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RESEARCH ARTICLE



Photovoicing interconnected sources of recovery capital of women with a drug use history

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ABSTRACT

The voices of women in recovery have long been absent in treatment studies and addiction recovery debates. Available qualitative research primarily applies interview and focus group methods, but in this study we used an innovative photovoice method to uncover the personal recovery stories and pathways of women with a history of (illicit) substance use problems. Eight women who are initiating or maintaining recovery met monthly over a six-month period to select pictures and to share and find common themes, related to facilitators and barriers in their recovery process. The results highlight the complexities and positive and negative dynamics of recovery capital in relation to gender and other social constructs. Four themes were identified as building stones for initiating and maintaining recovery: (1) (Re-)building me; (2) Untangling what is life and what is addiction; (3) Becoming (re-)connected; and (4) (Enacting) perspectives on the future. The study revealed the methodological potential of the photovoice method for exploring interconnected recovery challenges among women, as well as the destructive impact of negative social norms on women's recovery experiences.

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Introduction

Recovery capital is a central construct in the addiction recovery debate, building on ideas of social capital and capturing the resources that influence recovery processes. The core assumption is that individuals who have access to recovery capital are more likely to initiate and sustain recovery. It acknowledges the variance in individuals' ability to access resources that help them to overcome substance use problems (quantity) and in the quality of these resources (Best & Laudet, 2010; Best et al., 2020; Cloud & Granfield, 2008; White & Cloud, 2008). White and Cloud (2008) have distinguished personal, social and community recovery capital. Personal recovery capital can be viewed as the combination of human and physical capital, with the former referring to a person's values and educational, vocational and interpersonal skills, and the latter pointing at physical health and financial assets. The idea of social recovery capital refers to family, kinship and other social relations such as friends and peers. Community recovery capital comprises community services (e.g. alcohol, drug, social and health services) and societal resources such as attitudes and policies associated with drugs and recovery. It also includes cultural capital that embodies cultural norms and the ability to act according to these norms (Cloud & Granfield, 2008; White & Cloud, 2008). Best and Laudet (2010) have argued that sources of recovery capital can have a negative impact and act as barriers to recovery, indicating that the presence of recovery capital does not

necessarily imply a positive influence on recovery trajectories, e.g. when one's social network is limited to active drug users (Best & Colman, 2020).

Several authors have shown that recovery and recovery capital are gendered concepts. Wincup (2016) provides a gendered reading of the 2010 UK drug strategy and reveals how it glosses over the gendered nature of the underpinning principles of recovery, which fails to acknowledge the complex differences between recovery capital of female and male drug users. More specifically, Wincup refers to potentially lower levels of human capital among women and oppressive experiences of social control. Neale et al. (2014) also studied the relation between recovery capital and gender, and demonstrated how recovery resources can be mutually reinforcing, dynamic and self-perpetuating. They revealed various gender differences in line with other studies, illustrating how women face particular barriers to access alcohol and drug services, such as lack of childcare, transportation problems, services that do not meet their needs and judgemental staff attitudes (Kulesza et al., 2016; Neale et al., 2018; Schamp et al., 2021). Women are also more likely to have experienced physical and mental health problems, sexual abuse or domestic violence (Meulewaeter et al., 2019). Women further report more stigma and often feel more looked down upon than male drug users if their identity as a drug user is known to others (Neale et al., 2014).

Recent work by Du Rose (2015) has highlighted contradictions and evolutions in academic and policy debates on

addiction and gender. The author argues that the ways in which female drug use has been ‘conceptualized’ or ‘constituted’ through research and policy are full of contradictions. These contradictions revolve around four key words: (ir)responsibility, (ir)rationality, (out of) control and (im)morality. Women are characterized by and situate themselves in relation to these paradoxes that simultaneously portray them as ‘good’ and ‘bad’, ‘criminal’ and ‘victim’, ‘enslaved addict’ and ‘free choice makers’, ‘undeserving’ and ‘salvable’, etc. Du Rose (2015) also points out how some of the negative views about female drug use are internalized, but that women also find ways to contest, resist and redefine the negative conceptions about women and/or mothers as drug users.

Several other themes that are emerging throughout the growing literature on addiction and lived experiences of women can be linked to these paradoxes. For example, the paradox of motherhood is discussed by Gunn and Samuels (2020) who show how becoming a mother can contribute to positive identity change for women. Gueta and Addad (2015) highlight how motherhood can serve as social capital, because it opens up opportunities to establish a foothold in conventional life, while at the same time, anxiety and worries about children can be a major hindrance for recovery. Furthermore, drug dependent mothers are prone to stigmatization due to the ‘good motherhood myth’, according to which women are expected to have the instinctive ability and desire to care for others and sacrifice their own needs for those of their children. Or as Gunn and Samuels (2020, p. 105) phrase it: *‘The gendered identity of woman is fully synonymous with its ultimate expression through the role of mother’*.

Additionally, women have to cope with societal judgments on ‘deviant’ women. Malloch (2000 in Du Rose, 2015, p. 38) argues that women’s illicit drug use is seen as ‘doubly deviant’, because it defies ‘normal’ womanhood in contrast to the drug use of men which can be seen as a culturally appropriate expression of masculinity. Ericsson and Jon (2006) argue that the social control of women is measurably tighter and qualitatively different from that of men. Such dynamics of ‘social control’ can result in self-stigmatization impacting the experience of self-esteem and self-worth (Fitzgibbon & Stengel, 2018).

The previous insights highlight the growing knowledge on the contextual, dynamic and gendered nature of recovery capital. Women who use(d) drugs have to work through several contradictions and paradoxes that are intertwined with ideas on what is deemed normal, responsible, moral, rational and controlled behaviour (Du Rose, 2015). At the same time, there is evidence that the similarities between women and men who use drugs – in terms of their complex life problems and vulnerabilities – often outweigh gender differences (Neale, 2004). In other words, no evidence is available of an ‘essentially’ female recovery experience. There is, however, a recurring need for better empirical understanding of the lives and recovery experiences of female drug users (Schamp et al., 2021; Wincup, 2016), in particular on the interplay between gender, recovery and recovery capital (Gueta & Addad, 2015; Neale et al., 2014).

Consequently, the goal of this study is to engage with the lived experiences of women who use(d) drugs and to understand what supported them to initiate and maintain change, starting from the construct of recovery capital (Best & Laudet, 2010; Cloud & Granfield, 2008). Our aim is to search for themes that establish the interactive nature of recovery capital and to grasp how gender plays a role in these dynamics of recovery capital, while being attentive towards the paradoxes that constitute the lived experiences of women. As such, we focused on how gendered dynamics of personal, social and community recovery capital shape the lives of women and which contradictions can be revealed.

