

Representing Recovery: A discourse analysis of the television shows *You, AJ and the Queen*, and *Mom*

Zabrina Downton, B. A.

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Dedication

I dedicate this thesis to my mother and my nephew who both lost their lives to drug use.
Also to my sister, who bravely faces her addiction each and every day.

Abstract

This thesis analyses representations of mothers seeking recovery from drug use in the first season of three serial shows available on Netflix: *Mom*, *AJ and the Queen*, and *You*. Prior to the main analysis of these shows, a literature review was conducted resulting in the opportunity to address a lacuna in the literature related to gender-focused studies looking at recovery from addiction. The shows that were chosen all include at least one character who is a mother and begins the process of recovery. These shows possess striking similarities in their portrayals of an abstinence-based approach to addiction recovery as well as intersecting discourses of addicted women as bad mothers who reproduce deviance through their children. A discursive analysis of *Mom*, *AJ and the Queen*, and *You* seeks to understand which discourses of addiction, drug use, gender, motherhood, and deviance are present in these representations and the messages that are communicated to the viewing public. This thesis illustrates that these representations reproduce dominant, gendered discourses which construct drug using women as deviant women and “bad mothers” who produce “bad children”. These representations further reinforce the dominant abstinence-based recovery discourse that creates a dichotomous understanding of addiction and recovery as active use as the problem and total abstinence as the only solution. Despite the presence of some resistance to these discourses, these shows ultimately reproduce stereotypical, and often harmful, gendered discourses of addiction and recovery.

Keywords: Addiction, Recovery, Abstinence, Gender, Discourse

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I am grateful to live in Mi'kma'ki, the traditional and unceded territory of the Mi'kmaw people. The Treaties of Peace and Friendship that are in effect here encourage us to respect each other, work together for the benefit of all, and to take care of the earth.

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Chapter One: Introduction

My interest in studying representations of addiction recovery for mothers was sparked in 2016 when my sister asked me to help her get on the reality television series, *Intervention* (2005). At that time my sister's addiction had spiraled out of control and she had lost her family, her home, and her sense of self. This motivated me to think critically on representation and that spark ignited my passion to examine the ways in which recovery is understood and presented; because I realized that the only way she could imagine recovery for herself was through the model presented by this show. These representations were the only references she had that she could see a reflection of her own experiences. *Intervention* was and is a problematic show in a variety of ways. *Intervention* presents a path to recovery that includes an intervention by family members who present their loved ones with ultimatums or "tough love" to try and convince them to go to treatment. The treatment that is provided is through professionalized, private treatment centers in the United States that require abstinence-based recovery. This contributes to the long-standing discourse that abstinence is the only authentic version of recovery and that it requires professional intervention to access thus rendering all other forms of recovery invisible or invalid.

The restrictive and stigmatizing potential of representations of addiction and recovery as well as the struggle of my sister have led to the development of the following questions that I seek to answer through this research: What is being represented as truth or as a norm about mothers' experiences of addiction and recovery and which discourses of addiction and recovery are (re)produced and which are being resisted? I also sought to

understand how these representations differ depending on race, class, gender, sexual orientation, and other intersecting identities.

Prior to understanding how recovery is represented it is important to understand what recovery means in terms of addiction. Addiction recovery has been a difficult concept to define because the field of addiction is occupied by a variety of academic disciplines; as a result, there has been little consensus on what recovery is and how it can be achieved (Travis 2010; White 2007). Most definitions describe recovery as an end state marked by a period of abstinence from alcohol or drugs and these ideas have been widely disseminated in North America since the late 1900's (Levine 1985; Reinarman 2005; White 2007). Recently, a new definition of recovery has emerged that reimagines it as a process rather than an end state, and the markers of progress are concerned with increased quality of life and community reintegration rather than abstinence (Best and Colman 2019; Costello et al. 2020; White 2014). However, this new understanding of recovery has not yet influenced the ways in which recovery is imagined and presented in mass culture.

Over the past decade there has been a surge in representations of women seeking recovery from their addiction. Films such as *Four Good Days* (García 2020) and television shows such as *Single Drunk Female* (Finch, 2022) are all part of an emerging trend that The Guardian refers to as the “rise of the sober curious” (Matei 2019). I have chosen three such television shows as the focus of this analysis: *You* (Krieger 2018b), *AJ and the Queen* (Charles, 2020), and *Mom* (Lorre 2013). These representations of addiction, motherhood, gender, and other intersecting identities either (re)produce dominant discourses of motherhood, femininity, recovery and addiction or they contradict

them, constructing new discourses. If we wish to understand how society perceives women's addiction and their recovery experiences, we can examine the ways that they are being represented in mass culture.

Cultural texts such as television shows and films are powerful and effective discursive tools capable of transmitting ideas and knowledge to millions of people (Hall 1997).

Educators use films and videos in their classrooms as educational tools to impart knowledge and provide students with the opportunities to see concepts, ideas, and theories with their own eyes. There are hundreds of television shows such as *Sesame Street* (1969-present) and *The Magic School Bus* (1994-present) that are designed to teach children a variety of things such as the alphabet, geography, lessons about safety and consent, science, and more. Education for adults through media is subtle, and television might reaffirm existing discourses or disrupt them. Television shows might also provide the only opportunity for some to witness the experiences of people that are different from themselves, in this case addicted women; and these representations might become the baseline for what they "know" about addicted women. Knowledge, according to Foucault (1980, 1990) regulates conduct because it is given authority by those who are able to exercise that power. Knowledge linked to power assumes the authority of "truth" (Foucault 1980).

In North America we have been socialized to accept that what we see on our television screens can often be accepted as "fact" or "truth" and we internalize that knowledge by using it to shape our understandings. The same can be said for how an addicted person comes to understand themselves in our social world. Representations of addiction and recovery in television reflect the stories or narratives we use to talk and think about

addiction, addicted people, and the ways in which people can access recovery. Although these depictions are fictional and are not meant to represent reality, their depictions of recovery and addiction mirror truth claims and discourses, providing them with a degree of legitimacy.

In the case of addicted and recovering women there are few representations to choose from, and one of the goals of this research is to examine whether the ones that do exist reproduce dominant, and sometimes outdated discourses about addiction and pathways to recovery for women. Understanding the experiences of women needs to be prioritized as previous research around addiction and recovery has been conducted with white men and that data applied universally. An intersectional approach is vital for this research because segments of the drug using population including women, LGBTQ+ members, racialized, and other marginalized communities have been rendered invisible through past research that universalizes the experiences of addicted people. Without adopting an intersectional approach to understanding this material gendered, classed, and racialized power differentials will continue to go unaddressed and the resulting practices and policies that stem from that knowledge will continue to fail these communities.

Women, Black and Indigenous people of colour (BIPOC), two-spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersexual, and asexual (2SLGBTQQA) people and other marginalized people experience addiction in diverse ways and face unique barriers depending on their social location and intersecting identities. BIPOC face barriers related to systemic racism, increased police surveillance, higher rates of incarceration, and a general lack of services and resources that cater to their needs (Carpenter 2009; McKim 2014). 2SLGBTQQA people face homophobia, transphobia,

high rates of homelessness, high rates of depression and suicide as well as racism, and sexism (Campbell 2000; McKim 2014). Universalizing discourses of addiction do not take these factors into account, particularly discourses that pathologize addiction.

Studies have shown that there are substantial differences in the way that men and women become addicted, seek treatment, and access supports in recovery (Grella et al. 2008; Lee and Boeri 2017; Tuchman 2010). Addicted women are more likely to report experiencing childhood sexual violence, experience higher levels of violence as adults and are more heavily stigmatized than their male counterparts (Campbell 2000; Lee and Boeri 2017; Martin and Aston 2014). These differences are not present in historical discourses of addiction.

Representation is vital for being able to conceptualize ourselves. These representations serve as models of recovery that other women can then visualize for themselves, or not, depending on what has been rendered visible/invisible through these depictions (Hall 1997). Without a model, how could a person imagine recovery as a potential outcome? Additionally, misrepresentations of recovery can be extremely harmful as they work to limit recovery possibilities and reproduce discourses of recovery and addiction that individualize and pathologize, simplifying an incredibly complex process.

Representations of recovery impact how women who use drugs view themselves and their possibilities for recovery. According to Brown (2013), “women do not make up stories or interpret experiences outside the social worlds in which they live; they construct stories through culturally available discourses and meaning, and thus draw on existing stories” (p.7). Stories that have been constructed because of cultural and

historical knowledge, thus making practices that create “truths” and determine who can legitimize these truths and who cannot (Carpenter 2009; Foucault 1980; Mills 2004).

Misrepresentation or limited representations can increase stigmatization as these types of representations may often be the only exposure that members of the general public have into the notion of recovery and recovering women. How addiction and recovery are regarded by society can influence drug policy, as well as recovery paths, goals, and outcomes which is why this research has significance beyond how recovery is represented (Laudet 2007). Representations that reproduce discourses of addiction and recovery that have historically led to the stigmatization and marginalization of specific populations have serious real-world consequences, legitimizing approaches to addiction and recovery that continue to criminalize and marginalize some groups while creating sympathy for others (Campbell 2000; Iacobucci and Friehe 2018).

Representations of addiction and recovery, even when fictionalized, can be viewed as educational tools and sites of discursive practice that fit within grand narratives about addiction, recovery, gender, and more (Brook and Stringer 2005; Martin and Aston 2014; Thomas and Bull 2018). The purpose of this research is to critically examine the way that mothers seeking recovery are being represented in popular culture. Although I utilize research that focuses specifically on the experiences of women in general, most representations of drug using women also focus on motherhood. The media that I have chosen to analyze for this work is no exception. The characters and the stories that are being examined are stories of motherhood and recovery. The two are inextricably linked but there is little to no discussion about these connections as well as the intersecting

stigmas that are reproduced through these representations resulting in a gap that must be addressed.

1.1 Gap in research

Campbell and Herzberg (2017) argue that it is vital that researchers seek to reveal “gendered ‘truths’ about drugs, which often depend on obscuring or mischaracterizing women’s experiences” (p.258) because these ‘truths’ are internalized by the public, and by drug-using women themselves. When addiction was first being conceptualized as a problem and solutions were being imagined, women’s alcohol and drug use was not taken into consideration. Addicted women became a “hidden population” whose invisibility made them too difficult to, or unworthy of, study. Until the 1960’s little to no research was undertaken that addressed issues of gender in addiction (McClellan 2017; Travis 2010). Mothers in recovery are even less visible as they are doubly-stigmatized for failing at femininity and maternity (Campbell 2000).

As a result of this hyper focus on the male experience there is a lacuna in the literature for gendered analysis of addiction recovery and an even larger gap in research which examines the intersections between race/ethnicity, socioeconomic status, gender, sexuality, parental status, and more in addiction literature. It is absolutely necessary that these representations be approached intersectionally to identify potentially stigmatizing and marginalizing discourses that might be reproduced as well as those that are being resisted.

This analysis has been framed using Foucault's (1980) theory of discourse as it is concerned with the relationship between power and knowledge as well as the idea that

with every constructed discourse there is also resistance. I also incorporated Erving Goffman's (1963) theory of stigma as drug use is heavily stigmatized in our society as a “blemish of individual character” (p.14). Kimberle Crenshaw's theory of intersectionality is incredibly important for the social justice aspect of this research in order for us to understand and acknowledge the different ways that racialized and marginalized drug using people are portrayed. Drug using people of colour are often portrayed as criminals, victimizers, and villains while white women are presented as the opposite, often as victims or as women suffering from a disease rather than choosing to use drugs (Campbell 2000; Ritchie 2017b). Drug using women have long been visible on television shows, films, books, and other media but depictions of recovering women in popular culture have been difficult to find, a trend that is shifting today.

I am contributing to filling the gap in the literature through this research and what I found was that the total abstinence discourse of recovery continues to be reproduced through contemporary recovery narratives, promoting the notion that this is the only authentic version of recovery for addicted people. This model of recovery is also assumed to be universal, applicable to all addicted people regardless of their age, race, gender, class, and other intersecting identities. What makes this discourse additionally problematic is that it places all of the responsibility for recovery on those seeking it, not the programs they are in or the treatment they receive.

However, these particular narratives differ intersectionally as BIPOC and poor mothers are shown to require state intervention and coercion to recover while white mothers are able to recover voluntarily. These representations also reproduce stigmatizing discourses of drug using women as bad mothers who reproduce their deviance through their children

regardless of their race or class but they differ in severity. BIPOC and poor mothers are shown to produce children who break laws while white mothers produce children who violate norms.

Although these shows reproduce dominant, stigmatizing discourses of abstinence, bad motherhood, and deviance there is also resistance to these dominant discourses that are worth noting. I will discuss how each representation includes pockets of resistance that challenge the idea that there is no potential for happiness or nurturing when a mother uses drugs as well as the notion that drug using mothers always produce bad children.

Another way that these shows resist long-standing discourses about addiction recovery that prioritize the needs and experiences of men is the fact that these representations exist at all. The experiences of white men have long-dominated discussions about addiction and recovery and that has led to the universal application of practices and policies that benefit that group at the expense of others. There has also been a litany of representations in mainstream films of men's recovery including *The Shining* (Kubrick 1980), *The Basketball Diaries* (Kalvert 1995), *Flight* (Zemeckis 2012) and more that reproduce male narratives and outdated, universalizing, recovery discourses. These representations of women's recovery, their roles as mothers, and their status as women are ground-breaking in their existence and in their diversity.

Chapter Two: Literature Review

2.1 Introduction

I have conducted a literature review of relevant studies and theoretical work to support my research and provide me with the tools to conduct my analysis. I will begin with brief discussions about representations of gender, popular culture, and the impact of representation. I will then provide an overview of the literature related to the ways in which addicted women have been represented through policy, media, and a variety of cultural texts. Also a discussion of the major discourses of recovery within the field of addiction and some of the historical institutions, such as Alcoholics Anonymous (AA), that have dominated the field. This section will end with a discussion centered on the recovery experiences of women and the barriers that they experience such as violence and mental health as well as stigma and discrimination.

2.2 Social constructions of gender in popular culture

Social constructions of gender in popular culture have historically focused on binary conceptualizations of gender, essentially a person can only belong to one of two opposing gender categories, female or male. Media scholars such as Connell (1987) have argued that popular culture represents and reinforces heteronormative gender binaries which have dominated the media. New terminology such as transgender, non-binary and more, as well as a broader cultural understanding of the complexities of gender have begun to emerge in recent years and this is reflected in popular culture; however, this is only the beginning of a cultural shift, and many television shows still reinforce hegemonic femininity and masculinity (Milestone and Meyer 2021). Much research is needed to

critically examine the impacts of representations of addiction and recovery, or lack thereof, related to people who exist outside of the gender binary but for the sake of consistency and because these types of understanding are reflected in the television shows, I will be using binary terms and understandings of masculinity and femininity in my analysis. I will be using them in line with dominant understandings of these terms but will highlight areas where the boundaries of the binary are disrupted through these representations.

Popular culture, like recovery, is not an easily definable concept and can take on many different meanings. Popular culture can refer to cultural practices or lived culture, such as going on vacation, but popular can also refer to cultural texts such as newspapers, television shows, TikTok videos, and more. These texts are symbolic and produce meaning and they are “popular” because they are widely consumed within mainstream society. Mainstream media is a major cultural forum that provides narratives or stories that people can access and draw on to make sense of issues in everyday life (Lyons, Dalton, and Hoy 2006). Contemporary media scholars such as Milestone & Myer (2021) view television shows as central to popular culture and these cultural texts construct meaning using images and language (Milestone and Meyer 2021).

2.3 The Language of Recovery

The language that is used to discuss addiction and recovery is often contested and lacks clarity in the field of addiction research. William White (2014) describes this issue of language stating:

The language of addiction is a coded language. Each word emerges as a means of signaling nuances of one's personal, professional, and political values and affiliations. The rhetoric chosen to define and discuss alcohol and other drug addiction itself defines addicted people in certain ways and rationalizes particular types of interventions into their lives (p.xxi).

The language of recovery is intrinsically linked to the language of addiction in response to emerging understandings of and responses to addiction (Andersson, et al., 2020; White, 2014; Travis, 2009). Language and representation are central to shaping public policy and the language of recovery influences the ways in which recovery is understood and those understandings are often reflected in treatment programs and policy decisions (Campbell & Herzberg, 2017; White, 2008). The language of recovery that becomes part of dominant discourses such as recovery-as-abstinence is also internalized by addicted people themselves. Reinerman (2005) argued that "addicted people learn the language of disease/recovery from films, newspapers, therapists, treatment providers, and more" (p.309). The language of recovery has been influenced by social and historical forces such as the Temperance Movement, the shift from religious to scientific understandings of addiction and more (Levine 1985; White 2014). These forces contributed to the creation of discourses of addiction and recovery that were legitimized through operations of power that determine who is able to make "truth" claims and who is not. Those claims are (re)produced and reinforced through representations of those discourses in cultural texts.

2.4 Representation

Language and images are symbolic systems through which representations are formed and representations actively creating meanings through the language used to describe people or the choice of images used to depict events, groups, or individuals.

Representations shape the way that people in society understand or attribute meaning to others and themselves (Hall 1997; Milestone and Meyer 2021). Representations of addiction and recovery shape how addiction and those who are addicted are understood by others and themselves. Representations of addicted women have historically constructed them as more deviant, more destructive, and more morally deficient than men and this has led to increased stigmatization and discrimination for these women (Martin and Aston 2014).

2.4a Representations of Addicted Women

When scholars began to imagine that addiction was a disease, women were not included in their conceptualization of the problem, their addiction rendered invisible. Once it became visible women's addiction was "viewed through the heavily tinted windows of pregnancy and normative femininity" (Campbell, 2000, p.30). Campbell's (2000) text, *Using Women*, provides an overview of the tropes of addicted women which have been represented in popular culture. Tropes such as the "opium vampires", "crack moms", and "tragic figures" that contaminate men and babies with their addiction, spreading it throughout society. These depictions are not universally applicable and in television and film addicted women have been constructed as either "victim" or "villain" depending on their race, class, age, sexuality, reproductive status, and gender presentation (Campbell 2000; Martin and Aston 2014; White 2014). Addicted women are generally depicted as

failing to perform their gender correctly. Their addictions disrupt their femininity. A femininity that has often been emphasized in representations of women in general (Connell 2013).

Representations of women are often constrained by gendered discourses such as the discourse of 'emphasized femininity' (Connell 2013). Emphasized femininity imagines women as 'naturally' nurturing, caring, and kind homemakers who are biologically predisposed to take care of their husbands and their children. The discourse of emphasized femininity also constructs women as fragile, weak, vulnerable, and shy, while simultaneously being viewed as the 'sensible' sex who are able to moderate their behavior, and are always willing to self-sacrifice for those they love. This unrealistic notion of womanhood and femininity is widely endorsed in the media as well as in the law or politics and drug and alcohol consumption disrupts this discourse causing these women to be considered "gender deviant" (Campbell 2000; Connell 2013).

Drug and alcohol use has historically been viewed as a primarily male activity and women who use them have been portrayed as gender deviants for failing to live up to emphasized femininity. Campbell and Herzberg (2017) state that "such gendered dichotomies are particularly prevalent in discourse on pregnant and parenting women whose drug use signals their lack of fitness for motherhood" (p.258). A mother who drinks or uses drugs is considered a selfish woman who does not place the needs of her family above her own. An addicted mother is almost always represented as a bad mother and a bad woman (Boyd 2019).

2.4b Representations of Addicted mothers

Addicted mothers have been represented in policy, popular culture, and in the justice system as ‘bad’ or ‘monstrous’ mothers who either neglect or harm their children in a variety of ways (Boyd 2019; Kline 1993). The ‘good mother mythos’ is part of the popular discourse of motherhood which includes a set of ideas and images about motherhood by which all women are judged and motherhood is conceptualized as ‘natural’ (Kline 1993). Those who do not conform to this model are constructed as bad mothers and addicted mothers in particular are considered childish, selfish, irresponsible, and unreliable (Gueta and Addad 2013). These characteristics are in contradiction to the unrealistic expectations of “emphasized femininity” (Connell, 2013). Connell (2013) conceptualized emphasized femininity as the idea that women should conform to the needs and desires of men and that it is the purpose of women to satisfy men, produce children, and be nurturing, caring, and maternal.

There are many examples of representations of addicted women that perpetuate stereotypes about addicted mothers being dangerous or monstrous. A recent example is the film *Moonlight* (2016) where the main character’s addicted mother is depicted as physically and emotionally abusing her son which contributes to him engaging in a criminal lifestyle. Another example is the television show *True Blood* (2009-2014): in the first season there is a scene in which a supporting character’s mother physically and verbally assaults her while intoxicated. Representations of ‘monstrous’ addicted mothers are often classed and racialized, both of the representations discussed are portrayals of poor, Black, single mothers (Campbell 2000; Reid, Greaves, and Poole 2008).

