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"I Am Whatever You Say I Am": The Social Construction of Identity in Rural Drug-Using Women's Narratives

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“I Am Whatever You Say I Am”: The Social Construction of Identity in Rural Drug-Using Women’s Narratives

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A Dissertation Submitted to the Graduate School at the University of Missouri-St. Louis in partial fulfillment of the requirements for the degree Doctor of Philosophy in Criminology and Criminal Justice

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ABSTRACT

Previous narrative criminology research has examined how drug users manage their identities through discussions of *themselves*, while providing little insight into how they manage their identities through discussions of *others* (McIntosh & McKeeganey, 2000; Rødner, 2005; Sandberg, 2009). It is important to consider others because according to many symbolic interactionists (Cooley, 1902; Goffman, 1959; Mead, 1934), identity is a social product that is constructed and maintained through social interaction with others and is based on perceptions of others. Cooley (1902) more specifically argued that one’s primary group (i.e., those that are relationally or proximally close to an individual) are even more crucial in the construction and evolution of identity. While research has shown that such significant others (i.e., family members and intimate partners) are risk (Cohen et al., 2007; Joe, 1996; Semple et al., 2013) and protective (Boyd & Mieczkowski, 1990; Tuten & Jones, 2003; Toray et al., 1991) factors in drug users’ lives, researchers have not explored the role of these individuals in narratives.

Utilizing a constitutive view of narrative and discourse-oriented approach, this research examines the stories of rural drug-using women—an often-overlooked group in the field of Criminology. Using data from 40 in-depth interviews, this study explores two key research questions: (1) How do drug-using women construct their identities with narrative? and (2) What roles do significant others (i.e., family members and intimate partners) play in this process?
Findings align with notions of symbolic interactionism (Cooley, 1902; Goffman, 1959; Mead, 1934). Specifically, the results revealed that the women in the study were able to socially-construct their identities within the context of narrative. The women utilized “facework” (Goffman, 1959) to construct socially acceptable identities for themselves, while downplaying “spoiled” or discredited images of themselves. In the current study, “facework” came in the form of rationalizations and discourse.

The women construct their own identities by utilizing discussion of their family members and intimate partners. They blame these individuals, condemn them, utilize them in the narrative as reasons for their behavior, compare themselves to them, and utilize these individuals in an attempt to normalize their own behavior. By doing so, the women are able to construct alternate identities for themselves. Some of these identities were victimizing (i.e., a naive actor, a “sick” patient, a victim, an actor longing for acceptance) and sought to gain sympathy from the audience by presenting the women as vulnerable. Others were normalizing and sought to present the women as relatable and conventional (i.e., a flawed actor like everyone else, a hardworking caregiver/financial provider, a subjectively “normal” actor, a more “acceptable” methamphetamine user). Implications, contributions, and suggestions for future research are discussed.
CHAPTER 1: INTRODUCTION

People shape stories, but stories also shape people. Stories shape who people are and others’ perceptions of them. This study examines the stories of rural drug-using women—an understudied population in the field of Criminology—to give these women voices and allow them to tell their own stories of methamphetamine involvement, family relationships, and intimate partner relationships. This study aims to examine how the women use these stories to shape their identities not only for themselves, but also for those who will listen—their audience. Using interview data from 40 methamphetamine-using rural women in the Midwest, the current study aims to answer two key research questions: (1) How do drug-using women manage their identities with narrative? and (2) What roles do significant others (i.e., family members and intimate partners) play in this process?

This study adopts a narrative criminology approach or what has been described as the constitutive view of narrative (Herman & Reynolds, 1994). This approach is ideal for studying identity because many argue that identity is constructed through storytelling (Bruner, 1990; Chanfrault-Duchet, 2000; Kerby, 1991; Linde, 1993; Somers, 1994). McAdams (2001) states that, “identity itself takes the form of a story, complete with setting, scene, character, plot, and theme” (p. 101). Narrative will enable the listener—the audience—to see how the women organize views of themselves as well as views of their significant others (i.e., family members and intimate partners) in relation to their substance use (Orbuch, 1997). These stories that they create about themselves can also be
pivotal in helping them make sense of their past behavior, as well as helping them determine their future behavior (McAdams, 1988).

Criminology as a field has been primarily urban-biased (DeKeseredy, 2004). In fact, crime in rural areas is ranked as one of the least studied social problems in criminology (Donnermeyer, 2012). This pattern extends into the field of substance abuse. Despite the extensive research on drugs, even those studies that are qualitative in nature, much of this research has been on male urban crack and heroin users (Copes et al., 2008; Furst et al., 1999; Lewy & Preble, 1973; Preble & Casey, 1969; Stephens, 1991). There has been relatively less research on female drug users in the rural Midwest. It is crucial to explore other populations because storytelling is likely to vary by cultural context (Ewick & Silbey, 1995; Polletta, 2009; Presser & Sandberg, 2015). Presser and Sandberg (2015) assert that, “offenders’ narratives are linked to and emerge from the narratives and culture of particular subcultures or subsocieties” (p. 25). McAdams (2001) makes a similar assertion that:

Life stories are psychosocial constructions, coauthored by the person himself or herself and the cultural context within which that person’s life is embedded and given meaning. As such, individual life stories reflect cultural values and norms, including assumptions about gender, race, and class. Life stories are intelligible within a particular cultural frame, and yet they also differentiate one person from the next (p. 101).
McAdams and McLean (2013) also argue that different cultures provide different varieties of images, themes, and plots for the construction of identity within narrative. Given this, rural female drug users may tell very different stories from urban male drug users due to differences not only in gender and socio-economic class, but also due to differences in geographical region. More specifically, the women’s rural upbringing and social context may influence their narratives.

One such social context that is unique in the cultures of rural women is the importance of family. Rural areas are characterized by fewer social support resources (Barnett et al., 2011; Lohmann & Lohmann, 2005; Merwin et al., 2005; Ragusa, 2013; Rennison et al., 2013), spatial isolation (Goudy, 1990; Key, 1961; Theodori, 2000) across large geographical areas (DeKeseredy & Schwartz, 2009; Logan et al., 2004, 2005) coupled with lack of mobility (Hofferth & Iceland, 1998) and limited or inadequate transportation (Coward & Rathbone-McCuan, 1985; Lee et al., 1994; Lewis, 2003).

For these reasons, rural residents must maintain a sense of community with those closest to them (Toth, 2002). As a result of such locale limitations, rural residents are forced to associate with those who are available—their kin (Goudy, 1990; Key, 1961; Theodori, 2000). Given that rural residents must construct their networks primarily with family members (Fischer, 1982), their family ties tend to be stronger than those in urban settings (Hofferth & Iceland, 1998). These networks extend beyond immediate family. Winch and Greer (1968) found that the more rural the resident, the higher the degree of extended familism. These strong personal ties are evident in the nature of the relationships
that rural residents have with family members, especially as it relates to greater kinship interaction (Fischer, 1982; Goudy, 1990; Palisi & Canning, 1986; Straus, 1969; Theodori, 2000). Those residing in rural regions have more contact with both immediate and extended kin than those in urban regions (Goudy, 1990; Key, 1961; Theodori, 2000). In addition, rural residents have higher levels of cohesion within families (Straus, 1969; Toth, 2002). Rural individuals also have increased social support from family than urban individuals (Amato, 1993). Thus, within the women’s narratives, it is important to examine stories of family because these relationships are crucial to the lives of rural women.