Methods

Photovoice

Given the subjective and idiosyncratic character of recovery (Dekkers et al., 2020a), the lived experiences of women in recovery need to be heard as legitimate and critical sources of knowledge (Hyde et al., 2015). Fitzgibbon and Stengel (2018, p. 3) have shown that photovoice can provide ‘an in-depth understanding of participants’ realities’ and their lived experiences and daily situations, relations and activities that constitute addiction recovery.

Photovoice is a method for participatory action research, in which individuals take pictures and discuss them as a way to establish personal and societal change (Booth & Booth, 2003; Wang & Burris, 1994, 1997). Photovoice arose from the observation that some people’s stories are never heard in society (Cabassa et al., 2013; Mizock et al., 2014). A similar observation can be made for recovery narratives, as individuals often experience stigma and a lack of understanding of their unique stories (Ness et al., 2014). Yet, such subjective narratives are crucial in the process of recovery and in transforming treatment and support services (Andersen, 2015). Consequently, this paper on the relational and dynamic nature of recovery capital among women in addiction recovery uses photovoice as a research method to reveal and interconnect their first-person perspectives.

Sample selection and data collection

This study is part of the international REC-PATH study (Recovery pathways and societal responses in the UK, Netherlands and Belgium, 2017–2020) which intended to identify various mechanisms of behaviour change among persons in addiction recovery and the role of gender in this process, using a multi-method approach (Best et al., 2018; Martinelli, van de Mheen, et al., 2020). For the photovoice project, we recruited women who participated in the Life in Recovery survey in Belgium (Flanders), which served as a recruitment and research strategy for the multi-country REC-PATH study. Only participants who met the baseline inclusion criteria (i.e. being at least 18 years old, having had a primary problem with illegal substances and being at least three months in recovery), who provided contact information and informed consent for further research participation and who

could be reached for the 12-month follow-up period were eligible for this sub-study.

Based on these criteria, twenty-seven women were eligible for the photovoice project. A first selection of ten potential participants was made, aiming at diversity in terms of age, recovery stage, recovery support mechanism (e.g. residential/outpatient treatment, mutual aid support) and type of substances used. After contacting these ten women and providing information on the project, five agreed to participate. Additional eligible participants were contacted following the same procedure and criteria, until a sample of ten women agreed to participate.

We were not able to meet recent considerations (Gunn & Samuels, 2020) to recruit a more diverse study sample. With the Life in Recovery survey we reached a limited number of women with a migration background. As a consequence, no women with a non-Belgian background were involved in the photovoice project. Also, gender was conceptualised in the Life in Recovery survey as 'male', 'female' and 'other'. However, almost all participants (except two) described themselves as male or female.

Core characteristics of the study participants are included in Table 1. During the project, two participants dropped out due to specific challenges related to their recovery process. Two other participants could not engage in the group meetings. Therefore, we decided – by mutual agreement – to work with them individually. The remaining six women engaged in the group meetings throughout the duration of the photovoice process (six planned group sessions between November 2019 and June 2020). Four of these sessions were organized face-to-face. Due to the COVID 19-pandemic and related restrictions, one session was cancelled and replaced by individual telephone contacts and the final group session was organized online.

All the sessions were held in Flemish, since this was the native language of all participants and researchers. The sessions took place at the campus of the University of Applied Sciences and Arts Ghent, which was deemed 'neutral' ground by the participants. These sessions were led by two of the

main authors, one female and one male, with personal, professional and academic expertise in relation to photovoice and recovery (Tong et al., 2007).

Each participant received a digital camera, which they could keep after the project. Ethical approval for the study was provided by the Ethics Committee of the Faculty of Psychology and Educational Sciences at Ghent University (EC decision: 2018/80). Before the start of the group sessions, all participants received a manual developed by the research team that contained information about the project, photography tips, some tricks and exercises and inspiring work from other photographers and photovoice projects concerning addiction and recovery. This manual is available upon request from the first author.

Each group session followed the same structure in order to make space for discussion on the creative aspects of photography, as well as on the content of the photos. More concretely, the first part of the session focused on selecting photos together and discussing aspects like composition, lighting, texture and use of colour, and how this supported the content of the photo. The second part of the meeting focused on the content of the photos and how the content of the individual photos connected to collective experiences of recovery. As such, the group was challenged to make connections between the photos and their personal stories. All the group sessions were audio-recorded.

The first group meeting had a strong focus on getting to know each other in order to create safety and explore the content of the project. During the first session, participants were asked what brings quality of life in their current daily lives. This served as a gateway to talk about which factors initiated change in their lives and what supported or hindered them in maintaining change. In the second group session, there was a focus on what supports the participants in maintaining positive change in their lives. This entailed talking about persons, places and activities that were supportive for their recovery process. The following group session started with an introduction to the concept of recovery capital and how it can be connected to their day-to-day lives

Table 1. Characteristics of photovoice participants ($n=8$).

Alias	Age	Education	Nationality	Socio-economic status	Children	Problem substance	Time in recovery	Recovery support mechanisms
Alison	30	Higher education	Belgian	Paid work	0	Cocaine, amphetamines, MDMA, cannabis, GHB	>5 years	Residential treatment
Harley	34	Higher education	Belgian	Voluntary work & living on benefits	0	Cocaine, amphetamines, cannabis	1–5 years	Non 12-step self-help, residential and outpatient treatment
Sarah	31	Secondary education	Belgian	Paid work	0	Cocaine	1–5 years	Residential treatment
Sophie	35	Secondary education	Belgian	Paid work	2	Heroin	5–10 years	Residential treatment
Margaret	54	Secondary education	Belgian	Voluntary work & living on benefits	1	Alcohol, amphetamines, cannabis	1–5 years	Residential and outpatient treatment
Remi	22	Secondary education	Belgian	Paid work	0	Alcohol, cocaine, amphetamines, MDMA, cannabis, LSD, 2CB, PCP	<1 year	12-step self-help, residential and outpatient treatment
Amy	32	Primary education	Belgian	Living on benefits	2	Cocaine, crack, amphetamines	<1 year	Residential and outpatient treatment
Layla	25	Secondary education	Belgian	Paid work	0	Cocaine, amphetamines	<1 year	Natural recovery

and environments. The group was invited to analyse the photos and interconnecting stories together with the researchers. The focus of this session lied on understanding how personal, social and structural elements have an influence on recovery in day-to-day life. The fourth group session continued to build on the same focus and left space to talk about what factors hinder (maintaining) change. The final and sixth group session focused specifically on the topic of gender in relation to recovery.

