early recovery, you've got one side going, I need to do this, I need to do that, and I want everything fixed. And I've broken loads of relationships...And then you've got another side going, Use! Use! Use! It'll be

easier. Just use! just once! just once more! So, you've got all that kind of stuff going on, you've got, then you know the consequences you're playing the tape forward, no, I won't. Yeah, I will. No... and it's just like, so when you're in that bubble everything is overwhelming” (Lucy)

From this place of overwhelm, Sarah describes what it felt like to be expected to immediately return to motherhood. Her story reveals the weight of assumption and how, without support, recovery can become increasingly difficult to hold onto.

“I remember, like, in my recovery the last time, like, I got nine months, and I remember only coming back and like, by a mutual agreement, I have my kids from Monday to Thursday and he has them Thursday to Sunday. And it wasn't for the father of the kids to set up - it was me, Mam. And she was like, 'oh, you have your kids now. Your kids are here Monday to Thursday'. And I was literally coming off methadone detox... I think that it was kind of expected of me – 'well, look, you done what you done, here's your kids, do what you have to do'. You know? And I felt the pressure of that was, oh my God. And I am not saying that was an excuse to go back out and use, but I did. I went back out and used over it, you know, because it was so much pressure and expectation for me that I hadn't even got time to think what I was going through, never mind anything else. I was so preoccupied with kids and housework, and it was just like, inside I was crying, but yet I was trying to hold it together because I had my kids and this was expected of me, where I didn't feel I could even come out and say, like, I'm not ready for this right now.” (Sarah)

In contrast, Jane describes what it was like to be supported to re-enter motherhood at a pace that matched her recovery. Her sister and social worker worked collaboratively with her, offering gradual steps and clear plans rather than immediate full-time responsibility.

“They went at a pace where that suited me. It wasn't like eh, you know, because I got clean. She wasn't like, oh, take your daughter back. She was thinking of, are you going to be able to cope? Are you going to be able to manage? Maybe we should do it, you know, one day for a few hours, then maybe every second day for a few hours where it eased into it. And she worked with me, you know, it was at my pace. There was no pressure. And the social worker actually as well too, I got a really good social worker...it probably would have been six months up to me getting my daughter back. She really went above and beyond for me ...She pushed for the visitations that I got a little bit more and had the plan, the access plan ready and what was going to happen. So, I knew myself what I could prepare for” (Jane)

3.2.4 “I just felt completely trapped in this apartment”: loss of freedom to access recovery supports

For mother-women in recovery, the availability and accessibility of support services can be significantly limited by their caregiving responsibilities. While they may be working hard to recover, logistical barriers, such as childcare, often prevent them from accessing the full range of recovery services, leaving them at a disadvantage in their journey.

Claire shares this tension, noticing the difference between what mothers in recovery can access versus those without children in their care. Claire's narrative emphasises the view that

addiction is a disease of isolation, so socialising and being with other people is really important.

“They're not going to get the whole service because they're mothers...because there's not a lot out there to help, you know mothers in recovery...they can't go to the forty foot [a sea swimming bath]. They can't go for the mountain walk because they've buggies. You know, there's other things they can do. But we stay fairly connected and that's with family or friends...but they won't get the full experience. They would go for walks or go to a day centre- you know, a fun centre with the kids. But they're not getting the full experience. Like we'd come back in, say around afternoon and they'd say, 'oh we went to a day centre- you know, a kid's centre and kids were screaming'. Which is grand - you have children, you do that. But, because they're mothers and they've young children, they won't get what I've got, you know? ... they're doing the work, they're working their asses off. They're working so hard. But they won't get, they're not getting the full benefit, the full experience of this recovery” (Claire)

Rebecca shares about loss of freedom and the ‘slipping’³ of one’s own recovery. This was further complicated by the focus on child wellbeing for support over maternal wellbeing.

“Oh, it felt amazing to have it [referring to freedom], but then to not have it was like, I just felt completely trapped in this apartment. Like this is it, I'm a mother now...I didn't even know what I was anymore...I felt like anything that I was or who I was, was gone, you know. So, I kind of went through a struggle with that as well, you know. Would I ever be able to do my own things...but at the same time, I wanted this child so much as well, you know what I mean. So, I was happy in one sense, you know, that kind of way. But then it's like my recovery was slipping more and more and more and more to the point where I went back into relapse... And they say that's what parenting is. But you know, nothing for me [referring to the child centred nature of support]” (Rebecca)

Jenny reflects not only on her own experience, but also on what she believes she has observed in others while mothering. She offers a sense of the practical and emotional toll the balancing act can take, and how much it requires of mothers to keep showing up.

“You are trying to mind yourself, but then you have kids to mind who need you. Just trying to find a balance. And so like, my friend, she'd have two young kids like, and she would feel at the start her ex-partner was having them, but she'd feel guilty going to meetings or that because she hasn't seen the kids in whenever, and stuff like that. And so, then her meetings would slide but then her head would start going, and it's all, it's a balance, and it's very hard to find the balance when you have very young kids...I have a lot of freedom today...I can choose if I want to get up and go to a meeting or not. A lot of women can't choose that. Like they either have a time when they have to get someone to mind the kids and it's the only time, and they could be bolloxed tired but they still have to get yourself to a meeting, or get themselves to whatever support it is that they have to get to.” (Jenny)

³ Slipping is a term often used to describe moments when someone feels their recovery is at risk.

Jenny also shared the challenges of getting support as a mother to younger children and her experience that recovery was not really possible with small children and the task of mothering:

“Because they are asking me and ‘how did you do it[recovery]?’ ...And I don’t say, ‘well my experience is that my kids are fucking old and I had to wait’. And you don’t want to say that to another mother because that’s disheartening. And they are going, ‘what? I’m like this for years’, You know, so that’s the hardest thing. I think when someone says it to me, I’m like, ‘oh, yeah, no, I just went to treatment and do meetings’. When I really want to say to them well, ‘I had to wait until my kids were fucking older’.” (Jenny)

3.2.5 “How could she do that when she has 3 or 4 kids”: stigma as a mother in recovery

Stigma is a common experience for people in addiction recovery. However, for mother-women, stigma is often amplified by cultural ideas of what a "good mother" and motherhood should be. The judgement can come from all directions: society, services, communities, and even from within. Mother-women described feeling watched, scrutinised, or talked about differently simply because they were mothers and were expected to behave in accordance with how a mother should be.

Sarah reflects on how judgemental stereotyping intensifies when motherhood and addiction overlap, and how gendered expectations can deepen feelings of shame and isolation:

“I really think a child needs a mother. And I think when someone sees a mother going through addiction, I think it is very stereotyped...if it was a man and he was going through it, it would not be seen as much as it would be for a woman that has kids. Even if that man had kids, I think men get away with a lot. A lot more whereas a woman is kind of judged a lot more around, like, ‘how could she do that when she has 3 or 4 kids’ or whatever...that, that kind of like, that kind of stereotype of- oh, would you even call it a stereotype? ...Just people kind of... like judgemental, kind of, you know what I mean? Like, a man could get away with it and a woman without kids could probably get away with it a lot more. But when you’re seen as a woman with kids, word of mouth kind of goes ‘how could she do that?’ And ‘she has kids and she doesn’t think of her kids’. But when you’re in that, that’s not the case at all. You do think of your kids, but you just cannot get out of it.” (Sarah)

Lucy shared her frustration of overhearing this kind of judgement among peers, and of the relentless expectations placed on mothers to be everything, hold everything, and still be judged for how they do it. She also reflects on how a mother’s commitment to her recovery could be questioned, as she tries to balance this with the responsibilities of motherhood.

“I’ve heard it, I’ve actually heard it. It’s like, I’ve heard it from others in recovery, I’ve heard it like, and it angers me to no end. And it’s like, and ‘did you hear she relapsed again? Like, how many kids has she got now?’ Or ‘did you hear that she’s after getting pregnant again?’ Like, and she and... It actually, my stomach does flip, because I do be thinking, you know, like, Who are you to judge? Like, you don’t know what they’re going through. You don’t know

how hard it is for them. And there's a level of expectation that's unfairly put on women by society to, you have to be a certain way as a mother, you have to have a job, you have to keep the perfect house, you have to, you know, be the perfect partner. You have, you know, all these expectations that are just unrealistic...and I think it's just, you know, unfairly, just expected, you know, look a certain way, be a certain way, you know...or, you know, like, 'what do you mean you can't get to a meeting'. I've also heard that as well. 'Well childcare', 'ah now you can't be using excuses like that. What are you, what are you going to do now when you're back out there using?', and it's like, like, some of the things like that you come across, it's like, 'Really, dude. You don't have a clue', you know. So yeah, there's a lot of unfair expectations put on mothers." (Lucy)

3.3 Within relationships with my children

A central theme across narratives was the impact of recovery on relationships with children. Stories highlighted a range of experiences, such as loss of connection to stories of repair, renewed presence, and conscious parenting. For many mother-women, recovery opened up the space to begin re-establishing bonds with their children, often after periods of separation or fragmented contact. These relational journeys were frequently driven by a deep desire to offer their children what they themselves had missed in their own upbringings, a wish shaped not only by personal histories, but also by patterns repeated across generations. The mother-women's reflections suggest that recovery held the potential not only to transform their own lives, but also to interrupt cycles of disconnection, trauma, or absence that had been systemically perpetuated. This section explores these themes through participants' accounts of bonding through separation, striving for presence and consistency, coping with guilt, and learning how to mother in a way that differed to how they were parented.

3.3.1 "I can't come home": bonding through separation and repair

For many mother-women in recovery, re-establishing relationships with their children after periods of separation is an emotionally complex and deeply personal journey. Experiences of shame, guilt, and disconnection were common, as is the fear that the bond with their children may have been irreparably damaged.

Jenny's reflection shares the reality of emotional distance created during addiction and the slow, ongoing process of rebuilding trust and familiarity with her children:

"When I came into recovery, my daughter was 17...and I hadn't got a clue about her...so I wasn't speaking to my son when I came to recovery. That was fractured. I was just still having to learn things about them today...Like still learning stuff about my kids that I'd lost."
(Jenny)

Jane describes the sense of unfamiliarity with her own child after a period of separation, highlighting how reconnection often starts with relearning basic details of a child's preferences.

“I can’t cope sometimes with her and she would have a bad day with her tantrums and I just didn’t know how to deal with any of that. I never had to deal with any of that...she went to my sister when she was one so I didn’t even know what my daughter liked and disliked and it was all new to me and I struggled with that.” (Jane)

Lucy’s shares about how, in terms of mothering, even initiating conversation with your children can feel daunting.

“When I look at coming in first, [to recovery] it was like, ‘How do I speak to these [my children]?’ I remember actually saying that to my sponsor? like ‘how do I actually talk to them [my children]?’ I had no skills.” (Lucy)

Christine underlines how it can be challenging to connect with your kids when you may not have even had that with yourself.

“Like there needs to be definitely something, some important piece to teach women how even to connect with their children, because we’ve been so disconnected from ourselves” (Christine)

In Melanie’s narrative, you can sense the anguish about maintaining bonds and connection with kids. She had been in prison and when released only had supervised access. Her children didn’t understand this and felt rejected. On sensing this, she worried about maintaining their bond.

“I only heard them on the phone and Andrew wouldn’t get on the phone to me. He was like, ‘no you won’t come home’. And I was like, ‘Andrew, I can’t come home’. Rob brought Kim up to see me in prison and... Like I was there about five months and she went to run. But, you know, she stopped like and I was like, ‘are you coming over to Mammy?’ I was saying like I hope like the nine months, wouldn’t you know, break our little bond that we have... I was worried that.. Kim wouldn’t talk to me still, it went so long that Andrew would have had a little hump on his shoulders, you know what I mean, ‘oh she wouldn’t come home’. And then Sophie, she just said, ‘Oh, I have me mammy back. I had no mammy and now I have a mammy.’” (Melanie)

Melanie also expresses frustration at the barriers to reconnecting with her children, where limited and facilitated visits in a space they didn’t like made bonding even more difficult.

“An hour and a half a week, like [the time to see children]. It’s ridiculous. Yeah. Like it’s horrible. Like they didn’t get in touch with me for five months...and they got in touch with me and I had to sit in chamber house for an hour with them and they hated the room... Yeah. Chamber house. I fucking hate it.” (Melanie)

3.3.2 “Now I can feel I love my children”: presence and consistency

Many spoke about a different kind of presence with their children in recovery, as well as the importance of growing trust through consistency i.e. being emotionally and physically dependable over time in everyday interactions.

Christine captured the emotional shift many experienced in recovery in their mothering: being present not only physically, but emotionally, and reconnecting with the depth of their love for their children in a way that felt new and more profound.

“They say the good thing in recovery is you get your feelings back and the bad thing is you get your feelings back. Like it's good that you get them back, but you can't suppress them anymore. You have to feel them. But then it's feeling all that, that love for the children and all like. I always knew I loved my children, but it's now I can feel I love my children. Like I knew it in my head, like they're my kids I loved them. But then I think it's that because, yeah, like I knew I loved them, but it's like I, it's saying I love you because it's just, I love you, I love you. But now it's I feel I love you, you know what I mean? Like, it's just, everything's on a whole different level.” (Christine)

For many, this presence was accompanied by a sense of awe at simply being there sharing in their children's lives in ways that once felt out of reach.

She [my daughter] fights in MMA, and we took her to the match...Sitting there with my son and my daughter was in the ring fighting. It was just Oh, my God. This is just great. Like, I never dreamt of this... And my son sitting with me smiling...Because my son, I got him into dance and hip hop. Now I had been there but I was there and not present if you get me. It was different this time and I thought this is where it's at. This is the way it should be. I felt happy for my daughter as well because I was there. She seen me there. She got the support that she wanted... It was showing up...I was present...And she's like so proud. ‘Oh, your kick is great there’. And just acknowledging all the things that she's done well. And, you know, that's all I ever wanted, you know. So I was happy that I was able to do that.” (Jane)

Sarah described how consistency and reliability, built over time, helped her children begin to relax into and trust the relationship again.

“I was kind of like, even the kids are seeing a little change in me. And I could see the smile on my daughter's face, and I just gave them consistency. Each visit was getting more precious and precious because at the start, I think they were thinking, oh, now she is going to go back out and like, do whatever she was doing. Like, you could kind of see that little bit of worry in them. Well, as the weeks went on and I rang them every night for ten minutes on the office phone, I just showed them that consistency. And then I started to notice like that they were coming out a bit more alive, you know, and more happy. It was like, they were getting lighter in themselves. Yeah, I always remember that” (Sarah)

For Eva, she had a painful but pivotal learning moment that helped her understand the kind of presence her son needed. Eva reflects on what she describes as having ‘run’ in active addiction. Here, *running* refers not to physically leaving, but to emotionally withdrawing or escaping from the demands of connection and mothering, whether through substance use or, more subtly, through distraction.