When considering drug-using rural women, previous published research on this particular sample (using the same data) has set the stage for the importance of both family and intimate partners. Carbone-Lopez and colleagues (2012) found that family members facilitated both opportunity and motivation for the women’s initial methamphetamine use. With regard to opportunity, the women described growing up in family environments where methamphetamine involvement was pervasive. They described the drug as being readily available and many noted that their family members were heavily involved in the market as users, cooks, and dealers. As a result, they described being able to easily learn about the drug itself and the market—thus directly motivating their use. The researchers also found that the women used family as indirect motivators for methamphetamine use. That is, the women framed their onset of methamphetamine use as resulting from wanting freedom and rebelling from parental control.
Beyond family, Carbone-Lopez and colleagues’ (2012) study also noted the importance of intimate partners for rural drug-using women. The women described relational benefits as being a motivating factor for their methamphetamine onset. The women explained wanting to start or maintain a relationship with intimate partners who were involved with methamphetamine. To spend time and participate in activities with them, the women felt obligated to engage in methamphetamine involvement as well.

Other research (e.g., Carbone-Lopez & Miller, 2012) provides insight into the role of family and intimate partners for methamphetamine use breeding out of dysfunction (e.g., drug use, mental illness, domestic violence, other forms of maltreatment). That is, such dysfunction “pushed” the women into precocious entry into adult roles, responsibilities and contexts. For example, the women became responsible for caring for their siblings as a result of their parents’ inability to do so. To cope with these newfound responsibilities, the women turned to methamphetamine. In addition, their troubled family lives coupled with limited adult supervision provided them with the freedom and motivation to become involved with older deviant intimate partners who introduced them to methamphetamine.

Both of the aforementioned studies revealed the importance of family and intimate partners in rural drug-using women’s lives. However, there still remains more to unpack. Little is known about the types of family members that matter given that the previous research has primarily grouped all family members under the umbrella category of “family.”
Further, although the extant research suggests that family and intimate partners do matter for these rural drug-using women, very little is known about how and in what ways these individuals matter with regard to identity formation. In other words, how do the women construct and manage their own identities through the discussion of these individuals? Miller and colleagues (2015) explored this topic using the same data and found that when some women spoke of their methamphetamine use, they constructed “super-mother” identities for themselves. In other words, they described how methamphetamine allowed them to meet cultural standards of motherhood. They constructed themselves as “good mothers” because they were able to fulfill their caregiving responsibilities for their children with the help of methamphetamine. As demonstrated, the aforementioned research was focused on how the women managed their identities using discussion of their children. What still remains unknown is how women manage their identities using discussion of other significant others (e.g., family members, intimate partners) in their lives.

From a methodological standpoint, two of the previously-published research studies using these data (Carbone-Lopez & Miller, 2012; Carbone-Lopez et al., 2012) have taken a combined narrative as record approach (i.e., treating narrative data as fact) and narrative as interpretation approach (i.e., treating narrative data as reflections of how someone sees/saw their world). The current study will build on these findings by utilizing a constitute view of narrative (O’Connor, 2000; 2015). This approach treats narrative data as experience that has been “storied.” Therefore, the emphasis is on description and the focus is on
the “storied” experience rather than the experience itself (Presser & Sandberg, 2015).

Previous research on these data (Carbone-Lopez & Miller, 2012; Carbone-Lopez et al., 2012) have also utilized a process-oriented approach to data analysis. This approach is based on Charmaz’s (2014) grounded theory that focuses less on topics and themes, and more on actions described in the data. This approach focuses on many aspects of the process including: (1) how processes are defined, (2) how processes develop, (3) when, why, and how processes change, (4) how the individual feels while involved in the process, (5) how the individual acts while in the process, and (6) the consequences of the process.

The current study expands on that work by also utilizing a discourse-oriented approach. More specifically, this study will examine the use of language. In addition to what the women say in their narratives, it is equally as important to consider how they are saying it. Utilizing a discourse-oriented approach can provide insight into underlying beliefs and views—things that the women are not necessarily verbalizing in their narratives. Examining language matters because “specifics of language use (the words chosen, the order in which they are put together and the way they are vocalized) can create different versions of reality in the minds of those who articulate or hear it” (Scott, 2015, p. 51). It should be noted that discourse is oftentimes influenced by and characteristic of one’s culture (Giddens, 1991; Scott, 2015).
Chapter 2 will review the literature that is relevant for the study. It will first summarize the theoretical frameworks that will be useful in this study and their relationship to narrative criminology. It will then summarize the research on how drug users manage their identities in narrative, including the limited research that exists on the role of significant others in the identity management of drug users. Finally, contributions of the current study in light of the gaps in previous research will be discussed.

Chapter 3 will highlight the methodology used in the current study. It will first discuss the data and data collection procedures. A discussion on the demographics (i.e., age, racial/ethnic group, education, arrest history) and other key characteristics (i.e., drug use, charges leading to incarceration) of the sample will be provided. Finally, it will highlight the analytic approaches used.

Chapter 4 will present the results of the research. This chapter will highlight the ways in which the women managed their identities. It will also discuss how significant others (i.e., family members and intimate partners) were used in the narratives to manage the women’s identities.

Chapter 5 will summarize the findings of the study and discuss them in relation to the broader body of literature. It will discuss the contributions of the current study to the extant literature on drug user identity management in light of the findings. It will then discuss implications of the results of the study. Finally, ideas for future research will be proposed based on the findings and limitations of the current study.
CHAPTER 2: LITERATURE AND THEORETICAL REVIEW

Symbolic interactionism and the social construction of identity

The current research draws on symbolic interactionism. According to symbolic interactionism, humans live in a world of learned meanings. Individuals respond to symbols (such as events) based on the subjective meanings that these things have for them (Blumer, 1969). People’s views of their world are not necessarily objective or “correct.” Rather, these views are simply interpretations of their situation. William Isaac Thomas (1937) best summarizes this assumption in his discussion of the “definition of the situation.” According to this perspective, there are no facts in and of themselves. Rather, situations are evaluated by people’s subjective definitions of them. Blumer (1969) calls this view a constructivist approach because human beings create the world of experience in which they live.

One of the underlying assumptions of symbolic interactionism is that the meanings individuals attach to events and experiences are shaped by social processes—interactions with others or perceptions of others (Blumer, 1969). Therefore, the way people make sense of their behavior entails considering other people’s meanings. Meanings can also be modified via the process of interpretation (Blumer, 1969).

Symbolic interactionists are particularly interested in identity. Identity can be defined as, “a set of integrated ideas about the self, the roles we play and the qualities that make us unique” (Scott, 2015, p. 2). Another key assumption of symbolic interactionism is that identity is not something that humans are born
with. Rather, it is constructed, defined, and modified by the individual. Identity is not something that people have, but rather, is something that people do—something that is made (Scott, 2015). Identity is also not stagnant, but constantly changing; identities are projects that individuals continuously reflect on and work on (Giddens, 1991). Also, identity is socially-constructed; identities are negotiated through communication with others (Blumer, 1969). The remainder of this section will discuss various symbolic interactionist perspectives and the role of others in the social construction of identities.

Cooley

Cooley’s (1902) symbolic interactionist perspective emphasizes the importance of “the collective” in the formulation of identity. According to this perspective, an individual’s identity is largely dependent on the views of others, such that it should not be considered in isolation. A person’s identity is developed, shaped, and defined via social interaction with others—thus making it a social product.

Cooley (1902) labeled this socially-constructed identity as the “looking-glass self.” The metaphor of “looking-glass” conveys that a person’s image or idea of self “reflects” other persons’ perceptions of him or her. Individuals’ views of themselves are based on their understanding of impressions of how others perceive them. There are three major steps in the development of the “looking-glass self.” First, people imagine how they appear to other people. Second, they imagine what types of judgments the other person is making based on those
appearances. And finally, they imagine how the persons feels about them, based on the judgments they make. They develop their sense of self based on the judgments.