Addicted mothers are also portrayed as harming their children through their sexual

behaviours such as exposure to violent men or children witnessing their mothers engage in sex work. Christian Grey, the male lead of the very successful movie trilogy beginning with *Fifty Shades of Grey* (2015) confides in his love interest that his drug addicted, sex worker, birth mother physically abused him and also neglected to feed or care for him. This background information was provided to his partner and to the audience as an explanation for Christian's sexual "deviance" because he is into kinky sexual relationships. Not only is his mother depicted as a victimizer and a bad mother, she is also the reason he has been unable to engage in what is constructed as "normal" sexual relationships. Her sexual behavior has defined his entire life, not just her addiction.

2.4c Addicted Women and Sexuality

A significant difference in how addicted women are represented versus addicted men is that representations of women's addiction have been highly sexualized. Addiction in women is linked with other forms of feminized "deviance" such as lesbianism or sex work (Campbell 2000). Several of the characters that will be examined in this research are examples of this. Brianna, played by Katerina Tannenbaum in *AJ and the Queen* is portrayed as an addicted, homeless sex worker whose child is removed from her custody. Another example is Christy, the main character of *Mom* (2012-21) played by Anna Faris, who is depicted as a recovering alcoholic and former stripper who engages in an affair with her married boss. The sexualization of women is not a new practice and demonstrates the complex interplay between discourses of gender and addiction. Their sexual behaviour is stigmatized which intersects with and compounds on the stigma of addiction itself.

2.5 Stigma

Women's drug use is stigmatized more than men's drug use because of their roles as wives, mothers, daughters, and women (Campbell, 2000; Travis, 2009). Higher rates of stigmatization and the idea that addicted women are 'worse off' than addicted men result in higher levels of social exclusion and social isolation (Campbell, 2000). They are first and foremost stigmatized for being women and further stigmatized for being failures of maternity and femininity (Campbell and Herzberg 2017; Lee and Boeri 2017; Lloyd 2010). Increased stigma is a common theme in research on women's addiction. One example of a study that focuses on examining stigma experienced by addicted women is one conducted by Lee and Boeri (2017).

Lee and Boeri (2017) examine stigma at each stage of drug use, focusing specifically on gendered social roles through qualitative analysis of 20 addicted women's life histories. They argue that women are stigmatized before using drugs; are more stigmatized than men as they use drugs; and they continue to experience stigma as a former drug user in recovery. Through their research they also found that in some instances, women turned to drug use to cope with the stigma of not meeting social expectations such as idealized weight, and/or to self-medicate to manage the stress of depression. As a result, increased stigma and discrimination, women with children in care described experiencing difficulties trying to regain custody of their children even after entering a state of recovery. Their motherhood is formally controlled and strict rules and requirements were imposed that the women were unable to meet (Lee and Boeri 2017). Recovery is also a stigmatizing process depending on how a person achieves it, whether it be through harm reduction or medically assisted treatment, or through mutual aid support such as AA.

Recovery

Defining recovery has been an ongoing battle between “experts” in the field and one of the most influential definitions of recovery came from the Betty Ford Institute Consensus Panel. This panel defined addiction recovery as: “a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship” (as quoted in Fryman 2013, p.96). Sobriety here is key because it creates a dichotomy between the only two accepted statuses in the field, active use or sobriety. This is problematic because it is a very limited understanding of what overcoming addiction can look like resulting in censure and further stigmatization of people accessing recovery through harm-reduction or other non-abstinence-based methods.

Recovery scholar and advocate William L. White (2007) proposed the following definition of recovery:

Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life (p.236).

White’s definition of recovery was developed to expand understandings of recovery and to broaden the possibilities beyond the focus on sobriety and abstinence that has long dominated addiction and recovery discourse. White’s definition creates space that allows for discussion of different possibilities for recovery and approaches recovery in a holistic

way that incorporates networks of support into the recovery process. The Betty Ford definition is too simplistic and limits pathways to recovery, excluding a variety of experiences of recovery. White's definition considers the idea that recovery is a journey, not an end state, and that there are many different pathways that people can take to achieve a higher quality of life if they choose to do so.

People are able to access recovery through abstinence-based paths, medical assisted therapy (MAT) programs such as methadone maintenance programs, 12-step programs, rehabilitation centres, and "natural" recovery (a person recovers on their own) (Granfield and Cloud 2001). There is no universal path to recovery and no universal experience that can describe it yet the dominant understanding of recovery that is still accepted and promulgated by Alcoholics Anonymous (AA), the majority of treatment centres, and the public, including addicted people, is that recovery requires abstinence (Best and Colman 2019; Costello et al. 2020; Laudet 2007; Reinerman 2005). Abstinence based recovery discourse continues to dominate the way that recovery is represented and understood. AA is a powerful institution in the world of addiction recovery and actively works to maintain this discourse as it is central to their ideology (Glaser 2015).

2.6a Discourses of Recovery

Feminist addiction scholars Campbell (2000; 2017), Boyd (2019), McKim (2014), and Keane (2017) argue that discourses of addiction and recovery reproduce raced, classed, and gendered discourses which contribute to inequalities of access to treatment, support, and social inclusion. Discourses of recovery have been produced by AA, through the professionalization of addiction treatment, the medicalization of addiction, and recovery advocates. As a result, there are two dominant, sometimes conflicting, discourses of

recovery; the discourse of recovery-as-abstinence and the discourse of recovery-as-social process.

As mentioned earlier, the dominant discourse of recovery that is available today is that recovery from addiction requires total abstinence. Recovery-as-abstinence discourse emerged during the late 19th century through the efforts of Dr. Benjamin Rush, a medical doctor and a member of the Temperance Movement (Levine 1985; Travis 2010; White 2014). The Temperance Movement was a social and political movement based on the idea that drinking alcohol was the cause of all social problems. The movement advocated total abstinence or moderation of alcohol consumption and with the help of experts such as Dr. Rush, the movement led to the prohibition of alcohol in the United States in the early 1900's and in some parts of Canada (Travis 2010; White 2014). These scholars argued that alcohol itself was the problem and that the incurable disease of alcoholism could affect anyone who consumed it (Travis 2010). The only way to treat such a disease was to abstain completely from the use of alcohol or drugs. The goal was to return citizens to successfully living a "normal" life allowing them to reintegrate into society (Travis 2010; White 2014).

The recovery-as-abstinence discourse individualizes the responsibility of recovery and constructs active use as a choice or a moral weakness (Iacobucci and Frieh 2018). "The scientific evidence, proposing addiction as a brain disease, has not released individuals from the societal sentiment that addicts have control and bear personal responsibility for the onset, course, and cure of the illness" (Lay and Larimer 2018, p. 633). Failure to achieve and maintain abstinence is blamed on addicted individuals resulting in further stigmatization and marginalization. The social narrative that is culturally available is a

dichotomous one, suggesting that a person is either diseased or in recovery and this narrative has been constructed by medical and moral discourse on addiction (Lay and Larimer 2018). Discourse that has been highly integrated into addiction research and popular culture through the literature and ideology of AA.

2.7 Alcoholics Anonymous

Alcoholics Anonymous has been such an influential force in global understandings of addiction and recovery and has so many members worldwide that it warrants discussion because the organization has been so prolific in its efforts to disseminate the abstinence-based recovery and addiction-as-disease discourses. AA was founded by recovering alcoholics William (Bill) Wilson and Robert (Bob) Smith in 1935 as a mutual aid support group for middle to upper class white men. AA has since grown to become an international organization with millions of members. AA has been instrumental in perpetuating the notion that lifelong abstinence is the only treatment for the disease of addiction through their literature, word of mouth referrals, and their 12-step ideology. AA's 12-step ideology lays out a spiritual path to recovery (abstinence) while also promoting addiction as a disease akin to an allergy (Travis 2010).

AA's 12-step ideology underpins thousands of recovery programs and has been institutionalized through the criminal justice system (Bogart and Pearce 2003; Glaser 2015; Grella et al. 2008; Travis 2010). Courts in Canada and the US often mandate attendance in AA for people charged with driving under the influence and other alcohol or drug related charges. The child-welfare systems in Canada and the United States often mandate that clients with addiction attend AA as part of an ongoing process to successfully regain or maintain custody of dependent children (Broadhurst and Mason

2020). AA's adoption by the criminal justice and other social institutions legitimize AA's claims of high success rates although these rates have been difficult to measure (Glaser 2015; Kurtz 2002).

It is widely accepted that AA is a highly successful program of recovery and support but there is very little empirical evidence to back up their potentially inflated success rates. It is very difficult to conduct research related to the efficacy of the organization due to the anonymous nature of the program and the way that the program is loosely organized (Glaser 2015; Travis 2010). Research has been conducted with women who attended AA and that research has demonstrated that AA is not as universally effective as it is often promoted to be (Bogart and Pearce 2003; Sered and Norton-Hawk 2011; Ullman, Najdowski, and Adams 2012). Women have reported feeling disconnected from the ideology of AA, experiencing harassment from male members, and a lack of understanding of the different issues that addicted women face on their journey to recovery (Bogart and Pearce 2003)

Sered and Norton's (2011) research with incarcerated women found that AA's 12-step ideology failed to resonate for women who have experienced trauma, are homeless, incarcerated, poor, and those who have had children taken from them. AA's 12-step's demand that members admit they are "powerless over alcohol", and this is problematic when those same people feel powerless in other areas of their life and wish to feel empowered. Women also describe struggling with the idea of surrendering to a higher power and some of the more spiritual aspects of AA's 12-step program.

Bogart and Pearce's (2003) study of women involved in AA found that Alcoholics Anonymous is not always a safe place for women because there are people who sexually

harass vulnerable women in these meetings, creating a site of distress rather than one of support. According to their research, 69-75% of the women they surveyed reported having a history of childhood sexual abuse and they further argue that treatment providers should refer particularly vulnerable women to women-only groups if possible. Women-only groups reduce the risk of being sexually harassed by other members and they are also helpful in addressing some of the issues that are specific to women. However, AA's ideology and their understanding of the recovery experience is inadequate in its ability to fully address the unique issues and barriers that women experience.

Ullman, Najdowski, and Adams' (2012) review of studies of women's experiences of Alcoholics Anonymous pointed out the fact that AA and other 12-step programs inadequately address the unique issues that addicted women face such as higher rates of mental health issues, victimization experiences, and the increased stigma that women face in society. They found that although it is clear that women attend AA and other mutual-aid support groups to assist their recovery, it is less clear how helpful the women themselves find these programs as there has been little research in that area. What is clear from this and the previous studies is that there are significant differences between the experiences of addicted women and addicted men. Recovery is an ongoing process that each individual experiences differentially depending on their gender as well as race, class, religion, and other intersecting identities. Recovery is also experienced differentially depending on the social, personal, and community capital a person has access to, otherwise known as "recovery capital" (Granfield & Cloud, 2008).

Recovery Capital

Another dominant discourse of recovery is that it is a social process which requires an individual commitment to recovery but is also determined by that individual's personal and social resources. Addiction scholars, Granfield & Cloud (2001) coined the term "recovery capital" to describe the resources that drug using people need to help them recover. Recovery capital is made up of a variety of supports and services that fall into three categories: personal, social, and community capital (Best and Colman 2019; Cano et al. 2017). Recovery capital can be measured and used as a predictor for recovery outcomes and can also be operationalized to advocate for social change such as reducing stigma associated with previous drug use, the creation of inclusive spaces for those in recovery, and shifts in treatment programs that incorporate building recovery capital as a primary goal for those seeking help (Andersson et al. 2020; Cloud and Granfield 2008). The concept of recovery capital has contributed to the growth of the new recovery movement.

High levels of personal and social resources contribute to that individuals ability to reintegrate into their community (Cano et al. 2017; Cloud and Granfield 2008; Palombi et al. 2019). Community reintegration and support are vital to improving the quality of life and enabling personal growth of those seeking recovery. These resources can come from relationships with family, friends, professionals, and networks of supportive peers, such as members from mutual-aid organizations such as AA. AA sponsors are a valuable source of recovery capital for members as they act as role models for recovery as well as a resource that can be called on for support when needed by newly recovering members (Travis 2010).

2.9 New Recovery Movement

A new recovery movement emerged in the 1990's that target policy and the building of recovery advocacy organization and leadership with recovery operating as an organizing paradigm. The new recovery advocacy movement (NRAM) wishes to support research that will highlight effective strategies that support the process of long-term recovery that can then be enacted into policy. NRAM movements promote pathways to recovery that include peer mentorship, community reintegration, and building recovery capital.

Recovery advocates emphasize the importance of community reintegration and support which challenges the dominant notion that recovery is the responsibility of the individual (Palombi et al. 2019; Reinarman 2005; White 2014). Best & Colman (2019) argue that cities as well as individuals should work to be more inclusive for those seeking recovery and they advocate for building recovery capital at the community level by challenging stigmatization and exclusion, as well as promoting full citizenship to all citizens. For them, recovery is individually driven, but collectively determined. Women experience increased isolation as a result of stigma and feelings of shame related to their drug use and/or drug related activities. Increased community support and acceptance would be extremely beneficial for promoting and helping to sustain recovery journeys in this population. Women's experiences of recovery require further research in this area as their experiences as they have historically been underrepresented in research in this field.

2.10 Recovering Women

From the inception of scholarship and treatment for alcoholism and addiction, there has been no place for the experiences of addicted women (Boyd 2019; Keane 2017; Lay and Larimer 2018; McQuaid and Dell 2018). Little research was done in the beginning of

addiction research involving women and alcoholism because the “experts” of the time did not consider it possible for a woman to be an alcoholic, or believed that it was so infrequent that it was not worth mentioning (Campbell 2000; Travis 2010; Tuchman 2010). What little was said about women’s addiction was heavily influenced by unrealistic standards of femininity and led to the creation of stereotypes and discourses of women’s addiction that positioned them as worse than men.

The invisibility of women’s alcoholism/addiction was in part due to the dominant discourse of ideal femininity at the time that constructed women as nurturing, demure, “morally superior”, and confined to the domestic sphere. During the Victorian era (1837-1901) women were tightly bound within the confines of idealized femininity and womanhood (Valverde 2008). Gunn & Canada (2015) describe the gendered construct of the “good woman” which is a woman “who upholds exceptional moral standards: the good woman embodies an image of sexual purity, trustworthiness, and innocent” (p.282). Considering societal expectations of womanhood, addicted women violate gender norms of femininity and morality, particularly when women’s addiction is linked with other stigmatized behaviours such as sex work and promiscuity (Gunn and Canada 2015).

Women’s addiction gained visibility beginning in the 1950’s when women were allowed to become members of AA and other mutual aid groups emerged to support them such as Women for Recovery (Travis 2010). According to Keane (2017), feminist literature on women and drug use in the 1980’s and 90’s emphasized the need to make women drug users visible in order to “counter the prevailing ‘epistemology of ignorance’ about their experiences of drugs” (p.126). When women’s drug use was made visible they were condemned as moral, sexual, and gender deviants with no hope of recovery who were

“worse off” than men in terms of the severity of their addiction and their addiction-related behaviours leading to increased stigmatization and marginalization (Travis, 2009; Campbell, 2000). Addicted women have been constructed as a “special” and “vulnerable” population that require gender-specific treatment but there has been little discussion about the intersecting statuses which multiply experiences of disadvantage.

Today the dominant discourse related to women’s recovery is that women are a “special population” that require specialized treatment that can address gender-specific issues such as childhood and ongoing trauma (violence, sexual, emotional, and mental), motherhood, comorbidity of mental health diagnosis, and higher levels of stigma related to women’s drug use (Campbell 2000; Lay and Larimer 2018; McQuaid and Dell 2018).

Addicted and recovering women are also considered a particularly vulnerable population because of their ongoing potential of being victims of violence (sexual, emotional, and/or physical) (Covington 2008; McQuaid and Dell 2018; Travis 2010). Addicted and recovering women are also thought to more frequently engage in higher risk behaviours related to sexual relationships, sex work, and sharing needles (Boyd 2019; Keane 2017; Muehlmann 2018). Scholars have argued that women are more biologically vulnerable to becoming addicted at a younger age, experiencing higher severity of addiction, and increased vulnerability to the physical harms of addiction (Fattore et al. 2014; Kuhn 2015).

Women have been constructed as biologically vulnerable in relation to addiction by medical researchers, contributing to the idea that addicted women are a particularly vulnerable population (Fattore et al. 2014). According to Keane (2017), “female vulnerability has been a central theme of medical, public health, and popular discourse on

drug use” (p.126). Women’s vulnerability is constructed as biological and therefore unalterable. Keane further argued that “models of sex differentiated addicted brains constructed in recent neuroscientific literature emphasize [the] biological as the basis for differences in male and female experiences of drug use but nevertheless rely on pre-existing gender norms to explain and interpret these patterns” (p.137). Martin and Aston (2014) argue that constructing addicted women as the more “vulnerable” population has contributed to the lack of resources available to women and does not always capture the lived reality of women’s recovery experiences.

2.10a Women’s Lived Experiences of Recovery

Lay and Larimer’s (2018) qualitative study sought to understand the lived experience of women in recovery. The overarching theme that emerged from their interviews with recovering women is vigilance. The world of addiction and recovery is “shaped by a discourse of disease, pathology, morality, spirituality, and the belief that there is no cure. In this discourse one is engaged in the throes of addiction or the process of recovery, yet never fully recovers” (p.633). The women in their study constructed their stories through this discourse and as a consequence the women perceive themselves as either in recovery or as “the addict” and have to engage in constant vigilance to maintain their recovery status. They embrace the possibility that they can easily return to their addicted, or “active diseased state” (p.634). The women live a life of vigilance by remembering their past, being careful to notice behaviours that could lead to relapse, and seeking community who can share the responsibility of vigilance and surveillance. Constant vigilance also requires that these women address any mental health issues that they might be living with as these issues contribute to the behaviours that could lead to relapse.

McQuaid and Dell (2018) used data from the 2016 Life in Recovery from Addiction survey in Canada to examine the recovery experiences of adult females with a particular emphasis on the impact of family violence and mental health on the recovery journey. Mental health was the top reason for entering into recovery for females and females in recovery were more likely than their male counterparts to self-report having diagnosed with a mood disorder and/or an anxiety disorder. Lack of professional help and a high rate of emotional problems were both reported as barriers to starting recovery for females. The LIR Survey also found that women were also found to be at increased odds of experiencing or committing family violence while in recovery, the Canadian LIR did not differentiate between the two in their survey.

Andersson, et al., (2020) conducted a similar study analyzing the UK Life in Recovery Survey. Their findings indicate that women report having specific needs related to mental health and relationships with children and partners while males report having specific needs related to physical health. The UK survey mirrored that of the Canadian LIR survey in its findings that a greater proportion of female participants experienced family violence prior to active drug use as well as losing custody of their children during their addiction. Drug use, motherhood, and losing custody of children related to drug use contributes to higher levels of stigma and discrimination for addicted women.

McQuaid and Dell (2018) examined the recovery experiences of women in Canada. Their study found that women in recovery experience stigma and discrimination because of their past drug-use, their gender, and a number of intersecting characteristics such as age, race, and mental health status. As a result, women were more likely to utilize technologies such as social media to support their recovery. The survey also found that

females are more likely to use relationships with non-human animals during recovery and research has shown that engaging with non-human animals can be effective at improving recovery outcomes (Wesley, Minatrea, and Watson 2009). Non-human or companion animals can be an important source of social and emotional support for women for similar reasons that women seek the privacy of online support networks. Non-human animals provide recovering women with something to focus on, to take care of and nurture (Wesley et al. 2009). Non-human animals are ideal companions for those seeking unconditional love, comfort, and support, free from judgement. Women who use these types of recovery supports seek to avoid the judgement and censure of the public, treatment professionals, and other addicted women.

Gunn and Canada (2015) interviewed 30 women in a residential drug treatment program exploring their perceptions of stigma attached to their addiction-related behaviours. They also sought to explore how the women perceived one another depending on their drugs of choice. They found that women who used “hard drugs” (heroin, crack cocaine) and women who used “soft drugs” (alcohol, marijuana) held negative views of each other. Gunn and Canada argue that “the women perceive stigmas based on what their substance use signifies about their womanhood, moral character and value as mothers” (p.285). Others perceived stigma based on the belief that those who use “soft drugs” are undeserving of treatment. Many of the women described feeling stigmatized for violating gendered norms of behavior related to motherhood. According to the study, intra-group stigma in treatment settings can pose a threat to well-being, where “two groups are in essence fighting for validation, which simultaneously promotes a culture of ridicule and devaluation” (p.288). The authors agree that peers can be a supportive component of

recovery but they argue that peers can also perpetuate stigma, effectively creating barriers to recovery and community reintegration (ibid, p.289). Gender-specific treatment options are beneficial in many ways but also present challenges when those in treatment perceive one another as less than based on the idea that some drugs and behaviours are more acceptable than others.