“I had my son back and I was on my phone and my phone had become my new addiction and my son was on the couch, and he was calling me and calling me, and I didn't even hear him. And he said, ‘you love your phone more than you love me’. And it was like a knife to the

heart. And here I was supposed to be in recovery. My phone had become my new addiction...All he wanted was my attention... So that was a massive learning curve for me, actually, that incident. That I needed to be present, you know, because I wasn't giving him the attention that he needed. I had run in active addiction, and I was still doing it in recovery. That's what I felt, you know? So that was a massive turning point for me. And then I think from that point on, I had made a commitment that I would spend an hour doing what he wanted with him, giving him the attention. Now, I mean, it was, it could have been as simple as just getting down and colouring or playing cards or playing the PlayStation, whatever it was, just giving him a bit of my time.” (Eva)

Lucy shares about how awkward and uncomfortable it could feel initially being with and mothering your children but despite this, the importance of pushing through this to make it feel natural:

“I remember someone who I really look up to saying, ‘it’s not about you’ and I was like ‘sorry? You what?’ and she was like, ‘she hugs you and you hug her back. She wants to watch a movie with you, watch a movie. I don’t care if you want to crawl out of your own skin. It’s actually not about you. You do it until it doesn’t become awkward.’ ...And I felt like I’ve been dropped onto another planet, really, with all these emotions, all these feelings, all this thinking and going, what do I actually do now?” (Lucy)

3.3.3 “I try and do them things, give my kids what I didn’t get”

For many mother-women, mothering was also a space where childhood wounds could surface. Their reflections spoke to a powerful desire to protect their children from the pain they themselves had known, to break cycles, to rewrite patterns, and to give what they never received.

Jane was adamant about her children not experiencing feeling unloved and rejected:

“I had never been there for my kids, and you don’t intentionally put your drugs before the kids, but that’s what happens and then you always kind of want to have that good relationship with the mother and daughter...I never had that and I am changing and I’ve been doing so much with my own kids, my own daughter...So I try and do them things, give my kids what I didn’t get. You know, so that’s one thing. I was adamant that that was not going to happen. That they were not going to be left here, unloved and rejected and all these things.” (Jane)

Rebecca reflected on the emotional toll of trying to constantly ‘get it right’, while still holding firm to her desire to parent differently

“I’ve just tried to do everything differently to my parents, to be honest...Being a parent, there’s some things, good things that I bring in there, you know? But then I know what things not to bring and, you know, that kind of way. And then I went through this thing of having to be the perfect parent and do everything right. I’m going to fuck her up. I’m going to fuck her up, you know? And this fear of forever going through anything that I went through. So constantly, like trying to make the right decision and do the right move and say the right thing all the time is draining. Like it’s so draining. But I still try my best” (Rebecca)

Eva shared a narrative about trying to break cycles and feeling like she was failing and the shame that this brought with it:

“For a long time I thought I was a horrible mother. My dad was never available growing up. And I had always said, I’m never going to be like him. Never. If I ever have children, that’s what I always said. I’ll never be like my father. I’ll be there for my child. But then, when I had my son, I was in my active addiction, and I was actually doing worse than my father. So, the narrative then that I told myself was that I’m this horrible scumbag and, at least my father was present physically. I wasn’t even present physically for my child... I had turned into my father and become worse. So, I had that story, and I had that belief...And I would have told myself that for a long time. But then, as I said, slowly but surely, I started to do a little bit of work on myself. Really look at myself and look at my beliefs and my narratives and try and make the changes.” (Eva)

3.3.4 “Bad mothers don’t question whether they are good mothers or not”: guilt and parenting

While the wish to give their children something different to their own experiences of childhood often emerged as a powerful motivation, many of the mother-women also carried a heavy and enduring weight of guilt. This guilt was not only about the past, about what had happened during addiction, separation, or instability, but also about the ongoing fear that they might not be doing “enough” now.

In the following reflection, Lucy shares the compassion her mother held for her, which helped her to relax with her guilt.

“How do I get the balance between good parenting and parenting out of guilt? I had to do a huge piece of work around that. And I remember my mom saying something to me, and it has stuck with me, actually to this day. And I remember crying to her on the phone one day. I can’t even remember what it was about but her answer like was brilliant. And I said, ‘I’m a terrible mother’. I was sobbing. And she said to me, ‘you’re not’. And I said, ‘no, you have to say that you’re my ma’. And she said to me, ‘bad mothers don’t question whether they’re good mothers or not’. And I thought, ‘Oh’, I was like, ‘that’s actually, no that’s really deep’, I was like but it was a true saying. It was like a bad mother doesn’t care whether they’re a good mother or not. So then I started kind of changing it, you know, my perception around that changed, even about how I was in active addiction. So although I had made mistakes, you know, I loved my children, they were always fed, they were always clothed, they always were in school...And so it was like, could I have done better? Absolutely 100% I could have done a hell of a lot better. Am I making up for that now? Yeah, 100%.” (Lucy)

3.3.5 “We all sat down and ate a dinner together”: special moments in recovery

There were also moments of joy in everyday life with children. These stories quietly honour the transformation that can unfold in recovery not just in the parent, but in the life that grows around them.

Jenny shared about mealtimes with her family:

“In recovery, we all sat down and ate a dinner together. So that is something small to others, but to me, that was huge because for years, and it was because of, with my relationship being fractured with the two kids, their relationship was fractured, and they killed each other. Whereas today I am able to sit in my house, and they are able to sit in the house, and they get a bit of banter going back and forth, they are laughing and then they kill each other as well. It's them things like being able to sit down and eat a dinner” (Jenny)

Lucy shared a funny moment with her daughter:

“I remember Sarah was about, I think she was three or four. And I came into the sitting room this one day, and she had all her dolls and Teddy bears...and she had them all lined up around. And I come in, and I said to her, ‘oh’. I said, ‘That's lovely’. I said, ‘where are they all going? Are they going to a concert?’ And she goes, ‘eh no, a meeting’. I thought it was the most hilarious thing, like ever. But in that moment, I remember thinking in that moment my child, she will never have to see me drunk or stoned you know, and she will come on this journey with me.” (Lucy)

3.4 Noticing voices of different children

This section is not an attempt to represent all the children that appeared in the stories (that would need a separate story to attempt to even do it justice), but rather to simply notice their presence: our own inner children, our actual children now, and the children our parents once were. These voices may not always be spoken directly, but they were present in the stories shared.

3.4.1 *“I could see her child in her when she was saying that”*: intergenerational patterns

Some narratives shared stories of noticing how their own parents' actions were inherited patterns within themselves from parents (our participants' grandparents).

Jane acknowledged how her father's exposure to violence as a child was reflected in his own behaviour.

“I can kind of see, you know, that my dad was brought up that way as well. You know, it was what he learnt, his dad was violent and bet his mum up and that's what he would see and that's all he knew. And you know, he changed coming near the end as well with the grandkids. He was great with the kids and he acknowledged, you know, obviously how he dealt with things was wrong” (Jane)

Sarah shared about the compassion she felt in sensing her mother as a child and sensing her own mother feeling unloved as a child too:

“All this was kind of like, how could you do that to me like? I didn't, I never felt loved. She just turned around, explained one or two things. She said, ‘I could not give you something that I never got’. She goes, ‘how can I give you something when I never got it and I did not know how to give it to you?’ And when she said that I was like, I feel compassion for her. Do you know, as her in her child as well, kind of, you know, like I could see her child in her when she was saying that.” (Sarah)

3.4.2 Sharing wisdom to my younger child

Some of the mother-women shared what they would say to themselves when they were children living in homes with substance use and imagining what they most needed to hear in the moment. The phrase “it’s okay” appeared more than once, offered in separate conversations.

Messages of wisdom and insight to my younger self

Words from mother-women in recovery who grew up in homes with substance use

It’s okay.

I would have liked to have had that confidence.

Believe in yourself.

It’s going to be okay.

Speak up for yourself.

You are amazing. You can do this.

It’s okay.

You have done nothing wrong.

None of this was your doing.

Don’t care so much what people think of you.

Don’t take on other people’s shame.

Be kinder to yourself

4. Being lost and stuck: the struggle to find self, hope and the way forward

This part of the story emerged from an ongoing conversation regarding those coming behind in recovery and the sense of being lost from yourself, lost from hope and stuck in barriers. We spoke of the personal perseverance needed and the challenges of this when lost from yourself. We also spoke of the darkness, the black hole, the ‘stuckness’ and how often no hope exists here. These feelings were often compounded by a system of care that didn’t seem to want to help. They were moments of disconnection and isolation, where women felt trapped within cycles of survival, societal judgement, and systemic barriers.

The stories in this part are not only about describing experiences of being lost and stuck, but about holding them in the hope that others might have an opportunity to be seen. They offer an invitation to be in solidarity, to extend compassion, and to acknowledge the pain of being lost and stuck. Through these voices, there is an underlying shared message of possibility: that, in bearing witness to each other's struggles, a different kind of support and connection can emerge. These narratives reflect the deeper layers of what it feels like to be disconnected from your self, from hope or trapped within systems where change feels impossible.

4.1 Being lost from your self

Many women spoke of a disconnection from themselves, a sense that their self had become lost. For some, this wasn’t just forgetting who they were, but never really knowing. Others described how they had lost a sense of their self and what they liked, disliked or valued. There was a sense that when the self was lost, your actions could feel detached, not grounded in who you are. But it was often only with distance, or through some moment of returning, that these ruptures became visible. In this way, some of the reflections that follow recognise the absence of the self being lost after something of that self begins to re-emerge.

A future section, *Tending the Fire Within and Among*, will return to what it was like to begin finding your way back and reconnect with your voice, values, and sense of who you are. But before that, this section holds space for the experience of being lost from your self.

4.1.1 “I was learning who I was again”: not knowing who my self was

Many women described a sense of emptiness or unfamiliarity, as though they didn’t know who they were without substances. For some, this disconnection was not simply a result of addiction, but stemmed from never having had the chance to develop a sense of self at all. The experience of addiction, trauma, and/or survival often occupied the space where a sense of self could have formed, perhaps leaving uncertainty about values, needs, and even the most fundamental aspects of who you are.

Eva shares a sense of existing without really living, as though she were present, but not fully there, as if the external world continued while feeling a complete absence of a sense of herself within it.

“In my addiction, I was only existing...I kind of feel like the lights were on, but there was nobody home” (Eva)

Jane described the recognition of the loss of her sense of self towards the end of her addiction, struggling to even know her own preferences or values:

“I was a shadow of a person when it was coming to the end of the addiction. I had lost myself completely. You know, I went on drugs at an early age too and as I said, I didn’t even know the things I liked or disliked or what my values were or what my norms were.” (Jane)

Sarah spoke of recovery as a process of relearning about her self, as if rediscovering everything.

“When I went in there (residential treatment), I didn't even know what I liked. It was like as if I was learning who I was again, that is the only kind of way I could see it. And yeah, it was just learning everything that I...everything from scratch again like.” (Sarah)

Jenny reflected on how early recovery made her realise the importance of finding her self, learning what mattered to her:

“I was so broken when I came here. my thought was always, a man will fix me and so I done that early recovery relationship stuff and realised, no this is not for me. I need to stick with the women, and I need to heal and find what Jenny likes, and what makes me tick and still today, I don't really know everything but I am learning each day” (Jenny)

4.1.2 “A million different masks”: hiding or performing over expressing my self

Some women described being lost from themselves wasn't just about forgetting who they were, but about becoming so engaged in performing and adapting to the expectations of others that they stopped listening to what mattered to their self. This constant adaptation left little space for their own voice, and over time, they became lost from their self, living behind masks that they wore to fit into various roles.

Lucy spoke about how early on she learned to shift and adapt across different settings. This shifting between versions of herself became a way of being:

“I learned very, very young...how to put on a mask... so it was like, you know, you're one person in school, you're another person in your choir, and you're another person to your friends, and then behind closed doors when everything kicks off, it's like, you don't tell people about that, and we don't talk about that. And so I learned very, very quickly to perform...So it was like, you had a million different masks for a million different people, and I was able to conform to whatever crowd I was with, like that in seconds” (Lucy)

Jane shared that it was only in recovery, when she felt less need to hide, that she could begin to be herself. Within that, there is a recognition of how she had previously felt unable to show who she was.

“When I came into recovery, I didn't have anything to hide as such, you know, I wasn't doing something I shouldn't have been doing. So I was able to be myself. So it was only then, that that happened for me.” (Jane)

4.1.3 “This is not me”: not recognising your self and your actions

A number of women shared that being lost from their self was something that was made visible by looking back at things they did. They spoke of moments when their actions felt disconnected from who they believed they were, or now recognised themselves to be. At the time, there was often no clear awareness of this loss of self. It was often only with time and distance that the ruptures began to stand out, not just as painful memories, but as signs of how far they had drifted from their own values, voice, or sense of self.

Jane spoke about realising, after the fact, how far she had moved from what she believed was important to her self:

“I started robbing people...and that's against my morals. Like that's something I never, ever would dream of doing. And that was another thing as well, I thought this has to stop. This is not me. This is definitely not. I don't agree with this... You know, that was another thing that made me cop on to myself as well.” (Jane)

Debbie reflected on the extremes she had seen addiction bring people to. Moments that revealed just how deeply a person could be pulled away from themselves:

“This one fella... was absolutely gorgeous looking...and he ended up on heroin and his ma threw him out, and he ended up living on the stairs in dolphins barn flats, and eventually became a rent boy. You know, this fellow wasn't gay, or anything. He liked girls like but he ended up becoming a rent boy and ended up just taking his own life in the end. So what drugs can make you do and bring you to the depths of, like it could bring you to the depths of anything, you would do anything. Do you know what I mean? Like for that fella to become a rent boy. He wasn't even gay, just for a bag of heroin. That's, that's powerful” (Debbie)

4.1.4 “I just wanted to block it out”: numbing and disconnecting from your self

A few women shared how trauma was painful as well as disorienting, potentially making it hard to feel, to slow down, or to be with themselves. In addiction, drugs offered a way to survive, to escape what felt overwhelming. But that survival could come at a cost where the self was often numbed or silenced. The noticing of this often arrived through moments when someone asked a different kind of question, or when space was made to wonder about what the self was feeling.