Cooley (1902) felt that one’s primary groups were most crucial in the construction and evolution of the identity. Primary groups are those that are relationally or proximally close to the individual. For example, they may be people within one’s neighborhood. However, more often, they are family members. According to Cooley, the primary group is important because they are an individual’s first opportunity to identify himself or herself as a part of a larger social unit. Primary group relationships also serve as the building blocks for other types of relationships.

Mead

George Herbert Mead’s (1934) symbolic interactionist perspective is complementary to Cooley’s. Both perspectives stress that identity cannot be examined in isolation; rather, other people must be considered. Mead argues that identity is formed through the imagined responses of others. According to Mead (1934), there are two main stages in the construction of identity. In the first stage, the individual takes the view or role of the other. In doing so, the individual can imagine the situation from another person’s perspective and share that perspective. It allows the individual to step outside of himself or herself. During this role-taking process, communication occurs in the form of speech. In the second stage, the individual orients his or her behavior based on the perceived
expectations of others discovered in stage one. Mead used the term “generalized other” to describe the composite representation of others in society. Thus, people’s actions are based on what they think “people in general” will think.

Kuhn

Manford Kuhn’s (1964) symbolic interactionist perspective maintains many of the same arguments from Cooley (1902) and Mead (1934). Kuhn agrees that identity is acquired and maintained via social interaction with others. In fact, it cannot develop without others. Kuhn expands on the work of Cooley and Mead by proposing that identities can be offered to an individual by others. The person can either accept or reject these identities. Factors related to acceptance or rejection include: the relationship between the person and others, the already-held self-identifications that the person has, the personal evaluation of the identity offered, and the level of congeniality of the other offering the identity (Herman & Reynolds, 1994). Kuhn also asserts that individuals maintain various identities for different situations. Different identities are presented in different social settings. Kuhn also pointed out the importance of language in identity construction. According to Kuhn, one’s identity can be articulated to others. Language provides a medium for these individuals to present their identities to others.
Erving Goffman’s (1959) symbolic interactionist perspective is also complementary to the aforementioned but differs by taking a dramaturgical approach. Dramaturgy compares social life to theatrical performance. According of Goffman (1959), individuals engaging in social interaction are like actors performing on a stage. The self or identity is a product of the interaction between the actor and audience. The actor plays a part—or a role—for their audience.

Goffman’s (1959) perspective highlights the importance of the audience in the performance. The audience scrutinizes the performance to determine whether it is convincing or suspicious. The audience can also accept or reject the actor’s performance. Further, the audience is responsible for reading and interpreting the identity the actor is trying to portray.

Some of Goffman’s (1959) key contributions have been the notions of “self-presentation” and “impression management.” Both notions refer to the actor’s attempt to control the images they convey of themselves. Actors strive to project a desirable, positive self-image that will be accepted by and elicit positive feedback from the audience. Goffman also introduced the concept of “facework.” This term refers to the many techniques that an actor can use to regain an acceptable social image. Such techniques aim to prevent “spoiled” or discredited images of themselves. This corrective process is used to “save face,” appease the audience, “smooth over cracks” and make the image of themselves appear as “normal” (from their own subjective perspective) as possible to their respective audience. A successful performance occurs when the audience views the actor
in the way he or she wants to be seen. To accomplish this, consensus between the actor and audience is necessary.

Because identities are situated and performative under Goffman’s (1959) perspective, the “true self” is typically unknown. In line with Kuhn’s (1964) perspective, Goffman argues that the actor presents and strategically manages different versions of themselves—characters—tailored to specific situations. Each performed persona is a new type of “mask” that the actor hides behind.
Narrative identity and narrative criminology

The previous section highlighted the ways in which symbolic interactionists (Cooley, 1902; Goffman, 1959; Kuhn, 1964; Mead, 1934) have discussed the social construction of identity. More recent researchers have also adopted this view (e.g., Giddens, 1991) but expand on it by highlighting the fact that identity can be formed and cultivated through life stories, or what many refer to as “narrative” (McAdams, 1999). Narratives are based on biographical facts or lived experience about an individual. However, they go beyond simply the facts. They are not simply a record of facts but a continuing interpretation and reinterpretation of experiences. To tell one’s story through narrative, an individual engages in pragmatic selectivity. In other words, an individual must select among all of one's life experiences given that he or she cannot recap everything (Presser, 2009).

Within the field of criminology, there are currently three main ways to treat narratives. First, criminologists can treat narrative as record. This view assumes that narrative is fact—what actually happened or is happening in the person’s life. Agnew (2006) utilized this approach when he introduced the term “storylines.” Agnew defined storylines as, “particular combinations of events and conditions that are especially likely to result in a crime or a series of related crimes” (p. 122). This approach examines how and why an individual engages in crime through the impact of background and situational factors. One benefit of this approach is that it discourages the forcing of preexisting analytic frameworks (Kavanaugh, 2011); it sticks close to the data. This approach places great weight on the
validity of the data—that is, if the stories truly represent what really happened; data in which the offender distorts what really happened is considered to be inauthentic and invalid (Presser, 2009).

Second, criminologists can treat narrative as interpretation. With this approach, the criminologist uses narrative to understand how people see or saw their world and how the individual renders his or her own actions. This approach is not concerned with the absolute truth, but rather, an individual’s reaction to events in his or her life (Burgess, 1966). The primary advantage of this approach is the vantage point—the criminologist is able to understand events, social forces, and circumstances from the individual’s perspective (Shaw, 1930). What separates narrative as interpretation from narrative as record is the former’s emphasis on subjectivity. Narrative as interpretation views narrative as both biased and self-referential (Presser, 2009). However, this bias does not invalidate the data.

The current study adopts the third approach—a narrative criminology approach. This can be referred to as the constitutive view of narrative. This approach differs from the interpretative approach in that it considers cultural contexts. This view does not seek to explain human behavior. Rather, the emphasis of this approach is on description (Herman & Reynolds, 1994). According to this view, the distinction between narrative and experience is blurred. Narrative criminologists view stories and experience as closely tied, such that experience is always “storied.” When a researcher adopts a constitutive view, he or she, “theoretically and methodologically focuses on storied
experience, not experience per se” (Presser & Sandberg, 2015; p. 15) or what Gubrium and Holstein (2009) refer to as “narrative reality.” Narrative criminologists believe that when individuals construct stories of their lives, they, “forge connections among experiences, actions, and aspirations” (Presser & Sandberg, 2015, p. 11). Presser (2009) argues that, “experience is always known and acted upon as it has been interpreted symbolically.” (p. 184). Given their interconnectivity, since experience is continuously changing, narrative is also continuously changing. Narratives can change as a result of various factors including the passage of time, the context, and the circumstances of the telling (Presser & Sandberg, 2015).

Another noteworthy aspect of this constitutive view of narrative is that stories can inspire action. Just as experience can produce narrative, narrative can also produce experience. This is consistent with Gergen and Gergen’s (1988) assertion that, “we live by stories—both in the telling and the doing of self” (p. 18). Presser (2009) argues that people can make choices based on the self that they create from the evolving story. In this sense, narrative criminologists study how narratives motivate, inspire, instigate, affect, and sustain behavior. People’s stories can guide them on what to do next (Presser & Sandberg, 2015).