Data-analysis

Data-analysis was performed using thematic analysis. The goal was to understand which dynamics constituted the recovery processes in the lives of study participants with attention to how they experienced gender-related topics. We used a contextualist approach, with which we intended to *'acknowledge the ways individuals make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings, while retaining focus on the material and other limits of "reality"'* (Braun & Clarke, 2006, p. 81). However, as stated by Braun and Clarke (2006), researchers do not operate in an epistemological vacuum. Our guiding theoretical framework was the concept of 'recovery capital' (Cloud & Granfield, 2004; Granfield & Cloud, 1999). Additionally, the research by Neale et al. (2014) served as an inspiring and guiding framework to look at the interplay between gender, recovery and recovery capital.

As a first step of the thematic analysis, participants were invited to analyse the data together with the researchers during the group sessions. This consisted of sharing the meaning of individual photos, exploring how these related to other photos or lived experiences and working towards a collective analysis of these photos and topics. The focus lied on seeing and understanding the interactive nature of individual, social and community factors that influence the recovery process. A second step in the analysis was undertaken by the researchers. After verbatim transcription of the group discussions and individual interviews, all distinct steps of thematic analysis as described by Braun and Clarke (2006) were followed and two authors (TVS & JDM) familiarised themselves with the data and analysed the data (group sessions, individual interviews and photos) independently. This resulted in a text document, including the analytic structure of relevant and recurring topics. A third step focused on creating themes based on the recurring topics. Here, we focused on themes in which the dynamic nature and complexity of recovery capital came to the foreground, without analysing each source of recovery capital as such. A fourth phase of the analysis consisted of presenting the preliminary results to the participants. This analysis contained a textual explanation of the four main themes, twelve subthemes and the corresponding pictures for each theme. The participants were invited to make clarifications or corrections in the document. Participants were also explicitly asked if the content of their pictures fitted with the proposed structure. As such, they could make suggestions regarding the title and content of their pictures in relation to each theme. The analytic process resulted in four

main themes: (1) (Re-)building me; (2) Untangling what is life and what is addiction; (3) Becoming (re-)connected; and (4) (Enacting) perspectives on the future. Each of these themes can be viewed as (interconnected) building stones in recovery pathways.

Results

(Re-)building me

One of the recurring themes throughout the stories of the participants was the importance of '(re-)building me'. It connects to the feeling that life is starting again after missing out on so much during active drug use/addiction. The participants' stories reveal that '(re-)building me' is not self-evident, but strongly influenced by self-esteem, socio-economic position and contemporary beauty ideals.

'Because I'm worth it'

A first shared element that opened up the discussion about '(re-)building me' is the connection to self-esteem and self-acceptance. When in recovery, an important part is (re)discovering who you are and who you want to be. The participants talked about the challenge to accept a more positive outlook on themselves and share the idea that it takes time (to learn) to love yourself again. The photo (see Figure 1) represents the idea: 'Deserving to focus on yourself, because you're worth it'. It shows edgy rocks that represent the past, as something that has been broken. At the same time, the reflection between the rocks reveals the sky, which can be seen as looking forward or having a certain perspective. The use of reflection in the mirror also bears the question who is watching who and brings together the rocks as rough edges of the past and the sky as a more positive outlook.

There was a long time in my life where I stood in front of the mirror in the morning with one particular sentence in mind. I would say to myself: 'I'm the core of my life and I decide how my life will look like'. I repeated that sentence over and over again. After a while, that sentence became a reality for me. (Harley)

Some women stress they have more shame or experienced more stigma than men due to their drug use, as illustrated by the quote below. The use of photovoice, however, brought considerations on who to share the photo project with or with whom to make photos. As such, questions on how to engage photography opened a gateway to talk about shame and revealing yourself.

I have the impression that men still had friends outside the world of users. I closed myself off from women who weren't using. I had the feeling that I failed as a person and I was embarrassed. I think that women are ashamed more easily. They may be more concerned with what others think of them. (Amy)

The pictures and stories of the participants also show the importance of a supportive environment. Feeling accepted by meaningful others can have a positive influence on their self-acceptance. Some participants still experience that they are being looked at through a 'lens of addiction'. This can be troubling as it ignores the effort of being in recovery and rebuilding a life worth living. The women expressed a strong



Figure 1. Harley.

societal component in the complexities of the self-image, resulting in a struggle to find balance between self-acceptance and feelings of shame and guilt.

The triangle of weight, beauty and self-esteem

A specific topic for some participants in relation to '(re-)building me' is the meaning of body weight and how this connects to beauty ideals. This idea has been materialized by one of the participants as she photographed one of her artworks that was part of finding ways to express herself in a creative way during her recovery process. The photo (see Figure 2) as such became a symbol for the group in the sense that it reveals deeply rooted ideas on how self-esteem and beauty as a woman depend on a good figure and body weight.

I wasn't diagnosed with anorexia, but each time I looked in the mirror I felt fat. For me, it was connected with my youth and not knowing how to express myself. It's still there. It remains a battle. (Margaret)

The stories reveal that these contemporary beauty ideals created embodied experiences of being afraid of being 'not good enough'. They play a role in why women start to use substances, how they look at abstinence and the search for self-acceptance in recovery. Simultaneously, the participants mentioned how social expectations towards women and beauty and how they express themselves influence their own recovery process. The stories of the women also demonstrate how care and support often implicitly reaffirm these beauty ideals. The following quote and photo (see Figure 3) go hand in hand.

I was terrified to gain weight and I was really focused on it when I was living in the therapeutic community. I talked to the counsellor about my fear to gain weight, and in a way they were supportive and together we looked at how to cope with this. But at the same time, I never received the message that it was ok or even good to gain weight. It was considered normal as a woman to be attentive towards what you eat. (...) During that time, I also had to learn to give myself compliments. At the start, I complimented myself on eating one sandwich with chocolate spread instead of three. In treatment that was considered as a positive compliment, but we never talked about my fear itself and how to cope with that. In a way, the counsellors supported my idea that it was important to not gain weight. (Alison)