Christine described how she had kept her self constantly busy but inside, she was detached from what she was feeling especially from the death of her partner:

“I'm still running, running, running. And coming into recovery... You're running from your responsibilities all the time, because you don't know how to sit with yourself. They said to me when I was doing the induction on the day programme, they were like, ‘How's Christine?’ And I was like, ‘I'm alright. I got my nails done. I got this’ and they were like, ‘no, but how

are you?’ I was like, ‘yeah, I’m grand. I’m going to this meeting and that, and then a coffee shop and this and that’, and they’re like, ‘what are you running from?’ ...I was numbed out by drugs. Any feelings I felt I suppressed by drugs and in recovery as well, you know in trying to deal with the death of my partner... all that was numbed out” (Christine)

Claire recalled being invited to reflect on what she was saying and recognising that she had become disconnected from her own feelings:

“I have to keep reminding myself you can be very lost. I remember when I joined TRP [day programme] and this girl, this woman, she was a counsellor, actually a therapist, and I came in saying what happened to me and whatever. And she says to me, ‘did you even take in what you were saying?’ And I says, ‘what do you mean?’ She said, ‘there’s no emotion to it’ ... there was so much going on that I, the memories that were coming back – I just wanted to block it out.” (Claire)

4.1.5 “Worrying about everyone else’s feelings”: losing your self to others

Some women described orienting themselves around others’ needs, moods, or approval. By focusing on what others needed or expected, their own feelings, needs and self became less and less visible. Some came to realise that they didn’t know what they felt, wanted, or even believed, because they had been so deeply shaped by those around them.

Debbie described that in the act of caregiving constantly for others, she could neglect and lose herself:

“If I keep focusing on everyone else, and not focusing on me, then I’m gonna start losing myself. See I’m a bit of a caregiver...I was going around making sure everyone’s alright, and making sure everyone’s okay, not worrying about myself. And not like thinking about my own feelings and worrying about everyone else’s feelings” (Debbie)

Lucy shared how her sense of self became so shaped by others that it was difficult to locate her self. In the absence of her own voice, the rhythms and preferences of others filled the space:

“I carried around that I was inferior to other people. I was less than... I used to kind of walk in and let others influence how I was going to be. And I did that even in relationships and, you know, and even when you look at Sarah’s dad, you know...so I would have come out of that relationship, and I would have been three years in recovery and I realised I knew nothing about myself, my mood depended on his mood, what he was having for dinner, depended on what I ate for dinner, and I knew nothing about myself.” (Lucy)

4.2 Being lost from hope

“Without a minimum of hope, we cannot so much as start the struggle” (Paulo Freire)

For many women, recovery was not only about finding themselves, but also about finding the strength to hold on to hope. Some described being worn down by systemic barriers. Despite their efforts to overcome these, many felt as though they were fighting an uphill battle, with

limited resources and a system that seemed to disregard their needs. This could create an experience of losing or becoming lost from hope and the ability to overcome their struggles.

4.2.1 “Just holding on to something”: losing hope but still searching

In these moments, hope had not disappeared completely. The possibility for hope was still there, even if this was faint or distant but it was still present in some form. These narratives speak to a determination to keep searching, even while feeling lost or stuck.

Sarah shared a sense of being held in uncertainty, holding on to something as everything around her felt like it was void of possibility in relation to her housing situation:

“I am hoping that I could get a mutual transfer off somebody, you know? That is my only kind of hope. But if I hand them keys back, I am not getting nothing, absolutely nothing. I will be homeless then basically. Yeah, I am stuck...just holding on to something. You know, because you'll be in there and you feel lost and you're like, what am I doing this for? You feel stuck. Just many, many weeks that went by that I've told the staff I feel stuck. I feel like I'm not going anywhere. I feel like I'm not allowed to see my kids because of Covid [due to being in residential treatment during Covid]. I'm in isolation. I'm heavily pregnant, and I just felt like I wasn't going anywhere. I felt like I was just in a prison yard.” (Sarah)

For Rebecca, the struggle was compounded by witnessing others face the same systemic barriers. She described wanting to encourage others, even as she felt the foundation of her own hope disappearing:

“Services are going to have to pull together with parents because they cannot do it on their own. They just can't, like. I mean, they just can't. It's just not good enough...when I start to sponsor people again or whatever, obviously, when I'm telling them, they'll hear my passion, you know, and how I've done it and all, you know. But it's like I've lost hope. I think you know with what's happened to me [referring to barriers in supports], you know. Like what do you say to somebody? It's like, hang on, you know, you can do it, but how can they do it if they're not being supported on the other side? You know. They're always going to stay down there. You know, and kids are going to be bloody affected because of it. You know, like I understand there is some people out there that just won't get it, and that's fair enough. But there is a lot of people that could and would if the help was there.” (Rebecca)

Debbie held onto the belief that recovery was still possible, both for herself and for others. Her words offered a refusal to let go of hope, even when those around her might have. And the importance of not giving up, and never saying never.

“I think if I had have come off it at any other time before that, I probably wouldn't have been ready. So I know that I was on it for such a long time, but there's people out there that are on methadone a lot longer than 13 years. A lot longer. And they said, they think there's no hope and I always say to them, there's hope for everyone. There's hope for everyone. This girl pulled me at the addiction studies and she said to me, my brother's on methadone 20 years and you know, he thinks he'll never come off it. And I said 'no, don't say that'. I said, 'never say never'. I said, cause you just don't know” (Debbie)

Jane reflected on how people can lose hope when they are stuck in systemic barriers. Her words suggest that hope can be a resistance to a 'system' that feels stacked against you.

"They are stuck, That's exactly it. They, there's a lot, a lot of clients that I speak with and they don't have the willpower to hope, they have nothing. They don't have anything. And how do they expect people? You know they are stuck. That's the word, stuck. They're in this this, just accept this life the way it is and they shouldn't." (Jane)

4.2.2 "It was just misery. It was no hope": completely lost from hope

Some women described times of reaching a point where hope no longer felt present or where the possibility of change no longer felt imaginable. Daily survival could feel like the only remaining aim while living an existence of nothingness or despair. Medication or drugs were sometimes described as the only thing making daily life bearable.

Jane expresses what it felt like to ask for change and to be met with ridicule instead. The possibility of something different seemed to vanish in the face of being dismissed. She describes the feelings around having no hope:

"When you're not doing so well. I just felt for myself, it was just misery. It was no hope...it's just this black hole. You don't feel any sort of love, affection, all of that goes. It is just this horrible, horrible feeling. From the minute you wake, to the time you close your eyes and you feel you know, that you have nothing to give, you're worthless, your voice goes, your, you're seen as a junkie like.... and even my own doctor, actually. I wanted to get clean and I'd said about coming down off the methadone for a long time and I was on methadone for 14 years and... he would laugh at me at times...And I said, 'I want to detox, you know, I want to try and get down, get my name down somewhere and go in somewhere'. And he laughed and he said, 'you're not able for a detox'. He said, 'you're on this 14 years, this is your life'." (Jane)

Melanie describes the heaviness of life at times, where getting through the day could depend on medication and even the smallest actions could feel unreachable without it:

"What I meant was, like, when there's something better, like when you die. Do you know what I mean? Yeah, like that like, because life is hard. You know what I mean? We have to get on with things and just, you know what I mean? Some people struggle through every day. I'm on medication, so that kind of gets me through the day. Sometimes I'd be lying in bed and I'd be like, I'm thinking of my Valium. It's the only thing that makes me fucking get up sometimes." (Melanie)

Lucy reflected on the emotional landscape of early recovery, where it can feel like there's nothing left to believe in, including yourself:

"When you come into recovery and when you're coming from, from where you're coming from, you know, you're broken. Like, let's call a spade a spade, you're broken. And you have no belief in yourself, you've no hope. You don't see a light at the end of the tunnel" (Lucy)

Christine spoke about a moment when everything she had been holding together began to unravel, when coping no longer felt possible, and nothing else could be seen beyond the overwhelm:

“I thought I was managing on Methadone. Then it was when I realised when that crack hit, I was not managing...it was horrendous. Things went bad so fucking quickly, like I ended up, I literally I lost the plot. Like I said, I'd started to like, really let things go in the house. Then I ended up, I just, I couldn't handle things anymore. And I planned this big whole thing of I had a rope up in the attic, and I'd got the children organised and, uh, not to be here.” (Christine)

4.3 Getting stuck in systemic barriers

This section highlights a persistent feeling of being “stuck” that many described, not because of a lack of effort or will, but because of the “systems” surrounding them. Despite strong desires to change, mother-women could repeatedly encounter challenges that left them feeling blocked: inaccessible services, inflexible structures, and support systems that often failed to recognise or respond to their needs. These accounts reveal how systemic barriers can erode recovery and wellbeing not because mother-women give up, but because the conditions required for meaningful change and recovery were not made available.

4.3.1 Facing “barrier after barrier after barrier”

Mother-women spoke of facing structural obstacles again and again particularly in areas like childcare, accessing methadone detox, balancing recovery with mothering, availability of housing. The persistence of these barriers, even when they did everything they could to navigate them, could create a sense of being defeated by the “system” itself.

Rebecca had difficulties with childcare while trying to access a day programme. Current provision could not provide for the five hours daily she needed to attend the programme; just four hours were available, which meant she could not participate because she had no-one to care for her child. She tried to create workaround solutions with other services to fill the gap of the one hour, which raised its own challenges of how her child would get from childcare site A to childcare site B to facilitate this. Rebecca was also a single mother with very limited family support to step in, so she was very much on her own.

“And it was like, nothing but barrier after barrier after barrier. I was like, this isn't going to happen. And it took me so long to get my head around, even going back to a day programme, because for me, I felt like I was going backwards after going through degrees and jobs and all... so I had to get my head around it, you know... and so yeah, nothing but barrier after barrier after barrier.” (Rebecca)

Jane felt incredibly lucky to be facilitated to stay in a housing programme despite her staying longer than their usual criteria. She feels this is because she did everything she had to, so they couldn't fault her in any way. Her determination not to give up got her through:

“I'm not even getting housed, I'm stuck. They're going to put me out and this isn't going to work. I thought you know. So just, just hang in there. Hang in there it will get a little bit better. You know, you don't kind of get everything you want instantly.” (Jane)

Sarah shared her challenges with returning to her apartment because of an incident that had occurred there, and it did not feel safe for her or her children to return. Even with letters from social workers, she was not recognised as having a housing issue by the Council. The complexity of her situation was not considered; rather, she was viewed as fitting or not fitting into black and white responses.

“I have done absolutely everything and anything. I had TDs[elected government representatives] on it and everything and they can’t do anything. The minute they say you have it [an apartment], well the problem is you have a house [though unsuitable]. That is not the problem. It is the situation.” (Sarah)

4.3.2 “Just help them”

Many mother-women expressed their frustration with a system that was meant to help, but where help was forgotten. These voices reflect the cost of systems that fail to offer practical, consistent, and respectful help.

Melanie’s words cut directly to the heart of the contradiction, the gap between what services say and what they actually do:

“You can turn against Tusla⁴ and call them every fucking scumbag going. Do you know what I mean like? Oh you know ‘we are here to help’. Well fucking help then, do you know what I mean? Do something like.” (Melanie)

Rebecca shares her disappointment when she felt she was begging for support but not receiving any:

“I had to continuously like ask, you know, is there any support? And no. They just, it was just all about what Sophia [child], and that was it. You know, after saying they would support me, you know. So when my sister dropped her back up after the five weeks then, they were straight on the scene then again. Again just about the child. And I understand they’re for the children. I get that. But when somebody’s reaching out like that, begging for a bit of support, really wanting to do well, do you know what I mean, for her child. Like it’s hard...I get that it’s for the children. But I thought like they’re all about working to keep families together and to keep mothers and kids together and all that? So, I was very, very disappointed, very disappointed, that it didn’t support me that way.” (Rebecca)

Jane reminds us that what people need is to be treated like a human being and with some care, reassurance and compassion.

“It is like really simple if they would just help them. Do you know, keep them on methadone. Jesus Christ, they are broken. You know, some are suicidal...how does it stop? I think if they got the support that they needed. If they got, you know, if they were spoke to with dignity and like a human being, like a human being and they would say, you know, ‘Okay, do you want...?’ ‘How can we help you?’ ‘What can we help you with?’ And help them. Because

⁴ **Tusla Child and Family Agency** is the national body responsible for a range of child and family services in Ireland, including child protection and welfare, as well as broader functions such as family support and educational welfare.

there is help there, you know, and maybe reassure them, you know that they are not there to take their kids, you know, that they are there to help them, you know, prevent that from happening like. You know, that's, you know, that's, that's what they need, it's reassurance.”
(Jane)

Debbie pointed to how certain structures, like long-term methadone treatment, seemed to replace recovery support like detox. The once promised change for people via methadone felt like it had been abandoned or forgotten.

“I was on methadone for 13 years after it. So I didn't think I was going to be on methadone for so long. I thought it was like going to be on a detox. They don't do detoxes anymore. They put you on methadone, they leave you on methadone. You have to ask them to cut you down. You have to beg them to, if you want to come off it. There's no help. There's no- there's no incentive for you to say, OK, well come on and we'll try and have you come off heroin or come off methadone now and we'll get you into a programme and we'll do- there's not- they just seem to keep giving it to you. Just keep giving it to the addicts all the time.” **(Debbie)**

Lucy reflected on how support could often come tied to compliance - to ticking boxes, proving readiness, and demonstrating progress - rather than being asked what she herself needed, while recognising herself as a person worthy of care, not solely a checklist for compliance. Her words also invited a broader view: one that recognises the mother and child as a unit, and sees the mother-woman's wellbeing as integral. This was her response when asked about questions mothers in recovery may like to be asked:

“I suppose, ‘how can we help?’ ‘Is there anything I can do for you?’ And look, I know services do ask that. I know they do, but I don't know, I don't really know what the questions will be, but it's like, you know, you look at especially mothers that are linked in, say, with Tusla⁵, right? So it's like, what questions do you need to ask? It's like, you know, what are you doing to get your child back? It's like, are you ticking all these boxes? But it's like, you know, your wellbeing doesn't come into it. And look, I know it is about the child, but as I said earlier on, it's also about reuniting them together. So it's like, in order to do that, it's like, the mother's mental health and the mother's mental state also needs to be in a good place for that reunification to happen. So it's like, you know, how can we support you in that?” **(Lucy)**

4.3.3 Summary of named structural barriers and potential for change

This section draws together the key structural barriers the mother-women named. While these issues are touched on throughout the previous narratives, they are gathered here to offer a clearer sense of the systemic challenges many mother-women faced. A table summarising identified structural barriers, along with ideas for change, is included in Appendix One. We chose to place it there to facilitate the flow of the story, while supporting deeper reflection for those who wish to engage with these issues through a more structured format i.e. one that presents problems and possible solutions clearly. However, we are mindful that such a format

⁵ **Tusla Child and Family Agency** is the national body responsible for a range of child and family services in Ireland, including child protection and welfare, as well as broader functions such as family support and educational welfare.

can risk encouraging a linear, solution-focused lens that may overlook the depth, complexity, and relational dimensions of lived and living experience. With this in mind, the inclusion of the table is offered as a complement to the narrative, rather than a replacement for it. A cautionary note about embedding actions in the fullness of lived realities also pre-empts the sharing of the table.