Although both the constitutive and interpretative views emphasize subjectivity and viewing the world from the perspective of the narrator, there are some key differences. First, the constitutive view of narrative criminology is more concerned with the use of language. In fact, to narrative criminologists, the foundational objects of inquiry are narrative texts (Presser & Sandberg, 2015).
Presser and Sandberg (2015) assert that, “the ways in which we assemble and verbalize our stories are paramount to narrative criminology” (p. 17). Linguistic expression can tell a great deal about agency and self-awareness. Through linguistic devices, people can make themselves known to others, as well as themselves. According to Presser (2009), “statements are designed to manipulate outcomes” (p. 185). Speech is used for a purpose—to impact perceptions. Second, unlike the interpretative view’s emphasis on social facts, the constitutive view stresses perspectives and interpretations about the self (Presser, 2009).

The relationship between identity and narrative is particularly important in the narrative criminology approach. According to Giddens (1991), identity is based on an account of a person’s life, actions, and influences—all of which makes sense to him or her and can be explained to others. McAdams and McLean (2013) even utilize the concept of “narrative identity.” According to the researchers, “Narrative identity reconstructs the autobiographical past and imagines the future in such a way to provide a person’s life with some degree of unity, purpose and meaning. Thus, a person’s life story synthesizes episodic memories with envisioned goals, creating a coherent account of identity in time” (p. 233). Through narrative identity, individuals convey to themselves and others the story of who they are now, how they came to be, and where they perceive their lives as going in the future (McAdams & McLean, 2013; McLean et al., 2007). While they reference the past, they are still tailored to the present (i.e., the time of narration) (Giddens, 1991). These researchers assert that narrative
identity builds as people tell stories about their experiences to others. These stories about their personal experiences are processed, edited, and reinterpreted as people repeatedly tell them to other people.

**Rationalizations, self-presentation, and identity**

Rationalizations are linguistic devices and defense mechanisms used to justify or explain deviant behavior. Rationalizations are particularly important for the study of narrative because they show how individuals make meaning out of their lives. They are used to protect an individual from pangs of conscience, cognitive dissonance, shame, guilt, remorse, loss of self-esteem, labeling and stigma (Maruna & Copes, 2005).

Sykes and Matza’s (1957) techniques of neutralization has been one of the most-studied topics in rationalization research. According to Sykes and Matza, deviant individuals aim to avoid moral culpability for their delinquent or criminal behavior. In doing so, they can demonstrate that criminal intent was absent thereby avoiding any negative sanctions of society. They argue that to do so, individuals present defenses to crimes in the form of neutralizations. While the deviant individuals, themselves, view these neutralizations as valid, they may not be viewed as valid by the criminal justice system or general society. These neutralizations include: denial of responsibility, denial of injury, denial of the victim, condemnation of condemners, and appeal to higher loyalties.

It should be noted that Sykes and Matza’s (1957) techniques of neutralization have been hypothesized to neutralize feelings of distress prior to
deviance—not in the *aftermath* of deviance. In other words, the techniques of neutralization are used to mitigate negative feelings so that individuals can engage in future deviant acts. For this reason, these techniques *alone* may not fully be applicable in understanding the narrative of the women in the current study. Recall that these women are being interviewed while incarcerated and in the aftermath of their methamphetamine involvement. Their narratives are more focused on rationalizing their past deviant behavior rather than neutralizing future deviant behavior.

With regard to identity, rationalizations are a common type of rhetorical performance (Hewitt and Stokes, 1975; Maruna and Copes, 2005; Orbuch, 1997; Stryker & Gottlieb, 1981). They are often a prominent component of people’s stories. How individuals use these rationalizations within their narratives to frame events can reveal a lot about their identity and self (Bruner, 2003; McAdams, 1988, 1993). In fact, some researchers argue that they can be useful in managing identities. Sykes and Matza argue that rationalizations protect an offender from “serious damage to his self-image” (1967, p. 667). Aronson (1992) claims that culturally approved denials—a type of rationalization—can be used to preserve a morally good, stable, and competent sense of self. Maruna and Copes (2005) assert that rationalizations, “can be used to preserve a non-criminal self-concept, despite the commission of criminal acts” (p. 268). In other words, they can be used to construct an identity that is aligned with more culturally-accepted standards (Wagner et al., 2017). For these reasons, rationalizations are a key part of identity construction (McAdams, 1993).
Rationalizations can be used to reconstruct “spoiled identities” into acceptable ones. Recall that “spoiled identities” are those that are scorned, ostracized, devalued and rejected within society. A “spoiled identity” often causes an individual to experience stigma. Goffman (1963) uses the term stigma to refer to an attribute, behavior, or reputation that is discrediting to an individual. It causes others to view someone as an undesirable stereotype. “Spoiled identities” typically become an individual’s “master status.” The “master status” refers to an ascribed or achieved status that overpowers all other statuses in one’s life (Hughes, 1945). Individuals are primarily judged by their master status. Deviant identities, such as “spoiled” ones, can often serve as master statuses (Becker, 1963).

**How drug users manage identities with narratives of themselves**

As discussed previously, one of the key assumptions of symbolical interactionism is that identity is not something with which an individual is born, but rather, it is something that is constructed, defined, and modified. This process of identity management may be particularly crucial for those with “spoiled identities” (Goffman, 1963). Goffman listed various types of people with “spoiled identities” such as ex-mental patients, ex-convicts, people with disabilities, amongst many more. The current research is interested in one group of individuals with “spoiled identities” (Goffman, 1963)—drug users.

There is no shortage of qualitative criminological literature on drug users. The vast majority of this research (Gandhi et al., 2006; Järvinen & Ravn, 2011;
Pedroso et al., 2013; Sheridan et al., 2009; Sherman et al., 2008) has utilized a narrative as record approach (Scott, 2015). In fact, the two published studies that have utilized the same data and sample as the current study have utilized this approach (see Carbone Lopez & Miller, 2012; Carbone-Lopez et al., 2012) in combination with a narrative as interpretation approach.

However, some select qualitative research studies on drug users have taken a narrative criminology approach—utilizing a constitutive view of narrative. This research has primarily focused on how drug users manage their identities. This research has focused primarily on language, linguistic techniques, and discourse. What follows are some of the most prominent ways in the literature that drug users have used to manage their identities in narrative.

One key way in which drug users can manage their identities is to manage the knowledge the audience has about their use. McKenna (2013) explored how eight female active methamphetamine users managed knowledge that others had of them and their use. She found two main themes which she classified as, “That’s false advertising” and “Cause they don’t know it unless I say it.” Using the “That’s false advertising” theme, the women contested the credibility of the media’s portrayal of the physical appearance of the typical methamphetamine user. They argued that users do not always look this way; they could have perfect teeth and skin. In addition, they asserted that methamphetamine users could be overweight, rather than frail and thin—the way the media portrayed them. One of their interviewees, Michelle, said, “I don’t look like any of the people in the—their ads and shit.” (p. 375).
Under the “Cause they don’t know it unless I say it,” theme, the women highlighted their ability to pass for non-drug users. They discussed lacking many of the physical marks associated with methamphetamine use. Those that did have visible signs claimed to be able to easily hide them. Being able to pass for a non-user allowed the women to be active in managing the understanding of information others had about their methamphetamine use. One interviewee, Dorothy, claimed, “I wasn’t skinny or bony and pock-faced. I did not look or act like an addict” (McKenna, 2013, p. 374). By presenting themselves as different from media depictions of methamphetamine users and highlighting their ability to pass for non-users, the women aimed to present themselves as having more positive identities than the stereotypical media portrayal (McKenna, 2013).