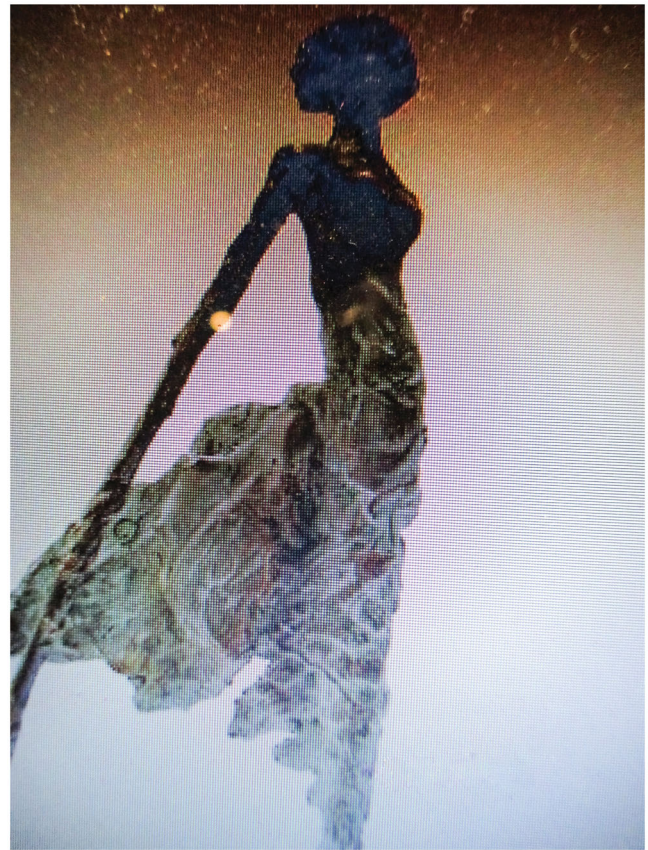


Figure 2. Margaret.

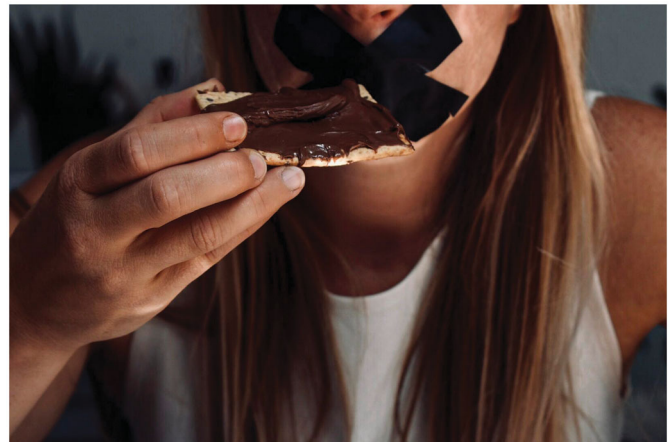


Figure 3. Alison.

Me-time

An important part within '(re-)building me' is the importance of 'me-time'. Me-time is described by the participants as the necessary time and space to be yourself, develop yourself or 'escape' from the daily rush, as illustrated in the picture (see Figure 4). It is about being able to follow your own pace and to do what brings 'peace', in order to maintain positive change and avoid relapse. Me-time can be time alone, but it can also connect to doing things together with others.

The use of photovoice became an interesting part of visualizing me-time and simultaneously became me-time. Photography sometimes created space for the participants to take a moment for themselves and enjoy the moment or



Figure 4. Sarah.

place they were visiting. As such it increased awareness about the importance of me-time. For some of the participants it was also confronting to focus on me-time, since they want to compensate for 'the lost time' and ambition high expectations. Me-time then becomes a double-edged sword which brings pressure or stress, which in itself can challenge respondents' recovery process. All participants emphasized the importance of me-time, but the story of one of the women revealed that socio-economic status and concrete living situations strongly impact on the possibility of me-time.

On the one hand I am recovered in a way, but on the other hand I'm still living in a situation which has made me a beggar. I don't have money to buy clothes and every week I have to go to the foodbank. (Margaret)

Untangling what life is and what addiction is

A second intersectional challenge that was addressed by the participants in their recovery stories, is finding a balance between day-to-day issues and (previous) dynamics of addiction. This refers to 'ordinary' moments in everyday life that remind the participants of their (previous) drug use and/or care and support. It is an important aspect of recovery pathways to untangle what is part of ordinary life and what

connects to dynamics of addiction. Throughout the experiences of the participants, it became clear that shaping this balance is intrinsically connected to the complexity of sharing your story, the 'lens of addiction' and expectations towards being a 'good' woman.

Sometimes I recognize this sort of addictive behaviour that comes to light. It's not that I'm using a substance or showing destructive behaviour. It feels like a pattern when I search for this kind of external happiness. Those moments feel dangerous to me. It's like putting the responsibility for my happiness in the hands of others. At that moment, I expect them to make me happy because I can't myself, or when I buy new clothes or shoes. In the end, I still feel unhappy, but then with a new jacket. (Alison)

Sharing (y)our story

For all participants, sharing their story was an important part of being in recovery. It is connected to their need to share what they are going through. This had different meanings for the participants, depending on whether they are in early or more stable stages of recovery. In the beginning, they show a strong focus on change and building a different life. In later stages, it can be supportive towards maintaining positive change and avoiding relapse. There are, however, several challenges and complexities they need to deal with.



Figure 5. Sophie.

A first challenge is that all participants had to learn or develop skills to share their story. These personal skills are often connected with the environment in which they grew up (e.g. communication styles used). At the same time, their stories revealed that having skills to express yourself is not enough in itself. The participants expressed the need for being 'understood' by others, which can be challenging as people do not always understand the struggles and the specific nature of being in recovery, or when there is no openness to talk about it. For one participant, this photovoice project was the first time she shared her story in a group and that she experienced the importance of peers.

Furthermore, coming together with a group to talk about the photos opened up ways to meet peers, learn from each other, share experiences and perspectives. Yet, the photo (see Figure 5) of the two statues illustrates the often vulnerable dynamic of sharing your story with others. This can result in extra stress and the risk that people decide not to share their story anymore and end up in situations of isolation, as expressed in the following quote:

I had a new colleague at work, and after a while I wanted to share my story with her. I find it important that I can truly show myself to the people I closely work with. Her response wasn't what I was hoping for. It makes me feel so insecure when people don't give a response and remain silent. I regret that I told her and now I dread going to work. (Sarah)

Sarah also stressed the often large discrepancy between the openness to talk about addiction in treatment services and the lack of understanding about it and the disapproval of addiction in society.

There are different standards. It's not because we are open and supportive within this treatment center, that society is always ready for recovery stories. In the beginning of my recovery process, I was much more open about my life story, but then you just get stigmatized. (Sophie)

Consequently, it remains important for several participants to be able to fall back on care and support to share their story. Others rather fall back on self-help and mutual aid groups to maintain recovery.

I still go to NA meetings, because it helps me to slow down and take time to have a look at my life. Otherwise I just keep on going. We do not constantly talk about our issues with addiction. Often, we just talk about life and how we cope with life. We're all struggling and that just makes it easier. I'm not alone in my struggles. (Remi)

An interesting topic that was addressed by the participants is how the 'perfect' other is seen. These women shared the experience that they thought everybody else knows what they are doing and have their life under control. As a mother, for example, it may seem that you have to cope with struggles that no one else has. However, when the participants start sharing their stories about their day-to-day struggles with other persons without addiction problems, it becomes clear that most people struggle with similar issues and that these are part of daily life.