2.11 Gender-specific services

Research (White & Kelly, 2010, Laudet, 2008, Poole & Dell, 2005) demonstrates that recovery services and the supports that women require to help them on their recovery journey differ from males and that recovery services and supports should provide “gender-specific physical, mental, social, and spiritual support” (McQuaid & Dell, 2018, p.502) that other chronic conditions such as cancer receive. Research in this area is limited as most studies do not seek to understand the differential experiences of women of colour, disabled women, queer women, etc. Therefore, the unique needs of these people are likely not being addressed in the supports and services that are available to them. There are many separate recovery facilities and support groups which cater exclusively to women, alongside co-ed programs, however, there are less services available for women than men. Research has also found that gender-specific treatment practices are often the same that men receive even though there are significant differences in the types of support that women use to pursue their recovery (Simpson and McNulty 2007).

Andersson et al. (2020) point out that further exploration of women’s experiences of using, and/or attempting to access services that support recovery is necessary in order to develop appropriate services and supports for those seeking recovery. Gender-specific

services have also been shown to help reduce the perceptions of stigma that women feel when they access recovery services although, as discussed above, this is not always the case (Lee and Boeri 2017; Simpson and McNulty 2007).

2.12 Racialized War on Drugs

According to Ritchie's (2017), Black women in state prisons in the US for drug offences increased by more than 800 percent between 1986 and 1991; and by 2003, Indigenous women were being incarcerated at double the rate of white women (p.44). For white people, their addiction is a disease that they cannot control while for people of colour, addiction is a choice and a criminal act that they must be held responsible for. The war on drugs in the US has been argued to be a war on women, particularly women of colour, as they are the people being targeted, searched, harassed, threatened, and detained by the police as a result of gendered and sexualized policies and practices (Ritchie 2017a). As a result of higher rates of involvement with the criminal justice system, women of colour are sentenced to recover, or coerced into recovering, in order to avoid harsher punishment and/or to begin the process of regaining custody of children. Drug using people of colour became hyper visible in drug policy, policing, and the criminal justice system but their experiences and needs were invisible in discourses of recovery or in the disease model of addiction (Campbell 2000; McCorkel 2017; Ritchie 2017a)

Drug using women of colour have been rendered invisible in drug research which has led to barriers to and a lack of access to services that are best suited to address their needs. However, BIPOC women have been subject to heightened surveillance by police and other authorities as they make up a disproportionate number of women being incarcerated for drug related offences in the US and in Canada, yet the data on people who use drugs

are rarely disaggregated which renders all women, including transgender women, invisible. This gap in the research also means that their specific needs are also rendered invisible (Wray 2019).

Women of colour are missing from narratives of addiction and recovery and are underrepresented in research about gender-specific experiences of addiction. A recent study of 38 drug using, criminalized women in Canada (2016) is a good example of this as only 2 of the women in the sample identified as people of colour, in this case “Aboriginal” even though Indigenous women accounted for 42% of female custody admissions in 2016/2017 (Government of Canada 2020).

2.12a Coercive Treatment

Compulsory addiction treatment programs and other legally coerced treatment for drug-using people involved in the justice system are in operation around the world, including the US, the UK, Australia, China to name a few. Typically, this type of coercive treatment is used to divert people from the criminal justice system when their criminal activities are associated with their drug use. The widespread adoption of such programs indicates a strongly held belief that it is not only possible but highly effective to force people to recover from their drug use. (Bright and Martire 2013). These programs are often abstinence-based and many adopt the 12-step method of Alcoholics Anonymous, methods that have not been shown to be effective with people who use opioids or other drugs.

The most accepted form of coerced treatment is the drug treatment model that provides treatment/recovery measures to people charged with drug-related offences with the full

authority of the criminal justice system (Bright and Martire 2013; Werb et al. 2016). According to Werb et al.'s (2016) systemic literature review, 78% of the studies they examined failed to detect any significant positive impact on recidivism or ongoing drug use compared to non-coercive approaches. They further argue that there is insufficient evidence to support the claim that this approach to delivering treatment is safe, effective, or ethical. According to a joint report released by several institutions affiliated with the United Nations “[t]here is no evidence that these centres represent a favorable or effective environment for the treatment of drug dependence” (ILO, 2012 as cited in Werb et al., 2016, p.7). The joint report goes on to say that states should close compulsory drug detention centres and replace them with evidence-informed health and social services within communities (Ibid).

Chapter Three: Methodology

3.1 Discourse Analysis

The goal of discourse analysis is to identify the power relations that are expressed through systems of meaning created through language and practices. Discourse analysis attempts to try and understand how society is being constructed through language and practices, thereby reflecting existing power relations (Foucault 1980; Milestone and Meyer 2021; Mills 2004). I am interested in examining the discursive practices that manifest in television shows through language, images, and other discursive practices with the effect of identifying the relationships of power that have led to their construction. I seek to understand which discourses of addiction and recovery are being (re)produced, maintained, or resisted in current representations of women seeking recovery.

I will frame my analysis using Foucault's (1980) discourse, stigma (Goffman 1963), and intersectionality, which arose out of Black feminist thought (Crenshaw 1994). Discourses of addiction and recovery include stereotypes and misconceptions that are stigmatizing and marginalizing; both of which are experienced through intersectional discourses of race, class, sexuality, gender, and more. Discourses of recovery and addiction are informed by gender, race, and class; therefore, it is important to use an intersectional approach, especially one that was developed and discovered through the intersectional lens of Black feminist thought, to examine how these factors influence the way that drug using and recovering women are depicted. Marginalized women experience higher levels of stigma as a result of discourses of addiction that construct white middle- and upper-class women as “victims” and women of colour as criminals and “victimizers” (McKim

2017). Intersecting stigmas are present in, and result from, discourses of addiction and recovery, resulting in differential experiences of addiction and recovery for women of colour and other marginalized groups (Campbell and Herzberg 2017; Lee and Boeri 2017).

3.1a Power & Discourse

Michel Foucault (1980; 1990) conceptualized discourse as a way to overcome the distinction between thinking (language) and doing (practice) by arguing that discourses inherently involve both processes. Discursive processes produce knowledge and meaning, determining how we make sense of the world. “Discourses give us meaningful ways of talking and thinking about and acting in relation to a particular issue” (Milestone and Meyer 2021, p. 29). Multiple discourses are often existing in conflict with one another but the purpose of analysis is not to determine which ones are objectively “true,” rather the goal is to examine how discourses are (re)produced, resisted, or maintained and what is being excluded from the cultural text at any given time (Mills 2004).

Discourses can be thought of as systems of representations that exist in the form of images, social practices, and language. Hall's (1997) definition of discourse states that:

discourses are ways of referring to or constructing knowledge about a particular topic of practice: a cluster (or formation) of ideas, images and practices, which provide ways of talking, forms of knowledge and conduct associated with, a particular topic, social activity or institutional site in society (p.6).

Discourse constantly changes to accommodate new knowledge and changes in social context. Some of these changes occur through resistance to discourses that have been

misrepresented as ‘truth’. As discourses emerge and become adopted by society, they become sites of resistance (Foucault 1990). For example, discourses about addiction presented addicted individuals as ‘criminals’, ‘junkies’, ‘worthless’ and individually responsible (Lloyd 2010). These discourses began to shift in response to the growing legitimacy of medical knowledge that positions addiction as a disease rather than a choice. Frontline workers and addicted people also contributed to disrupting dominant discourses of addiction by providing alternative discourses, through their stories and their ‘truths’ (Levine 1985; Reinerman 2005; White 2014). Individuals can resist discourses by choosing to challenge them directly, or to refuse to conform to the behaviours and ideals laid out by them (Milestone and Meyer 2021).

Foucault (1980, 1990) adopted a structuralist perspective in discourse theory, meaning that it is not possible to identify individuals who create discourses, because according to Foucault individuals are subjects whose agency is heavily influenced by social structures. Discourses of addiction for example produce subject positions such as ‘crack moms’, ‘addicts’, ‘monstrous mothers’, and ‘criminals’. People can agree or disagree with discourses but they have to adopt a subject position to make sense of themselves in the world (Foucault 1980, 1990; Hall 1997). Alternatively, people can disrupt discourses and create new ones because wherever there is power there is also resistance. Once a subject position has been created it can then be challenged.

Certain subject positions are considered “normal” while others are not and according to Foucault, this is an effect of normalizing strategies that are exercises of power. Discourse is the site where power and knowledge come together. Power works through discourses and discourses produce knowledge. Knowledge classifies certain behaviors and features

as deviant while producing others as ‘normal’ (Foucault 1980; Milestone and Meyer 2021; Mills 2004). Excessive alcohol consumption began to be constructed as a deviant when medical professionals began to theorize ways to address the ‘problem’ of alcoholism. Using pamphlets, posters, books, and later, popular culture in the form of television and film, representations of alcoholism and addiction have reproduced the discourse of addiction as deviant, and addicted people as “other,” or “outside” of the social norm (Frank and Nagel 2017; White 2014). Representations of addiction and alcoholism are constructed within existing discourses, but can also be productive, disrupting them by creating new understandings and systems of meaning that either increase or work to reduce stigma related to addiction.

3.2 Stigma

Goffman’s (1963) work *Stigma: Notes on the Management of Spoiled Identity* outlines the ways in which stigma arises and how stigmatized individuals interact with others. Goffman argues that interactions are shaped by the mutual awareness of the presence of said stigma. According to Goffman, stigma arises when a person is marked in some way as different from others and he refers to this mark as a “stain” that causes these people to be discredited in society. There are three types of stigma that Goffman describes: the first type is ‘abominations of the body’, physical markers of difference. The second type are “blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty” (p.14). A blemish includes such things as having a mental health diagnosis, imprisonment, homosexuality, or addiction. The third and final type of stigma is the ‘tribal’ stigma of race, nation, and religion.

Once a person or group is marked or 'stained' by stigma they may become stereotyped as traits or characteristics are associated with the 'stain' itself. Addicted people have been heavily stigmatized for their drug use based on stereotypes that have been reinforced through representations in popular culture. Newspapers have been singled out by advocates for their use of abusive and/or stigmatizing language such as referring to a person in recovery as 'clean,' in opposition to the 'dirtiness' of an active user (Lloyd 2010).

Addicted people have reported suffering from stigma related to their status as a drug user but they also report experiencing other stigmas such as suffering from mental health issues, being female, being Black, Indigenous, or being HIV or Hepatitis C positive. Research has shown that the addicted or "problem drug user" status is the most stigmatising. The stigma attached to particular types of drugs such as heroin or crack cocaine haunts those in recovery sometimes preventing access to employment or housing (Lloyd, 2010). Stereotypes about addicted people are circulated through the media and in popular culture with depictions of 'deviant' and 'dangerous' addicted people committing a variety of crimes including theft, assault, and murder (Kulesza et al. 2016; Lloyd 2010). These stereotypes are internalized by the public and reinforce the stigma that addicted people experience. Stigma that is relative to a person's intersecting identities. In order to obtain a richer understanding of the stigma that recovering women experience it is necessary to approach this research intersectionally.

3.3 Intersectionality

Intersectionality is defined as "mutually constitutive relations among social identities" (Shields 2008, p.301). Kimberle Crenshaw coined the term in 1989 and is now one of the

most influential Black feminist theorists in North America. Crenshaw created the concept of intersectionality to describe the way that different forms of discrimination can overlap and compound and “intersect” with each other (Crenshaw 1991; Hochreiter 2014). Theories of intersectionality have transformed how gender is discussed by challenging the taken for granted assumptions about gender that underlie the homogenization of gender categories (Milestone and Meyer 2021; Shields 2008). Our social identities influence what we believe about and experience of gender and this means that a person’s social location and intersecting identities should be central to research related to gender.

Social identities, according to Shields (2008), “mutually constitute, reinforce, and naturalize one another” (p.302). A category of identity is assigned meaning only in relation to another category and the formation and ongoing maintenance of identity categories are reinforced by individuals as they engage with them. Identities in one category are viewed as “natural” or self-evident through the lens of another category. Shields (2008) argues that an example of this is that racial categories are constructed as having two genders, suggesting that gender categories are universally understood and are in fact “natural”. As a result of the naturalization of particular categories, other categories are viewed as “unnatural”. In the case of gender, transgender and non-binary are categories that have been understood as unnatural or problematic.

Intersections create both oppression and opportunity and an intersectional position might be disadvantaged relative to one group in society, but advantaged relative to another. For example, a transgender, white, upper class man would experience advantages related to their whiteness and class status but disadvantage because they are transgender. Being

advantaged opens up access to opportunities, status, and rewards that are not available to disadvantaged intersections. Identity categories such as race, gender, and social class reflect operations of power among groups that comprise that category (Crenshaw 1994). Operations of power that are also present in our social institutions or structures.

Crenshaw (1994) introduced the idea of structural intersectionality which reflects the ways in which a person's social needs and legal status can marginalize them because of their intersecting identities. When considering addiction treatment, there is a push to create gender-specific treatment options to address the unique needs of women but there is little to no discussion about the unique needs and challenges that racialized people have, or people who do not conform to the gender binary, or queer people (Martin and Aston 2014; McKim 2014; Simpson and McNulty 2007). Ettorre (2018) argued that "the knowledge-making practices present in addiction research and treatment have made the field resistant to examining the gendered, classed and racialized power differentials that structure women's lives" (p.3) and the same is true for other identity categories. Without adopting an intersectional approach to developing laws, policies, program, and other institutional features, these systems and practices will continue to fail marginalized communities.

Chapter Four: Data Collection

4.1 Method

Understandings of addiction and recovery are constantly shifting and it is important to examine contemporary representations to determine what discourses are being (re)produced and maintained and which are being challenged or disrupted. In this proposed research I will use an interdisciplinary approach to examine the sociopolitical impact and ideological work of discourses that stigmatize addicted people with intersecting identities in popular culture.

Digital media has intensified the connection between popular culture and media as existing forms of mass culture are now more accessible than ever (Meyer 2012; Milestone and Meyer 2021). Online streaming services such as Crave, Disney+ and Netflix allow viewers to instantly access a wide variety of historical and contemporary television shows. According to the Canadian Radio-Television and Telecommunications Commission's (CRTC) 2015 report, English-speaking Canadians choose to watch U.S. television shows except for the news and sports (Government of Canada 2015). For this reason, I have chosen three American television series, *You* (2018), *AJ and the Queen* (2020), and *Mom* (2012) as the focus of this analysis for several reasons.

I chose to analyze the first season three contemporary television shows, *AJ and the Queen*, *You* and *Mom*. I choose these shows for several reasons. The first is that each show includes a mother character that is either in or accesses recovery during the first season. *AJ and the Queen* features Brianna, an unhoused sex worker whose drug use has caused the state to remove her daughter. *You* features Claudia, the neighbour of the main

character and the addicted mother of Paco. *Mom* is an obvious choice for this research because the majority of the characters are women in recovery and the two stars are mothers. These characters also differ in terms of race, class, and geography. The second reason for these shows is that they are from different genres and I was interested in understanding which discourses cross genres and how they differ in their representations. The third and final reason I choose these series is because they all aired or were still airing during the time of my research.

I have conducted a discourse analysis informed by theories of intersectionality and stigma of the following American television shows: Season 1, 10 40-45-minute episodes of *You* (2018), Season 1, 10 40-45-minute episodes of *AJ and the Queen* (2020), and Season 1, 22 20-25-minute episodes of *Mom* (2013). I analyzed one season of each show as some of the characters only appear in one season and *AJ and the Queen* has not been renewed for a second season. The first seasons of *Mom*, *AJ and the Queen*, and *You* have been chosen for this research because there are very few television shows that include representations of mothers in recovery from drug or alcohol addiction, and they have all aired in the last 5-10 years. These are all the first season of these shows, and they are not particularly nuanced in their presentation of ideas or identities.

All three shows feature one or more recurring or main female-identified characters who begin in or enter a state of sobriety. All the recovering characters are also mothers, three with children under the age of 15.

I have chosen to analyze one season of *Mom* instead of the entire series because the content of the first season is comparable to the content of the other two shows that I am

looking at. I am interested in examining the initiation to early stages of recovery and the first season of *Mom* positions Christy at a little over 3 months sober in the first episode.

I have included brief discussion throughout my analysis about later seasons of the show as I have watched the show in its entirety while containing my analysis to the first season.

The discussion I have chosen to include is used to highlight the dominant themes of the show and the discourses that underpin them. Although the show does introduce a variety of relevant and interesting topics related to addiction and recovery in later seasons, the fundamental approach does not change. The approach is based on total abstinence from alcohol and drugs with the show always being centered around the main characters membership in AA. The way that Christy is portrayed as a mother does not change, we understand her to have been an irresponsible parent who placed her addiction over her children. In recovery Christy is fighting for forgiveness from her children, particularly Violet, and working on her relationship with her mother. Similar themes are present in *AJ and the Queen* and *You*, making the first season ideal for comparison.

I watched each episode three times, the first time to record descriptive details and to develop codes that I will use for my analysis. During the second viewing I looked for discourses and themes that I missed in my first viewing, identifying major themes that are relevant for this research, such as the single story of total abstinence, ‘bad mother’ versus ‘good mother’ and reproducing deviance through children. During the third viewing I looked for anything that I might have missed and determined that I had reached saturation in my analysis.

Rather than analyzing each scene that featured the relevant characters, I chose to analyze their character arc across the season which allowed me to follow their journey from

active use to a state of sobriety, or in the case of *Mom*, the initial period of recovery. The three characters of most interest to this research were Claudia from *You*, Brianna from *AJ and the Queen*, and Bonnie and Christy from *Mom*. I will provide a brief overview of these characters to demonstrate why these characters are relevant to a discussion about representations of recovery.

Claudia is a nurse and a single parent who appears to be in her thirties, whose boyfriend abuses her, which leads to the neglect of her son by both parental figures. Claudia is a racialized woman and her recovery pathway differs greatly from those of the other two mothers. Claudia reaches a state of sobriety or recovery after being forced to do so by Joe, the main character of the show, and her friend Karen. This representation is more in line with discourses of addiction that construct addicted people as criminals and victimizers rather than patients suffering from a disease or “victims” (Campbell 2000).

Netflix’s *AJ and the Queen* stars RuPaul Charles as a successful drag queen who goes on tour in a camper across America and finds that AJ, a neighborhood child, has stowed themselves away onboard. AJ is a young girl that has run away from foster care and has been stealing and begging to survive while also posing as a young boy. The character that is of interest to this research is AJ’s mother Brianna, played by Katarina Tenenbaum, who is a sex worker addicted to a variety of drugs. Brianna appears to be a white woman in her twenties and a single mother with a limited support network of friends. Brianna does not have AJ in her care at the beginning of the season as she lost or gave up custody of AJ who was then placed in foster care. Brianna was evicted from her apartment and is sometimes shown sleeping on the sidewalk. Mid-season Brianna decides to abstain from drugs and alcohol after being arrested and finding out AJ is missing from care. Brianna,

like Claudia, does not seek help from AA or NA and recovers “naturally”, choosing to abstain from drugs after being released from jail. Her experience varies greatly from the recovering women in *Mom* whose recovery experiences are dominated by AA and its ideology.

CBS’s sitcom *Mom* (2013) centers around Christy, played by Anna Faris and her mother Bonnie, played by Allison Janey, who is also in recovery from addiction. Christy is a 30-something, blond-haired, single, white mother working as a waitress in the United States. Bonnie is a white woman in her 50’s, single, sometimes employed and occasionally homeless. Both women are heavily involved in AA, not only to support their sobriety but also in service to others who are seeking recovery. The series is entering its eighth and final season and this is too much content to analyze for the purposes of this research paper, therefore I will focus on season one of the series.

4.2 Research questions

While conducting my analysis I sought to address the following questions outlined by Thomson (2011):

1. What is being represented here as a truth or as a norm about mothers’s experiences of addiction and recovery?
2. Which discourses of addiction and recovery are (re)produced and which are resisted?
3. How do these representations differ depending on race, class, gender, sexuality, occupation, and other intersecting identities?

Chapter 5: Analysis

5.1 *Mom* (2012)

Mom is a sitcom which aired on CBS from September 23, 2012 to May 13, 2021. The series was created by Chuck Lorre, Eddie Gorodetsky and Gemma Baker and is set in Napa, California. *Mom* follows the intersecting, often overlapping stories of alcoholics and drug users Christy (Anna Faris) and her mother Bonnie (Allison Janney) who reunite at an AA (Alcoholics Anonymous) meeting after being estranged for years. The series follows their recovery journey as they navigate their sobriety, their relationships with themselves, each other, and their friends and family through the process of working the 12-steps of Alcoholics Anonymous. The show uses humour to discuss serious issues including addiction, teen pregnancy, poverty, grief, relapse and more. However, *Mom* is primarily concerned with communicating the challenges these women face on their journey to recovery, as well as their moments of joy. According to Chuck Lorre (2021) "When [they] first conceived of doing '*Mom*,' the purpose was to communicate hope, that recovery is possible, that recovery can be joyous and filled with friendship and laughter and is not a grim, fingernail-biting exercise" (USA Today, 2021).