Another way in which drug users can manage their identities is through the presentation of a good “core self.” This is consistent with Maruna’s (2001) notions of the “core self,” “true self,” and “real self.” Maruna argues that in their presentations of self, ex-offenders will describe how, “deep down,” they are good people and have always been good people, even at their worst. They often use positive attributes to describe themselves such as having “a good brain” or “a good heart.” Rather than discovering a “new me,” the ex-offender reaches back into his or her history to reestablish an “old me.” In re-scripting his or her history, previous criminal acts are presented as distinct from the “real self.” In other words, the “real self” was not the party responsible for committing the crimes in his or her past.
Empirical research on drug users has supported Maruna’s (2001) concept of the good “core self.” Stone (2015) conducted a qualitative study of women who had used illicit drugs or mis-used prescriptions or over-the-counter medications during their most recent pregnancy. In their narratives, the women highlighted qualities, actions, or experiences that emphasized their inherent goodness.

Kellie, one interviewee, said, “I am a good person despite all the crap and all the dirt. That deep down I am a good person and capable of loving and deserving love” (p. 964). Alyssa, another interviewee, said, “The not-real me was when I was using drugs. I wasn’t the real me” (p. 964). The author argued that this type of narrative was constructed as an act of resistance to stigmatization.

Kilty (2011), in her examination of 22 incarcerated former drug users, had similar findings. In their narratives, the women in Kilty’s study constructed “true selves” in which they described themselves as innately good people. They described their addictions as not making up their “true selves” but rather disrupting the expression of their “true selves.” Doing so enabled the women to distance themselves from their addictions. Such addictions were perceived to be a shameful occurrence in their lives—something that was outside of who they truly were as a person. When asked about drug use, one of the interviewees, Joan, stated, “That’s not me, it’s not really who I am.” Another interviewee, Phoebe, said something along the same lines, “I’m not like that. That’s not the real me” (p. 8).

McIntosh and McKeeganey (2000) assert that reconstructing the sense of self to the original good “core self” is critical in managing a non-addict identity.
The researchers conducted in-depth interviews with 70 male and female recovering addicts. In the process of reconstructing their sense of self, the recovering addicts discussed: (1) their sense of self before drugs entered their lives and (2) their sense of who they had become as a result of drugs. In their narratives, the individuals made a clear distinction between the type of person they had become as a result of their drug use and the person they believed themselves to be at heart.

“Success stories” can also be used to manage identities for drug users. This concept is based on Goffman’s (1959) concept of idealization. According to Goffman, actors will engage in a great deal of idealization during performance. In other words, they will give the impression of idealism and exemplify accredited values of society. Further, the actor will present himself or herself as an end-product. Therefore, the audience will judge the actor based on the finished, polished, and packaged product. The ultimate aim of the actor is to present an impression that is constant and compatible with the desired definition of the situation (Thomas, 1937).

Idealization (Goffman, 1959) occurs in narrative in the form of “success stories.” “Success stories” were particularly prevalent in Lilja’s (2013) case study of a male amphetamine user. The interviewee in this study, Erik, described his present situation with only good personal characteristics and talk of a successful future. He said, “I am sober now. I am drug free. I have everything” (p. 1364). His stories were also replete with positive turning points in his life. He contributed these turning points to his current drug-free lifestyle. The interviewee said, “When
you have stopped taking drugs and have your own apartment, have an aquarium, have birds, a cat too" (p. 1364).

Stone’s (2015) study of female drug abusers revealed similar “success stories,” which she referred to as stories of “redemptive suffering.” The women described how good emerged from the negative experiences with drugs they have had in the past. They mined their history of past experiences—experiences that could have “spoiled” their identities (Goffman, 1963)—but instead repurposed these experiences as evidence that they were meant to do greater things. They further described their drug experiences as providing them with the strength and wisdom they have today. One of the interviewees, Kellie, said, “I feel like my experiences that I’ve had are just so, some of them, crazy and amazing and unbelievable that they have to have happened for a reason, and the only thing I can think of is that it’s gotta help somebody else somewhere down the line” (p. 968). Another interviewee in Stone’s study, Natalie, had similar revelations, “I don’t think God let me go through everything I went through without a reason, and I think it has to do with me helping someone in the future” (p. 968).

This concept of “redemptive suffering” (Stone, 2015) is consistent with Maruna’s (2001) assertion that ex-offenders seek to find reason or purpose for moments in their lives where they have “nothing to show.” They present good as emerging from the bad. In narrative, this is typically in the form of, “If it weren’t for X, I never would have realized Y.” Using such language, they construct themselves as being stronger and wiser people as a result of the mistakes they
made in the past. Ex-offenders—who have experienced a criminal lifestyle and have gone straight—often view themselves as morally superior to those who have never been involved in deviant or criminal behavior because of their experience and knowledge.

“Redemptive suffering” (Stone, 2015) is also consistent with the linguistic technique of “mean-making” (McAdams & McLean, 2013). Mean-making occurs when an individual goes, “beyond the plots and event details of their personal stories to articulate what they believe their stories say about who they are” and he or she, “draws a semantic conclusion about the self from the episodic information that the story conveys.” (p. 239). In other words, the person learns something or gets some kind of message from an event they experienced. The individual may suggest that this lived experience illustrates or explains their personality traits, tendencies, goals, skills, problems, or patterns in their own lives. This process is critical in developing a narrative identity (McAdams & McLean, 2013). The women in Stone’s (2015) study engage in mean-making by showing how their drug experiences afforded them the opportunity to fulfill their future goals of being a helping hand for others dealing with the same types of problems.

Drug users can also manage their identities by presenting positive qualities of themselves in the context of their drug activities. This is what Schegloff (2007) refers to as “working up” identities. When an individual “works up” an identity, he or she presents a version of the self by emphasizing some qualities, abilities, knowledge or interaction, and downplaying others.
A clear example of this type of self-presentation was found in Sandberg’s (2009) study of 20 male street drug dealers. Sandberg found that many of the men created positive identities for themselves using a gangster discourse in their narratives. They described themselves as tough, thick-skinned, and as good fighters. In addition, they presented themselves as loyal, intelligent, and proficient when discussing involvement in drug-related activities. All of these aforementioned qualities can be perceived as positive by the audience. The men not only aimed to fascinate the audience by these types of narratives, but to also increase their own self-confidence given that they are a stigmatized and marginalized group. Sandberg concluded that utilization of the gangster discourse allowed these individuals to better bear the humiliation of being at the bottom of the social ladder. He also interpreted the gangster discourse as an act of resistance—a way to reject the degrading identity of being a victim.

Rødner’s (2005) study of 44 male and female drug users in Sweden revealed similar findings. The individuals presented themselves positively as “drug-wise” users. There were two components of being “drug-wise.” First, being “drug-wise” meant they were knowledgeable and knew a great deal about drugs. They presented themselves as self-learners who learned from their own experience and through their own investigation. One of the informants in the study portrayed himself as “drug-wise” by describing his investigation into the safety of marijuana, “First, I smoked cannabis, then later I started to contemplate these questions and I decided to read around the issue. And then I read everything I could find, and what I came across was that it really isn’t dangerous”
(p. 336). Second, being “drug-wise” also meant that they were self-reflexive and self-conscious. In other words, they knew their selves, abilities and limitations. Portraying themselves as both knowledgeable and self-aware positioned them as having more positive identities than they would otherwise have. One informant depicted how “drug-wise” he was by highlighting his self-awareness in his statement, “I reflect a lot about myself the whole time” (p. 336).

Drug users can also use “sad tales” to create more sympathetic identities. Sad tales are stories of problematic life events, troubled upbringings and traumatic events (Wagner et al., 2017). Some of the male street drug dealers in Sandberg’s (2009) previously discussed study used “sad tales” to create “oppressed identities” that aimed to gain sympathy. The men’s “oppression discourse” included personal narratives of unemployment, racism, ethnic discrimination, problems with migration, and psychological problems often combined with stories of the government’s unwillingness to help and stories of fighting the establishment. One interviewee, RP, created an oppressed identity through discussion of his unemployment, “They say they’ll call you. But they never do. Another interview and the same thing happens. What am I supposed to do?” (p. 530).