I was someone who believed that people who have their life under control have figured out everything. They seem like these perfect humans. I'm not sure where this idea came from, but it seemed like those people never had real sorrows, money issues or even never had conflicts with their spouses. I did put myself in this position of being the exception, but when you start listening to everybody's stories you discover that this is not the case. Not everything I feel is connected to my previous addiction. (Sophie)

The 'structure' of little things

The combination of being in recovery and working your way through day-to-day life is challenging for the participants. Several women engaged in residential treatment and mentioned how there is a strong focus on structure and taking responsibility. Some of the participants describe this as being 'drilled'. They recognize the importance of 'structure' in their recovery process, but it also brought along feelings of stress and being constantly attentive towards keeping a certain structure in day-to-day life.

For example, when I needed to get up at nine o'clock and stayed in bed for another two hours, my first reflex was that I was going down the drain again. It's so crazy how hard they worked on that structure during treatment. But the fact is that I just laid in bed for two extra hours, there was actually nothing wrong with that. So now, I'm like: 'if I want to stay in bed for the whole day, so be it'. I don't believe anymore that this will lead to a relapse. (Alison)

The previous quote shows the importance of being mild towards yourself in search for a balance in day-to-day life. This mildness, however, can feel like walking on a tightrope. The photo (see Figure 6) shows the sharp edges of walking that tightrope while at the same time there is a something soft or protective surrounding the wire. The use of photovoice, however, supported some women in walking this tightrope. One participant shared how photography helped her through some difficult moments when she was about to use. The act of taking a photo of the drugs created a moment to take a step back, which supported her efforts to maintain sobriety.

At the same time, most participants often experience that there is no space for error. Some state that they will lose their children or loved ones, if they would relapse. These experiences stress that the (expectations from the) environment plays an equally important role. Many participants experience that they can be mild or flexible towards their



Figure 6. Alison.

own process, but that their environment or wider society is not equally accepting or mild towards this 'non-perfect' course of recovery.

The 'bad' woman

A specific topic that intersects with 'untangling what is life and what is addiction' is how woman- and motherhood is constructed in relation to drug use. The stories of the participants uncover very specific expectations and dynamics. There seems to be an ideal image of women that is centred around the idea of giving life and taking care of life. In this way, womanhood is defined in relation to 'a woman as a mother', even if women do not have children. At the same time, drug use and/or addiction are regarded as something destructive. As a consequence, women who use drugs are seen as an '(ex-)addict' and 'bad' woman. The underlying idea is that when you use drugs, you cannot take on your responsibilities as a woman or mother.

Women have to be decent and they can't do certain stuff. They have to look good at all times, being a good mother, loving and caring. The expectation is that you behave as a woman. (Layla)

There are several stories where women experience these kinds of judgements in all sorts of contexts. This ranges from family and friends to training programs and judicial settings. In each of these experiences, there is a strong emphasis on the individual responsibility of these women. Their experiences bring along that the behaviour and choices of women are looked at through a magnifying glass. It is almost as if they have to prove that they are worth being a woman and/or mother, while the 'lens of addiction' is constantly part of the gaze of the other. The picture of a tattooed women under wraps (see Figure 7) looks right back at the public. The author of the photograph addresses how she was wearing a mask and how that related to her experience that women often feel more ashamed. The photo functions as an example to counteract against ideas what a 'good' woman should do, while addressing the spectator directly.

The same emphasis on individual responsibility as a woman can also be found in relation to addiction treatment. In one of the stories, a woman was addressed about how she related to other men in the treatment program. She

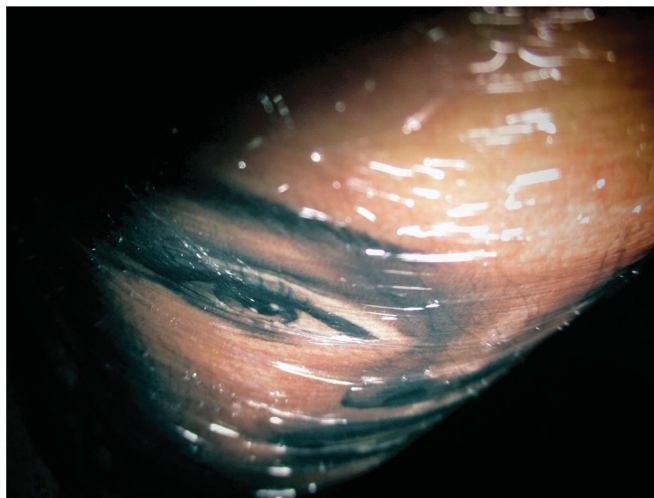


Figure 7. Sophie.

acknowledges it was a relevant topic in relation to her recovery, but the participants stated it was not common that men were addressed in the same way about how they related to women in the program. Several participants also experienced how treatment programs are looking for ways to be more sensitive towards women. There are, for example, a number of treatment programs where mother and child can live together. As such, there is social acknowledgement that being in recovery does not contradict being a (good) mother. It further stresses the importance children can have for initiating and maintaining recovery. Consequently, systems of care and support can play an important role in countering dominant conceptions about what it means to be a 'good' woman or mother.

It was just me that was living in misery and then suddenly I was pregnant, and it made me realize something. A child deserves every chance in the world. That was something really important to me. It was a piece of the puzzle that supported me to make the step towards care and support and I said to myself: take your responsibility, it's not for yourself anymore. (Sophie)

Becoming (re)connected

A major challenge during participants' recovery pathways is (re-)connecting with meaningful others. Their stories reveal the ambiguous dynamics of being honest and connecting with family. Additional attention is given towards specific dynamics of being a mother and/or woman in recovery.

The honest animal and the (un)conditionality of connections

An interesting topic or metaphor popped up in the pictures regarding connecting with others is the relation with pets. Participants put forward how the unconditional connection with pets has a symbolic meaning about how they would love to connect to others. They reflect the complex nature of connecting with other humans, as animals do not judge and give unconditional love.

Women's different experiences with the (un)conditionality of human connections have an ambiguous nature. In some situations, the experience of unconditionality kept the

possibility open to use drugs, because there is a safety net in place. In other situations, the experience of unconditionality was experienced as very supportive towards the recovery process. The owl in the picture (see Figure 8) reflects this ambiguity. The photographer frames this as: 'The owl presents itself as steady and secure, but at the same time it has a little fear in its gaze'.

The complex nature of connecting with others, also becomes clear when participants talked about honesty. Many of the participants pointed out their desire to be honest as part of their recovery process. The outside world, however, is not always as open and welcoming towards honesty about recovery and/or drug use. They experienced that mainstream ideas about addiction are often build on emphasizing individual responsibility and blaming those who struggle with substance use (problems).