Both Christy and Bonnie are in recovery from their addictions in the series premiere, a strategic decision made by showrunner Lorre to depict their addiction as the past, making it possible to laugh at it in ways that would not be acceptable otherwise (Dowling, Turchiano, and Dowling 2018). Christy and Bonnie are moving into new stages of their lives and they have taken control over their futures through their recovery path. This show's depiction of recovery is constructed through intersecting discourses of gender,

‘good motherhood’, reproducing deviance, race, and class. *Mom*’s central plot is guided by the discursive influence of Alcoholics Anonymous (which will be referred to as AA going forward), focusing on an abstinence-based journey and constantly referencing AA’s 12-step program as well as depicting the woman attending and hosting AA meetings.

5.1.a AA Ideology and Discursive Practices

AA and its twelve-step program model dominate addiction treatment in North America, and AA utilizes several discursive practices and mechanisms to create solidarity among its members including; acceptance of a disease model of addiction, restricting how recovery can be understood and achieved, and requiring complete adherence to AA principles and practices (O’Halloran 2006; Travis 2010). The series creator, Chuck Lorre, is a member of the program and sought to help destigmatize addiction and bring awareness to the recovery journey as understood by AA (Keveney n.d.). AA was built upon three core concepts: (1) alcoholism is a disease treated through total abstinence; (2) alcoholics are powerless over their addiction; and (3) to recover individuals must surrender to a higher power (O’Halloran 2006; Travis 2010). All these elements are present in *Mom* as it contains all the hallmarks of the program, and it is the story of recovery through Alcoholics Anonymous.

The disease discourse of addiction continues to gain traction in contemporary society with today’s understanding shifting from a “disease of the will” or as AA understands it, “an illness which only a spiritual experience will conquer” (Anon 2001, p. 44) to today’s brain disease model of addiction (Heather et al. 2018). AA’s founders adopted the disease approach to understanding addiction because it allows addicted people to alter their view

of themselves, to view the condition as a physical condition that must be accepted as such to treat (through abstinence) for the rest of their lives, much like diabetes or an allergy. The conceptualization of addicted self as “sick” is empowering as it destigmatizes the condition and creates potential for empathy for addicted people, as was the goal of Dr. Benjamin Rush when he first diagnosed alcoholism as a disease (Levine 1985).

Mom fully embraces the disease model of addiction as evident in episode 5, “Six Thousand Bootleg T-shirts and a Prada Handbag” when Bonnie refers to herself as, “Recovering from the fatal disease of alcoholism” (Widdoes 2013b) and in Episode 12, “Corned Beef and Handcuffs”, Bonnie states, “I’m allergic to alcohol. Every time I drink I end up in handcuffs” (Cryer 2013). The language of disease is present as well as the proposed cure, abstinence.

Another of AA’s discursive practices that is widely disseminated with the public through media and their literature is the idea that people who use drugs will inevitably “hit bottom” or reach a low-point in their drug using career that will make them want to change their lives (Anon 2001). Sharing their “hitting bottom” moment is a discursive practice of AA and a pre-requisite for progressing through the program (Glaser 2015; O’Halloran 2006). If you have not hit bottom than you are not ready to recover. All the characters describe hitting bottom at one point during the season. Christie shares that she woke up one day and realized she was turning into her mother. We witness a character hitting “bottom” when Regina, played by Octavia Spencer, starts to attend AA, and confides in Christy and Bonnie that she is about to be arrested for embezzlement, her husband asked for a divorce, and she has been denied her access to her son. Another version of “hitting bottom” is shown through Bonnie’s experience. After a catastrophic

relapse, Bonnie lost her job, her apartment, and her sobriety, causing her to strengthen her commitment to the program. Their stories maintain the “hitting bottom” narrative and AA’s ideology overall. The “hitting bottom” discourse is underpinned by the idea that a person will choose to get sober once they hit that bottom and it also gives the program an ‘out’ because if the program does not work for someone, it is the fault of the individual for not hitting their true bottom, indicating they are not ready to work the program. These ideas all become part of the single story of recovery that promotes abstinence and individual responsibility as the only way to overcome problematic drug use.

5.1b A Single Story of Recovery

A discursive mechanism that AA uses to filter out alternative ideologies about addiction and recovery is the limitation on content that can be discussed in AA meetings. Members are asked to confine their sharing to alcohol related matters and individual sobriety. Medical, social, legal, and religious aspects of alcoholism are discouraged from being discussed (O’Halloran 2006). Some AA supporters argue is to create solidarity and trust, but others could argue it dissuades any discussion about alternative pathways and understandings of recovery that challenge AA ideology (Glaser 2015; O’Halloran 2006). In the process, AA ideology limits understandings of recovery and addiction and restricts the potential of alternative pathways that may benefit people. These constraints also reinforce AA’s chokehold on the treatment industry as other avenues of recovery are rendered illegitimate and invalid.

One of the discourses that dominates most discussions about recovery is the discourse of total abstinence. This discourse is the only form of/path to recovery that is validated through AA literature and discursive practice, and *Mom* maintains this discourse without

variance throughout each of its eight seasons. Not only is total abstinence the only way a person can be considered ‘in recovery’, AA mutual-aid recovery is the only way to achieve it. *Mom*’s discourse of total abstinence is firmly established in the “Pilot” episode, when Christy challenges Bonnie’s claims of sobriety when Bonnie says, “Just because you’re sober doesn’t mean you can’t take a Xanax” and Christy responds with “Actually it does” (Fryman 2013). It does not matter what your circumstances are, if you use any type of drug, even prescribed, a person may be viewed as breaking their sobriety. It is a limited and universalizing way of thinking about recovery that ignores the varied and intersecting challenges that individuals face in their recovery.

5.1.c Universal Approach to Addiction and Treatment

Until the 1970’s AA adopted a universal approach to addiction that did not account for gender-specific differences in becoming addicted or living with addiction. According to AA member and author Casey (1982), AA believed that “[a]n alcoholic was an alcoholic was an alcoholic – women didn’t need a book just for themselves. The general attitude was that there are no differences between us ... it’s a kind of exclusion” (as quoted in Travis, 2010, p. 156). Although women like Casey and others in the AA membership fought for women-specific mutual-aid groups for women like Christy and Bonnie, it is still the norm for AA to treat addiction as if it affects everyone the same regardless of gender, class, race, and other intersecting identities (Travis 2010; Ullman et al. 2012).

This approach resists discourses that suggest that women are ‘worse off’ or more vulnerable than men in their addiction and require ‘special’ treatment to recover (Martin and Aston 2014). Although Christy and Bonnie sometimes attend women’s only AA meetings later in the first season, the ideology is the same: the women utilize the same

discursive practices such as admitting they are powerless over their addiction, even though that requirement has been shown to serve as a barrier for women who have experienced marginalization (Glaser 2015). There are no discussions about what would be considered by some to be gender-specific aspects of women's addiction such as mental health issues or childhood and ongoing trauma including sexual violence because these issues are not relevant to AA's universal approach to recovery (Ullman et al. 2012).

Mom reproduces and perpetuates AA's universalizing discourse of addiction and recovery, strengthening public perceptions that addiction is a disease that impacts everyone equally and that all it takes to recover is to have the will to do so. There is no need to address social issues that are specific to marginalized groups such as women, 2SLGBTQIA+, BIPOC, etc. - issues that could undermine the recovery process and serve as barriers to accessing meaningful support and services for these groups. A universal approach to addiction does not address the burden of responsibility that women carry related to motherhood nor the stigma attached to them as drug using women and mothers.

5.1.d Individual Responsibility

The disease model of addiction provides addicted people with a way of understanding themselves that, in some cases, alleviates feelings of guilt and shame because they are victims of a disease that causes them to behave in socially unacceptable ways (Travis 2010). Rather than blaming themselves they can blame the disease. Christy states that "drinking wrecked my life, destroyed my relationships, and I'm still picking up the pieces" (Halvorson 2013b). However, the ability to blame the disease does not extend to actions and choices that a person makes during their recovery journey. Nor is AA to blame if a person slips back into active use because, although they are "powerless against

their addiction,” they are also believed to be autonomous subjects capable of self-governance in their recovery (Travis 2010; Ullman et al. 2012).

The program is only responsible if it works, when someone relapses or stops participating it is the fault of that person for not committing to the program enough. Bonnie relapses in “Zombies and Cobb Salad”, resetting her recovery process and reigniting the animosity and shame that Christy feels toward her. In this episode Christy, Marjorie, and Regina confront Bonnie in the living room of Christy’s house, bringing the meeting to her. Bonnie’s sense of guilt and shame are palpable in Allison Janney’s performance and through her tears she vows to “do the program for real”, indicating that the program is beyond reproach, and she is the problem(Thomas 2013). Regardless of the fact that many issues have been found in AA programs that work as barriers for BIPOC people, the 2SLGBTQ+ community, and women, the program is never critiqued by the show’s writers (Bogart and Pearce 2003; Glaser 2015; Ullman et al. 2012). The way that these women internalize the responsibility for relapse, rather than externalizing it to the program, hammers home discourses of individual responsibility around drug use that stigmatize active users because it is viewed as a choice rather than a disease that they are unable to control. As a result, individuals seeking recovery have to constantly be vigilantly guarding themselves from their own thoughts and behaviours, particularly in a culture that heavily promotes the use of alcohol (Lay and Larimer 2018).

Alcohol is present everywhere we look, from television, advertising, film, literature and more. It is almost impossible in North America to live a life free from the temptation of alcohol and Christy embodies this struggle one day at a time in her position as a server in an upscale restaurant, to her relationships where she must “come out” as an alcoholic.

Her struggle is often depicted through humour as she sometimes reminisces about her drinking days as she sells customers wine or delivers spirits. The physical presence of alcohol is a potential problem for her, and she must be vigilant in maintaining her sobriety. She reminds herself of the consequences that she would face if she falters and uses the past as a mental barrier blocking her urge to drink. An urge that is regularly depicted through dialogue such as Christy vocalizing disgust at customers who do not finish their expensive drink and putting the drink up to her mouth to finish it before stopping herself.

The stress of her day-to-day life is made up of mental, emotional, and physical challenges as she struggles to make ends meet, copes with her pregnant teen daughter, and re-integrate her mother into her life. In the past, Christy turned to alcohol and drugs to cope, and now replaces that behaviour with AA meetings and self-help mantras. Bonnie is less vigilant in the first season, resulting in a relapse in episode 9. Christy's concern over her mother's job loss is validated by Bonnie's relapse. Drastic changes in life circumstances are difficult to overcome without drinking when that is the only way some people have ever been able to cope and this instance is the first of many examples that demonstrate the perceived need for observant peers who can monitor your progress in the program, particularly AA sponsors.

Not only are the women constantly vigilant, monitoring their own patterns and behaviours to avoid potential relapse, but also the network of peers is constantly surveilling one another, watching out for potential triggering events, or watching one another's behaviour for signs that something could jeopardize their sobriety. By identifying as an alcoholic in recovery a new set of internalized norms are adopted by the

women, norms such as abstaining from drug or alcohol use, regular meeting attendance, and so on. Women who fail to conform are judged and thought to not be taking the program seriously (Ullman et al. 2012). Women who do conform can rely on this network for emotional and social support, an important form of “recovery capital” (Cloud and Granfield 2008).

Recovery advocates (Best and Laudet 2011; Cano et al. 2017; Cloud and Granfield 2008; White and Cloud n.d.) argue that it is possible to predict long-term recovery outcomes for individuals who recover ‘naturally’, without the help of professionals, by measuring the amount of recovery capital that they have. Recovery capital is made up several categories: physical, social, human, and cultural capital. Best and Laudet (2011) further argue that recovery is a community-based process that requires role models or “recovery champions” that represent hope and provide a model for those seeking recovery. Social capital is vital to community reintegration and it is defined as “the sum of resources that each person has as a result of their relationships and includes both support from and obligations to groups to which they belong” (Best and Laudet, 2011, p.4). Building and maintaining social capital is a major feature of AA’s mutual aid philosophy, although they do not refer to it as such. For AA it is about “giving back” to others and relying on one another throughout their recovery journey. In life and in the diegetic world of *Mom*, AA allows people to create supportive networks of recovery focused peers.

Best & Colman (2019), Cano et al. (2017), and Laudet (2008) argue that having a network of supportive peers is a vital aspect of recovery capital, and recovery scholar David Best often states that “recovery is contagious” and can be spread from one person to another through contact (Turning Point, 2018). Recovering peers are also useful for

helping connect newly recovering people with services and supports that they might not have found otherwise a process called “assertive linkage”. AA’s effectiveness relies on networks of peers to support one another, to “give back” to the community as it not only helps the people you support to recover, but it also helps the person giving to the community stay on the recovery path.

Mom progressively incorporates supporting characters from a women’s only AA group that serve as peer mentors and supports for Bonnie and Christie. As the show progresses across its eight seasons, the show focuses increasingly on the support network, excluding many of the other cast members, including Christie’s children. These women are shown to help one another through all manner of problems such as supporting Christie and Bonnie’s sponsor Marjorie through cancer treatment in “Cotton Candy and Blended Fish”.

Another example is when Christy and Bonnie testify for Regina at her fraud trial and later the women drive her to the prison where she will serve her sentence. What these examples demonstrate is that having a network of sober peers is useful for sharing and having someone to call when they are fighting their desire to drink, but it is also the creation of a community of peers that will support you through life events that might contribute to a relapse. The friend group represents community, connection, reintegration, and a safety net for those who find themselves falling along their journey.

Becoming a member of a community of like-minded, sober peers provides these women with the ability to shift their sense of self, their identity from problematic drug user and bad mother to one that is characterized by sobriety and often dramatic lifestyle shifts (Best et al. 2018; Best and Colman 2019). Images of addicted people in literature, mass

media, advertising, film, and television often mark them as physically different than “normal” people. Christy and Bonnie’s addiction histories are invisible to the average person and is only rendered visible when they choose to tell others about it. They are often offered alcoholic beverages when they are engaging with people outside of their sober peer group and this provides them with the awkward opportunity to tell others about their sober status. In episode 3, “A Small Nervous Breakdown and a Misplaced Fork,” Christy gets ready for a date while Bonnie helps her pick out an outfit. During their interaction Christy confides that she is afraid that her date will not like her if he finds out “What kind of person I was”, indicating her drug use (Halvorson 2013b). There is a clear separation between drug using Christy and sober Christy, two separate identities. She gets to decide who and when people know about her addiction because she has the privilege of being able to hide it. She is not in line every day for a shot of methadone, and she does not look like a stereotypical drug user, at least not in her sobriety. Christy and Bonnie’s previous use is invisible and it is only visible to the audience through the photographs in the opening credits and through glimpses of active use when Bonnie relapses or another drug using person is introduced into the plot.

5.1.e Shifting Identities

Through AA’s discursive practices and community focused support networks, individuals can create a new identity, allowing them to generate their own “subjectivity” (Gueta and Addad 2013). Stating that “I am an alcoholic”, a recurring discursive practice of AA, is central to developing a new sober identity as well as connecting individuals to other members of the group (O’Halloran 2006). The idea is that once a person can identify themselves as an alcoholic, they can then fully begin to resist their addiction through the

practices of AA. It becomes possible to recognize the patterns and behaviours that contributed to their addiction and through “sharing” become better equipped to cope with their day to day lives, changing how they perceive and exist in the world. Christy and/or Bonnie share at least once per episode and through these ‘shares’ they discuss the work they are doing to change and improve their lives. One of the major improvements for both of their characters is the shift from engaging in drug-related criminal activities to legitimate jobs and past times.

5.1.f Criminal Deviance

A recurrent theme that appears central to the construction of addiction and addicted people in literature, policy, popular journalism, and mass media is that of deviance, notably sexual and criminal deviance through the actions of individuals (Huggins 2010).

Addicted people are represented as occupying the margins of society and a consistent feature of representations of addiction is that addicted people are portrayed as “other” and have been throughout the history and regulation of drug use (Huggins, 2010).

Representations of addiction work within “political, normative, and discursive regimes” (Shilling, 2003, p. 203) for and by those who have the ability to classify such behaviours and actions as problematic or deviant.

The connection between drug use and criminal behaviour is displayed prominently throughout the first season of the show. The opening scene of the series includes a mugshot of Christy and a theme that runs throughout the first season and beyond is that Bonnie has a lengthy criminal history. In one instance Christy says “While other mothers were cooking dinner, you were cooking meth” (Fryman 2013) and in another episode Bonnie states “I know I wasn’t the world’s greatest mom when [Christy] was growing up,

what with all my drinking and drugging and dealing, and managing an international escort service with ties to the Russian mob” (Halvorson 2013a). In “Belgian Waffles and Bathroom Privileges”, Bonnie gets arrested after fleeing from the police and Christy complains about having to try and post bail for her (Greenstein 2013). It is not clear what Bonnie did in that instance but the implications are obvious. The character of Regina is also arrested and convicted of stealing money from her clients, placing her in jail. All their stories reinforce the connection between addiction and criminality, a discourse that serves as the foundation for addressing addiction through the justice system rather than the medical system (Iacobucci and Frieh 2018; Sered and Norton-Hawk 2011).

5.1.g Recovery as a Process

Recovery is a contested concept in terms of how it relates to addiction, which has resulted in a variety of ways that recovery can be understood. For some recovery is an end state, meaning a person is recovered once they stop drinking or using drugs (Turning Point 2018) . For others recovery is a lifelong process, a journey that addicted individuals must actively work to maintain because the disease of addiction is believed to be incurable but can be treatable (Best and Colman 2019). For the women of *Mom*, recovery fits into this latter definition, capturing months of Christy and Bonnie’s recovery journey in the first season alone. A serial program such as this is an ideal medium to study the process of recovery over time because, unlike films, a series can depict many important milestones in the recovery process over an extended period of time. The narrative structure of *Mom*, as a serialized show, highlights the process across time allowing it to be central to the viewing process. Viewers can see the day-to-day realities of staying sober in a non-sober world in a way that would not be possible in other media that presents only the important

moments that move the plot forward. In a movie we might not get to see Christie struggling to resist drinking wine at work or regularly seeking out peer support to avoid repeating past behaviours. In a serialized show we are able to see the repetition, the discursive practices that AA uses to reinforce their ideas because they do the same things every week, attend meetings, share, and reach out to sponsors.

One of the discursive practices of AA, as featured in the show, is to count the days that a person has been sober, highlighting the temporality of recovery. In the program people celebrate sober birthdays and they mark time milestones with chips or coins, a ritual that is both a goal and a reward for those in recovery (Travis 2010). Time is important for AA as it is what creates distance between the addicted identity from the recovering identity. If a person relapses, they lose the ability to claim their sober time and must start over. Not only that, even people who have been in AA for years must re-enter the program as a newcomer after a relapse or 'slip.'

Other ways of thinking about recovery might not consider a slip a disruption of the recovery process and, in some cases, it is to be expected (Smye et al. 2011). AA's discursive framing of recovery as sobriety, as well as the discursive practices of counting days and the notion of failure through relapse is influenced by powerful agents of social control. Active users are considered 'out of control' and the opposite of Foucault's (1995) concept of "docile bodies", bodies that conform to the norms and values of society. Promoting the idea that using again is a failure is in the interest of creating docile subjects who follow the rules and do not end up in the justice system or reproduce deviance through children.

5.1.h Motherhood

Christy and Bonnie are discursively framed through socially constructed ideals of “good” motherhood and “bad” motherhood. These ideals have been shaped around the norms of white middle-class women which excludes BIPOC, 2SLGBTQIA+, and lower class women, excluding them from accessing the “good” mother status (Springer 2010). One of the recurring themes of this show is Christy and Bonnie’s constant battle to attain the status of ‘good’ mother. The first season is primarily focused on the lead characters attempting to rebuild their relationships with their children, Christy and Bonnie reconnecting after years of estrangement and Christy reconciling her past with her present when it comes to her children, Violet and Roscoe.

Christy’s estrangement from her mother was the result of decades of trauma and resentment toward Bonnie because of her addiction. Christy’s daughter Violet mirrors her resentment in her hostility directed toward Christy, and in later seasons Violet decides to cut off contact with Christy altogether. During active use, Christy and Bonnie are portrayed as neglectful, irresponsible mothers whose children had to take care of them and each other. This is reinforced through Violet because she has had to care for her younger brother for years because of Christy’s addiction. Although Christy has been in recovery for a few months at this point, Violet still takes on a maternal role with Roscoe and in episode 2, “A Pee Stick and an Asian Raccoon” Christy tells Violet, “You’re a better mother than I am” and Violet responds with, “I know” (Halvorson 2013a). In an episode where Roscoe has no clean underwear and Christy asks to borrow some of Violet’s, Violet says, “Seriously? You haven’t screwed him up enough?” (Greenstein, Jeff 2013) referring to the potential damage that Christy has already done.