Reinterpreting the addict lifestyle can also be an effective approach in the management of identities. McIntosh and McKeeganey (2000) found that changing one’s perception of the addict lifestyle was a way that recovering addicts could construct a non-addict identity. That is, they reinterpreted various aspects of their drug use in a negative light. For example, the drugs that were previously viewed
as enjoyable, exciting, and stimulating were described as no longer having any pleasurable effects. In fact they highlighted negative effects of the drug such as its ability to distort reality. The recovering addicts also reinterpreted their relationship with other users in their narratives. They described the relationships distastefully and as not having any characteristics of genuine friendship. These reinterpretations demonstrated to the audience that drugs no longer had the power and mystique for the recovering addict as they once did. The negation of the drug's appeal and rejection of its relevance to their sense of self was a crucial aspect in the process of managing a non-addict identity. Interviewee Bill’s narrative best depicts this process of reinterpretation, “At first it was great, oh it was marvelous. When you first start taking them you’re on top of the world, nothing can be bad; everything is great to you, shiny, happy, people. Then it gets the better of you and you don’t even get a buzz out of it after a while. Basically you’re just taking it to feel normal.” (p. 1504).

As the aforementioned literature demonstrates, drug users manage their identities in a variety of ways with the use of narrative. However, this narrative tends to focus on discussions of the drug users themselves. This research does not provide insight into how drug users manage their identities through the discussion of others. It is important to examine how others are discussed within narrative because many symbolic interactionists (Cooley, 1902; Goffman, 1959; Kuhn, 1964; Mead, 1934) argue that identity cannot truly exist in isolation from others. In other words, identities are constructed and managed through interactions with others and based on perceptions of others.
How drug users manage identities with narrative of others

Some research does exist on how drug users manage their identities through the discussion of significant others. This research has focused on how women use narrative about their children in managing their identities. Such research finds that drug-using women often create “motherhood identities” for themselves. Virokannas’s (2011) study of 19 mothers in drug outpatient and inpatient treatment made distinctions between four different categories of motherhood identities. The first category was “responsible motherhood”. The women in this category were perceived as possessing the identity of an adequate mother. This type of woman was viewed as independent and active. She took initiative in contacting social services to request help with her children. She was considered to be a responsible mother because of her willingness to give up a child because it was in the child’s best interest. The women in the study considered turning the child over to social services on one’s own volition as reasonable and morally acceptable. One of the mothers portrayed herself as a responsible mother by describing her inability to care for her child, “I said to the social workers that the situation was such that I use every day and I can’t take care of my child anymore” (p. 333).

The “giving up motherhood” identity portrayed mothers who submitted to outside forces simply because they were too powerless to cope. They lost their children and did nothing to oppose it. These women depicted themselves as victims of circumstance. One mother claimed the “giving up motherhood” identity
when describing how she lost her son, “He was in that children’s home and then it wasn’t possible anymore after that for him to come back home but they started to find a new family for him and somehow, I gave up. I mean, in a way, I gave up that responsibility to other people” (p. Virokannas, 2011, p. 335).

The “strategic motherhood” identity referred to mothers who were coping well, rather than suffering. This type of mother viewed herself as a survivor and autonomous mother who had power over her actions. She viewed herself as a good parent because social services was not an option. Rather, she was above the child welfare system. One mother portrayed herself as having a “strategic motherhood” identity by describing her independence in raising her children, “After you had learned to manage somehow on your own. I mean by yourself so that you figure out those channels on which you can survive. So you couldn’t even ask for help” (p. Virokannas, 2011, p. 339).

Finally, the “stigmatized motherhood” identity referred to mothers who were active agents in their attempts to remove unfair stigma of being incapable of adequate mothering and being incapable of caring for their children. They sought defensively to repair their previously damaged identities. One woman portrayed herself as having a “stigmatized motherhood” identity by discussing rebellion against perceptions of her, “One time I had been clean and the information was sent to them by child welfare that I had been using some stuff. I was very pissed off about that and I was insulted. And I went there. I mean to educate them. You don’t run the show really I told them” (p. Virokannas, 2011, p. 339).
Drug-using women also distinguish between “good” and “bad” mother identities in their narratives. “Bad mother” identities describe mothers who are so unfit to parent in the long term that they require government support regularly. They are often viewed by society as powerless and helpless (Reid et al., 2008). In addition, “bad mother” identities refer to those who expose their children to danger, are physically, financially, and emotionally unavailable, and/or lack control over their children (Baker & Carson, 1999). In contrast, “good mother” identities describe mothers who place their children’s needs first and go to great lengths to fight for them (Reid et al., 2008). In addition, good mothers fulfill their children’s practice needs and protect them from harm (Baker & Carson, 1999).

Some research has found that drug-using mothers must let go of their “drug user” identities to make room for their “mother” identities. Radcliffe’s (2011) study of 24 pregnant and postpartum women with a history of drug use revealed the processes of transformation of self and identity needed to move out of drug use and towards motherhood. For example, Radcliffe found that to construct a “mother” identity, the woman had to align herself with normalized, oftentimes idealized, discourses of femininity. In other words, the woman had to become “clean”—abstinent from stimulants. In leaving the “drug user” identity in the past, the woman could then construct herself as having an identity fit for motherhood. One of the interviewees, Danielle, portrayed herself as having to leave her “drug user” identity behind to gain her new “mother” identity, “When I found out I was pregnant and within two weeks, I'd given up heroin completely” (p. 987). Another interviewee, Michelle, made a similar argument, “If we never had the baby we
would still be out there smoking, doing what we were doing. And then when I found out I was pregnant, it was a blessing you know. And then we just threw everything into getting better” (p. 987).

Findings from Radcliffe’s study are consistent with Giordano and colleagues’ (2002) concept of the “replacement self.” That is, the women’s “mother” identities (i.e., the replacement selves) replaced their “drug user” identities (i.e., their marginal selves). The two identities could not coexist given their lack of compatibility. Therefore, the marginal identity needed to be left behind. Scott (2015) described this process as, “a symbolic mortification of the previous identity before a new one is imposed” (p. 23).

Unlike Radcliffe’s (2011) study, other research has made the argument that drug-using women can maintain dual identities—as a drug-user and as a mother. This was best illustrated in Hardesty and Black’s (1999) study of 20 Latina crack cocaine and heroin users. The research revealed that women engaged in “mother work” while still engaging in drug use. In other words, even during addiction, they did not relinquish their “mother” identities but instead, maintained this identity while seeking to define themselves in a positive light. “Mother work”—or the preservation of the “mother” identity entailed meeting four requirements: meeting the physical needs of her children (e.g., food, clothing, shelter, etc.), disciplining children to sustain their moral character, continuing to meet the emotional needs of the children, and preventing or repairing harm arising from their actions as drug addicts. One of the interviewees described these dual identities, “In spite of me using drugs, I was always there for my girls
and they always had what they needed” (p. 611). Another interviewee from this study said,

I was a good mother to my child in spite of being an addict. I have never taken addicts to my house! I never dared disrespect my son by taking people to my house to get high, to drink or to smoke crack. I never dared! To me that is my lack of respect for my son. I always tried to have a house for him, a place for him to live where he could feel safe and sound. A safe home for him (p. 610).