Figure 8. Harley.

The (un)ambiguous nature of connecting with family

Another crucial element in the recovery processes of participants is how to (re-)connect with family. Several participants acknowledged how difficult it can be for families to be part of their recovery process. Some participants experienced almost unconditional acceptance from their family regarding who they are and what they are going through. While others experience that some family members have different expectations and ideas towards their recovery process and still regard them as addicts.

The complexity of these dynamics is even greater when part of the origins of drug use are linked to their family history, in particular when they have children themselves. Some participants find it important that their children meet their family. At the same time, there still can be unresolved issues that connect to the past and hold strong emotions of anger and injustice. These kind of connections with family simultaneously have a positive and negative meaning. This is visualized in the photo (see Figure 9), as it is not clear anymore what are the branches and what are the reflections of these branches. They resemble a complex and interwoven structure which connects with the idea that some waters run deep.

I was never part of it and that feeling remains deep inside me (...). I always felt like an alien in my family and it just stays. So why do I stay in touch with my family? I do it for my daughter, because I don't want that she has to go through what I had to go through. I wasn't allowed to get to know my family, so I had so little contact with them. I don't want that for her. (Margaret)

The quote illustrates that connecting with family often requires making sense of the past in the present. Some participants describe this as trying to move beyond the frame of victim and perpetrator. Becoming (re-)connected again with family can depend on 'de-blaming' your family and forgiving yourself. It can, however, be a long and sometimes never-



Figure 9. Alison.

ending journey of accepting the experienced injustice. This journey of acceptance can often not be disconnected from emotional or bodily traumas. An interesting experience for several participants was the way in which photography opened up opportunities to make photos together with their families and to 'embrace' being together with their family. Sometimes it just made them more aware of the moment they were enjoying together. For others, however, it reinforced feelings of being disconnected, because some family members still experience difficulties to be part of their recovery process.

Being a woman (on the 'inside' and 'outside')

In relation to woman- and motherhood, participants expressed very specific expectations and dynamics influencing the opportunities to reconnect with others. The stories of the participants show diverse and sometimes contrasting dynamics. For example, having children can open connections to others. Being a mother is a reason to connect with others and it is almost inevitable to go into the 'outside world', which can be supportive towards the recovery process. However, depending on the type of (social) contexts individuals are engaged in, these connections can also entail very controlling or negative responses towards motherhood in relation to addiction and/or drug use. One of the photos captured these worries. Sophie tells the following about the photo (see [Figure 10](#)):

At the school gate, I don't feel equal in relation to the other mothers, even if I have built a nice career in the meantime and I've been clean for ten years. At school, I keep my history a secret out of fear that other parents would exclude my children. (Sophie)

Treatment programs play an important part in how persons in recovery (re-)connect with themselves and others. Numerous programs are built on group dynamics which can be challenging if one is the only woman in a group. In that case, there are not many other women to relate to and share specific experiences of being a woman in recovery.

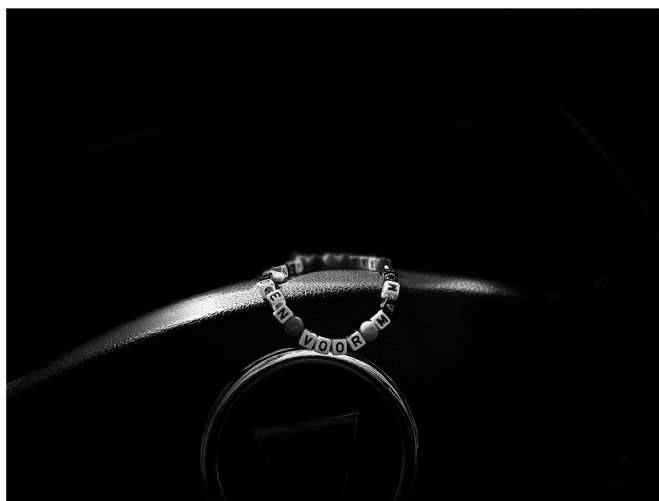


Figure 10. Sophie.

They did their best to have attention for me as a woman, but when you are alone that's difficult of course. For example, when they organize an evening meeting for women and you're just sitting there with one of the female counsellors. (Alison)

This isolated position of women in treatment programs without connection to womanhood sometimes resulted in situations in which their personal integrity was threatened.

Once a week you have to make a shopping list. Imagine that you have to write down certain products because you're going to menstruate next week, and then two men have to go to the store and buy that for you. Those men don't make a problem of it, but in the end, you don't want to ask this from two men that you don't know. (Alison)

Enacting future perspectives

Participants' narratives revealed that being able to build future perspectives and having resources to realize these goals are important aspects of recovery. These future perspectives may entail various life domains including building relationships, having a job, following a course or training, having affordable and decent housing. Women's stories showed how social expectations towards woman- and motherhood influence these perspectives.

To see other worlds and ways to get there

An important part of the conversations between participants focused on their living situations. Their stories revealed that the environment they grew up in determined greatly what kind of future perspectives they were able to develop. As such, the participants stressed the importance of material and community resources. Moreover, their narratives illustrated how their surroundings influenced the possibilities to connect with diverse social, cultural or economic contexts. The following quote and picture (see [Figure 11](#)) go hand in hand.

When I was young, I always thought that a 'normal' life was not for me. I grew up in an extremely marginal neighbourhood with lots of social housing, poverty and criminality. Nobody in that area really knew what they wanted to do with their lives. The norm was being poor and surviving on public benefits. I didn't know that there were people who had a financially stable living situation or that it was possible to do fun stuff. (Sophie)

The quote shows that this specific environment holds certain expectations and beliefs towards life, e.g. work. Some of the participants told us that they were raised with the idea that 'you work for money and that it does not matter what you do'. Others grew up with the idea that 'working was not for them', while another group was raised with the belief 'that work is all that matters'.

Sometimes I met other people who were doing a little bit better in life than I was doing. These were glimpses of situations which opened up my world, almost like stealing little moments in encounters with others. (Alison)

The stories of the participants also revealed the wider, mainstream expectations in society on what a 'good' or 'successful' life looks like, which is often seen as having a job, a car, a house of your own, having children, nice clothes, ... This can be very confronting because some participants have limited possibilities for building the life they desire due to a



Figure 11. Sophie.

lack of (financial) resources (e.g. lifelong debts). In a way, photovoice can contribute to being more attentive towards these confrontations which can lead to difficult moments for the participants. However, it also shows the importance of (peer) group meetings where these confrontations can be addressed and acknowledged.

To work or not to work?