This show reinforces stereotypical notions of what constitutes a good mother and maintains the discourse that positions drug using women as ‘bad’ mothers whose selfishness (drug use) has harmed their children and undermined their potential as good citizens (Campbell 2000). Their motherhood is redeemable through their sobriety and Christy and Bonnie are able to build a loving and trusting relationship with one another over the course of seven seasons. What is key to this narrative and the dominant discourse of addiction and motherhood is that it is only possible to be seen as a “good mother” if one is sober and has overcome their past through hard work and sacrifice. The creators of the show emphasize that it is important to highlight that these moms are now moving beyond their problems. In an interview with *Variety* regarding the series, co-creator Gemma Baker stated, “I really thought audiences would not be able to get behind a bad mom on network TV ... We agreed her trouble needed to be in the rear-view mirror and the children had to be safe, in order for it to be funny” (as quoted in Dowling et al., 2018).

Parent-child relationships are complicated and mothers are additionally burdened with expectations of being nurturing, self-sacrificing, and emotionally available to their children. The first season of *Mom* does a decent job of illustrating the complexity of those relationships as Bonnie and Christy and Christy and Violet try to reconcile with the past and their new sober realities. Violet’s anger and resentment toward her mother because of her addiction is present throughout the season and their interactions are often tense and, in some cases, hostile. Violet often excludes her mother from important moments in her life, choosing instead to connect with Bonnie.

Christy's relationship with Bonnie is hopeful and provides us with a glimpse of what the future could look like for Christy and Violet while Christy and Violet's dysfunctional relationship mirrors Christy and Bonnie's past. Through Christy and Violet, we can see what it must have been like for Christy growing up and we can understand why she is angry with her mother, even as they mend their connection. Through Violet we can see the cycle of resentment and anger continuing as she struggles with her reality and the realization that she could become like her mother when she gets pregnant in high school. Teen pregnancy is one of the social issues that society held about drug using, 'deviant' women parenting their children, an example of the general fear that society had that these women would reproduce deviance through their offspring (Campbell 2000).

It has long been argued that drug using women are incapable of producing good citizens and that their children suffer as a result of their addiction (Broadhurst and Mason 2020; Campbell 2000). Women who use drugs are thought to be deviant, often criminal, because of their use and consequent actions (Reid et al. 2008). Their influence is thought to reproduce deviance in their children, undermining their ability to become 'good citizens' who work legitimate jobs, pay their taxes, and produce other good citizens. Drug using women often internalize this discourse and blame themselves for any issues that their children might face, even if those issues might be the result of a larger structural issues such as poverty or racism (Gunn and Samuels 2020).

Mom's story is heavily framed through this discourse as both mothers are blamed by their children, and blame themselves for the actions and circumstances of their respective children. A direct reference to this occurs during the "Pilot" episode during Christy's share at an AA meeting. Christy compares herself to her mother and her experiences

growing up and tells the group that her mother's influence caused her to reproduce the same problematic behaviours. She states, "I drank like her. Went through men like her. I was selfish to my kids just like she was and I didn't know how to live any other way because she was my only role model" (Fryman 2013). In another scene Marjorie attributes Christy's alcoholism to Bonnie, stating "That's your mother? No wonder you drank" (Greenstein 2013b).

Another plotline that discursively reinforces the notion of reproducing deviance concerns teen pregnancy. Bonnie had Christy when she was a teenager; Christy had Violet in her teens, and Violet is pregnant in her teens. A theme throughout this first season is that teen pregnancy leads to lost opportunities and an unfulfilled life. Violet's experience directly parallels theirs but what further sends the message home is that Christy says, "Violet, you're breaking the cycle. You're gonna have a better life than me" (Greenstein 2014) because Violet is planning to find a family to adopt her baby for her sake and for the sake of the child. In this season Violet has chosen not to become a mother, breaking the pattern set by her grandmother and mother. However, in later seasons Violet is shown to misuse drugs and alcohol, appearing to fall into the inevitable cycle of addiction that Bonnie believes is embedded in their DNA, reinforcing the idea that drug using mothers produce deviant children (Widdoes 2013a).

Although a major plotline for this show throughout its entirety is the growth of the relationship between Bonnie and Christy, neither woman can fully embody the 'good' mother identity. Christy's relationship with Violet is as unstable as hers was with Bonnie and although there are moments that are hopeful, most of their interactions indicate a fundamental lack of trust and respect for Christy by Violet. Christy's relationship with

Roscoe is more stable but she is often more focused on her romantic relationships and in later seasons, her education, resulting in his relocation to his dad's household. Although Christy is sober and working on changing her life for the better, she is not able to change her daughter's perception of her and she is never able to shed the 'bad' mother label and internalized shame that corresponds with it.

Bonnie and Christy's relationship strengthens but Bonnie is also not able to claim the status of 'good' mother because of their past, and seems incapable of living up to the gendered expectations of parenting that are attributed to her sex. She is depicted as selfish, self-centered, insulting, and thoughtless when it comes to her daughter and her life. However, she does embody the role of the caring grandmother, cooking for them, driving them to school, and performing a variety of other tasks that Christy struggles to maintain. Even this identity is tainted by images of Bonnie teaching Roscoe how to gamble, cheat, and lie when he is left in her care.

Male figures in the series are not assigned blame for their children's actions to the same extent that the women are. Roscoe's father Baxter is a recurring character in this season and he frequently engages in illegal activity while living in his van, sometimes in Christy's driveway. He does not pay regular child support but he does actively visit his son, and by being physically present he appears to have met enough of the criteria for fathers to be categorized as a 'good' father. Roscoe is 8-10 years old and is respectful, polite, and well-mannered, even though Christy was the primary caregiver throughout his childhood as she was for Violet. Baxter's presence might be the reason he is less hostile and resentful toward his parents than Violet is to her mother.

5.1.i Sexuality and Relationships

A major theme of this series is the focus on both Christy and Bonnie's sexual relationships, a theme that is consistent with historical depictions of drug using women as sexual predators or "deviants" (i.e. lesbians, promiscuous) (Campbell 2000; McClellan 2017). Bonnie is often referred to as a "slut" or a "whore" by Christy and vice versa. From the pilot episode it is established that Christy engages in inappropriate relationships with men because she is having an affair with her married boss. Bonnie is also presented as a promiscuous woman who has no scruples about sleeping with married men as she enters a sexual relationship with a married waiter. Although Christy and Bonnie are not married, women who sleep with married men are often blamed for their actions because the moral burden for sexual behaviours are placed on them. The stigma around promiscuity is higher for women with addictions because of moralizing discourses around women's sexuality and its link to drug and alcohol use (Campbell 2000).

Mom strongly links recovery to relationships and a person's progress in their journey can be hindered by the choice of sexual or romantic partner(s) they make. Newcomers to the program are encouraged by their sponsors to avoid relationships until they have one year of sobriety and although this is not explicitly included in the plot of the series, Christy questions herself and chooses not to engage in a sexual relationship with Adam, a man she begins dating in "A Small Nervous Breakdown and a Misplaced Fork" (Halvorson 2013b). She chooses to abstain from sex with Adam for a four-episode arc and by episode 8, "Big Sur and Strawberry Lube" Christy ends the relationship with Adam, choosing to dedicate her time on her recovery rather than romance.

In episode 16, “Nietzsche and a Beer Run”, the connection between recovery and potentially harmful relationships is embodied in Christy’s decision to enter a relationship with an alcoholic and drug using firefighter named David. Christy slips into old patterns of behaviour, keeping secrets, lying, stops regularly attending meetings, neglects her family and friends, and threatens her sobriety. David’s behaviour also serves to highlight the chaotic, destructive power of addiction as he drunkenly drives the fire truck, almost driving into their house and potentially harming others through his actions.

It is interesting to note that there is resistance to gendered norms in this series, particularly around gendered expectations around sex and relationships. Although depictions of Bonnie and Christy’s sexual activities fit into the realm of highlighting their ‘deviance’ and lack of morality that has been attributed to ‘good’ women, these depictions challenge those norms. By not conforming to gender norms that position women as passive receptors of sexual relationships rather than active participants Bonnie and Christy present an alternative view of women’s sexuality and the idea that woman can choose for themselves whether to engage in sex acts within or without a relationship attached to them.

5.1.j Intersections of Race and Class

Whereas the representation of women’s sexuality and gender roles are resisted through this series, racial stereotypes, and discourses of BIPOC drug users present in this series reproduce marginalizing and stigmatizing discourses that present Black women as aggressive, criminal, and violent. The depiction of BIPOC characters in this series is problematic and reflects a media bias that presents BIPOC women as aggressive victimizers rather than victims in their drug use, as well as associating Black women with

criminality. There are few BIPOC characters in the show overall, but in the first season the only character of note is Regina, played by Octavia Spencer, introduced in “Six Thousand Bootleg T-shirts and a Prada Handbag.” Regina is a newcomer to AA and Christy befriends her when she tries to leave the meeting. Christy and Bonnie convince her to stay with them for the night and during their interactions, Regina reveals that she is going to be arrested for fraud. Although this is a white-collar crime, Regina is the only character in the series that goes through the justice system and ends up incarcerated for her crime.

Regina is an aggressive, violent character that threatens Bonnie and Christy on the first day of their friendship. Regina tells Christy that she is concerned about her aggression and says, “I think I might snap and kill you and your mother in your sleep,” and in a later episode she tells Bonnie, “One of these days, you and me are gonna throw down” (Thomas 2013). Regina contradicts racialized drug using stereotypes with her wealth, her appearance, and her status as an upper-class white-collar criminal; however, she is constructed through racialized discourses that present her as violent, unpredictable, and criminal. The almost entirely white cast and Regina’s character do nothing to incorporate the lived reality of the intersecting discrimination, stigma, and oppression that BIPOC people face in active use and in recovery. These representations ignore and misrepresent BIPOC experiences through the universal and generalizing approach to addiction and recovery that underpins the show's plot. *Mom* does a better job of looking at the intersection of drug use and class, depicting the struggles of a low-working class single mother struggling to make it through each month while staying sober.

Mom explores themes related to poverty and the struggles of being a single-parent, low-income service worker in America, with consistent plotlines related to money problems. Christy's car breaks down and she cannot afford to fix it. Bonnie loses her job and then loses her home, forcing her to move in with Christy and the kids. Christy's ex-husband Baxter is unemployed and is inconsistent with child support, leaving Christy with the full burden of child-rearing expenses, yet he is a "good dad" because he shows up occasionally to be with Roscoe. He is not demonized for his lack of care and concern for his child or his ex-wife. It is enough for him to just be there even if he does not support them financially.

Christy and Bonnie are white and although they are working class, their homelife in this season does not reflect that as they live in a three-bedroom home in the suburbs of Napa. In the following season they are evicted from that home and end up unhoused for a period before moving into a much smaller apartment creating a more accurate depiction of a single income, working class household.

5.1.k "Crazy" Women

Research has shown that there are strong correlations between mental health issues and substance use in women that often operate as barriers to recovery without professional support (Brown 2013; Campbell 2000; Covington 2008; Ettore 2018). In this season of *Mom* mental health issues are not incorporated in the plot, although later seasons include Bonnie seeking the help of a therapist. However, Bonnie and Christy refer to one another as "crazy" throughout the series and supporting characters often refer to one or both of them as "crazy" regularly. For example, in episode 4, "Loathing and Tube Socks", Christy calls her mother to confront her about something that happened in a dream.

Bonnie tells Christy, “Now you’re a fully grown crazy person, so I’m just gonna hang up!” (Greenstein 2013b); and in “Cotton Candy and Blended Fish”, Christy’s boss Gabriel says about Christy, “She seemed a lot less crazy when I was sleeping with her” (Greenstein 2013a) to which Chef Rudy replies, “They all do,” reinforcing the notion that women are prone to emotional and mental instability.

The word crazy perpetuates mental health stigma because it draws on negative stereotypes. It perpetuates ideas about mental illness that include the idea that people who are experiencing mental health issues are irrational, emotionally unstable, and incapable of making logical decisions. Calling one another crazy in this series perpetuates those stereotypes as the statement typically follows a scene where a character responds emotionally to a given situation. Brenda Curtis, an assistant professor of psychology at Penn Medicine, points out that “there are gender-based stereotypes about women being irrational, hysterical, and disconnected from reality – all meanings that are associated with the word ‘crazy’” (as cited in Ewing n.d.).

Stigmatizing language about mental health in this show corresponds to the way that the characters themselves are portrayed. Christy is often depicted having emotional breakdowns in front of customers and other strangers in department stores, restaurants, and more. In “Corned Beef and Handcuffs” Bonnie is rejected by Christy’s coworker Chef Rudy after one date and in response, she breaks into his house and smashes several expensive bottles of wine with a baseball bat, an impulsive overreaction to a minor rejection (Cryer 2013). This scene is one of many that depicts Bonnie as a person who has difficulty resisting her impulses and appears emotionally unstable in ways that differ from Christy. The depiction of both women as struggling with a variety of impulse

control and emotional extremes reinforces the “crazy” woman stereotype along with the consistent name calling throughout the season. A stereotype that perpetuates mental health stigma and reproduces stereotypes about women being irrational, hysterical, and overly emotional.

5.1.1 Feedback Loop

Mom is the only show of the three chosen for this study that aired weekly on live television and as a result is the only one subject to the influence of their audience in the first season resulting in changes in the diegetic world, a process known as the feedback loop (Kelleter 2017). AA has been identified as potentially problematic for women-identified people because of a phenomena known as “13th stepping”, which is when an established member of the program tries to engage in sexual or romantic relationships with newcomers to the program. There are other barriers for women trying to work the 12-steps including the mandate to admit that they are powerless over their addiction, a step that can be difficult for women who have been marginalized and have felt powerless for most of their lives (Bogart and Pearce 2003). Midway through the first season the show switches from mixed gender meetings to women’s only meetings, reflecting the reality for many women accessing AA. According to an interview with Chuck Lorre, the audience influenced the trajectory of the show, and in later seasons the producers and writers responded once again by removing Christy’s children from the plot, focusing more on the recovery process (Dowling et al. 2018).

5.1.m Conclusion

Mom is unique because it is the only show that focuses solely on the recovery journey of women and because it does so through humour rather than the dramatic, and often grim, approach of *You* and *AJ and the Queen*. Discourses of motherhood, identity, gender, sexuality, sobriety, and womanhood are both reinforced and challenged through the stories told by this show. Christy and Bonnie are both portrayed as the bad mothers who have selfishly chosen to pursue their own desires in the past but are now capable of being redeemed, if not forgiven, for their past through sobriety and a commitment to a new, sober identity. While reinforcing the idea that this redemption can only come through total abstinence, this series also disrupts gendered discourses of addiction that position women's addiction as more difficult to overcome than their male counterparts. This series provides a lighthearted perspective into the lives of women living with addiction and striving for recovery and can serve as a beacon of hope for women watching as they watch them navigate their sober lives.

5.2 You (2018)

5.2.a Introduction

You (2018) is an American psychological thriller that premiered on Lifetime in 2018 and the first season was later released in its entirety on the streaming platform Netflix in December, 2019. The series is based on Caroline Kepnes book of the same name (Badgley, Pedretti, and Childers 2018). The first season of the series follows a bookstore manager, Joe Goldberg, played by Penn Badgley, as he selects, stalks, and later murders the object of his obsession, Guinevere Beck (Elizabeth Lail). The story is set in New

York City with most of the plot played out in a series of apartment sets and most of the major action happening within Joe's apartment building. The main characters of the series are not the primary focus of this research, but the show includes many supporting characters who are of interest, including Claudia, portrayed by Victoria Cartagena and her pre-teen son, Paco, portrayed by Luca Padovan.

Claudia and Paco are of interest because of Claudia's apparent addiction, subsequent recovery journey, and the way that her relationship with her son is portrayed. Joe's relationship with Paco is also important to note because he is positioned as a mentor in contrast to Claudia's role of mother. Joe is paternalistic, caring, thoughtful, and present for Paco while Claudia is absent, neglectful, and in a violent relationship that harms both her and Paco. The story of Claudia and Paco is important to the overarching story of Joe because although Joe is a sociopath and a murderer, the goal is to portray him as a complex, caring person who is capable of love and sympathy. Joe takes on the role of mentor because of Claudia's absence and apparent neglect of Paco due to her drug use and her relationship with Ron.

You does a good job capturing the idea of recovery as a process rather than an end state because it follows Claudia's journey across a longer period of time than might be possible in other media formats. Claudia's narrative arc captures her journey from active use to the beginning of total abstinence sobriety. A journey that begins with domestic violence and the neglect of her son, through involuntary detox, to a total lifestyle shift when Claudia and Paco leave New York to begin a new life. Claudia's arc is intrinsically tied to that of her on again, off again boyfriend Ron. When he is in the picture Claudia is invisible, rendered powerless, without any autonomy. When he is not around, Claudia is

visibly intoxicated, irresponsible, and makes poor decisions putting herself and Paco at risk. The representation of Claudia's addiction maintains a discourse that "drug using mothers are bad mothers" which has existed since the 1940's but gained currency in the 1950's when women were "played a starring role in conveying this threat [drug use] to all children" (Campbell, 2000, p. 146).

Claudia's plot reinforces multiple discourses of addiction and recovery that intersect with discourses of race and gender while simultaneously disrupting others. These discourses play out across three stages of Claudia's addiction to recovery journey, active use-coerced detox-sobriety. The most prominent discourses that Claudia's narrative maintains are discourses about women's vulnerability to violence, personal responsibility, reproducing deviance, "for their own good" coercive detox and total abstinence. Claudia disrupts discourses of "the drug using bad mother" and the criminal drug user through her uninterrupted love for her son and her lack of involvement with the criminal justice system.

5.2.b Recovery as a Process

Claudia's addiction is touched on lightly through the beginning of the series but it is not brought front and center until episode 8, "You got me, Babe". Claudia's recovery narrative is broken into three distinct stages: active use, detox, and sobriety. During active use, Claudia's drug use peaks and she appears to be "out of control" because of her addiction. In response, her friend Karen decides to act and begin the recovery journey for her, shifting Claudia into the next stage, detox. Once Claudia passes through the detox stage she begins an abstinence-based recovery journey that is fully stable once Ron is eliminated from her life. Ron is a holdover from the past, a connection to her using

lifestyle and she is only free to move forward once he is no longer a part of her life. Many recovery advocates and programs, including Alcoholics Anonymous and treatment centers designed for women, believe that relationships are harmful in the initial stages of recovery (Bogart and Pearce 2003). It is thought to be particularly necessary to leave behind relationships and connections to a using lifestyle to create a new one and an alternate, sober identity (Gunn and Samuels 2020).

Throughout the season there are several temporal distinctions between life before recovery and after recovery. The period before Claudia's recovery is depicted as violent, detached, and hazardous to her family, while Claudia appears in control, calm, and stable after several months of sobriety. These temporal distinctions are commonly discussed in the narratives of Alcoholics Anonymous members who talk about two separate yet connected stages of their journey, before and after (Ullman et al. 2012). The shift is usually marked by a dramatic change in lifestyle and/or identity. In Claudia's case, the period after recovery is marked as distinct because she leaves New York to start a new life in another city, attempting to physically leave behind her drug use, abuse, and resulting trauma. In recovery she can make decisions about her life and the life of her child. Before recovery she is weak, powerless, held in place by Ron's violence and intimidation as well as her drug use.

During the first stage of Claudia's recovery process she is in active use and this stage is characterized by invisibility, vulnerability, and violence. Claudia's drug use is invisible while it is confined to her home because Claudia herself is invisible, present in the first half of the season only as a voice behind a door. She is invisible and only worthy of notice because of her absence and presumed neglect of Paco. She is visually hidden

behind closed doors for half of the season and her experiences of domestic violence are only perceptible to the audience through Joe's narration and dialogue with Paco. What we see and know about Claudia is transmitted through male characters and as a result, we see her as they do: powerless, neglectful, and unimportant. It is only after Karen, played by Natalie Paul, is introduced in episode 7 "*Everything'ship*" that we are forced to think about how Claudia could be feeling, or that she is worthy of compassion because Karen vocalizes it, providing us with a sympathetic perspective that complicates what we thought we knew about Claudia.