The barriers shared related to the following:

Child protection and early intervention

A recurring area of concern was the child protection system. The mother-women reflected on how crucial it is to support bonding between mothers and children, particularly during or after separation. Play therapy, consistent and reliable access arrangements, and emotional preparation for contact were all highlighted as key. However, many spoke of prolonged periods with little or no contact with their children and from social workers (noting there were staffing challenges). This lack of follow-up added stress.

Family-centred reunification

There was a strong call for a more holistic approach to reunification, one that recognises both the wellbeing of the child and the mother, especially in early recovery. Several mother-women described receiving children back into their care too quickly and without adequate support or a phased process, contributing to anxiety and, in some cases, relapse. A key concern shared was that many professionals did not fully understand what early recovery involved, that it is not simply about abstaining from drugs, but about rebuilding a life, learning to mother, and coping with intense emotional and practical challenges. Without this understanding, supports were often misaligned or insufficient, and mother-women felt set up to fail rather than supported to flourish and thrive for themselves and their family.

Parenting in recovery

While structured parenting programmes were often valued, especially those that supported reflection on emotional regulation and boundaries, there were notable gaps. Many mother-women emphasised the value of peer-to-peer learning, and called for spaces, such as mother-and-baby groups or informal cafés to help navigate mothering in recovery.

Childcare access

The lack of evening childcare prevented many mother-women from attending recovery support groups like Narcotics Anonymous (NA), which was a key support particularly in the early, most challenging stages of recovery. Similarly, gaps in daytime childcare, or needing to coordinate across multiple services, created instability and limited access to essential day programmes. These challenges were especially acute for single mothers without extended support networks. This could prevent mother-women from accessing key support they needed for their recovery.

Family relationships and support

Support from family was often described as central to recovery, yet not always available. Where families lacked understanding about recovery, relationships could suffer. Structured

spaces like three-way meetings, offered through some residential programmes, were found to be very helpful but not widely accessible in the community.

Methadone and treatment pathways

Many mother-women spoke about the lack of shared decision-making when it came to methadone detoxification. While they often wanted to come off methadone, they felt the system focused on maintenance rather than supporting meaningful, self-directed pathways forward. These interactions were described as at odds with the dignity and respect they craved and for building a life beyond addiction, which for some included methadone.

Housing and bureaucracy

Many mother-women described how definitions of homelessness used by services failed to reflect their 'real' circumstance or situations such as being temporarily housed away from children or being in accommodation where their recovery could not be sustained. The bureaucratic nature of housing systems added to their stress and impacted recovery.

Stigma and dignity

Across all domains, the mother-women spoke about the effects of **stigma**. Whether from professionals, service providers, or wider society, this stigma, judgement and lack of respect undermined their sense of self, their confidence, and their belief in the possibility of change.

5. Witnessing and being with the presence of silence

This section is intended as a pause, to sit with silence for a moment. To listen to any silence that may have been noticed. This section is not offered as explanation, but as pause and a space to listen to our listening. It follows the weight of what has come before: stories marked by feeling lost, hopeless and stuck.

Sometimes it is important to just create space to listen. When creating this story, the significance of referring to trauma was discussed and the women felt it was important that this was highlighted. Particularly given that many of the experiences held did not feel seen or noticed by society. We also spoke about the comfort of sharing personal stories, the potential impact on family members who may be connected to stories, as well as whether details could make people identifiable. We decided to deliberately focus on silence over sharing personal narratives as it could often be the feeling and relating to the self from trauma rather than the event itself that lingers. Therefore, we felt that noticing silences could bring us into the felt experience in a deeper way. Silence felt like a space that held a lot.

So we felt it was important to point to silence. To consider how we might listen or notice silence. Perhaps listening to silence takes distinct effort. We are often trained to listen for sound, for speech, for answers. But silence has its own textures, its own weight. Learning to notice those requires slowing down. Paying attention to what we feel in a room, in a body, in ourselves.

5.1 Noticing textures of silence

The following table is presented as a support to the listening and noticing of silence. It contains some of the silences we sensed in what was shared. There are likely many more silences, but this acts as a starting point to inviting us to attune to what is being felt, held, or perhaps, avoided. We offer this in the hope that you may open yourself to try listen for silence and be with it. We hope that in naming silence carefully, we do not diminish its complexity but rather offer a way to remain in relationship with it.

Some silences were the result of people being silenced by systems, services, power, or stigma. Others were chosen, as a way to stay safe or to protect what felt too vulnerable to share. Silence could be a symptom of overwhelm or disconnect, but it could also be a refusal to be defined or extracted.

Note: While trauma is not listed here, different traumas (developmental, individual, historical, PTSD, betrayal, systemic i.e. trauma related to social systems and structures, intergenerational, transgenerational) were recognised as part of many of the stories that shaped these silences. We name trauma here not to define people by it, but to validate the burden they carry. Naming trauma in this way can help us recognise how silence and survival are often connected and why those connections deserve care, and not judgement.

The following table is a starting point to some of the many textures of silence that we sensed.

Table 2: Textures of Silence

Texture of silence	Potential experiences	Rooted in...	Possible wounding
Silencing by others	Feeling silenced by professionals, stigma, authority; losing voice and self	Power dynamics, systemic oppression, survival and protection	Erosion of trust, seeds of existential doubt
Self-silencing and loss of trust in speaking	Fear of being real and honest, fear of judgement, punishment, or rejection	Relational betrayal, survival and protection	Internalised invisibility
Trauma and silence	Shutting down, numbing out, unable to express pain	Personal trauma history, dissociation	Fragmentation of inner self
Shame and silence	Silence driven by internalised shame; feeling bad for having needs or feelings	Cultural messaging, early wounding	Self-erasure, loss of authentic voice
Silence and facades	"All is fine" facade hiding deep pain	Historical survival strategies, collective coping	Masking of pain; frozen relational fields
Existential silence	Feeling like your voice, pain, or existence doesn't matter	Disconnection, systemic dehumanisation	Loss of meaning, loss of will to be
Protective cultural silence and numbness	Collective silence to avoid overwhelming grief or injustice	National history, postcolonial wounds	Numbness to suffering, deferred grief

6. Tending the fire within and among

“The easy part is coming off the drugs. The hardest part is staying off them” (Claire)

“It has to start with the mindset first...that was harder than giving up drugs” (Debbie)

“I had done little or no work on my self...I was clean and crazy” (Eva)

Recovery, as per the healing forest metaphor, is relational. It happens within, and it happens among. What we become *within* is shaped by what we create *among*. What we create *among us* makes room for what we become *within*. There can be an assumption that addiction recovery is about the absence of substances and once the drugs are gone, the work is done. But as many women shared, this was often only the beginning. Recovery could also be described as the slow work of meeting parts of yourself that were hidden, silenced, or never allowed to emerge. It could be a (re-)encounter with needs, wounds, and hopes that may not have had the safety or support to be named before. It could be sensed as a discovery and a question of who one is when struggle for survival no longer speaks louder than becoming. An experience of grasping and trying to find a sense of self to ground us. A shifting, relational presence to be listened to, cared for, and grown alongside.

At the heart of this part of the story is the motion of tending, not solving, not fixing, but cultivating the conditions for life to grow. More specifically noticing the tending to sense of self, tending to the spaces and relationships between us. The way we see and sense our self and each other has power because we co-create the mirrors in which we become our selves. This also asks something of us as a collective in terms of what do our institutions, our communities, our relationships reflect back?

This section was created as, in many of our conversations in the co-inquiry, there were discussions about the importance of finding out who you are and getting a sense of yourself. This was often described as the key work of recovery, which wasn't always recognised. We hoped that this section could ground the experience of recovery beyond the substances (which is often only the surface level) and bring you into the relational space of recovery that we tend individually and together.

“Tending” is a word inspired by the work of Nora Bateson. She writes about tending to how a system “becomes ready allows for pathways of possibility previously unimagined” (Bateson, 2022: pg. 1). The poems were created to facilitate a deeper ‘presencing’ with the experiences shared by the women in their narratives and to create a tone for listening and noticing. Louise McCulloch initially wrote these poems to hold space for the narratives to follow.

6.1 An invitation to tending and a sense of self

Tending

*Tending is not fixing.
It's presence. It's listening.
It's returning again and again.
It's noticing the small, slow, quiet things
It's recognising that what we notice grows
It's recognising the direction of our attention.
It's warmth, not rush.
It's caring, without demand.
It's the pause, the breath, the slowing down
Tending is relational, even when we do it alone.
And it's powerful, precisely because it's gentle*

The sharing and words that follow are not a guidebook or prescription.

*It's an invitation.
An invitation to tending
or noticing the potential for tending.
Not to analyse or define, but to feel, witness, and be with.*

*To notice the embers of becoming.
To feel into the inner fire that can warm us from within
and the outer fire that gathers us in shared circles of "care".
To remember that self and other are never fully apart.
That being and becoming is never solitary.*

We notice movements that invite us to sense tending and in particular, tending our sense of self. This could be within us and among each other. These are shared as invitations to notice, feel, and tend the fires of becoming. Each movement offers a way to glimpse and nurture our unfolding sense of self. These are ongoing invitations (not sequential steps) to deepen care, connection, compassion, belief and self-recognition. Four potential movements were explored in this story:

- Learning to care for my self
- Awakening, feeling and reflecting
- Belief and understanding
- Knowing your self and being known

Next let us deepen our noticing of a sense of self and how we might tend it.

Tending Sense of Self

Finding and feeling into who we are being and becoming

What is sense of self?

Different to a self

*Sense of self is not a thing we hold,
but a movement or relating we notice.*

*Not an object to define,
but a living rhythm brought alive within us and between us.*

*Sense of self is a gathering of impressions
A remembering, a forgetting, a feeling, a becoming.
It is how we come to know, however faintly, that we are here.*

*It is shaped by touch, by voice, by silence.
It grows in spaces where we are received and withdraws where we are unseen.*

It is tender, not fixed.

Changing, not static.

To tend a sense of self is to listen gently, not to command or overpower.

To wonder, not to resolve.

It is to feel the quiet textures of being alive.

This tending is not a task to complete.

It is a practice of noticing:

*The embers of aliveness within,
The gentle stirrings of becoming,
The echo of connection with others.*

*In recovery, we often speak of putting something down
but perhaps healing is also about picking something up:
the thread of our own being (and becoming).*

Not a finished self.

Not a perfect self.

But a sense of self - shifting, breathing, moving, being, becoming, belonging.

*What follows is not a set of answers, but an invitation
to feel into the quiet movements of your own existence,
to honour the live and living movements unfolding within and among us.*

What follows is an exploration of these movements, tending the fire within and among.

6.2 Learning to care for my self: *“I was never shown how to love myself”*

When care is not given, we learn to kindle it from the ashes, within and between us

Perhaps caring is the heart of tending, particularly the quiet, persistent work of learning to care for our sense of self. But caring is not always instinctive. For many mother-women, it was not something they were shown, held in, or gently taught. Care may have been absent or conditional. In this context, learning to care for the self is a practice of personal repair and a reclamation of something.

To tend the fire within means turning toward ourselves, sometimes for the first time, with presence and gentleness rather than punishment, with softness rather than silence and dismissal. And sometimes, that turning itself is the most difficult part. If shame has felt natural and softness has been withheld, even sensing that we deserve our own attention can feel like unfamiliar ground. Tending the fire among can invite us into spaces where care, compassion, and mutual holding can be felt and sometimes, it is through these shared spaces that we first come to recognise what care feels like, especially when we have not known how to offer it to ourselves.

6.2.1 *Tending the fire within: caring for my self*

Learning to care for the self can often begin with recognising the absence of care and how we may have neglected or even abandoned ourselves in the past. These narratives highlight the difficulty of this. Some mother-women expressed a lack of care for themselves learned as children and some articulated that they were never shown how to care for themselves, and where care was absent or conditional. The journey towards learning to care was often about unlearning old patterns and finding new ways to nurture and attend to the self. Perhaps recognition of these old patterns was already a form of learning to care as a listening?

Jane shared what it looked like when she minded and cared for herself when she was younger as she struggled to be in her family home. In her reflection, care appeared as ignoring herself and her needs, silencing her feelings until they exploded, and turning anger back on herself.

“I was pretty much good at forgetting things and pushing it to the back of the mind...and I'd always have episodes where I'd just explode. So much would be on top. And I would burst. I felt sometimes that I was bleedin going insane, you know, I'm gonna crack. I felt like ripping my hair out. I felt so angry. So angry with the world, angry with life. Angry with myself.”

(Jane)

Jane further shared how the lack of care or affection from her family led her to hide what was really happening inside. The absence of affection meant she had to learn to cope on her own, and her anger became a way of protecting and caring for herself. She had to stand up for herself and felt she had to have an image of herself as something which she did not recognise.

“We weren't an affectionate family either. You didn't get hugs or you didn't get ‘I love you’. It was like, ‘cop on’ or ‘grow up’ or ‘stop fucking whingeing’ and you know, if you are having issues on the road, bullying or anything like that, you know, you have to stand up for yourself. You know, you do not stand for that. Pretty much learned to stand up for myself at a young

age. You know, it shouldn't have been like. It shouldn't have been like that at all. You have to have this image of something you're not...It kept people away from me. And I was portrayed that I was this nasty person, keep away from me. And people didn't know what was going on inside me. And I was happy with that. And it was the thing I learned to do. You know, people didn't know what was really going on with me.” (Jane)

Rebecca also shared a story of ignoring her own needs as a teenager and how substances filled this gap and facilitated coping.

“I suppose I didn't really take care... I would have turned to drugs at a very young age. Then, you know, from 14, I started smoking weed, alcohol. You know, then on medication, Valium at a young age, you know, and anti-depressants, took an overdose once upon a time, tried something else another time... so, yeah, I suppose I just went on drugs...that's how I coped.” (Rebecca)

For Claire, learning to care for herself could be sensed in some of the work she did in learning about her behaviours in addiction services. She was able to sense what could be helpful and what could not be for herself. It may have been a new experience to have that space to explore and sense what is good and bad for the self.

“It was the work I done on myself, learning about my behaviours. Learning like, guilt and shame will destroy you. The workshops we do here, our dynamics, you know, what's good for us, what's bad for us, what we done in addiction.” (Claire)

In a final narrative about tending the fire within, Eva expresses how her childhood experiences and the trauma of being raped at sixteen left her without an understanding of how to care for herself. The lack of care from those closest to her left her unable to know how to care for herself. The trauma she carried led her to use substances. Her words bring attention to the importance of modelling care so we can learn how to express this to our self.