Having meaningful (volunteer) work plays an important role in the recovery pathways of several participants, as a way of (re)connecting with themselves and society in various ways. Besides bringing structure and (financial) stability, work can also contribute to individual growth, day-to-day meaning making and maintaining sobriety. However, for some women work functioned as a release and new addiction. One of the participants explained that the urge to fulfil herself was fed by the realization that she missed out on so much.

I'm 50 right now and I'm still discovering my identity. It's hard to acknowledge that I've missed out on so much in life. It feels like I am running behind. And now, I want to start living, but sometimes it feels like life is passing me by without me really living. I'm still in survival mode. (Margaret)

Other participants state that it is necessary to work full-time or to combine jobs in order to pay off debts, which is a

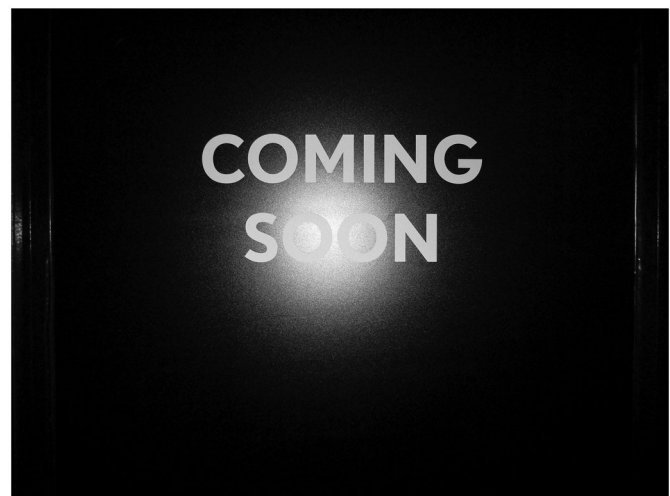


Figure 12. Margaret.

major challenge to maintain recovery. Other participants demonstrate that there is sometimes no possibility to engage in fully paid work, as depicted in the photo (see Figure 12) above. It grasps the idea of the photographer that even when she wants to work or take on voluntary work, she remains imprisoned in a situation of poverty without a real perspective of financial improvement. Some women mention

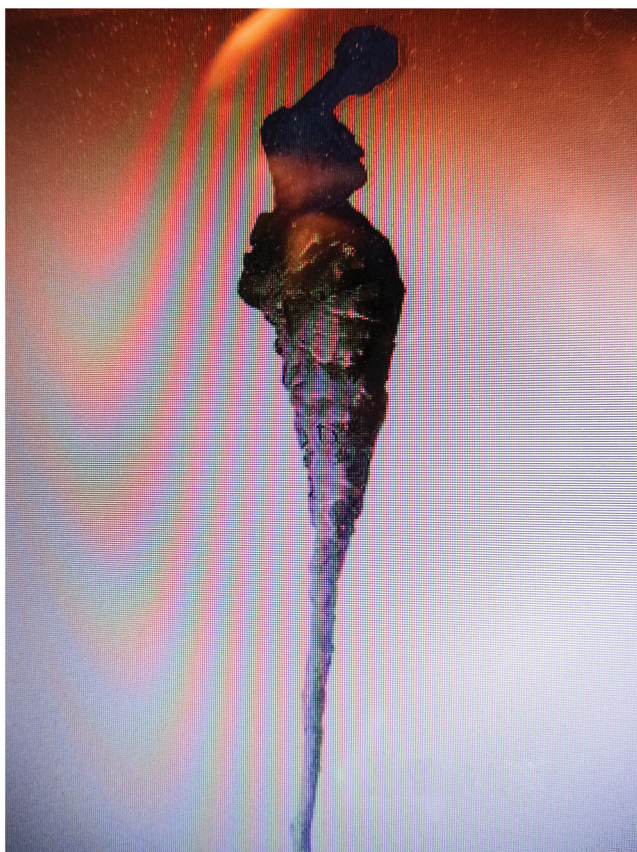


Figure 13. Margaret.

that they experience that society expects from them that they have a job, even when this is almost impossible due to issues related to their recovery. This pressure to work, not only as a way to make ends meet but also to be acknowledged as a 'true' member of society, can inhibit recovery pathways. Similarly, participants indicate how voluntary work is often underrated, making them feel second-class citizens.

The future as a woman and/or mother

The discussions with the participants about the future also uncover specific expectations towards woman- and motherhood. As noted above, participants have encountered normative expectations, for example to have children, an idea that is captured in the photo (see Figure 13). At the same time, some participants experienced that mothers in recovery are scrutinized. For some, this feels like an impossible position to be in. Additionally, some participants are afraid to become a mother out of fear of failure or that it would be too much to handle in relation to their own lives.

If I think about children, I think about worst case scenarios. I would feel the urge to do better than what I experienced when I was young. That's why I don't want children. It's best for the child, but it's also best for me. It's hard to say it out loud and admit it to myself. It sounds weak. But doing my job right, having a house and paying the bills, it's already intense enough. (Alison)

Discussion

The aim of this photovoice project was to visualize and comprehend the lived experiences of women in addiction

recovery, focusing on dynamics of recovery capital. This led to the identification of four themes that are central to initiating and maintaining recovery: (1) (Re-)building me; (2) Untangling what is life and what is addiction; (3) Becoming (re-)connected; and (4) (Enacting) perspectives on the future. Each theme in itself revealed that various sources of recovery capital are interconnected and may facilitate or inhibit positive as well as negative dynamics for initiating and maintaining recovery. In the discussion, we focus on the interactive nature of recovery capital in relation to woman- and/or motherhood.

Interconnectedness of sources of recovery Capital

A crucial observation from this photovoice project is that individual change is always connected with social and community resources (Dekkers et al., 2020b; Price-Robertson et al., 2017). These findings are in line with a recent review on recovery capital by (Hennessy, 2017) who demonstrated that individuals possess different levels of recovery capital throughout their recovery process (based on their socio-economic status) and that these resources interact mutually and vary at micro-, meso- and macro-level. Yet, recovery practices, policies and discourses often solely focus on the personal aspects of recovery, while obscuring the interpersonal contexts and structural and relational causes of addiction and mental health problems (Howell & Voronka, 2012; Price-Robertson et al., 2017). From this perspective, a relational approach to recovery, in which social and interactional resources are seen as crucial to achieve recovery objectives, is recommended (Dekkers et al., 2020b; Price-Robertson et al., 2017).

Interrelatedness of gender and recovery Capital

This qualitative study illustrates that the interactive and complex dynamics women experienced are shaped by contemporary conceptualisations and expectations about beauty, addiction, woman- and motherhood. In line with the research by Neale et al. (2014), the findings from this photovoice project demonstrate the strong interconnectedness of gender and socio-economic status, age, and societal values and expectations. Several findings confirm other research on gender and recovery (capital), such as the presence of the good motherhood myth, the 'deviant' woman, stigmatization and the intertwining of woman-and motherhood (Gunn & Samuels, 2020; Wincup, 2016).