From the beginning her suffering and distress, her drug use, and her desires, are rendered inconsequential, unworthy of screen-time or consideration. The invisibility of women's addiction in general is historically rooted in the confinement of women to the domestic sphere at the forefront of thinking about addiction, but for Claudia it is much more than that. Claudia's representation is in line with discourses of addicted women of colour that position them as harmful, criminal, and simultaneously invisible (Campbell 2000; Ettore 2018; Ritchie 2017a). Claudia references the lack of representation of Hispanic, working class women in episode 10 "Bluebeard's Castle". In this scene she is laying in a hospital bed talking to Joe and she tells him, "You have no idea what it takes to live my life. They don't write books about women like me. No one would think to" (Berlanti & Gamble, 2019). She recognizes that she is invisible, that she must deal with the intersecting stereotypes associated with both drug use and being a person of colour as she addresses Joe's judgement of her. Unfortunately, Claudia's experiences with Ron reinforce many of the stereotypes associated with drug using women, specifically stereotypes related to heightened vulnerability and violence.

There is a strong documented correlation between violence, including intimate partner violence, and drug use by women (Campbell 2000, 2004; El-Bassel et al. 2011; Martin and Aston 2014). Addiction and violence are often thought to go hand in hand when it comes to addicted women. Campbell (2000) wrote that there is a “a disproportionately high history of physical and sexual assault among girls and women who use illicit drugs” (p.27). According to El-Bassel et al. (2011), rates of gender-based intimate partner violence are up to five times higher among women who inject drugs compared to those that do not. Women who inject drugs and engage in street-based sex work face even higher levels of violence (Ibid). It is unknown whether Claudia is an injection drug user but her representation is primarily focused on the physical and emotional violence that she experiences at the hands of her boyfriend Ron. Claudia is hidden behind closed doors for the first half of the season, a voice behind a door either screaming or laughing with Ron while her son retreats to the building’s hallway. Depicting Claudia as a victim of abuse is in line with what many drug using women have experienced and it reinforces the discourse that positions drug using women as “more vulnerable” than their male counterparts which compounds the stigma for addicted women (Keane 2017; Lee and Boeri 2017).

Violence, particularly violence against women, is the dominant theme of this show and Ron spends most of the season fighting with other characters in the show. He attacks Claudia, Joe, confronts Karen, and is aggressive with Paco. His physical appearance would be intimidating to most people because he is a big man with plenty of muscles and a lot of aggression, but he is more intimidating to Claudia because of what he can do to her through government institutions that are meant to protect citizens. Ron has

weaponized the criminal justice system and child welfare system to keep Claudia tied to him. For Claudia, these threats are as effective as a knife, or a gun might be because she could lose her child if Ron follows through with his threats. Claudia, as a character, is confined to her domestic space and no one outside of her relationship recognizes the power that Ron has over her and instead they blame her for keeping him there, putting Paco in harm's way.

In episode 10, "Blackbeard's Castle", Joe asks Claudia why she protects Ron over her son because she does not turn Ron in for assaulting her. She tells him, "Ron has connections. He's made threats. You wanna know why he's still in the picture? I stand up to him. I lose my boy" (Siega 2018). This scene offers a glimpse of the emotional realm of Claudia's life and provides us with an understanding of what her reality is; a reality that has not been presented previously. This conversation also troubles the culpability of Claudia in this situation because of the difficulty she has had to face with Ron and his threats, as well as her ongoing struggle with drug use.

Ron represents authority and the way that it can be used to abuse people of colour, people who use drugs, women, children, and other marginalized people. Ron can manipulate Claudia because he has access to power and she does not. He will be believed by the authorities, and she will not. He has all the power of a heterosexual white man and the power of the institutions that have been built upon racist principles and policies.

Claudia's status as a Latina woman, a single parent, and a drug user makes her incredibly vulnerable to involvement by government agencies, similar to the real world experiences of drug using mothers (Litzke 2005). Although Ron is controlling, manipulative, dominating, and violent, his strong social networks and white, heterosexual status may

protect him from any repercussions of his abuse. He does not have to take responsibility for his behaviours because he targets people who he can control and manipulative.

What is interesting about Claudia's relationship with Ron is that for much of the season the responsibility/blame for maintaining that relationship is placed on Claudia. The first time we see Claudia on screen she is trying to protect Ron by asking Joe not to press charges after Ron attacked him in the hallway, saying that she feels like he will change. She is viewed as a willing participant in the relationship and even takes Ron back after she gets sober, an act that causes her friends to stop seeing her and for Paco to resort to extreme measures to protect her.

Ron and Claudia's relationship is complicated and most of their relationship is offscreen, but what is shown makes Claudia appear to be a weak-willed, unsympathetic character who chooses her abusive boyfriend over her safety and the wellbeing of her child. It is not until the final episode that we learn that she did not have much of a choice but to stay with him because he threatened to expose her drug use if she did not. This revelation turns Claudia's narrative on its head, presenting an alternative story than that which was included in the plot. What we thought we knew about Claudia was presented through the judgmental and biased lens' of Joe and Paco.

5.2.c Individual Responsibility

Claudia's background is a mystery and it is unclear when her drug use began or even what drugs she typically uses. Her drug use is introduced seemingly at random in episode 8, "You Got Me, Babe", when she arrives at Joe's apartment to have dinner obviously intoxicated and Karen tells her she should put something else in her stomach besides

drugs. Claudia has already ended her relationship with Ron and without his controlling presence, Claudia's drug use is visible. Ron cannot be held responsible for Claudia's decision to use drugs and therefore Claudia is to blame for her behaviour. From the first episode Joe has laid the groundwork for blaming Claudia for her situation, when he blamed her for bringing Ron into her and Paco's life. According to Joe, Claudia is responsible for neglecting Paco, for staying in an abusive relationship, and for her addiction.

However, in episode 10 "Bluebeard's Castle" Claudia tells Joe, "I don't need a concerned neighbor bursting in here and blaming me for my own concussion"(Siega 2018). This statement is the first that Claudia makes in the entire series that allows the viewer to question their judgement of her, to question whether she is responsible for what has happened to her. Joe's one-sided narrative of Claudia is further challenged when she reveals more about her circumstances. She confesses that she maintained her relationship with Ron because he controls her through threats and intimidation, threatening to expose her drug use to the authorities if she tries to leave the relationship. Although Claudia is a more sympathetic character in some ways because of her confession, ultimately, her drug use positions her as culpable in her own abuse. She cannot report Ron without reporting herself and exposing herself to losing her job and more importantly, her son. She has made herself vulnerable and can still be held at least partially to blame for her own circumstances. This scene with Joe in "Bluebeard's castle" is also one of the few occasions when Claudia can speak for herself as she is primarily presented to the audience through other characters.

We view her through her relationships and how she interacts with the men in her life. Through their eyes, particularly Joe's, Claudia is incapable of making healthy choices for herself. She cannot govern herself in the sense that she is powerless in her addiction, in her relationship, and in the end, incapable of choosing to detox on her own. Claudia's representation is unique because she requires someone else to force her to undergo the detox process because she cannot make that choice on her own.

This coercive approach fits within one of the larger theme of the series as it is made clear that Joe believes that women are vulnerable, helpless beings that need the support of men like him to live their lives. In the first episode, "Pilot", Joe tells Paco that "the most valuable things in life are usually the most helpless. So, they need people like us to protect them". He is talking about the rare books in the cage, but he is also referring to women like Claudia and Beck. Joe believes that he protects the women he loves by controlling who they see and what they do, by following them around and killing people that are in the way. He might also be referring to Claudia because Paco loves his mother and from this episode on, decides he will do anything to protect her from Ron, including attempting to murder him multiple times. Joe's understanding of femininity mirror gendered discourses such as emphasized femininity construct women as weak, emotional caregivers in need of protection while simultaneously protecting their children (Campbell 2000; Springer 2010). These discourses of emphasized femininity also intersect with gendered discourses that construct rigid frameworks of "good" versus "bad" mothers.

5.2.d Motherhood

Addicted mothers have long been represented as 'bad' or 'monstrous' mothers who are incapable of properly caring for their children (Campbell 2000; Litzke 2005; Reid et al.

2008). Part of this is because of the impossibly high standards that are the result of the 'good mother mythos' which Claudia, like many women, is incapable of meeting (Campbell 2000; Reid et al. 2008). Claudia's drug use and her relationship with Ron contribute to her "bad" mother status but also her race. Springer (2010) argued that constructions of motherhood change over time and are shaped by dominant gender norms and "because these norms are white middle-class norms, lower-class women and women of colour are essentially excluded from gaining access to the "good" mother group ..." (p.481). Claudia's motherhood must be examined through an intersectional lens as all her intersecting identities contribute to the perception of her as a "bad" mother.

There are a variety of ways that Claudia is portrayed as a bad mother because of her addiction including not taking care of Paco's basic needs, maintaining a relationship with an abusive and intoxicated partner, and what is thought to be inherently harmful drug use. From the first episode, "Pilot," we meet Paco reading in the hallway outside of his apartment while Claudia and Ron fight, and later make-up, inside. Claudia's motherhood is questionable because of her relationship with Ron before we even know that she uses drugs. In a voiceover in the initial scene with Paco, Joe comments about Claudia's relationship stating that "Now hers is not the only life she ruined" (Krieger 2018a). As a result of Claudia's relationship Paco turns to violence to protect her including resorting to theft and attempted murder. It can be argued that through Paco, Claudia has reproduced deviance, a theory that has been tied to drug using mothers for decades (Campbell 2000). Paco begins the season as an innocent, thoughtful, intelligent young man but as the season progresses and the situation becomes dire, he eventually resorts to theft, lying, and violence. He tries to steal Joe's gun from the bookstore because he plans to kill Ron to

save his mother from his abuse and to free them both. In episode 5, “Living with the Enemy”, Paco steals his mother’s pills and attempts to kill Ron by drugging him, only to have Joe revive him in the hallway. Paco’s attempts to murder Ron do not end there: as Ron’s violence escalates, Paco hits him on the head with a baseball bat in the finale, “Bluebeard’s castle,” and Joe finishes him by stabbing him in the courtyard outside. Paco is a witness to this murder and becomes an accomplice as he and Joe place Ron in Joe’s trunk so Joe can dispose of his body. In the span of a year, Paco’s criminal behaviour exceeds what most people experience in a lifetime. Although Paco is a sympathetic character that only wants to save his mother, his experience mirrors that of Joe who is a full-time stalker and part-time murderer. Joe murdered his mother’s abusive boyfriend when he was a child, like Paco, and is now a criminally deviant serial murderer.

Paco’s deviant behaviour can partially be attributed to his relationship with Joe, but if his mother were not using drugs and involved with Ron, Paco would not have had to think about murdering Ron to protect her. The burden of responsibility still falls on Claudia. She put him in this situation and keeps him there. She is not looking out for him and is unaware of what is going on in his mind or his growing desire to harm her boyfriend. She remains unaware even when Ron mysteriously disappears after Joe kills him and Paco helps him cover it up. This reinforces the bad mothers reproducing deviance discourse even though there are times when Claudia is presented as a caring mother who wants to do what is best for her son.

Claudia’s gender heavily influences how she is perceived as a parent, as a drug user, and as a person. Claudia’s character reinforces hegemonic femininity because she conforms to gendered stereotypes but she also reinforces hegemonic femininity in the ways that she

does not. Her perceived selfishness and neglect of her son are violations of emphasized femininity and this failure to conform reinforces rather than disrupts those expectations (Boyd 2019). Claudia is only important to the narrative in her role as a mother and a partner and she is passive, self-blaming, and protective, actively denying or minimizing Ron's violence to protect him and their relationship. Claudia's deficits as a mother reinforce gendered norms that emphasize that she should be caring, selfless, and nurturing toward her son (Campbell 2000; Connell 2013).

Claudia's recovery and her role as a parent are depicted in vastly diverse ways than how Beck's father is depicted in episode 4, "The Captain", reflecting the differing perceptions of male versus female addiction and recovery. Women are more heavily stigmatized for their addiction than men and the responsibility for child-rearing is also placed on women, reflected in the way that addicted men who leave their children are perceived as 'doing the right thing' versus drug using mothers who have neglected and then abandoned their children. McMahon et al. (2007) conducted a study with a small sample of drug using fathers and found that only 14% of their sample were still living with their youngest child and most of the men surveyed stated that they left their children because of their drug use. McMahon et al. (2007) also point out that there is limited research done on fathers who use drugs compared to mothers which is likely the result of the long-standing expectation for mothers to be the primary caregiver for children.

Episode 4, "The Captain", provides us with the opportunity to compare gendered representations of recovery and addiction through the introduction of Guinevere Beck's father Edward. Beck told her friends and colleagues that her father, Edward Beck, had died of a drug overdose when she was a child because she resents her father and is

ashamed of the truth. At the height of his addiction, Edward left Beck and her brother with their mother before going on to pursue a Christian, abstinence-based recovery. Edward is presented as a happy, healthy, loving father figure who only wants to reconnect with his daughter after years of estrangement. He believes that his abandonment of his children was a “good thing” that he did to protect them from himself. Like Claudia, he can be viewed as a good parent because of his recovery status and a bad parent in his addiction. His recovery was supported by his relationship with a woman involved in running the recovery program that he went on to marry and becomes a doting stepfather to her two children. In comparison, Claudia’s relationship is shown to be extremely detrimental to her recovery which is in line with dominant discourses of women’s addiction and recovery because women are thought to be more vulnerable to abusive and dysfunctional relationships than men like Edward (Campbell 2004; El-Bassel et al. 2011).

It is important to recognize the racial disparities in perceptions of addiction and recovery in these depictions. Edward is a wealthy, heterosexual white male whose financial success is tied to his recovery status. Edward not only survives his addiction but he is now thriving through recovery, while Claudia, a working class, Latina woman was able to remain the primary caregiver of her son while fighting her addiction. Claudia’s recovery is less dramatic in its realization, her life does not drastically improve and she is still victimized by Ron. Claudia’s race and ethnicity intersect with her status as a drug user making her even more vulnerable to harm and stigma.

5.2.e Intersections of Race and Class

Claudia's race, gender, age, drug use, and relationship status influences how she is perceived by the audience as well as by other characters in the show. Using Crenshaw's (1989) intersectional lens I can examine how these factors influence the way that Claudia is depicted, particularly the roles that race and class play in perceptions of culpability related to drug use. White women are believed to be victims of their addiction, while BIPOC and poor women are constructed as victimizers, causing harm to others through their addiction. For example, African American drug using women in the late 1980's were blamed for larger social issues such as teen pregnancy, poverty, crime, and more (Campbell 2000).

One of the major differences between Claudia's depiction and the women from *Mom* and *AJ and the Queen* is that Claudia is depicted as potentially harmful to her child. This is evident in the way that Ron threatens to expose her drug use to authorities. His belief that her drug use is enough of a potential harm to her child that renders it worthy enough to be reported and acted upon, operates under the assumption that Claudia's drug use is inherently harmful to Paco.

You's supporting cast includes several people of colour yet their race or ethnicity is never discussed or acknowledged as a factor in their individual plot lines. It is unclear what Claudia's background is, but she is a woman of colour and occasionally uses the Spanish word "mijo" to refer to Paco, indicating that she might be Hispanic. Claudia's race is relevant to her story because of the power dynamic that she finds herself struggling with in her relationship with Ron. Her drug use is constructed as the barrier to her breaking it off with him, as he has threatened to expose her - but what is not discussed is the

potential impact of her racial identity and class if the police or child welfare become involved.

Claudia's race makes her more vulnerable to systemic and institutional racism and discrimination that could result in job loss, incarceration, and child custody issues. In the United States Latina women are 1.2 times more likely to be incarcerated than white women. Research on Latina involvement in the criminal justice system and other government institutions is difficult to find because historically Latinos have been classified as white people in surveys of crime, and when they are included, the experience of Latina women is conflated with those of their male counterparts (Lopez and Pasko 2017). This show continues in this trend. By not discussing Claudia's racial identity in any way it disregards the impact that it has on her experiences, making it invisible in the discussion about domestic violence, addiction, and recovery. One of the impacts that race has on recovery pathways is included in this series in the form of coercive recovery beginning with stage 2 of Claudia's recovery process, detox.

Claudia enters this stage of her journey in episode 8, "You Got Me, Babe," and the need for her detox is evident in her "out of control" behaviours, elevated levels of drug use, and the neglect of her son. Karen is a medical professional and decides that what is best for Claudia is for her to detox for a few days so that she can get back on track. She cares enough about Claudia to keep her condition secret from their workplace and other government agencies and the actions that she takes fall into a discourse concerning forced or "coercive" recovery, or recovery "for their own good" (McCorkel 2017). This discourse runs rampant through recovery and treatment discourse, particularly in relation

to women of colour that is presented here (Anderson, Scott, and Kavanaugh 2015; Iacobucci and Frieh 2018).

The coercive/mandated recovery discourses posit that people can be forced to recover for their own good and they enact this type of thinking through drug courts (courts that deal specifically with drug related offences) and other government agencies (McCorkel 2017). Women who have been arrested for drug-related offences face loss of their children, their freedom, and their dignity. It has also been widespread practice for decades in the US to drug test people who are using social welfare programs and being forced to enter treatment to continue to receive those supports (McKim 2017). When a person's only option is to recover because the alternative is to lose everything they care about, it is not much of a choice. Claudia knows that she might lose her job and her son if she does not stop using drugs but she is depicted as incapable of making that decision for herself. Joe and Karen take on the attitudes and role of the state, forcing Claudia to detox and enter a state of sobriety without her consent, deeming it necessary because they believe she will not make the "right" choice on her own and will be grateful for their intervention. They also assume that she would have chosen to abstain completely rather than try an alternative approach such as medication assisted treatments or other therapeutic approaches.

5.2.f Total Abstinence

The depiction of Claudia positions recovery as an end state marked by total abstinence from drugs and alcohol. Once Claudia stops using drugs because of the forced detox she undergoes, she is ready and able to resume her role as mother and nurse. She is completely sober and for the final two episodes of the series she can maintain her sobriety

without incident, even after being savagely beaten by Ron and hospitalized. The show draws a very firm line between drug using bad mother and on the other side, sober good mother. There are several discourses being reproduced through this narrative including the total abstinence discourse that has been the dominant discourse of recovery for over a century (Kurtz 2002; Reinarman 2005; White 2014). The dominance of this discourse has been made possible through the efforts of organizations such as Alcoholics Anonymous and ignores alternative pathways to recovery such as medication assisted treatments including methadone programs. The total abstinence discourse is the single story of recovery that is most often told in mass media and therefore the story that is most commonly accepted by the public. Through sobriety and only sobriety can addicted people return themselves to respectability (McKim 2017). Whether Claudia maintains her sobriety or not is unimportant as the message is clear, the only way to recover from drug use is to abstain from them completely and if that proves difficult, to shift one's lifestyle and in essence, their identity, to accommodate sober living.

Many recovery scholars have observed that long-term recovery often requires a shift in identity and in lifestyle. This involves letting go of friends and family that are not supportive of a recovery lifestyle, shifting locations to one that is more conducive to recovery, and avoiding patterns of behaviour that contributed to active use (Andersson et al. 2020; Best and Colman 2019; Cloud and Granfield 2008; White 2014) The goal is to create new patterns of thinking and doing that will support recovery and for Claudia this means leaving behind her old life and beginning a brand new one in a new city with new people. By the time Claudia chooses to leave New York she has little left to lose. She was extremely isolated because of Ron and her drug use. Ron's murder has freed her from the

fear of retribution and exposure that had kept her tied to him, although she is unaware of his death. For Claudia, recovery looks like a fresh start, a shift in lifestyle and a potential shift in identity.

Claudia's stages of recovery are distinctly marked by shifts in demeanor, appearance, and involvement with Paco. When she is actively using behind closed doors, she is invisible, isolated, and inaccessible to the audience. In her first on-screen scene Claudia appears to be very calm, her clothing and hair are tidy, and she would not be perceived as a person who uses drugs based on her behaviour and appearance. To make it clear that her drug use is a problem she appears disheveled, chaotic, and emotionally unstable in "You Got Me, Babe," prompting Karen to suspect she might be high and making a comment to that effect.

5.2.g Stigmatizing Discourses

Claudia's story reinforces stigmatizing discourses of drug using mothers because she is consistently positioned as a negligent, incompetent mother who places herself and her child in harm's way. It also reinforces a stigmatizing narrative of recovery that assumes that BIPOC and lower-class people require coercion to recover from their addictions, a discourse that underpins drug courts and other coercive government agencies that mandate recovery (Kline 1993; Logan 1999; McCorkel 2017). While Claudia can maintain her job, keep her child, and has the means to start over when she decides that it is time, it is not necessarily in line with the reality that BIPOC drug users experience. The stigma of drug use does not appear to have a visible impact on her life as her drug use is invisible in the diegetic world beyond her immediate friends and relations. However, her drug use is visible to the audience and she represents countless women who use drugs and

are viewed as problematic mothers. This representation reinforces stereotypes of drug using women that stigmatize and marginalize them in our social world.