“I didn't mind myself. I was raped when I was 16. And that's when my love affair with drugs kind of really took off. I had been on a night out. And I went outside with an older man, and he raped me. But I blamed myself because I went outside. I thought it was my fault. And I can remember ringing my mother and father to come down and collect me... when my dad got there, he said ‘look at the state of you’. He gave me a clatter across the head. So, I shut up and I said nothing. I carried that for a long, long time. I never spoke about it. I shut up shop and that's where my love affair with drugs kind of kicked off. But I didn't know how to mind myself. I didn't know how to. I was never shown. So, I believe we have to be shown how to do things as children if we want to know how to do them then when we grow up. But I was never shown how to, how to love myself or how to take care of myself. I just kept going” (Eva)

6.2.2 Tending the fire among: noticing the experience of care

It is possible to notice how care can be cultivated but also hindered by the spaces inhabited, whether in relationships with others or shaped by the weight of past experiences. The stories shared next show how care can be sensed and grown in new relationships. In noticing these

moments where care can be sensed and nurtured, an understanding can grow of how care may be learned, tended, and lived.

For Eva, learning how to care started to emerge through the support of other women. She began to see how care could be learned, passed on, and shared in communities where others had walked similar paths. Learning to care for herself was intertwined with simultaneously learning how to care for her child and being a mother.

“For me, it was I had to ask other women how they do it. How do they deal with things. And I would have got that support from say, going to meetings and going to women's meetings, because I really struggled, I genuinely didn't know how to be a mother. I didn't know how to be a human. When I came out of treatment, I felt like I was an alien just dropped on the planet. And I felt like I had to learn everything again. But asking other woman how they coped, how they managed, what did they do? That was how I learnt. It was women who had gone before me and who would have been probably through the same situation of getting their kids back into their life, and how do you do this?” (Eva)

In Jenny's narrative she reflects on how sensing a different care, one that feels genuine in her friendships now to what she has ever experienced in the past around care. There was a difference between the kind of care that is about someone wanting what is best for you rather than where there was an “agenda”.

“My friendships, they are really important to me...because as I said I never had people that were just genuinely, who just care for you and just want the best for you. Like, yeah, it's I know that there's no agenda whereas with everyone in addiction, it's an agenda. What can I get off her or what can, what she got?” (Jenny)

6.3 Awakening, feeling and reflecting: “like a butterfly effect”

The stirrings, to feel, to glimpse, to awaken, in the shelter of self and other.

This section explores what happens when disconnection from your sense of self starts to shift. There may be moments when your sense of self becomes present again, as a felt experience, through emotions, sensations and inner awareness. These are often moments of awakening, perhaps feeling something that was once numbed, sensing new emotions, and beginning to reflect with yourself in ways that were not previously possible. Often subtle, often fragile, these glimpses invite a new relationship with the self and with others. It can feel like a **process of re-entering one's own experience**, sometimes for the first time. A process of beginning to witness your responses and in that noticing, the shape of your self becomes just a little more visible. The reflective space held with others played an important role in this, offering boundaries, and offering support to notice what might otherwise remain unseen.

6.3.1 *Tending the fire within: awakening to feelings and sensing my self*

Learning to notice and understand feelings can be unfamiliar and sometimes uncomfortable. For some, this was the first time they were beginning to feel things fully. Reconnecting with

their emotions and inner states became an important step in recognising themselves, noticing patterns of relating to the self, and learning how they had possibility to respond differently.

Jane noticed a warm feeling, like a butterfly effect that was different to before.

“I’ve never been aware of any of that stuff...I never got this warm feeling or, you know, everything was just, when you take drugs, everything is dimmed, you have no emotion, you know, no connection as such. You know, you’re not feeling anything, you know, So you get that actual warm, like a butterfly effect. You know, that’s the feeling, you would get like.” (Jane)

Sarah shares how she notices her thoughts now and creates space to talk to herself. This awareness means that she can slow things down for herself now and she takes the time to listen to herself rather than ignoring and blocking out negative feelings.

“The awareness of your feelings and emotions, like, I can even tell when my head’s gone. Like if it’s speeding up a little bit and that scares me sometimes I’m like, whoa Sarah and I sit with myself and I am like, ‘why is your head going like that?’ and it’s not a good kind of thing at all. All from my recovery like. Do you know? Just noticing it and not blocking it out because I’ve done that for years. My head would be spinning and I would just go with it and go with it and go with it and I just wouldn’t care. So now it’s kind of sit with yourself and kind of pull yourself back and just, ‘why are you going on like this?’ And yeah, talk it through and see what- deal with it then and there” (Sarah)

Debbie notices how certain patterns of behaviours and actions are now visible to her. Patterns that once may have moved silently in the background but now she can notice things while they are happening and can stop the behaviour or make decisions about what she wants to do or senses is helpful for herself.

“You need to be going in [to the residential or day programme] and getting it embedded into your head, the dynamics of addiction, minimisation, the justification, the blame, all that. You need to have all that embedded into your head. And you know your actions, you know you’re aware of what you’re doing before you do it. Like I can see myself sometimes slip into, but then I can pull myself back out of it now. Because I’m aware I’m going into it, whereas before, I was never aware of my behaviours. I’m aware of my behaviours now whereas I was never aware of them before.” (Debbie)

6.3.2 Tending the fire among: holding mirrors and reflecting together

Connection and reflecting with others was central to making sense of experiences and noticing the self. These moments of reflection, through listening, being seen, or being gently challenged helped in noticing things that may not have been recognised before. In particular, being with others who had similar struggles was helpful to feel less alone, to understand emotions more clearly, and to begin to change how you could relate to yourself and the world around you.

Jane notices a moment of shared recognition, and how it helped another woman feel less alone in what she was experiencing by reflecting together about the presence of feelings returning.

“There's only a girl that came out yesterday from treatment and she went off to England... and she is completely drug free and she said about this anxiety that she's feeling in her stomach. And she felt so relieved when I said to her, 'it's okay, everybody feels that, I've had that as well and, you know, it passes, eventually things get a little bit easier'. So, you just kind of get out of this bubble and you're planted in society and everything is so fast and she's feeling things, you know, that's all that is. Like it will get a little bit better for you but she was so relieved to say, 'did you get that too?' And I am like 'yeah it was so bad'. It was all the little experiences and you know giving her advice on what to maybe try. And she's like 'oh my gosh', and it was a relief for her to see that she wasn't the only one because she thought, 'am I mad what I am feeling?' And she didn't want to say things to anyone in case they think I am stupid. And like you are not no, everybody experiences that. So she went out a little bit better, you know, because I told her I experienced it as well.” (Jane)

Eva recalls someone who didn't try to fix her who made space for her to be in herself. Rather than telling her what she needed to do, space was created for her to connect with herself and sense what felt right for her in her self.

“I think that woman used to just create a space for me and allowed me to be, and wasn't- you know, some places they'd be saying, 'oh, you need to do this, and you need to do that, and you need to do this'. There was none of that with her. It was just, 'what's right for you' ...whereas some people will be forcing their beliefs and 'you should do this and you should do that'.” (Eva)

Jenny noticed the importance of being with people who understand how she thinks and who can help gently to see what she might not yet see herself, as often you can see solely what you know how to see. You need other people to point out blind spots so you can sense yourself and what you are doing.

“I tried to do all this stuff on my own a few times. And you just can't. You need to be with likeminded people cause there is people that know what way your head works and stuff like that and what makes you tick and if you are going. Sometimes, we can't see what the silly things are that we're doing, so you need someone to point out your blind spots as well say, well no, you are actually slacking on this. And, and to know that if they're pulling you up on stuff, it's not out of calling looking at all the things you were doing wrong. It is out of genuine concern. Look, that doesn't look right, what you are doing.” (Jenny)

Christine shares how her feelings were constantly masked and avoided by drugs and then busyness. Similar to Jenny, it was often by others pointing out these moments to her that she was even able to notice this lack of awareness to her own feelings, sensing the space for where her feelings could be.

“I'm still running, running, running. And coming into recovery as well, you know when your head is that twisted, you're running from your responsibilities all the time because you don't know how to sit with yourself. They said to me when I was doing the induction on the day programme, they were like, 'How's Christine?' And I was like, 'I'm all right. I got my nails done. I got this' and they were like, 'no, but how are you?' I was like, 'yeah, I'm grand. I'm

going to this meeting and that, and then a coffee shop and this and that', and they're like, 'what are you running from?' And I was thinking, what am I running from? I was running from me responsibilities. You know, I was running from my responsibilities because I did not know how to be a mother, how to be a daughter, a sister, a friend, anybody. I didn't know all these things. But how do you know if you don't know? Because it wasn't, you know. You know what I mean? I never knew, I never learned I was because I was numbed out by drugs or any feelings I felt, I suppressed by drugs and in recovery as well you know, in trying to deal with the death of my partner, because I would have used substances, you know, I was on methadone. I would have, all that was numbed out." (Christine)

Claire shares how reflecting with others can open up possibility and hope for yourself and you can sense things that you may not have noticed before, such as for your relationships with your children or perhaps even in ways that your self could exist or be. Becoming aware of yourself was perhaps also inspired by who your self could be by noticing other people and how they were expressing themselves.

"I remember going to a couple of meetings after and I spoke to her 'how does this work for you?' She said, 'I'm not that person anymore. Yeah, I feel guilty. Yeah, I feel ashamed. But I can't change it. I can't keep looking back. All I can do is look forward'. She said, 'if I don't do the right things now, how am I going to look after my family when they do come back?' And I was like, 'holy shit' ...I got a bit of hope that if I keep feeling guilty, feeling ashamed, feeling depressed, how am I going to look at him when he comes back? You know, how can I give him the answers if I'm not strong? And seeing that woman up in there and head held high and spoke, and I said 'I need to speak to her'." (Claire)

6.4 Belief and understanding: *"it was just the smile on my daughter's face"*

Nurturing the growth of belief and compassion inside us is nourished by the noticing of those around us.

Belief and understanding can be fragile and deeply influenced by the relationships and environments we move through. The felt possibility to believe in who we are in our being and becoming and sense of self is key. This was missing for many mother-women in recovery, not only a result of personal doubt, but also shaped by experiences of stigma and judgement. When others imposed narrow or negative perceptions on someone in their being and becoming, it made it harder for mother-women to access a sense of their own self-worth or potential. And yet, this sense of belief could be reawakened in the presence of others who saw potential, those who offered a different mirror, reflecting back strength, care, and possibility even when mother-women could not yet see it in themselves. These moments of being witnessed with compassion and belief became turning points in their journeys.

This section explores the delicate interplay between internal belief and understanding and the sense of possibility and compassion we receive from others.

6.4.1 Tending the fire within: finding acceptance, compassion and belief for myself

Tending acceptance, compassion and belief within our sense of self could involve peeling back layers of self-doubt, shame, and external judgement to uncover even the smallest piece of self-worth. Often, that belief began if seen in the eyes of others or through love for their children. It was more than building confidence, but rather about recovering a sense of self that was long denied or ignored. For some, it meant learning to validate their own efforts, even in the absence of approval from others.

Lucy shares how belief in the self can grow from responsibility to others. What began as a motivation to keep her family together became a realisation that she too was worthy of care and a life and a wish for more for herself.

“It started off for my children and that was the whole reason, I had Tusla⁶ and I knew I was going to lose them, so it was, right, okay, I'm going to do this for my children. And then after the residential something happened me in that, and I thought, well, I'm actually worth that as well as my children. So I was like, I actually want this for all of us, kind of as a family unit. And so I started kind of looking at, right, what do I want my future to be? Where do I want to go? And I started not only taking the tools to keep me in recovery, but I also started learning tools to learn how to live again, to just live my life on life terms, you know, that kind of way. And so that would have been a huge turning point for me.” (Lucy)

Debbie describes how self-love can feel impossible at first. But by loving her children, she was able to gradually grow love for herself.

“When I came off drugs, every day, I'd say to myself, ‘right I want to give it up tomorrow. I'm giving it up tomorrow’. Tomorrow would come and I would say, ‘no, I can't do it today. I'll do it tomorrow’. Because I never had any love for myself. When you're an addict, you don't love yourself, you hate yourself, right? So what I did was, instead of focusing that love for me, I focused all that love on my child. And what I did was, then, gradually, over a space of 5, 6, 7, years, then I found that love for myself. Now I know it didn't happen like that... it's a work in progress. Like, you know what I mean? You have to just sort of put your love into your child, and then gradually you find that love for yourself...a lot of people don't have that self love. When you're an addict, you don't have that. You can't find that self love. But if you have got children, you will love those children, so why don't you focus all your love into that child first. And then when you are ready, then you can focus that love on you” (Debbie)

She also speaks to a second step in learning how to affirm and care for herself, no longer waiting for recognition, but offering it inwardly and creating her own rituals of acceptance.

“So instead of like waiting for somebody to give me a pat on the shoulder and say, ‘Debbie you're doing really well’. Like ‘well done’. And ‘I'm very proud of you’. I do that to myself. I give my own self a pat on the shoulder and I say, ‘well done Debbie’. You know what I mean?”

⁶ **Tusla Child and Family Agency** is the national body responsible for a range of child and family services in Ireland, including child protection and welfare, as well as broader functions such as family support and educational welfare.

Or hug myself even, give myself a little hug. Yeah, you know, so just to make you feel good instead of sitting in the victim and self-wallowing and you know that sort of.” (Debbie)

Sarah began to believe that her own expectations and her own best were enough, part of this came from doing the Parenting Under Pressure course where she was told you can only do something to the best of your ability. This was reassuring and helped her to trust herself that she was doing the best she could.

“I would not have had that frame of mind before. I would have never had that frame of mind before. I was always second guessing myself. Now I still do sometimes, I am not going to say that that is totally gone. I still do second guess myself. But like I just say to myself, ‘everybody’s ability is different and expectations are different’. Like my mam’s expectations could be here, but mine could be here. You know, like and I always remember that I was always looking for her approval, always around everything, parenting, everything. You know, I did not get it off her, do you know, so it was kind of. And then I remember being in Ashleigh House [mother and child residential service] and I did a Parenting Under Pressure course, and I remember them saying, like, ‘you can only do something to the best of your ability’.” (Sarah)

For Eva, belief in herself came as she recreated a narrative about herself. She was always told she was stupid, but she went on to achieve in education which mocked what she had been told. This created space for her to shine in ways where perhaps she didn’t have space to before.

“So, for me, I mean in school you are told you will never- I think I was in first year and one of the teachers told my mother to take me out of school, that it was a waste of time sending me to school. That I was never going to amount to anything. And that was something that stuck with me. And my own father used to call me stupid, if I’d be sitting at home doing homework with him and I could not understand maths or whatever, I would get a clatter across the back of the head, ‘you’re stupid, why can’t you’ - so that always stuck with me. So, then I can remember getting my diploma and standing in my cap and gown and feeling like on top of the world. I never, ever thought that that would happen. So, to me, that was one of my biggest achievements. And then going on and doing my degree” (Eva)

6.4.2 Tending the fire among: being held with belief and understanding

Belief and understanding do not grow in isolation. Often, it is through others that we first encounter possibility for our sense of self. The presence or absence of those who see our potential can determine whether we flourish or remain stuck in cycles of shame and worthlessness. Some mother-women spoke of those who held up a mirror to their potential, even when they couldn’t see it themselves. Others recalled the deep hurt of being written off, misjudged, or ignored by those whose role and responsibility was to ‘care’ for them. Such experiences reflected a form of stigma that could deny possibility and potentiality, making it harder to envision or pursue change. Belief in yourself could be difficult to find particularly when others could not or would not see beyond the addiction, pain, or chaos. Without someone to reflect back their potential, it became harder to imagine a different future, let

alone work toward one. These encounters acted as mirrors with the possibility to disrupt old, stigmatised images of self and invite others into view when possibility and potentiality was tended gently. Whether through the encouragement of a support worker, the trust of a child, or the words of a sponsor, mother-women spoke of moments where someone else's belief "planted a seed with me". In this way, hope and sense of self were often tended gently in the warmth of shared humanity.