Sources of recovery capital are shaped by the paradoxical dynamic of cultural capital (Hennessy, 2017) which may entail positive identity construction, becoming part of 'normal' life and maintaining recovery. At the same time, cultural capital also creates gendered dynamics of social control, stigmatization and exclusion. A central paradox in relation to recovery capital is the complexity of woman- and motherhood. In society, strong expectations exist towards women to become a mother and take care of children (Gueta & Addad, 2015), which was also clearly expressed by the women in this project. They asserted how being confronted with this cultural

expectation can lead to feelings of not fulfilling your role as a woman, 'stressing' that you are still in recovery or bringing feelings of disconnection, because it does not feel safe to share (future) perspectives about motherhood and recovery that are not in line with mainstream expectations. At the same time, several participants were confronted with ideas that women who use(d) drugs cannot be good mothers, in line with findings of Gunn and Samuels (2020). However, in relation to recovery capital, this means that cultural conceptions about good motherhood challenge women to build personal and social capital to contest these conceptions.

The complexity of womanhood in recovery is also connected to beauty ideals (Miller et al., 2015). Contemporary ideas on beauty strongly influence all sources of recovery capital. It influences how women look at themselves or are looked at by others and even how these ideals are engrained in community recovery settings. In some cases, these beauty ideals are even one of the reasons why women start to use and keep on using (Miller et al., 2015). Coping with these beauty ideals can even be more challenging when there is limited physical recovery capital. For certain women it can be important to express themselves as women, through clothing, leisure, perfume, going to the hairdresser, decorating your house, which requires a certain amount of physical capital. It can also challenge women to come out in public or take part in social activities when they feel 'less a woman' in relation to others, because they cannot (materially) express themselves fully.

The complexity of womanhood is also shaped by the difficulties that women in recovery face with regard to relying on relationships (Rivaux et al., 2008). A specific topic related to social capital is the need for women to be validated in their recovery identity by family members while acknowledging a shared history (Gunn & Samuels, 2020). Gueta and Addad (2015) point out the strong need for family recovery capital, which is strongly influenced by cultural capital, more specifically by ideas about 'good woman- and motherhood'.

A last topic related to womanhood, is 'vigilance' (Lay & Larimer, 2018). The participants stressed the importance of vigilance in day-to-day life, but also stated that this can be tiring and bring about stress. Another 'negative' aspect of being vigilant was deciding on who to trust to share your story with. Mixed experiences of acceptance and refusal impacted their recovery process and positive identity change. Additionally, this question becomes more pertinent when there are children at play. It challenges mothers to take into consideration how sharing their recovery process can impact the (social) life of children and how they are treated by others. The idea of vigilance was being contested by participants as it can lead to a lifelong identity of being an 'addict'. The stories of the participants showed how framing day-to-day struggles through this 'addict identity' can strengthen feelings of an endless and tiring road to recovery, while acknowledging that certain life struggles are not necessarily connected to someone's addiction history can contribute to feelings of normalization. This indicates the importance of recovery supportive environments, in which the 'in-betweenness of life' is acknowledged (Lay & Larimer, 2018) and where

women are supported to further 'untangle what life is and what addiction is'.

Photovoice as a method to unravel the surface of reality

The potential of photovoice as synthesized by Han and Oliffe (2016) was reaffirmed in this study and appeared an effective method to reveal the interactive, complex and relational character of recovery (capital). In addition, the photos themselves often served as 'a material space' in which interacting sources of recovery capital could be 'seen' and talked about. In other words, the photos have a great potential to hold and show complexity through different meanings and interpretations, which were tapped into during the group meetings.

We created 'a space' to discuss creative aspects of photography, as well as to talk about the content of the photos. As such, the authors could engage with the voices, stories and lived experiences of participants (Fitzgibbon & Stengel, 2018), while at the same time paying attention to the 'creative' and 'artistic' elements of photography. We did so to establish creative encounters that go beyond immediate academic objectives (Purcell, 2007). Besides this scientific analysis, we set up an arts exhibition and website in which women could take credit as co-creators of knowledge and which were developed as instruments to aim for social change. In relation to these 'creative spaces', a first conclusion is that 'time' was important to learn to talk and think about photography. Finding a common language to talk about photographs played a central role in establishing relationships and sharing (diverse) perspectives and ideas in a constructive way. This approach amplified the space for uncovering multiple realities and understandings (Butler-Kisber, 2008), which are inherent to the daily lives of women in addiction recovery. Also, providing participants knowledge and insights about photography supported them in what they photographed and how they took photographs. Supporting this 'creative process' helped the women in various ways to express themselves over time in relation to other women's stories, while being acknowledged as a photographer. As illustrated in the results, providing the women access to this form of art contributed to their feelings of agency, meaningfulness and expression in their daily lives. For some, it supported the development of me-time, for others it supported (re-)connecting with meaningful others. In general, working with photovoice holds the potential to support certain aspects of being in recovery.

Another important conclusion in relation to the photovoice method was that the group sessions created dynamics of peer-to-peer support and membership (Martinelli, Nagelhout, et al., 2020). For some women, it was the first time they openly shared their stories with others (with similar experiences of being in recovery). In other words, photovoice can harness meaningful group dynamics when group meetings are not only framed from a scientific point of view, but may have therapeutic value by creating a forum for open

dialogue and connectedness (Sitvast & Abma, 2012; Stickley et al., 2018; Winton, 2016).

Limitations of the study

Despite the innovative approach of the photovoice project for studying the lived experiences of women in recovery, this study has some clear limitations. First, only two of the participating women were in so-called 'stable' recovery (>5 years), but none of them was more than 10 years in recovery. Consequently, the voices and experiences of women in long-term recovery were not part of this study, although this specific population may have different experiences relating to the interactive nature of recovery capital. Second, although we tried to recruit women with a migration background, we were not successful in composing a more diverse study sample (Gunn & Samuels, 2020).

Conclusion

This qualitative study demonstrates the interactive and complex dynamics of recovery capital that women in recovery experience are shaped by contemporary conceptualisations and expectations about beauty, addiction, woman- and motherhood. The use of photovoice served as a gateway to tap into these complex and gendered dynamics while supporting individual and collective meaning making. As such we hope to contribute to the recovery debate, where there is an ongoing search to acknowledge gender as an important structure without essentializing womanhood as such and to treat gender as a multi-dimensional and culturally diverse structure that is interwoven with other social structures (Connell, 2009).

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