What is not present in this representation is the idea that drug using women require “special” treatment to recover from addiction. Claudia does not present with any mental health conditions, and she does not disclose any experiences of childhood trauma, an issue that is thought to be a gender-specific factor in women’s addiction (Martin and Aston 2014). Claudia’s recovery is treated in much the same way as she engaged in her addiction: in secret, hidden from the scrutiny of outsiders to protect her from stigma and any potential consequences.

Claudia’s addiction is shown without any discussion about her past or the historical or social contexts in which it emerged. Instead the approach that is taken to understanding Claudia’s addiction is a universal one, that addiction can become an issue for anyone regardless of their intersecting identities or past histories. Karen tells Joe that “Addiction is a monster. It doesn’t care if you’re a good nurse, a good mother” (Feeley 2018), capturing the idea that addiction is a problem that anyone can have. This discourse of addiction is linked to the medicalized discourse of addiction as a disease that proposes that like other diseases, addiction can affect anyone. We know this is not true for most diseases as there are groups of people that are more prone to cancer, lung diseases, and more depending on class, location, exposure to environmental pollutants, and other social, biological, and environmental factors (Anderson et al. 2015). However, this discourse is pervasive and widely accepted by medical and treatment professionals but it is not universally applied in practice as it was originally designed to reduce stigma

associated with alcoholism and drug use among white populations, not BIPOC or lower class people (McKim 2017).

The universalizing discourse of addiction is reinforced when Joe adopts the addiction label, applying it to himself and his need to stalk and control his love interests. For him it is a way to explain his lack of control when it comes to his actions. Although it is revealed in later seasons that Joe does have a long history of childhood trauma including abuse and abandonment that might have contributed to his deviant behaviours, he is not making those connections for himself. Instead he chooses to view himself through the disease framework of addiction. The label of addiction makes him feel less responsible for his actions because according to this discourse he is powerless to control them.

5.2.h Conclusion

Claudia is a flawed character whose addiction positions her as a potential victimizer while simultaneously being victimized by her partner. Her ability to work, to engage with others, and to parent is questioned throughout the season, culminating in external actors forcing her to detox in an effort to restore her to a state of acceptability. Her redemption as a failed woman, mother, and friend can only be found through sobriety. The discourses of addiction and recovery that influence and constrain Claudia's story center around the single story of recovery that requires abstinence from alcohol or drugs. This discourse has dominated the discussion about addiction recovery for decades in public policy, treatment approaches, and in public opinion since the 1900's and is reinforced through this narrative (Reinarman 2005; White 2014). Intertwined with this narrative and dependent on it, are discourses around 'bad' mothers, vulnerable women, 'for their own good' coercive recovery, and addiction as a disease. Although recovery scholarship has moved

beyond these discourses to incorporate alternative pathways to recovery and the flaws of mandated recovery, old ways of thinking still dominate the discussion and reproduce stigmatizing ‘knowledge’ and representations of addicted and recovering women such as the story of Claudia.

5.3 AJ and the Queen (2020)

5.3.a Introduction

AJ and the Queen (2020) aired for one season before being cancelled by Netflix, leaving many unanswered questions for viewers. *AJ and the Queen* is the story of Ruby Red aka Robert, played by RuPaul Charles, a drag queen who has lost everything including their heart to a con man who makes a living grifting lonely drag queens. Robert leaves New York for a cross country drag tour and discovers a stow away, 10-year-old unsupervised con artist AJ, aka Amber Jasmine, played by Izzy G. AJ and Robert journey together toward the final performance in Texas where AJ plans to find a grandfather she has never met. Along the way they discover a lot about themselves, each other, and love along the way. This show is about identity and the ways in which we change ourselves to adapt to our circumstances. This theme relates to Robert’s journey to becoming Ruby Red in his day-to-day life, AJ’s identity shift(s) from AJ to Amber Jasmine to something in between the two, and AJ’s mother Brianna transitions from active drug use to recovery.

AJ’s mother, Brianna Douglas, is introduced as a drug using, homeless, street sex worker who is incapable of caring for her child. Brianna’s situation makes it possible for the audience to accept the rest of the plot: if she were a sober waitress, for example, we would be less likely to respond positively to a grown man carting a small child across the

country without parental consent. Brianna is the primary focus of my analysis because it is rare to find representations of women transitioning from active addiction to recovery. *AJ and the Queen* captures months of Brianna's recovery journey and it is a major feature of her narrative arc. As viewers, we are able to see that process unfold in ways that would not be possible outside of a serialized show. Brianna's journey is representative of the way that society views sex work, drug use, motherhood and recovery. Her journey has been constructed through discourses that present a single story of recovery through total abstinence, position women as vulnerable, that argue that drug using women are bad mothers, and which intrinsically link sexuality to drug use for women.

5.3.b A Single Story of Recovery: Total Abstinence

A single story of recovery in the form of total abstinence is presented in mass culture and this is consistent in this show as well as the other shows that are the focus of this work. This story of recovery casts drug using women and mothers as "worse off" than men without drawing attention to issues that we know are intrinsically linked with addiction and recovery (Grella et al. 2008; Martin and Aston 2014). Issues such as comorbid mental health disorders, childhood trauma, lack of services that are capable of meeting the needs of specific populations, women, queer, and BIPOC people in particular (Andersson et al. 2020; Sanders and Campbell 2007). The single story of total abstinence from drugs and alcohol renders all other types of recovery and drug use management experiences invisible. Although she does not utilize AA as a model for her recovery journey, the representation of Brianna's decision to recover is in line with their ideology, particularly AA's notion of "hitting bottom" (Travis 2010).

Brianna engages in a total abstinence-based recovery journey and no other option is presented through her depiction or in her narrative. There are no drug courts mandating medication assisted treatment (MAT) or any other alternative narratives presented in this story, even though the reality for women like Brianna in many places in the United States involved in the justice system is MAT. Abstinence only approaches to recovery have historically not accepted MAT assisted recovery as ‘true’ recovery, arguing that people using MAT are untreatable or resistant to seeking real recovery through abstinence (Lee and O’Malley 2018).

Brianna is a good example of the type of person who would be streamed into MAT through the justice system, compounded with her involvement with child welfare, because she is poor, unhoused, and engages in criminal activities (sex work) on a daily basis (Iacobucci and Friehe 2018). However, this is not the approach the writers and producers went with to present Brianna: instead, they presented her as having the autonomy to choose to recover on her own (naturally), to detox herself without support, and to pursue a life of total abstinence. The decision to present her through the lens of abstinence reflects the power of the abstinence discourse in the forum of public opinion. Through abstinence a person can become redeemable, worthy of consideration and empathy while a person who must take methadone daily is still viewed as a moral deviant worthy of censure. Brianna has to adopt a new identity to make her likeable to the audience, not unlike the way that we view drug using people in our social world.

5.3.c Shifting Identities

Brianna’s journey toward adopting a sober identity begins the moment she decides to stop using drugs. Brianna recovers ‘naturally’, which simply means that she begins to abstain

from drugs and alcohol on her own without any professional or peer support (Granfield and Cloud 2001). It is presented as a simple decision made at a moment of realization that things need to change. It is a monumentally important moment for Brianna and is captured in Brianna's jail cell scene in episode 2, "Pittsburgh"(King 2020c). The lyric, "You're a woman, starting on your way" from "Girl, You're a woman" a song from the 1978 Broadway show, *The Best Little Whorehouse in Texas*, plays as the screen zooms in to a close up of Brianna crying and then looking determined as she pulls off her blonde wig to reveal long, chestnut wavy hair.

This is the beginning of Brianna's journey to recovery and indicates a dramatic identity shift and an important turning point for this character as signified by the change of appearance or taking off her "drag" or her costume. A costume that represents an alter ego, an alternative identity. This is a consistent theme throughout the show and Tannenbaum told *Vogue* in a 2020 interview that "the way [co-creator] Michael Patrick King described her [Brianna] to me, it's that she has her own version of drag with her blonde wig, red lipstick, and outfits" (Nast 2020).

Brianna, like many of the characters in this show, has multiple intersecting identities that are visible to us because her appearance changes as she shifts roles. We only see Brianna high or engaging in sex work when she is wearing her crop top, heavy makeup, and short blonde wig. As Brianna the mother, she appears more natural and her own curly long brown hair and makeup free face are indicators of the shift. This is a crucial moment in Brianna's character arc as she shifts from active drug use and sex work toward sobriety and reconciliation with AJ. By removing the wig and later the clothing that marked her

identity as an addicted person, she has created a visible separation between identities, transitioning from “addicted” to “recovering”.

It is common in recovery discourses including the discourses of AA to separate a past identity marked by ‘out of control’ drug use and related behaviours from a new identity marked by sobriety and a desire to improve one’s life (Bailey 2005; Couvrette, Plourde, and Brochu 2016). Individuals talk about themselves in terms of a past self and a present self. For example, Brianna distinguishes her recovering self from her past using self when she is apologizing to Louis for an argument that they had about AJ. She says, “I’m sorry about the other day. It wasn’t really me. It was the drugs. Or the not using them” (King 2020a). What Brianna is saying is that the drug using version of her is not who she really is and now that she is sober, she is her authentic, “real” self. By making that separation she is engaging in stigma management, apologizing for the ‘deviant’ behaviour and explaining it away as the byproduct of her withdrawal from drugs (Goffman 1963).

5.3.d Stigma

Brianna experiences stigma and discrimination because of her intersecting identities as a drug user, a criminal, a mother, and a person living in poverty. There are several scenes in the show that illustrate these experiences. In a scene in episode 4, “Louisville”, Brianna is visibly ill, detoxing in a cell phone store wearing a hooded sweatshirt and jeans. She asks the manager for some help getting a new phone without the \$200 deposit because she lost her phone during her altercation with the police and has no money to put down another deposit. The manager, a BIPOC woman in her 30’s to 40’s, notices that Brianna appears ill and asks her to back away. During their conversation Brianna tells her that she needs the cell phone in order to stay in touch with her daughter that is in foster

care. Immediately, the woman who is also a mother shifts her approach with Brianna and begins to question why Brianna's child is in care. Brianna is blamed for the conditions that she finds herself and her daughter in, no matter what the underlying circumstances and barriers that have led to them being there.

The manager mirrors societal views of drug-using mothers who have had their children taken away as undeserving of sympathy and support because they have done this not only to themselves, but to their children. Drug using mothers are considered to have failed at maternity and femininity, rendering themselves intolerable (Campbell 2000). This depiction also puts a BIPOC woman in the position of gatekeeping, a choice that does not reflect the dominant views that link addiction to BIPOC resulting in higher rates of surveillance, state intervention, and criminalization for BIPOC men and women (Ritchie, 2017). Briana's stigmatized identities prevent her from accessing the support she needs from the manager, and in another scene, the detective who questions her. In episode 3, "Columbus", the detective who is dealing with Brianna at the police station disregards her claim that she was assaulted by the arresting officer. Even after she presents him with evidence in the form of a handprint shaped bruise on her arm and with a plausible story that explains that she was not trying to "resist arrest" or attack the police officer, he still disregards her story and chooses, instead, to mock her when she tells him that she needs her phone to contact her daughter. He states, "She'll figure it out, it's not like you have a big life. You're either in here or you're in someone's car" (Goldthwait 2020). The stigma of sex work coupled with the additional crime of being a drug using woman allows him to view her as a unworthy criminal "junkie" who cannot be trusted with the truth, or the truth does not matter because she is "less human" than other citizens.

5.3.e Coercive Recovery

Women like Brianna who encounter the police as a part of their sex work and their drug use often become entangled with the criminal justice system, resulting in state intervention through drug courts and mandated drug treatment programs (Iacobucci and Frieh 2018; McCorkel 2017). Brianna's recovery journey begins with her decision to seek sobriety but it can also be argued that there are elements of coercion that limit her decision-making capacity including the removal of her child by the state and her involvement with the criminal justice system. Brianna cannot continue to use drugs or engage in sex work if she ever wants to regain custody of her daughter. She must also overcome the barriers of finding employment with a criminal record and finding housing without a steady income. As a result of stigma and discrimination, drug using women with children in care have a challenging time regaining custody of children even after they begin a recovery journey (Lee and Boeri 2017). Drug courts and other state mandated officials impose strict rules on drug using mothers, including the requirement that a person be in active recovery, typically through total abstinence; in essence, forcing people to recover through threats or coercion (McCorkel 2017; Werb et al. 2016).

Brianna's encounters with social workers are not included in the plot but we can assume that Brianna does not have much of a choice but to abstain, and although it appears that she has struggled to abstain in the past, her encounter with the police and the broken promise she made to AJ have pushed her to her "bottom". She chooses to abstain from drug use to try and redeem herself as a mother because she cannot be a 'good' mother worthy of access to her child if she does not. This depiction retells the same story that has been circulating about drug using mothers since the 1960's and earlier, that they are

incapable of parenting and that redemption can only be found through sobriety, if at all (Campbell 2000).

Through Brianna's 10-episode character arc she transitions from active use, through a self-imposed detox, to a state of sobriety that marks the beginning of her recovery journey. In the first two episodes of the season we see drug using Brianna and by the end she is almost unrecognizable. Drug using Brianna is incoherent, vulnerable, and makes no mention of her daughter or any attempt to connect with her. When it is revealed that she is AJ's mother the audience has already formed an opinion of her as an irresponsible, criminal drug user. Brianna's first appearance on the screen combined with statements made by AJ about her mother such as "Put a couple of oxys in your hand, hold it out. Maybe she'll come running" (King 2020c) reinforce gendered understandings of addiction as a moral failing that prevents white women from living up to their whiteness and ideal white womanhood (Campbell 2000). She cannot care for herself or her child. She does not contribute to society as a gainfully employed citizen, and until she is able to get sober and get a job, she cannot be redeemed. She experiences the stigma related to her profession and her career throughout the series and her representation reproduces stigmatizing discourses of addiction, motherhood, and women's sexuality (Crago et al. 2021; Sanders and Campbell 2007; Surratt et al. 2004).

5.3.f Vulnerable Women

People who engage in street sex work are believed to be vulnerable to harm in a variety of ways regardless of their drug use status. Risk factors include working alone, having sex in isolated places, and having to avoid the police because their activities are criminalized (Miller et al. 2011). While street sex work makes these women visible to

customers, the community, and the police, the risk of their work is that they can disappear very easily as well (Shah 2004). Ward et al. (1999) argue that street sex workers in the UK were 12 times more likely to die from violence than other women their age. Shah (2004) argues that street sex workers often experience a 'cycle of violence' from childhood, adult relationships, and work and experience social situations that are associated with violent victimization including homelessness, drug abuse, and mental health issues. Sex workers and drug users face barriers when attempting to access support services and networks, including access to support from the police (Crago et al. 2021).

When a person lives outside of the law, the world is a different place: unspeakable violence and neglect can occur and no one will hear about it or care. There is no one to turn to for help when the people who are supposed to help you see you as unworthy of care. Sex workers, particularly BIPOC sex workers, are "over-policed and under-protected" (Maynard 2017, p.153). Drug using women have also been found to be vulnerable to violence in their domestic partnerships and family relationships (Campbell 2004).

Brianna's intersecting identities make her doubly vulnerable to experiences of violence and although the show does not depict or discuss any past traumas, there is a scene of physical violence when the arresting police officer in episode 2, "Pittsburgh", violently grabs her and roughly pulls her with him resulting in bruises that she later shows to another officer. She is not only outside of the protection of the police, she is a victim of their tactics and their surveillance. According to Crago et al. (2021), "sex workers endeavoring to report violence committed by police officers or by individuals conspiring with police officers are particularly vulnerable to retaliatory violence from law

enforcement” (p.1). Sex workers also indicated that they would not call police if they are in a safety emergency out of fear of being detected and detained by them for prostitution or related offences (Crago et al. 2021). Street sex workers are more likely to be stigmatized and criminalized due to their heightened visibility (Shah 2004).

Brianna’s sex work and drug use are highly visible because she lives and works on the street. She must be visible to survive but that also makes her vulnerable to surveillance and targeting by others such as the police and later drug dealers. Robert and his roommate Louis, played by Michael-Leon Wooley, referred to Brianna as LGBT meaning “Lady Glitter Butterfly T-shirt”, because they see her on the street intoxicated and working in their neighbourhood. Robert refers to her as a someone who “has sex in cars and shoots up” going on to say that “AJ’s better off with [him]” (King 2020b). They have both made assumptions about Brianna based on her visible addiction and her sex work, assumptions that cause Robert to believe that he is a better parent to her child than she is, justifying his decision to keep AJ in his care without any legitimate authority to do so. Brianna’s heightened visibility because of her work and the fact that she is unhoused led to her increased stigmatization and marginalization in the community. When Brianna gets sober she returns to the same neighbourhood, is still unhoused and visible because she is on the street.

Women in recovery have stated that in order to maintain their recovery long-term they had to be constantly vigilant, watching for outside threats to their sobriety as well as internally policing themselves for patterns of behaviour that might contribute to a relapse (Lay and Larimer 2018). Brianna models that type of vigilant behaviour constantly stopping herself from falling into old patterns because her circumstances have not

changed. She is still unhoused, unemployed, uneducated, and has a criminal record. The neighborhood she lives in is the same one that she actively used in, so she must constantly police herself and watch out for anything that might cause her to relapse. In episode 10, “Dallas”, a car pulls up alongside her when she is walking down the street and a man holds a bag of white powder out of the window trying to lure her. Brianna responds by running away, maintaining her sobriety. She later finds herself in Robert’s apartment talking to Louis and she talks about her constant desire to use and how difficult it is to maintain her sobriety. She tells Louis, “truth is, I wanna use every day. It’s a good thing I spent the last of my money ... cause if I had more, I would” (King 2020a).

The norms of the abstinence approach to recovery relies on the agency of the individual to maintain their recovery status and Brianna is shown to be capable of doing so. Mothers are expected to not only maintain their sobriety for themselves but also to do it for their children, to get and stay sober for them (Gunn and Samuels 2020). Brianna’s vigilance and dedication to her sobriety is constructed around her desire to find AJ and eliminate the physical and emotional distance that has been created between them as a result of Brianna’s drug use.

As a character Brianna embodies elements of ideal white womanhood, notions that have been “mapped on top of what is required to be considered a good, productive, neoliberal citizen” (Daniels, Netherland, and Lyons 2018, P.29). Other aspects of this ideal Brianna can only embody once she has given up drugs and stopped engaging in sex work. The ideal of white womanhood requires that women be attractive, heterosexual, willing to sacrifice for their children, and to restrain themselves physically from ‘immoral’ sex, violence, and more (Daniels et al. 2018). *AJ and the Queen* does not deviate from those

ideals and through casting Katerina Tenanbaum, a model as well as an actress, they have positioned Brianna as a tragic yet beautiful woman who we assume is heterosexual, as LGBTQ+ status is often highlighted on television series rather than hidden. Early in the season she gives up her drug use as a sacrifice for her child and she begins to transition out of her career as a sex worker. Brianna lives up to the standards of “ideal white womanhood” and this means that she can be redeemed, even liked by the audience, and supported on her journey to finding AJ and bringing her home.

The first introduction of Brianna frames her as a mother who deviates from gender and societal norms: she is incapable of engaging in conversation because of her drug use, is slumped against a window dressed in shorts and a faux fur coat, full make-up, a short blond wig reminiscent of Julia Roberts in *Pretty Woman*, and a faux fur jacket. The actress who plays Brianna, Katerina Tannenbaum, is also a model who works with L’Oréal, Gap, and other major brands (Moore 2021). This is relevant because of the highly sexualized nature of her depiction of Brianna. Her appearance conforms to today’s beauty standards. Because she is beautiful, her sexuality can be highlighted on screen. Women’s sexuality and their reproductive potential has always been linked to discussions about women’s addiction (McClellan 2017; Reid et al. 2008; Sanders and Campbell 2007). There is a significant difference in how they are represented in the print and news media, advertising, and television and film compared to men (Campbell 2000). Brianna is no exception to this trend, and she is a highly sexualized character whose behaviour intersects and compounds the stigma of her addiction and her failures as a parent. Ideal mothers are not supposed to be sexual beings and are definitely not supposed to engage in sex work; at least not according to the lofty standards set out for “good mothers” in our

society (Campbell 2000; Reid et al. 2008; Shah 2004). For Brianna to achieve that status she must first repair her relationship with her child but can only do so if she leaves behind sex work and drug use.

5.3.g Motherhood

The relationship between AJ and Brianna is a complicated one that slowly unravels for viewers across the 10-episode season. At first glance, Brianna appears to be an irresponsible, negligent mother who is incapable of caring for her child. She is only depicted in street scenes engaging in sex work or passed out because she is high. She does not seem concerned with the welfare of her child but perhaps this is because she believes her to be in foster care, safely monitored by other, more responsible adults. Brianna does not seem to have any choice but to engage in sex work and it is unclear whether her drug use is a result of working in dangerous, often traumatic, unprotected conditions, or if her drug use partially contributed to the need to engage in drug use. Her work forces her to leave her child unattended at night and places her in situations that can result in harm or criminalization. When she is arrested in episode 2, “Pittsburgh”, she calls AJ and apologizes for getting into trouble again, indicating that this is not the first time she has been incarcerated for sex work and/or drug related offences (King 2020c).