In addition to doing “mother work,” the women had to manage their identities despite their addictions by rejecting others’ standards of mothering. These standards often labeled them as “bad mothers.” The women in study continuously rejected the judgments of others about their negative performance as mothers. The findings from Radcliffe’s study are consistent with Kuhn’s (1964) argument that individuals maintain various identities (i.e., “drug user” and “mother”) simultaneously.

Grundetjern’s (2018) research explored how women in the illegal drug economy constructed maternal identities with discussion of their children. The researcher found that female drug users constructed four maternal identities including: grieving mothers, detached mothers, motherly dealers, and working mothers. For grieving mothers, motherhood was still a prominent part of the women’s identities despite having lost their children and having limited contact
with them. In contrast, detached mothers, who had also lost custody and contact with their children, did not present motherhood as being a pervasive part of their identity. Motherly dealers were those who had contact with their children. As a result of this, they constructed identities that accommodated being both mothers and dealers. And finally, working mothers were those that took sole care of their children despite being active dealers. Motherhood was still a pervasive part of their identity. These women still lived up to normative mothering ideals. By living up to these ideals, the women were able to reduce the stigma of being mothers and users/dealers.

The aforementioned research demonstrates how drug-using women manage their identities through narratives of their children. What remains unknown is how drug-using women manage their identities through the discussion of other significant others. In particular, research has neglected the role of adult family members and intimate partners in drug-using women’s narrative constructions of their identities. However, Cooley (1902) argues that these types of individuals—who are relationally and proximally close to an individual (who he referred to as “primary groups”)—are critical in the construction and evolution of identity. As the subsequent research will show, it is reasonable to assume that these individuals play a role in women’s narrative identity construction, given that they play a large role in the women’s actual drug-using lives.

**Role of significant others in drug using women’s lives**
An extensive amount of research exists on the role that significant others—family and intimate partners—play in drug-using women’s lives. Women can be introduced to drugs via family association. The parents of female methamphetamine users are often heavily involved in the methamphetamine market as users, cooks, and distributors (Carbone-Lopez & Miller, 2012; Carbone-Lopez et al., 2012). As a result of parents’ embeddedness in the market, daughters are exposed to methamphetamine. Female users often begin and continue to use within the context of family (Cohen et al., 2007). In an examination of 209 methamphetamine users in California, Semple and colleagues (2013) found that female drug dealers were more likely to have been introduced to methamphetamine by a parent. In her study of moderate to heavy Asian/Pacific American methamphetamine users in Honolulu, Joe (1996) found that the majority of the 37 women she interviewed were introduced to drugs in childhood or adolescence by family members.

Family members can also provide ease of accessibility to drugs. According to Falkin and Strauss (2003), two of the central ways in which families can enable women’s drug use is by giving them drugs and providing them with a place to use drugs. Their family involvement may also facilitate enmeshment into the drug network, as they are introduced to other users, producers, and dealers (Carbone-Lopez & Miller, 2012; Carbone-Lopez et al., 2012).

Research has also shown that intimate partners can introduce women to drugs as well as facilitate further drug involvement. Of the 49 women in Leverentz’s (2006) study, 22% reported being first exposed to drugs by a
romantic partner. Studies have also shown that female drug users, particularly intravenous drug users, are highly likely to be introduced to injecting drug use from their male romantic and sexual partners. Intimate partners—sexual or romantic—often directly initiate women into drug use by injecting them or indirectly contribute by providing them with a needle (Bryant & Treloar, 2007; Diaz et al., 2002).

Drug-using women can also acquire drugs from their intimate partners. Several studies suggest that female intravenous drug users depend heavily on male intimate partners for help obtaining drugs (Amaro & Hardy-Fanta, 1995; MacRae & Aalto, 2000; Simmons & Singer, 2006). In their study of 146 women with a history of injecting drug use in Australia, Bryant and Treloar (2007) found that women were likely to report that their intimate partners paid for drugs for them. Cooper and colleagues (2014) conducted research on 17 drug-using African-American women. The researchers found that none of the women independently acquired drugs or cash to purchase drugs. Rather, all of the women relied on their male partners for drugs, money to buy drugs, or both.

Intimate partners can also teach women drug techniques. Several studies suggest that female intravenous drug users depend heavily on male intimate partners for help injecting drugs (Anglin et al., 1987; Bryant & Treloar, 2007; Cooper et al., 2014; Crofts et al., 1996; Hser et al., 1987). Women can also learn needle-sharing behavior from their intimate partners. In their examination of 224 women within either an AIDS clinic or methadone treatment clinic, Brook and colleagues (2000) found that male partner needle-sharing was a strong and
significant predictor of female intravenous drug users’ own needle-sharing behavior.

Family members and intimate partners can also play a large role in women’s treatment. In a study of 23 female crack cocaine users from a drug treatment program, Boyd and Mieczkowski (1990) found that a third of those women reported that they had women in their families who would support them if they abstained from drug use. Cooper and colleagues (2014) also found that family provided support to female drug users over time. Family members encouraged the women to continue their recovery process. Parents, specifically, were the primary source of referrals for treatment for female adolescent drug-using females in one study (Toray et al., 1991).

Similar patterns exist for intimate partners. Leverentz (2006) found that when both drug-using parties (i.e., drug-using women and their male intimate partners) entered recovery—strong, supportive, and pro-social ties were developed. The couple was able to redefine the relationship as one that is law-abiding. Tuten and Jones (2003) argue for the use of intervention strategies targeted at both parties. The researchers conducted a study of 207 pregnant women enrolled in a comprehensive drug treatment program. Results from the study indicated that drug-using couples have unique psychological needs. Because of this, stopping a male partner’s drug use may be an effective intervention strategy in improving treatment outcomes for drug-using women.

In sum, it is apparent that significant others (i.e., family members and intimate partners) play a large role in drug-using women’s lives. They can
introduce women to drugs, provide accessibility to drugs, teach drug-use techniques, and play a large role in treatment. Given the role of significant others as risk and protective factors in women’s drug use, it is crucial to examine their role in drug-using women’s narratives. They may play a key role in how these women manage their identities. According to Phoenix (2007), in order to create a sense of self, others are “brought into existence” such as individuals from one’s reference groups, membership groups, and cultural groups (p. 103). The women’s family members and intimate partners may be “brought into existence” in their narratives as they aim to construct their sense of selves.

**Summary and current study**

As demonstrated in this literature review, research in narrative criminology on drug users has examined how they manage their identities with narrative. This research has revealed various ways that users can manage their identities including: managing the knowledge the audience has about their use (McKenna, 2013), presenting a good “core self” (Kilty, 2011; Mcintosh & McKeeganey, 2000; Stone, 2015), creating “success stories” (Lilja, 2013; Stone, 2015), presenting positive qualities of themselves in the context of drug activities (Rødner, 2005; Sandberg, 2009), telling “sad tales” (Sandberg, 2009), and reinterpreting the addict lifestyle (Mcintosh & McKeaganey, 2000). In these studies, the focus of the narrative tends to be on discussions of the drug users *themselves*.

Unfortunately, the aforementioned research does not provide insight into how drug users manage their identities through the discussion of *others*.
However, this is of importance because according to symbolic interactionists, others are crucial in the construction and management of identities. Cooley (1902) emphasizes the importance of “the collective” (i.e., others) in the formulation of identity, such that identity depends on the views of others. According to Cooley, a person’s identity is a social product—developed, shaped and defined through social interaction with others and perceptions of others. Goffman (1959) argues that identity is a product of the interaction between the actor and the audience (i.e., others). The audience is important in assessing and scrutinizing an actor’s performance of his or her identity. And finally, according to Mead (1934), identity is formed through the imagined responses of others.