It is important to sense into the feeling of not receiving belief and understanding and its potential connection to what we describe as 'stigma'.

Jane described her own sense of worthlessness and how labels given to her, like "junkie", eventually shaped how she saw and described herself.

"When you're not doing so well. I just felt for myself, it was just misery. It was no hope...it's just this black hole. You don't feel any sort of love, affection, all of that goes. It is just this horrible, horrible feeling. From the minute you wake to the time, you close your eyes and you feel you know that you have nothing to give, you're worthless, your voice goes, you're seen as a junkie like. You know that's and that's coming from people's mouth. You start to see yourself as that as well" (Jane)

As Lucy recalled, some professionals didn't even pretend to hope on her behalf:

"Because I even remember being stuck on that clinic and like the doctor would never say to you, have you heard of NA (Narcotics Anonymous)? Have you heard of the day programme that's like, 10 minutes up the road from you? It was never brought to light...I was actually told, they looked me full square in the face and said, 'you won't do it [detox and recovery]'." (Lucy)

Debbie put it even more starkly speaking of an experience she had in the maternity hospital:

"I felt like a piece of dirt on the ground. That's how you feel when you're an addict because that's how you think people treat you and people think of you. So then you think of yourself like that... I think that's not fair and that's what leaves people in that mindset as well. It's because they're treated like that. They're not treated like human beings. You know, they are treated like vermin" (Debbie)

A final story by Lucy helps us to sense the impact when a moment of human error is met not with understanding, but with immediate suspicion. In this instance, her social worker assumed the worst, offering no space for explanation or empathy and leaving Lucy feeling judged, disbelieved, deeply hurt and ashamed.

"I remember, anytime she left, I felt like the worst mother in the world...so she [daughter] must have been like two, maybe three. And I was, I was always a clean freak...and I picked up the bin to bring it out and put it into the wheelie bin. And as I walked out to the wheelie bin, Anne [my daughter] shut the door behind me. I knew she [social worker] was on her way. And I was through the letterbox, and here I was 'open the door, baby, mammy's keys', here I was and she was just going 'hi, hi', in the letterbox, right. And next of all, your woman pulls up. I'll never forget it. I stuttered and all I was like, I went into this panic mode, right? And

she was like, 'So who's in there?' And I was like, 'Anne'. She was like, 'on her own'. And I was like, 'I was only putting out the bin'. And she said, 'well, smash the window. We need to get in there'. So she smashed the side window, I will never forget it as long as I live...never, for one minute was it just even considered that that was an accident. She was going to the bin. That wasn't even considered. I remember I cried for hours when she left...I will never forget it." **(Lucy)**

These experiences were not just passing moments of hurt. They left lasting impressions and shaped what mother-women believed they were capable of, and even whether they felt they deserved to try for something more for themselves.

But for some, belief returned when someone else held it for them first. Christine shared how the consistent support of workers from JADD Addiction Service helped her see a new possibility:

"Like I am so lucky because they [JADD Addiction Service] could obviously see something in me that I couldn't see in myself ...and like, I'm just so lucky that they could see something." **(Christine)**

Sometimes that belief took the shape of gentle encouragement, like the words of a sponsor who carried hope on Eva's behalf:

"Well, my sponsor from the meetings. She has shown me unconditional love. She kind of taught me how to love myself. And she loved me until I got to that place. You know, she carried me, not that she carried me because she supported me, she stood- she walked with me" **(Eva)**

Even small moments could carry enormous meaning. Lucy remembered one woman telling her:

"'You're one to watch'. 'You're gonna go far'. And I remember coming away actually thinking she's mad. So people saw things in me that I didn't see in myself, and they reinforced that in me until I had the ability to believe that myself." **(Lucy)**

While Jane shared a story of the importance of her social worker believing in her and encouraging her in her abilities as a mother:

"That kept me pushing and going forward as well having that proper support when they are genuine, when I was, you know 'you are doing well' and sometimes, I probably wouldn't have acknowledged it. I probably would have been thinking that you just did it and needed to keep doing it and never stopped to think you are doing so well and you have come so far. Cause she [social worker] would always acknowledge how well I was doing and great, even if I was struggling with things. To just keep reminding me that you are still doing good, it is all part of life. It is normal how I am feeling. And I didn't have to feel in any way bad because sometimes I do want her to go to my sister because I can't cope sometimes with her and she would have bad day with her tantrums and I just didn't know how to deal with any of that." **(Jane)**

And belief wasn't limited to formal supports. In moments of everyday life, the shift was sometimes felt most strongly:

"But now she [daughter] bought me a teddy the other day, and it's called Mrs. Proud. And it says miracle in progress. And it's lovely.... like I gave her money to go out and get herself something and she came out and had a little teddy" (Melanie)

Sarah's children also noticed change:

"The two kids are sitting there. I was like, 'oh my God, listen nanny's after giving me fifty euro in a card'. And I felt a bit emotional. I was kind of like, she actually trusts me with money, now, I didn't say that, just what I said to myself. And my daughter goes, 'what's wrong?' And I said, 'nanny's after giving me money'. And she goes, 'yeah, well, maybe you deserve it?' That little thing, I remember that. I don't know what it done to me that day. I was kind of like, even the kids are seeing a little change in me...I always remember that, it was just the smile of my daughter face, 'well, maybe you deserve it'. For my daughter to even say that. It was kind of like, 'wow, maybe I do'". (Sarah)

Finally, Jane shares how she probably wouldn't have believed in herself if she didn't have people around her who saw things in her.

"So if I hadn't of came here, I probably wouldn't have pushed myself to even go to college. You know, you start kind of believing in yourself. I got a bit more confidence and it was through the staff here [addiction service] as well that they had the belief in me as well and would feed back to me how they see me with the clients...they were like, 'okay we'll help you, we'll help you. Go for it'...so, yeah. I said, 'right, I'll do it. I will just bite the bullet and do it'." (Jane)

6.5 Knowing your self and being known: *"I can show them that I am hurt"*

The courage to voice ourselves, and the grace of being heard into fuller being.

To know oneself and to then allow oneself to be known could be described as a radical and relational act, particularly if you have experienced stigma or judgement in the past, as it may require courage to trust in how you will be received. It may be hard to trust that ourselves will be received with compassion and care. Sometimes silencing of the self may have been a protective act, a refusal to expose oneself to further judgement, misrecognition, or harm. What may have looked like voicelessness from the outside may have been an intelligent response to stigma, judgement or the absence of a listener or caregiver who could be trusted to receive us in our being.

While voice and self-expression are central to many of the mother-women's recovery journeys, listening, especially to oneself, emerges as an equally vital practice. Listening is about surrendering power and being open to what might surface, even in silence. It is, at its heart, a posture of receptivity, an opening to receive what is present within, without judgement or expectation. For mother-women whose lives have often been shaped by others'

beliefs and expectations, recovery involves learning to listen inwardly, to discern whose voice they are hearing, and sense whether it aligns with their own sense of self. This kind of deep attention, particularly within cultures where silence has long prevailed, becomes a form of resistance and healing in itself. Furthermore, voice is not simply about speaking, but about sensing when it is safe enough to be heard, and when one is ready to be seen. To express oneself authentically requires not only a voice, it also depends on the felt possibility of being received tenderly.

This section gathers the personal insights of mother-women who are reconnecting with their voice often after years of silence. These stories remind us that becoming known is not just about self-expression and sensing what that means, but about the relational ground that makes authenticity possible.

6.5.1 Tending the fire within: trusting and listening to my own voice

Recovery is not just a process of abstaining from substances, it is a process of tending your sense of self, of learning to live life.

Part of this meant turning inward to distinguish between the beliefs and expectations inherited from others and the wisdom that arises from within. Learning to listen to our own experience, without rushing to judgement, apology, or explanation, was an act of self-respect. In a world that often demanded performance or silence, these mother-women began to experiment with authenticity: to say no without guilt, to stop apologising for existing, and to trust that their own feelings and thoughts were valid. It was about making space for their full humanity. Recovery, then was about becoming someone they could live inside, someone they could believe. It was about slowly reweaving a relationship with the self, one that could be felt and trusted.

The stories that follow speak to the courage it takes to trust your inner knowing, to pause and ask: *‘Whose voice is this? Is it mine?’* When a voice that your sense of self recognises begins to rise, however softly, there is a call to honour it. Through this slow relational work of listening and reclaiming, voice becomes not just sound, it becomes a way of being in relationship with oneself, something lived, felt, and shared.

Eva shares the importance of recognising her sense of self, of sensing what it is and what it is not. She connects this to healing.

“I think that it is so important especially for women in recovery that we need to look at our core beliefs. Is it my core belief, or is it somebody else's core belief? And we need to kind of unravel - whose belief is this? Whose voice is this? I believe we are born in pure love, and then our family and society shapes us and moulds us, and we pick up stuff from society, our communities, and we take on stuff that we do not even believe, and we hold on to it and then we internalise it. So, I think when we come into recovery, we have to unravel this and find out whose voice? Is it my voice? Is it the teacher's? Is it my father's? Is it my family's? And get rid of it and change the narrative. Because if we want to heal, we have to understand where the narrative is coming from or where the belief is coming from. Is it really my belief, or is it

my family's belief, my father's belief, my mother's belief? Because if it is not mine, then I need to get rid of it and take my own beliefs.” (Eva)

Furthermore, Debbie describes a powerful shift in how she came to see herself, not as fixed in one identity, but as someone who could move between different roles, such as ‘victim’ or ‘survivor.’ In recognising these as positions she could take within herself, she began to sense that she had a choice in how to respond to her experiences and in what each position might invite into her life. Choosing the stance of a survivor seemed to open a new relational space, not just with herself, but with others too. It became a way to connect, to speak openly, and to release the shame that once silenced her and where she could talk to people, which she had not always done.

“But for two years, I had to change my mental- my negative mental attitude to a positive mental attitude before I could even think about coming off methadone. Because I wouldn't, I wouldn't have succeeded otherwise. Because I would have just kept listening- you keep listening to your own thoughts all the time, your negative thoughts. It's going to bring you back to the place that you were before. You can't do that. You can't. You can't live in self-wallow. You can't live in self-pity. You can't be a victim. You have to just, you have to be a survivor. You have to be a survivor, like you know? And that's the way I look at myself. And I look at myself as an inspiration that I can actually go and talk about this to anybody. I'll tell anybody about my story, and I'm not ashamed of it, whereas years and years ago I would have been.” (Debbie)

Lucy shared a story about the importance of being able to share struggles and choices and how she values doing that now in recovery. She also notes how she couldn't always do this as she would shame herself “more than needed”. This helps us to sense the silence, the receptivity of listening, as well as the expression of voice in her story.

“I think it is being able to have that space to go: this is me, you know, struggles and all. I got up this morning and we were late, and my kids ran out the door with a breakfast bar in their hand...these would have been things at the time that would have actually shamed me more than I needed to be shamed...I remember being asked one day...it was a simple question of, like, what did you have for your dinner today? I think I fucking ended up saying three course meal or, like, I don't fucking know what came out of my mouth, but it wasn't the truth. The truth was a Domino's fucking pizza is what we had. And we also had it two nights ago...but I remember thinking, you know, I was in college and I was doing assignments and exams, and it's like, feeling free to actually go, why have you got shame or not knowing enough at the time to be able to reflect on that and go, ‘so what, yeah, I had Dominos twice this week. Who cares?’. It's, you know, and although that might be nothing to you or me now, but back then it was, it was like, you know, I can't actually tell these people that” (Lucy)

Claire shares the power of feeling emotionally authentic in recovery. Her story brings us deeper into what it means to be fully present with one's emotions where they are not merely a performance for others. But rather when they can exist for her and herself.

“I was told to come show up...be present. The mask was stripped off me...when I laugh today, I laugh the belly laugh. It's not just ‘ha ha’. My jaws hurt, you know. When I smile today, I mean it. And what I speak about today is, I mean it. I don't need to say what you need me to say. I don't need to be who you need me to be. I don't need to wear a mask. I can come into a room and be accepted for who I am today.” (Claire)

Eva shared about getting up to speak at a public event and finding the courage to do it was a huge point in her recovery.

“There was one event- I was asked to speak at a convention in recovery, which is a big event, and I had to get up and tell my story. So, for me that was massive, because I don't do public speaking. And coming from where I've come from, you don't let people in. So, to sit in front of a couple of hundred people and talk and tell my story, that was like, oh my God, how am I going to do this? But I did it. I got through it...so, for me, that was like, a massive turning point in my recovery. I got, I became more confident in myself, and I started to believe in myself a little bit more because I actually was able to speak quite well, I think. I felt good about it. I don't care what other people think. So, I know I did a good speech, so I was- that was a huge thing for me.” (Eva)

Jenny described what it felt like to listen inwardly to herself and to listen to her gut instinct and become attuned to that. She spoke about the importance of reconnecting with her gut instinct, something she had suppressed. She explained how learning to listen to herself again was unfamiliar and took time and effort, especially after years of disconnecting from her emotions:

“listening to myself inwardly was very strange and took a lot of practice and was not something I got to do overnight. Through my years of addiction I would have felt either happy, sad, mad or fearful and I would allow for my thinking to actually say how I felt rather than sitting and feeling it...to be able to go with my gut because for years I would have totally have went against my gut. I would have disregarded my own feelings. I would have suppressed my feelings. To actually feel the feelings sometimes can be hard because if it is pain. And sometimes it is hard to manage happy feelings because it is something we are not really used to, you know when you are happy and things are going good, like life is going good and you are like waiting for something to happen because that is the way it would have happened in the years of using.” (Jenny)

Sarah's narrative below reveals how deeply the habit of apologising can reflect a disconnection from a sense of self and a learned belief that simply existing is something to be sorry for. Her journey toward assertiveness shows what it means to slowly reclaim self-respect and honour the voice within. In learning to say what she means, without apology or self-erasure, she offers a powerful example of what it looks like to take care of one's self and to treat that self as worthy of space, belief, voice, and care.