One of the ways that this show conveys the complexity of the relationship between AJ and her mother is through AJ’s encounter with two young unhoused people who have a puppy in their care in episode 7, “Jackson” (Fletcher 2020). The similarities are clear, AJ’s mother is homeless and so are the puppy parents, the puppy is left unattended and in harm’s way, just like AJ was. AJ’s anger at this couple represents the anger she feels toward her mother. In one instance she yells, “What? You’re too busy vaping to watch a

poor little baby?” and then yells at the young woman, “You’re a horrible, horrible mother!” (Fletcher 2020). However, the episode ends with AJ returning the puppy because the puppy was “crying because he missed his mommy. Even if she was a bad one” (Fletcher 2020).

This episode is important in the plot because it is the first time AJ’s emotional walls come down and Robert can see for the first time that AJ is suffering without her mother. Robert realizes that AJ misses her even though they both agree that she is not a good mother. Robert realizes at this point that he has not done the right thing taking AJ away from New York and concealing AJ’s whereabouts from Brianna through Louis. Just as AJ realized that the puppy was happier with its previous parents, Robert realizes that AJ might have been happy with her mother too and tells Louis that “she misses her mommy. Even if she is a bad one” (Fletcher 2020).

Although the puppy plotline reinforces the belief that drug using mothers are ‘bad mothers’ who neglect their children, it also challenges the idea that there is no possibility for happiness or love between children and drug using parents. It highlights the complexities of those relationships that have typically been viewed through black and white terms of ‘good’ and ‘bad’ with no space in between. The black and white approach to viewing motherhood and addiction is racialized and influenced by class as addicted, middle-upper class white women are not presumed to be bad mothers as hastily as poor and/or racialized women are (Kulesza et al. 2016; Logan 1999). Women like Brianna fit the stereotype of a poor, drug using, ‘bad mother’ and her depiction reinforces the beliefs that underpin the moral panic that people have about women’s addiction and their influence on their children.

AJ is a perfect representative of the type of child that the state has feared will result from addicted mothers, a fear that has underpinned policies around state intervention in family lives, particularly impacting marginalized women (Broadhurst and Mason 2020; Kline 1993). AJ is a 'bad' kid as shown through the use of adult language, her criminal activities such as theft and conning people. AJ disregards social norms and expectations such as being polite, respecting elders, and abiding by social rules and law. AJ's past self, Amber Jasmine appears to have met those expectations but AJ has been forced to become self-reliant, learning how to survive on her own without anyone to look out for her.

Unsupervised AJ is unkempt, uncontrollable, and lives fully outside of social norms, including gender norms. AJ presents as a young boy in her appearance and in her behaviour. She has adopted so-called masculine behaviours and looks as a form of protection in the city because "people leave boys alone" (King 2020c). As a girl she is vulnerable to harm but in her boy 'drag' she can walk the streets of New York at night and do things that she would not do as a girl. She is able to play the role of AJ because she has to in order to survive.

The show emphasizes the importance of role models in a child's life in several episodes, most importantly in episode 2, "Pittsburgh". Robert is trying to understand why AJ does not want to identify as a girl and they talk about strong female role models that have inspired Robert such as Oprah. Robert tells AJ that women can be whatever they want in today's world and AJ responds with, "Yeah, like a stripper, or a hooker, or a drug addict" (King 2020c), all roles that her mother has played and modelled for AJ in her short life causing her to reject her femininity to avoid becoming like her. AJ's fear is not related

only to Brianna's profession but also includes a fear of becoming like her when it comes to drugs and alcohol.

AJ's fear of being vulnerable to becoming addicted is not unfounded, particularly within the disease model of addiction that argues that there are biological components that can contribute to one person becoming addicted to drugs while others do not (Anderson et al., 2015) Addiction is often thought to be something that can be passed down from one generation to the next and drug-using mothers are thought to be the primary transmitters of addiction to their children (Campbell 2000; Ettore 2015). This belief is represented in this series through AJ's fear of becoming addicted to alcohol when she accidentally consumes vodka in episode 9, "Fort Worth". Intoxicated she asks Robert if she is now an alcoholic, voicing the fear that society has about children of addicted people becoming addicted too (Gordon 2020). The burden of this fear is placed on women drug users, typically racialized women, who are thought to have lost their maternal instinct through drug use (Logan 1999)

Discourses around drug use and motherhood position these women as selfish because their actions deprive their children of their attention and nurturing (Campbell 2000; Litzke 2005). Brianna's ability to parent AJ was undermined by her drug use and is the reason that she loses AJ into care after an overdose that brought their circumstances into the gaze of social services. It is a widespread belief that people choose drugs over their children and their relationships. It is a widespread belief because good motherhood and drug use are thought to be mutually exclusive states of being. AJ's belief that her mother chooses drugs over her highlights that sentiment and reproduces stereotypes of addiction that present it as a 'choice' or a 'lifestyle' rather than a disease that is difficult to overcome.

This representation oversimplifies the process of becoming addicted by framing it as individual choices rather than a symptom of larger social issues. It is difficult to find sympathy for a character like Brianna, and addicted people in general, because we do not have any understanding of her background or the circumstances that led to her drug use. What can be gleaned from the story is that Brianna is uneducated, young, poor, and has no family support network to help her or AJ. By not providing a backstory for Brianna it makes it easier for her to be judged and blamed for her circumstances including her drug use. There are no mitigating factors that can explain why she must live the way that she does although we know from research in the field that women like Brianna typically come from traumatic backgrounds riddled with trauma, poverty, and mental health concerns (Covington 2008; Lay and Larimer 2018; Simpson and McNulty 2007). Instead we are presented with an image of a drug using woman who we can hold responsible for her 'choice' to use drugs instead of taking care of her daughter.

5.3.h Individual Responsibility

Abstinence-based approaches to recovery assume that people can have enough individual agency to overcome their addiction. This means that the success or 'failure' of recovery is on them, not on any programs they might access such as AA or treatment facilities. The individual is to blame for their addiction and for their recovery. Brianna blames herself for a lot of things including AJ running away from foster care and for having her placed in foster care in the first place. This blame is reinforced through AJ and Robert who also blame Brianna for AJ's situation and because of Brianna's negligence, Robert feels justified in his decision to act as a temporary guardian for AJ. Brianna is thought to be responsible for her addiction, for engaging in sex work, and for any trauma that AJ has

experienced because of her behaviours and actions. Although addiction is categorized as a disease, the responsibility for overcoming it is placed on the individual rather than on medical interventions or external support. This not surprising as little responsibility for substance use is assigned to society at large as the dominant discourse of addicted mothers focuses “on a woman’s behaviour, ‘choices’, ‘lifestyle’ and personal responsibility” (Reid, Greaves, and Poole 2008, p.213).

Brianna’s natural recovery emphasizes the idea that all a person needs to do to recover from addiction is try. It reinforces the belief that mothers can and should get sober for their kids, as if it is a simple decision rather than an entire lifestyle and identity shift. Brianna’s circumstances do not suddenly change when she decides to attempt sobriety. She is still a young, uneducated woman with nowhere to live and no one to turn to. Her only means of income is sex work, as shown when she returns to sex work to make enough money to put a deposit down on a new phone once she is released from jail in episode 4, “Louisville” (Davidson 2020).

Brianna has not escaped her circumstances and she will experience stigma and discrimination because of her past involvement with the police and with drugs and the fact that her child is already in care acts can make it extremely difficult for her to get her back. Many women who have had their children removed find it even more difficult to pursue recovery afterward because they feel shame, remorse, and hopelessness. Drug use is often a coping mechanism for people who have not developed other ways of coping with stress and trauma and family court involvement can prompt a return to these types of coping strategies as well as exacerbate mental health difficulties (Broadhurst and Mason 2020).

5.3.i Resistance

AJ and the Queen and Brianna as a character resist many of the discourses of addiction, recovery, and motherhood that dominate the imagination of the public such as the notion that people must go through professional or medical treatment programs to access recovery (Andersson et al. 2020; Grella et al. 2008; White 2014). Brianna's spontaneous recovery resists the notion that recovery cannot happen without the help of professionals or peers. She does not require a 28-day program in an expensive rehab, doctors, or an AA sponsor. She makes the decision to live a sober life and then maintains it every second of every day. Many people recover from addiction in this way and Brianna's narrative resists the professionalization of recovery and the idea that addicted people are incapable of recovery unless they access legitimized, professional, recovery services. Brianna does not require the support of a mutual-aid group, such as AA, disrupting their discourse that people must surrender themselves to a higher power and follow the rigid guidelines of such groups to maintain constant control over their sobriety.

AJ and the Queen presents Brianna as a 'bad' mother, reinforcing gendered stereotypes around drug use, but the show also disrupts this discourse because AJ is shown to love her mother and through flashbacks, we can see that Brianna is an affectionate and caring mother who tries to shield her child from the reality of their life. They laugh together and spend time with one another. Brianna lies to AJ about having a grandfather who sends her cards every year because it allows AJ to believe they are not alone in the world and someone else loves her. Brianna does not harm her daughter physically and appears to be a good caregiver beyond leaving her alone in the apartment when she goes out to work.

Beyond disrupting the idea that drug using mothers cannot be “good” mothers, the show also resists stereotypes and discourses surrounding 2SLGBTQIA+ parents, Black parents, and racially diverse family structures. Robert takes on the role of caregiver to AJ when he agrees to take her across the country with the goal of delivering her to her grandfather in Texas at the end of the trip. Robert is an almost perfect example of an ideal parent, he is tough yet loving, nurturing, considerate, and caring. However, Robert does not fit into the ideal parent category fully because he is a gay, single, Black man and AJ is not his child nor does he have any consent to take her anywhere. Robert is an interesting character as a guardian because like his gender presentation, he does not fit neatly into the category of father figure or mother. The depiction of Robert as a feminine guardian for AJ is aided by Robert’s alter ego Ruby Red. Through Ruby, Robert can be a mother and can embody feminized ideals of motherhood making Robert’s guardianship of AJ more palatable to an audience that would typically resist the notion of a gay Black man caring for a 10-year-old white girl.

5.3.j Conclusion

AJ and the Queen utilize well established discourses of addiction, motherhood, and recovery in their depiction of Brianna and her addiction to recovery journey. She embodies the ‘bad’ mother stereotypes that have existed since women’s addiction became a topic of conversation and she also meets the expectations of ‘ideal womanhood’ through her recovery journey. The show perpetuates harmful stereotypes about women’s addiction and its connection to women’s sexuality through Brianna’s sex work. It also reproduces gender norms and expectations related to motherhood and womanhood in general. Brianna must conform to the norms laid out by society to be viewed as worthy of

redemption. The fact that she can be redeemed is also attributed to her privilege as a young, beautiful, heterosexual white woman whose drug use is constructed as something she did, not who she is.

Chapter 6: Discussion

Nigerian author, Chimamanda Ngozi Adichie delivered a TedTalk in 2009 in which she discussed the danger of the single story. According to Adichie, single stories are operations of power and become the definitive story of a person, place, or thing. These stories often create stereotypes that rob people of their dignity. The stories we hear throughout our lives have crafted our perceptions of the world and of other people. The story is a powerful tool that according to Adichie, “have been used to dispossess and to malign, but stories can also be used to empower and to humanize. Stories can break the dignity of a people, but stories can also repair that broken dignity” (17:27). These stories can also underpin discourses that shape our understanding of social phenomena like addiction and recovery.

For over a century, the single story of addiction recovery has been abstinence. It has been prescribed that the only way for addicted people to regain dignity, and essentially one’s humanity, is to completely abstain from alcohol or drugs (Campbell 2000; Levine 1985; Reinerman 2005; White 2014). Dr. Benjamin Rush used his professional power as a physician to promote this story, allowing it to gain traction in the minds of the public and academic spheres (White 2014). This resulted in an entire discourse of addiction recovery based on abstinence and this has spread throughout the globe by Alcoholics Anonymous (Travis 2010). This single story has created a division between what is considered authentic recovery from addiction and what is not, as well as who is considered able to recover and how they manage it. The single story of abstinence makes it almost impossible to imagine other possibilities for managing addiction such as harm reduction, moderation, and other lifestyle shifts.

The recovery as abstinence discourse underpins all three of the recovery narratives presented by *You*, *Mom*, and *AJ and the Queen*. All of the characters central to this research seek an abstinence-based recovery. Being recovered or “clean” promotes the idea that this should be the end goal for all drug users, no matter what their circumstances are and how they access sobriety. Each of the three shows selected for this research depict a different pathway to abstinence-based recovery: coercive detox, “natural” recovery, and through mutual-aid support. In spite of these differences they all end up telling the same story that has dominated how recovery can and is understood. Each character ends up living a sober life, constantly trying to rectify the mistakes of their past. In a society that glorifies and glamorizes alcohol consumption and to a growing extent, drug use, it is a tall order to require people who are viewed as “problematic” drug users to abstain completely, driven only by sheer will.

Part of the single story that continues to be told is that prior to recovering, addicted people are untrustworthy, selfish, cruel, weak-willed, and immoral. This story emphasizes the idea that individuals are responsible for their addiction and they need to practice self-control and constant vigilance to maintain sobriety (Lay and Larimer 2018). These representations are underpinned and framed through intersecting discourses of recovery that position addicted women as vulnerable, untrustworthy, promiscuous, “bad” mothers, and in the case of *Mom*, “crazy”. *You* and *AJ and the Queen* perpetuate the idea that poor and minority drug using women are unfit mothers whose children will end up as dysfunctional as they are represented to be (Reid et al. 2008).

These representations do not disrupt stigmatizing discourses that equate drug use with criminality and immorality. All of the addicted characters in these stories are constructed

as either criminals or neglectful, harmful mothers. Often, they are portrayed as both. Drug using mothers are of particular interest in this research because they are often constructed, in policy and in the media, as selfish, irresponsible, morally questionable people who are incapable of fulfilling their social obligation to reproduce productive citizens. Reproducing discourses of addiction that cast mothers as neglectful, irresponsible, and only worthy of redemption and forgiveness through sobriety are solidifying those narratives in the minds of the public, including those who are living with addiction themselves.

Although all of the characters are depicted as “bad” mothers who committed a litany of unforgivable acts against their children and others, the severity of their censure is not universally applied. Attractive working to middle-class white women like Bonnie and Christy are able to regain their humanity and their dignity when they are able to stay sober, maintain employment, and regulate their sexuality. BIPOC women like Claudia, poor women like Brianna, and other marginalized groups such as transwomen and queer women have to contend with intersecting stigmas and oppression, making it almost impossible to (re)gain their dignity or be worthy of the empathy of others. Women like Brianna in *AJ and the Queen* and Claudia in *You* are never fully able to escape the social scrutiny or stigma of their drug use, and their failure as mothers, unless they are capable of reinventing themselves physically, mentally, and sometimes geographically.

There are other significant differences in the way that the path to recovery is depicted depending on class, race, and gender. In these shows, drug addiction involving white women is a misfortune that they are able to overcome while for BIPOC and poor women it is a crime. Claudia and Brianna were depicted as bad mothers and bad women before

and during the height of their drug use and they were both threatened or experienced significant legal and social consequences. Both characters were also depicted as highly vulnerable to experiencing physical violence, as both are victims of violence at the hands of the police or their intimate partner, seemingly because of choices that they made which put them in harm's way. In comparison, Christy still has an amicable relationship with her ex-husband and Bonnie is more of a threat to her partners than they are to her.

The lack of representation of gender-specific issues related to physical and sexual childhood and ongoing trauma, comorbid mental health concerns, and more, presents an over-simplified recovery journey that reinforces an approach to understanding recovery that underpins organizations such as AA. Alcoholics Anonymous and other abstinence-based treatment programs present recovery as a simple matter of willpower. If a person is strong enough, regardless of their gender, they can and will choose to recover. What is being ignored are the underlying causes of addiction, such as the pain, shame, trauma, and suffering that many people are trying to mask with drug use. Their drug use is not contextualized within any discussion about what may have led them to drug use in the first place. The only notable exception is Christy, whose traumatic upbringing is reproduced through her own drug use as she mimics what she saw her mother do.

What makes these particular stories unique in the representation of addiction and recovery is that they are stories about women who are addicted, women who achieve sobriety, who can reclaim a sense of normalcy, and attempt to repair the important relationships in their lives. Women's stories that were ignored and disregarded in the past because representations of and research on addiction and recovery primarily focused on the male experience and that experience was then transposed onto women. These

representations are also important because they resist stigmatizing discourses that have constructed women's addiction as worse than men's, essentially saying that addicted women do not love their children and that they are somehow incapable of caring about anyone other than themselves.

Bonnie, Christy, Claudia, and Brianna challenge long-standing discourses about the severity of women's addiction in comparison to men as they are not portrayed as somehow "worse off" and each is portrayed as able to access sobriety without the support of gender-specific treatment. They are also loving mothers who care about their children's well-being and actively try and repair their relationships with those children in their recovery. Even Brianna, whose child was removed from her care is depicted as relentless in her desire to reconnect with AJ and cares deeply about her well-being. These are important features of these representations as the "bad" mother discourse has made it all too easy to justify the removal of children from drug-using women's care. It is important that people see that drug-using women are not monstrous mothers or incapable of recovering.

It is vital for people to see themselves represented in the media they consume and in ways that can provide hope or positive messaging about something that has thus far only been shown to be disastrous, and often, fatal. These representations are heavily underpinned by discourses of addiction and recovery that have been primarily constructed by and for men's experiences, but they act as a form of resistance to those discourses and others because they depict women's experiences. People/society has historically had a difficult time reconciling the idea that women can become addicted and made little attempt to understand them once the idea was accepted.

The lack of visibility for addicted and recovering women in mass media is highlighted in an interview that Larry King did with Mom stars Anna Faris and Allison Janney. In the interview King says, “I’ve seen a few episodes. How do you get away with this? ... 10 years ago this is HBO two in the morning laugh riot” (Larry King 2014). This is an interesting comment/question because it highlights just how uncommon it is to see women talking about addiction, recovery, and their sexuality on a successful show, sitcom or otherwise. There are not enough examples, and in particular positive representations, of addicted people overcoming their drug use which drives home the point that it is incredibly important that stories like this are being told so that people can see themselves reflected instead of feeling invisible or ignored.

6. 1 Limitations of research

This research is limited in scope because it only examines three series, rather than a larger sample of mass media representations that might provide more insight into the potential race, class, and gender bias that exists in those portrayals. It is also limited due to the lack of representation of recovery journeys in general. There are few examples in mass media of fictionalized recovery journeys as it is more common to see people struggling with addiction, the “addict” or “junkie” trope that we have all seen in television and film (Campbell 2000; Sulkunen 2007). Women’s recovery is even more rare to see on television or in film, making it difficult to find works to analyze and compare. There has been a rise in representation in the past few years, beginning with *Mom* and including recent films such as *Four Good Days* (Garcia 2020) starring Mila Kunis and Glenn Close which centers around a young women’s experience seeking recovery.

6.2 Future Research

More research is needed on the diverse experiences of women living with addiction and women who are shifting from what is considered “problematic use” to either a life of sobriety or addiction management. There are gaps in this field related to the recovery experiences of 2SLGBTQIIAA people. Much of the research that exists on addiction or recovery operates through the lens of the gender binary, essentially ignoring or erasing the experiences of people who exist outside of that binary system. An intersectionality framework suggests that women, BIPOC, 2SLGBTQIIAA, poor, and other marginalized people with addictions experience intersecting stigmas, yet there are few studies that examine those intersections and how they manifest in mass media or in real world policy and practices.

The processes of recovery have been under-researched and as studies have shown there is a need to focus on the diverse, and often intersecting, challenges and barriers that BIPOC, 2SLGBTQIIAA, women, and lower-class people face while trying to access recovery. There has been a long and consistent history of utilizing a universal approach to addiction management and recovery that disregards the experiences of these groups resulting in inadequate support and care (Carpenter 2009; Khenti 2014). These groups experience intersecting stigmas because of their race, ethnicity, sexuality, gender identity, gender expression, and class but these intersections are barely touched on in research in this field (Crenshaw 1991; Ettore 2018; Kulesza et al. 2016). The experiences of white males still underpin the majority of discourses of recovery and the way that it is treated, including through AA and its practices (Bogart and Pearce 2003; Glaser 2015; White 2007). More research is needed to rectify this imbalance and it is also vital that more work is done to

understand how and why these groups are being represented as more criminal, more neglectful, more harmful, and less worthy of sympathy than middle class white men and white women living with addiction.

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