“I was a people pleaser, I'd be like, ‘oh no, everything's fine’...But inside, I would be eaten up inside. And that's something that now...if I had to say something like I would. In other words, being assertive...I used to say sorry for existing. That's how I was. That's the only way

I can describe it...I remember my Ma said it even, like, 'Sarah, all you say is sorry'. Say if my brother walked in front of me, I'd say sorry for being in his way, even though he's in my way as well... actually for my whole life, I always. the only way I can put it is I used to say sorry for existing, whether I was in someone's way or they were in my way. I was always sorry. And that's the one thing I learnt in myself as well...Because I would naturally go, 'oh sorry', out of nervousness and just to say something ... But now like if that situation happened, like I'd kind of laugh it off. Or just say it how it is. Not all the time...But it's a learning kind of thing, an awareness kind of around yourself and kind of to realise when you're in that situation to do it." **(Sarah)**

6.5.2 Tending the fire among: being heard, seen and recognised

Recovery does not happen in isolation. While reconnecting with the self is essential, equally vital is the experience of being recognised i.e. seen, heard, and met in one's full humanity. Healing often began in the presence of others who can witness stories without judgement. This was not just healing from addiction but from trauma, invisibility, stigma and internalised self-doubt. These were spaces where shame could loosen, silence could be met and dignity could be restored not only through self-expression but through relational affirmation. Whether in peer groups, therapeutic settings, or moments of assertive boundary-setting, the women spoke to the power of being received, as credible, as worthy, and as whole. Voice, then, is not only something found or reclaimed; it is something strengthened and shaped through the felt safety of mutual recognition and deep listening. These narratives show how recovery flourishes when authenticity is not just possible but welcomed and where there is space not only to speak, but to be heard, to be seen and to be recognised.

In a setting where for Jane, a moment of refusal, about saying 'no' was extremely important. Her voice was not only permitted but acknowledged and she experienced what it meant to assert herself and be met without judgement.

"In Ashleigh House [mother and child residential service] ...my keyworker asked me to do something and I said 'no'. Now...it wasn't something I had to do. But I said 'no' where before I wasn't able to. And he had seen that it was an issue for me. And I remember him laughing and saying to me, 'Look at you, go. You're actually able to say no'. And yeah, that was, so I said 'Jaysus, that wasn't that bad like' and it was just there was no big deal. I was always thinking, oh if I say no maybe they won't like me, but it was just, okay, yeah grand if you don't want to do it. Because I could never, ever say no. Or I could never speak my mind." **(Jane)**

Jane shared another important story where she stood up for herself with social workers when she was not receiving increased contact with her daughter as planned. She asserted herself and spoke up for herself and her voice was heard. However, she still wondered if this was because she was doing nothing wrong that she could be judged about.

"Social workers, for instance, I would sit there and I would never say a word. because they would have the authority. I would go with whatever they say. And then do you remember I was telling you that they were changing team leaders and social workers all the time...So the plan was to have her every six months then another overnight, another overnight. But it was a

whole year and I had nothing. I had only one night and nothing was moving forward. And I was doing everything and more than I was asked to do. And I was like, I was saying, 'I am two years in recovery and I got one night. And like this is wrong. This is so wrong'. So we had a meeting and it got cancelled. And she told me on the phone that a new team leader was taking over. And I was like, I'm not happy with this at all and ...I said, 'well this is the third meeting that is after getting changed. It's been a year since I've had another overnight with my daughter, I'm very frustrated with this. I'm not being heard...and I don't know what's going on. She doesn't know what's going on'. I said, 'Do you know what I am going to do? I'm going to go over and take my daughter... If you aren't willing to support me, I'm just going to go and get her'...And I hung up...They rang me within five minutes and had arranged a meeting for me that Wednesday coming. Just like that! Just like that because I said that and I thought jaysus. But then I thought, I'm not doing anything wrong though. I don't have dirty urines. I don't have convictions. I don't have these things for them to hold over me anymore, you know. And that was a big thing as well, I knew that if there was something, then there was nothing I could do. They have this control over it and that's the way it is...And I was able to do that. You know, I was able to voice things I wanted to in meetings rather than sit there and shy away and just go, 'okay, okay'.” (Jane)

Sarah shared about telling her life story while in residential treatment. She realised that this was key to her healing. She also describes how she was met in that by a staff member who was moved to tears and she started to realise that this was where she could actually be herself.

“one of the girls that was in there said her story and I remember going like, Oh my God, she is saying stuff that to me, if I was to say that it would be embarrassing. I would not have said half of the stuff that she was saying because I would not want people thinking bad of me. And then when I heard her say that I was like, 'Oh my God, this is what it is all about'. If you are able to just be who you are, say what you have done and just that is it, you know what I mean? And, um, so I remember sitting there and it came to me, and I just, it went right back to my childhood. Do you know what I mean? I was just, it was stuff I have never brought up... You know, it was deeper than putting the drugs down and just being in the day. It was more the deep stuff, how I was brought up. Like the trauma that I was brought up in and the choices that I made as I was growing up. That just sitting there and talking about that, like I will never forget it, sitting in the room and I actually remember the girl that was there, one of the staff members, and she was bawling her eyes out and I started bawling my eyes out. Even then is when I knew that this is where I can actually be myself. I can cry, I can let it out. I can show them that I am hurt and that I made bad choices” (Sarah)

Similarly, Claire shares about going away to residential programme with a scepticism about speaking. However, while there she just started and couldn't stop. She describes being met with non-judgement and openness. This has now continued in the women's group she is in where she feels she can continue to open up.

“It would've been last year when I done the residential. I remember going down saying, 'no. no way. How could I let people know what I know?' And I remember doing the prep here for it

and going down there. And I remember it was like something's been sucked out of me. I was speaking, speaking, speaking, speaking, speaking, and thirteen people heard what I was saying. And no one looked at me different. It was at that moment I knew it was safe. Exactly how I'm feeling – just say it. As I said, I was probably late to the party. I kind of bottled up, I would bottle things up and never would tell you what's going on, you know. From that moment and as the months went on, I'm opening up more... We have amazing women's process group here and when you have a good, strong women's process group, it's amazing. We get it twice a week and for that space for an hour and a half. That's where I've actually been able to speak how I feel.” (Claire)

Finally, Jenny shared about the challenges of talking particularly in relation to trust. She had also experienced safety to do this in a day programme and this also continued with her sponsor.

“I've only found that since I've come into recovery. I started up in a day programme, and it was a safe space for me to talk about whatever it was I needed to talk about. And we went on a residential and we talked about our life story. So it was there. That's where I, yeah, learned to trust people, because coming from the background I had, I didn't, couldn't even trust me own thinking. So yeah, that's, I'd say, up there. And then being in the fellowship and having to trust another woman and to tell her stuff ...And they say it's the one tool that we have is our voice, you know.” (Jenny)

6.6 Noticing tending

Recovery is often imagined as the absence of substances as if the real work ends when the drug use stops. But many mother-women spoke of this moment not as an end, but as a beginning. A beginning of noticing what was hidden or hurt, of feeling what had been numbed, and of slowly meeting parts of themselves they had never had the safety to know.

This is not a linear path. It's not the same for everyone. But across different stories, there was something shared: a sense that recovery involved more than abstinence, it involved a growing relationship with self and with others. A kind of tending that is both personal and relational.

To tend a sense of self is not to fix or define it. It is to listen, to feel, to notice, to nurture a presence that is shifting and alive. And this presence doesn't grow in isolation. What we become within is deeply shaped by what we experience among us. The way we are seen, held, mirrored, and met in relationship helps form the very soil in which our sense of self takes root.

What was shared is not a map or prescription, but an offering and invitation to notice how tending may appear in the ongoing and shared work of becoming. They are not instructions but invitations to notice, to feel, and to tend the fire within and among.

7. Where could we go next?

We hope that this is not the end of the story and that what has been shared so far is not a conclusion, but a call to reflect, to remember, and to reimagine. To receive this story and partake. The power of a story to expand beyond the pages lies in how it is received, carried, and lived forward. This next section does not offer a roadmap but gathers some of the hopes, messages, and possibilities imagined while writing this.

Whether you are a mother-woman in recovery, a practitioner, policymaker, or simply someone who cares, you are invited to read with openness, not solely with your mind, but with your heart. These words are shared with the hope that something here might resonate, affirm, or gently stir a sense of possibility. For mother-women and those in recovery who might be walking this path, know that these messages were written with you in mind, not to advise or instruct, but to offer solidarity, to say you are not alone. And for others, these pages offer a chance to consider how we might walk in a different way alongside each other. To consider how ‘systems’ could feel more human, more alive; how those most affected by decisions and policies might be central, not just consulted once, but recognised as the ones who hold the wisdom needed at every step.

As you read, notice what resonates, what lingers, what shifts and consider not just what these words mean, but what they might invite or make possible.

7.1 Messages for mother-women coming behind

Messages from mother-women in recovery to those coming behind on the journey:

“It is possible...recovery is one hundred percent possible... I've had obstacles and barriers on my way through, it wasn't easy, you know, but I got to where I wanted to be. And it's not impossible that you could do it, with the right supports you could do it...there is hope” (Jane)

“Keep going and you'll get there. It's a slow process, but you'll get there.” (Melanie)

“It can be done, like this life...it can be done, you know, it really can be done. And to show them how like. When I get to a place again where I'm very strong on myself, I'll help other women again and I'll show them the way. That's what you do, you pass it on...that's how you keep it. In order to keep it, you have to give it away.” (Rebecca)

“Keep going, keep putting one foot in front of the other. There is help out there. There is support. We don't have to do it on our own. There are other people, other women, who can help you and will support you...it is possible because for a long time I didn't think it was possible.” (Eva)

“Once you come into the service, they will help you. They won't, they won't go against you. They will help you...once you pick up that phone, I'm not saying your worries will go away. I'm not saying life is going to be rosy, you're going to be rich, you're going to have a nice home. But once you have peace of mind and you can raise your children and get the help that you need with your children, it's well worth doing. It really is.” (Claire)

“Every day I'd say to myself, ‘right I want to give it up tomorrow. I'm giving it up tomorrow’. Tomorrow would come and I would say, ‘no, I can't do it today. I'll do it tomorrow’. Because I never had any love for myself...when you're an addict you don't love yourself, you hate yourself, right? So what I did was, instead of focusing that love for me, I focused all that love on my child. And what I did was, then, gradually, over a space of 5, 6, 7 years, then I found that love for myself... you need to be told about positive mental attitude. You need to be told about mindsets. You need to be told about love and belonging. You need to be taught about all that sort of stuff.” (Debbie)

“This is possible for us...there is amazing women in recovery that are there to help you and want only good for you. There is supports there. And just keep linking in with your supports, because we all struggle, it's not normal not to struggle...just keep linking in with women, other mothers and there's meetings that women can go to with their kids as well. Just ask for the advice of women that went before you. It also starts by linking in with someone in a service and just getting whatever information it is that you need, getting to meetings.” (Jenny)

“Don't be so hard on yourself...it's okay to lose your shit. Now, I'm not saying it's okay to hit your kids or hurt your kids or anything like that. I don't mean that. What I mean like, it's okay to have a breakdown. It's okay to lock yourself in the bathroom for five minutes and cry your eyes out. Actually, it's probably essential. And you know, it's okay if you order a takeaway two evenings a week because you're after been working...all these kind of stuff that society tells you, you shouldn't do that...I remember for a long time not being able to be honest in a lot of things that I did, I remember trying to put out this again, another mask of, ‘I'm this perfect mother’, when actually, sorry, no, you're not. And I remember listening to this girl and she was doing the Chair one day, and I remember she said something like, I swear I wanted to boot him out the top window this morning. I went, “Oh”. I was like. “Relatable”. I was like, “yes”. And I remember thinking to myself, you know, it's a fucking thought! It's a thought!...it's fucking alright like, because we're human beings...you can actually be honest here, and you can be vulnerable. And you can learn new ways” (Lucy)

7.2 The right to be, the right to become and the right to belong

Thomas Hübl outlines his framework comprising what he refers to as three essential human rights: the right to be, the right to become, and the right to belong (Hubl, 2023). These are not legal entitlements, but relational and existential needs that Hubl identifies as foundational conditions for healing, transformation, and life itself. Perhaps awareness of this framework of three rights can open a space of reflection based on what we have listened to in this story. If you are someone in recovery, these may affirm your inherent worth and offer hope that your becoming matters and you do not need to earn your place in the world.

If you are a policymaker, practitioner, or part of a wider system, the framework may invite you to reflect on how the spaces you shape can uphold or erode these essential rights not just through policy, but through presence, design, and relationship.

For all of us, they may stir a deeper question: what kind of environments facilitate life to grow?

The right to be is the right to exist without shame, punishment, or the need to earn one's place. To "be" is not just to survive, but to take up space as oneself, without needing to hide, mask, or prove worthiness. It is the beginning of healing. It is the space to have capacity to digest life.

The right to become is the possibility to grow, to change, to evolve. Recovery is not a static destination, it is a becoming. This right asks us to see people, not problems; to create relational and systemic spaces that allow for emergence, potentiality, and transformation. It invites a shift from surveillance to support, from containment to curiosity.

The right to belong is the sense that one has a place, is not othered or left behind. Belonging does not mean fitting into harmful norms but being held in connection while being fully oneself. Belonging means creating relational environments where we are not only included but *integrated*, where presence, voice, and experience are part of shaping what exists.

(Treleaven, David, 2021)

The narratives we have listened to suggest that these rights are deeply relational. They cannot be granted by policy, nor can they be reclaimed in isolation. They are restored in the presence of attuned others, in relationships that listen without fixing, witness without judging, and hold without rushing.

As Hübl (2023) suggests, healing requires more than individual resilience. It requires inner and outer coherence where the environment, the community, and the inner world of a person align in support of life and wholeness. The stories shared throughout this research show that when even small pockets of coherence appears; a safe conversation, a validating moment, a shared silence, something begins to shift.

7.3 Who can we be when we are with each other?

Nora Bateson (Damiani, 2024) invites us to ask not only "*Who am I?*" but "*Who can I be when I am with you?*" and further still: "*Who are we becoming in each other's presence?*" These are not abstract philosophical questions, but everyday realities, playing out in services, in support groups, and in conversations between friends. This is the space of **relational becoming**, where healing, identity, and possibility are not fixed inside individuals, but are shaped between us. It is where our capacity to thrive is co-authored by the quality of the presence we offer one another. It reminds us that healing and becoming are not solitary tasks but are co-created in the quality of our presence with one another (Bateson, 2022). Whether you are offering support or receiving it, this is a call to notice how our ways of being shape what becomes possible. It suggests that who we are together matters just as much, if not more than what we do (Voicecraft, 2020).

When we are deeply with one another, with openness, without needing to fix or perform, something shifts. Safety is not just the absence of harm but the presence of attunement. Trust,

understanding and empathy is not demanded but rather recognised as a relational capacity that grows and can be tended in the ‘wildness of life’ between us.

Self-compassion does not arise in isolation. It is breathed into being through the recognition and witnessing of others. What we tend within ourselves, we also tend between us and what we tend between us helps grow the conditions for what we can tend within.

When we ask, “*Who can we be when we are with each other?*”, we are not just inviting reflection, we are opening a possibility. Of showing up differently. Of holding space not just for recovery, but for the fuller spectrum of humanity that lives in each of us. In this space, healing is not just individual. It is relational, collective and alive.

7.4 A parting reflection on the will and the way

We hope you can feel the interweaving of paths on this journey. Sensing the connection, overlap and intersection of paths between persons with addictions and persons without. Whilst also **re-membering** the metaphor of the healing forest we began with, and how a sick tree cannot be nurtured back to health and returned to a sick forest and expected to thrive. Rather, we must tend the forest in its entirety. In thinking about recovery, the hope is that this story invited you to recognise the ‘will’ and perseverance of the mother-women in recovery in this story, as well as noticing the ‘way’, that we are all co-creating together in our ‘living forest’. Perhaps the will and the way could be seen as belonging to the individual person in recovery but what if we also consider the will and the way that we have open to us as we tend the path(s) on our shared journey?

This report is a space for listening to stories, to insights, to quiet forms of wisdom that rarely get asked about or heard. It is an invitation to consider the kind of forest we are all tending, and to imagine what becomes possible when we co-create the conditions for healing and belonging. As Thich Nhat Hanh reminds us, “Compassion is a verb” (Nhat Hanh, 2009). It is not just something we feel; it is something we do and perhaps even more deeply, something we *be*. It is in our willingness to be present for others, to take action where change is needed, and to create the conditions where all can heal, grow, and belong. And with you partaking in this story we might begin to relate to each other differently. To notice together the barriers that could be softened, shifted, or removed. And importantly, to notice the moments of potentiality that we could nurture and tend together.

Afterword

Expressing my voice: A letter from Louise McCulloch

Dear ‘Reader’,

Throughout this report, the voices of the mother-women in addiction recovery who shared their stories have been centred, as they should be. They are voices that I feel have been missing from conversations for too long. And then, I also questioned: how do I ensure that I do not silence myself here? How do I ensure I do not hide behind the voices in this report and deny the power of my voice too? A colleague who does a lot of work around lived and living experience stated how important it is that we stand together. And that really stuck with me. How do I use my voice in solidarity? What would it look like to do that? I wondered about how we could build and create as we do this rather than reinforce cultures of shame and silence that I already sensed from what I heard. So this letter is an attempt to use my voice and to hold myself accountable for what I now carry in going forward.

This aligns with the research I love the most which is not just about doing - but about being. Where we don’t just write about something from a distance and be objective but where we bring our whole selves, our heart and vulnerability to something. It also means acknowledging my place within the spaces I’m in. Too often, reflexivity is used by researchers only to validate their findings. But what if we reflected not just to justify, but to situate ourselves - to recognise our own positioning and stand *with* those we are inquiring alongside? To me this is a key offering of co-inquiry- research “with”, not “on”, “for” or “about” people.

To express and live this in this research, I notice that I am an outsider as someone who is not in recovery. But I am also a mother-woman. I identify with this deeply. There are days I love being a mother, and days when I find it unbearable, when the endless mental load, the expectations to be everything, remember and do everything, feel suffocating. I have felt a weight and heaviness of being questioned: “Do you not want to be a mother?” for simply needing space, expressing strain or wanting to feel who I am beyond the role of mother. So some of the struggles and challenges raised in this story resonate with me. The pressure to constantly give, to devote myself entirely to my children, and to silence my own needs, these are messages I have absorbed over time, especially from family. At times, I’ve felt guilt when my choices have been questioned, as if I should always know better. But mothering is often messy. It is full of unknowns, and it doesn’t come with certainty or perfection.

I recognise that these experiences, while real, are shaped differently for me because of my position and privilege. I am not navigating these tensions while also navigating systems that observe my ability to mother. I have not had to mother while fearing that my children might be taken from me. I have not had to seek support for my own wellbeing in contexts where I might be judged or stigmatised, where asking for help could be seen not as a strength, but as a risk. I have not had to disclose a health concern like addiction, knowing it might overshadow all other aspects of who I am. These realities matter. I also have many supports, whether financial, relational, or structural, that provide buffers that many do not have. And so, while I

may relate to some of the tensions described, I do so from a place of relative safety and that safety changes what is possible.

Furthermore, working in addiction and family services, I have seen how the dual identity of mother-woman can often be fragmented. A woman in addiction services. A mother in child and family services. Sometimes but not always held together. I don't have to use these systems of care myself, and that distance affords me a different perspective. I can notice the challenges and contradictions without personally living their impact. I see how services can divide a woman's experience, how her mothering is considered in one space, while her struggles as a woman are addressed in another, often with little recognition of how deeply intertwined these parts of her life are. I wonder what becomes possible when the whole of a mother-woman is seen, when her identities aren't divided to suit institutional structures, but honoured in their fullness.

Working now in a child and family programme, in Preparing for Life, has been an anchoring space for me as a mother-woman and something I found deeply meaningful when I started working there over five years ago. In that space, being a mother isn't hidden or bracketed, it's something we talk about together, openly and without pretence. We often reflect on moments of mothering, exploring the skills that support mothering, and just as importantly, we hold one another in the honest, human moments when we shout, when we make mistakes, when we realise we could have met our child, or ourselves, differently. These conversations remind me that no one is a perfect mother, and that the most powerful thing we can sometimes do is create space for those imperfections to be seen, heard, and held without shame. But it is not just the mother in me that's seen in Preparing For Life, the woman in me is held, too. I'm encouraged to dream, to grow, to explore what I want not in spite of being a mother, but alongside it. I am supported to find balance, to be both mother and woman intertwined, not competing. And in this, I feel the importance of spaces that hold the full complexity of the mother-woman: her care and her limits, her giving and her becoming.

Reflecting on what has stayed with me most, in writing this report is the deeper invitation to ask how we are with each other. This research can and should be read as a call to improve systems, but it is also, and perhaps more urgently, a call to reflect on how we show up in our everyday relationships, and how we live the change we speak of. I notice how easily we can look 'out there' for solutions in structures, policies, or procedures without turning inward and toward one another. But 'systems' are not only changed by technical interventions; they are enacted and transformed in the spaces between us through how we meet, listen, and respond. When we forget this, we risk overlooking our own power and responsibility to be something for each other: to stand with, not over; to meet with dignity, not distance. To live, lead, and relate with wholeheartedness. And to recognise that transformation, begins most importantly not only with what we do, but with how we are - with ourselves, with each other, and with the systems we are part of every day.

Louise

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Appendix One: Barriers and potential responses

This appendix offers a structured overview of the key barriers named by the mother-women throughout this inquiry, alongside ideas for change. It gathers insights that emerged through conversation, story, and reflection, and presents them in table form to support clarity, accessibility, and potential action. However, what follows should not be read as a checklist of problems and solutions, nor as a substitute for the relational depth and complexity carried through the main narrative. While there is value in naming issues clearly, the realities shared here ask something more of us: to slow down, to stay with complexity, and to resist the pull toward quick fixes or overly simplified responses. These barriers are real and pressing but they are also deeply felt. They live in the body, in emotion, in everyday encounters, and in relationships that can both harm and heal.

The mother-women who are co-authors of this report named *empathy and understanding* as their key recommendation. These are not outcomes that can be mandated or measured, but relational qualities that arise when we take time to listen and to be with. With that in mind, this table is offered not as a destination but as an entry point, an orientation tool that may help some readers engage more clearly with systemic patterns, while remembering always that the heart of this work is human. Furthermore, there are important barriers in this table which the women's experiences highlighted and need to be considered.

So, we include this appendix in recognition that different readers engage in different ways. Some will connect most with the textures and stories of the report's narrative. Others may find value and support in a structured summary. Both are valid and yet, this table should not be read alone. It must sit within the broader call to attend to systems not just as structures to be reformed, but as relationships to be tended, held with care, complexity, and humility.

Table 2: Systemic Barriers

Structural concerns	Narrative insights (from interviews and co-inquiry meetings)	Possible response
<p>Lived and Living Experiences Need for lived and living experiences to be embedded into policy and practice rather than ad hoc occurrences via specific pieces of research. This could supplement deeper understanding when required.</p>	<ul style="list-style-type: none"> - Policy often feels disconnected from what is happening on the ground and not reaching or understanding the needs of those in crisis. 	<ol style="list-style-type: none"> 1) Engage in “Sharing Perspectives Training” as developed by the South East and Southern Regional Drug and Alcohol Task Force’s 2) Explore creating Learning Systems and Human Sensor Networks that could facilitate the embedding of lived and living experiences into ongoing processes. For example, this could provide live feedback on a) drug trends b) gaps and blocks in care c) what is working?
<p>Child protection/early intervention Consideration is needed about how to support bonding when parents experience separation and following reunification</p>	<ul style="list-style-type: none"> - Play therapy where provided was valued and helpful to repair bonds such as if child is no longer calling parent “mam” - Access plans are valued so that mother can inform child of upcoming contact time and reduce stress in this regard. This also supports recovery - Visitation after periods of separation such as prison term should be reviewed carefully to ensure bonding is supported as prolonged lack of contact can be stressful for children who report not having a mother and stressful for the parent who worries about losing connection. - Lack of contact and review of progress from Tusla can add stress and hinder a plan for bonding - Parents need support when the child is gone and when they are approaching return and not just observation when child is present 	<ol style="list-style-type: none"> 1) A best practice guideline/discussion document around parent-child bonding would be created building on parent-child experiences during or after separation due to child protection, prison, attending residential addiction services. It would incorporate some of the items expressed by mothers in this study i.e. frequency of contact needed to maintain bonding; how to plan access to increase contact building up to reunification; the practice of supporting increased contact and connection as potential reunification approaches utilising support via Theraplay and/or play therapy; standards for Tusla in terms of communication and to facilitate understanding for parents of what they can expect. <i>[this should consider children of all ages as breaks in bonding can happen at all ages and present in different ways]</i>
<p>Child protection/early intervention Family centred approach to reunification that balances parental wellbeing including recovery demands (particularly early recovery) and child wellbeing</p>	<ul style="list-style-type: none"> - Many mothers expressed pressure in early recovery particularly around parenting that felt like it contributed to relapse. This included receiving children back very quickly without a plan, lack of understanding about the demands of early recovery (recovery is not merely the absence of substances) and the need for connection and supports to be facilitated 	<ol style="list-style-type: none"> 1) Workshops should be facilitated to grow an understanding with non-addiction services about recovery, particularly so that realistic expectations that do not undermine maternal wellbeing and as such family wellbeing can be held. 2) International best practice around centering on mother and child (family wellbeing and family centred approaches) should be prioritised.
<p>Parenting Some gaps in parenting support noted but provision was generally valued</p>	<ul style="list-style-type: none"> - Many mothers mentioned that peer to peer support would be valued as there is not enough time given to learning how to be a mother in recovery. Often this happened by talking with other mothers so space to facilitate this would be helpful such as a mothers café or mother and baby group 	<ol style="list-style-type: none"> 1) Peer to peer support groups specifically for mothers in recovery should be created [the importance of considering this for single fathers in recovery too was mentioned]. 2) Continued provision of parenting supports such as Parenting Under Pressure (PUP) and Strengthening Families (SFP). Also considering

	<ul style="list-style-type: none"> - Parenting programmes were valued for reflecting on responding to your child and helping to set boundaries. - Support is needed around guilt and parenting - Nearly all mothers expressed the challenges they experienced or observed for mothers in recovery to access NA groups in the evening. This was key in early recovery as you maintained connection with people who understood what you were going through. i.e. it is not just coming off drugs but learning how to live and balancing this with parenting responsibilities especially childcare was very challenging. - Childcare may be available but not to cover full time or in a comprehensive fashion which could lead to gaps in provision or a necessity to create agreements across multiple organisations which was not sustainable and led to anxiety and stress. This particularly impacted single parents with little family support. - Support of family was key to recovery and where there was a lack of understanding of recovery this could impact relationships. 3 way meetings were found to be very helpful but often only occurred via residential programmes and women felt these should be more accessible in communities. - Many articulated the challenge of accessing detox while on methadone and that systems of support appeared to maintain provision rather than offer pathways to detox which was desirable to many. The manner in which a lack of shared discussion was enforced was often degrading and lacked basic dignity and respect. - The lack of understanding and flexibility in housing provision created many difficulties in recovery and added unnecessary stress which could be detrimental. Being housed away from family with no flexibility to move or risk being moved down the list caused stress. Also definitions of homelessness did not seem to understand the situations that people were experienced and rather were grounded in bureaucracy. - The impact of stigma and judgement was articulated across all interviews and had huge impact on peoples sense of sense and hope for any potential for change 	<p>programmes such as Circle of Security which helps to integrate your own experiences as a child</p> <p>1) Explore provision of NA groups for mothers where children could engage in support at same time such as homework clubs, childcare etc. This dual approach could enable parents to access vital peer support while also offering children a safe and supportive space. It may be particularly beneficial for older children who are not in school during the evening and still require care.</p> <p>1) Review availability of childcare to access addiction day programmes</p> <p>1) Explore how initiatives to support family communication and repair can be provided at the community level <i>[this should note best practice around seeing a family member as a service user in their own right and not just as a resource for the person in recovery]</i></p> <p>1) Create policy on how detoxification can be supported. This should be grounded in experiences of those accessing or who have accessed clinics as well as with the Irish Congress of General Practitioners. This should be grounded in a human rights approach as outlined by the Council of Europe and World Health Organisation.</p> <p>2) A review should occur of the Methadone Protocol, National Drug Strategy as well as geographical locations where community- GP partnerships to facilitate detox were initiated to learn and grow an understanding of best practice.</p> <p>1) Conduct a review of the gaps and blocks in housing supports. This could include a range of topics such as how is homelessness defined, how can flexibility and movement across lists be support. Supporting the recognition of complexity in housing situations</p> <p>1) All services coming into contact with people in addiction should be grounded in a human rights approach as outlined by the Council of Europe and World Health Organisation.</p>
<p>Childcare</p> <p>Childcare needed to attend Narcotics Anonymous (NA) groups in evening particularly to support those in early recovery</p> <p>Childcare</p> <p>Childcare needed to support attendance at Day Programmes which provide essential support in early recovery</p> <p>Family Support</p> <p>More community support to repair family relationships and grow understanding would be valued</p> <p>Methadone and clinics</p> <p>Need for shared decision-making regarding initiating and requesting detoxification</p> <p>Housing</p> <p>Definitions of homelessness that do not reflect reality and highly bureaucratic structures</p> <p>Dignity, Respect and Stigma</p> <p>Many are experiencing stigma, lack of respect and loss of dignity</p>		