Only a limited amount of empirical research (e.g., Baker & Carson, 1999; Hardesty & Black, 1999; Radcliffe, 2011; Virokannas, 2011) on drug users has focused on how people construct and manage their identities through discussion of others. This research has been focused on how drug-using women create “motherhood identities” for themselves using discussion of their children.

Little is known about how drug users construct and manage their identities through the discussion of other types of significant individuals in their lives (i.e., family members and intimate partners). Cooley (1902) argues that primary groups are critical in the construction and evolution of identity. According to Cooley (1902), primary groups consist of those that are relationally or proximally close to an individual. Therefore, primary groups can include intimate partners, but is most oftentimes family.
Although research has not explored how female drug users construct and manage their identities through discussion of intimate partners and family members, research has explored the role of these individuals in female drug user’s lives. Researchers have found that family members can introduce women to drugs (Cohen et al., 2007; Joe, 1996; Semple et al., 2013) and provide ease of accessibility to drugs (Carbone-Lopez & Miller, 2012; Carbone-Lopez et al., 2012; Falkin & Strauss, 2003). Researchers have also found that intimate partners can facilitate further drug involvement (Bryant & Treloar, 2007; Diaz et al., 2002; Leverentz, 2006), provide the drugs to the women (Amaro & Hardy-Fanta, 1995; Cooper et al., 2014; MacRae & Aalto, 2000; Simmons & Singer, 2006), and teach women drug techniques (Anglin et al., 1987; Brooks et al., 2000; Crofts et al., 1996; Hser et al., 1987). Previous research has also demonstrated that family members and intimate partners can also impact women’s treatment outcomes (Boyd & Mieczkowski, 1990; Tuten & Jones, 2003; Toray et al., 1991). Because significant others (i.e., family members and intimate partners) play such an important role in women’s drug use both as risk and protective factors, it is necessary to explore the role of these individuals in the women’s narratives as they may impact how women manage their own identities.

Given the current study’s sample, it may be even more important to examine family members. Specifically, family members may play a large part in the construction and management of rural drug-using women’s identities for various reasons. Because rural residents are limited in terms of location, their networks tend to be comprised primarily of family members (Fischer, 1982).
Given that they tend to associate with kin due to availability, these relationships tend to be strong (Hofferth & Iceland, 1998) as well as characterized by high levels of contact (Goudy, 1990; Key, 1961; Theodori, 2000) and cohesion (Straus, 1969; Toth, 2002). Therefore, since family relationships tend to be critical to rural women, discussion of them may play a significant role in these women’s narratives. In light of the aforementioned previous research and theory, the current study examines two research questions: (1) How do drug-using women manage their identities with narrative? and (2) What roles do family members and intimate partners play in this process?
CHAPTER 3: METHODOLOGY

This section will summarize the methodology used to answer these research questions. It will first describe the data and data collection procedure. Then, it will describe the sample in terms of demographics and other key characteristics. Finally, it will discuss the value of narrative data and the analytic approaches.

Data and data collection procedure

Data for this research comprised of 40 qualitative interviews collected in 2009 of women incarcerated in rural Missouri. The data are from a larger study of women’s methamphetamine experiences. At the time of the interviews, the women were all serving sentences at Women’s Eastern Reception Diagnostic and Correctional Center in Missouri. The vast majority of women were court-ordered to participate in substance abuse treatment programs while serving time in prison.

The research team was comprised of all females: two professors, and three female graduate students. The author was one of the three female graduate students. The research team first met with all of the women housed in the treatment unit. At this time, the team described the study to the women in great detail. The team then asked the women who wanted to participate to write their names down on a list of volunteers. The research team then told the women that they would be contacted for interviewing at a later date and time. Because so many women were interested in participating in the study, the research team
conducted an initial screening. For the initial screening, the research team called the women based on the nearest approaching release date. The team wanted to ensure that the women had significant experience with methamphetamine, so they created participation eligibility requirements. To be eligible to participate, the women had to: (1) have used methamphetamine more than five times in the past 12 months prior to incarceration or (2) have sold and/or cooked methamphetamine.

When the research team finally narrowed down eligible participants, they began the interview process. First, the team described the purpose of the study and the research objectives to the participants. At this time, the research team presented informed consent forms to the participants for them to sign. The team also discussed the ways in which confidentiality would be protected throughout the interview process. The team asked the participants not to use their real names, not to use the real names of anyone else, and not to mention specific addresses or locations during the interview. The research team alerted participants that they would be assigned pseudonyms to protect their identities. The team also alerted the participants that if they did use any information that could later identify them, this data would be deleted.

To ensure privacy and confidentiality for the participants, the research team conducted the interviews in private offices within the institution. Treatment staff, corrections officers, and other inmates were not allowed in the rooms. Only the interviewer and interviewee were in the room during the interview process.
The interviews were semi-structured. The research team used an interview guide that contained questions relating to: general background information, circumstances surrounding initiation, experiences with other drug use, lifetime patterns of use, prior criminal involvement, knowledge and participation in methamphetamine distribution networks, and childhood experiences with adversity and/or violence. There was also interest in motivations for methamphetamine use, so the team asked participants to describe particular contexts of initiation, continuation, and desistance in great detail.

Interview lengths ranged from 45 to 90 minutes. The average interview lasted approximately one hour. The research team recorded interviews in their entirety with digital recorders. Graduate research assistants, including some of the members of the research team, later transcribed the interviews verbatim. At the completion of the interviews, the research team offered the women $20 for their participation.

The University of Missouri-St. Louis Institutional Review Board (IRB) approved the original data collect effort in February 2009. The current study received IRB approval in March 2016.

Sample

As stated previously, the sample consisted of 40 women. A summary of key demographic information on the study participants can be found in Table 1. More detailed demographic information on each individual woman can be found
Participants ranged in age from 20 to 58 years, with an average age of 33 and a median age of 31. The majority of the women were in their late 20s or early 30s. Thirty-nine of the 40 women identified themselves as White, whereas one participant identified herself as Hispanic. The ethnic makeup is not particularly surprising given that rural areas contain fewer Blacks, Hispanics, and Asians than urban areas (Fuguitt et al., 1989). Further, although methamphetamine use has expanded to various regions and demographic groups (Anglin et al., 1987; Herz, 2000), the drug still remains most concentrated amongst Whites in the rural Midwest, where this research occurred (Cohen et al., 2007). In addition, 10 of the women (25%) were married at the time of the interview and 35 (88%) had children.

The women varied in terms of educational and arrest history. Just under half (48%) of the women had less than high school education. About a third (33%) had a high school diploma or GED equivalent. Only eight (19%) women reported having some level of college. Forty-three percent of the women had extensive arrest histories, as classified as 15 or more arrests. Nine participants (23%) reported being arrested five times or fewer.
All of the women interviewed reported a history of polydrug use in their lifetime. Table 2 summarizes the various types of drugs that the women used. In addition to methamphetamine, cannabis (marijuana) was a common drug amongst study participants with 33 (83%) women reporting having used it. Cocaine and other prescription drug use (e.g., Valium, Xanax, etc.) were reported by approximately 70% of the women in the study. Other drugs that the women used include: LSD, psychedelic mushrooms, heroin, crack, ecstasy, opium, and oxycodone.
Many of the women were incarcerated on multiple charges. Close to 40% of the women were incarcerated on methamphetamine-related charges or other non-drug-related criminal charges (see Table 3). Eleven women were in prison as a result of a probation or parole violation, while nine were incarcerated for other drug charges. However, it should be noted that of the probation or parole violations, seven of them were related to drugs. Of those seven related to drugs, four were directly methamphetamine-related.

Table 2: Drug use among participants

<table>
<thead>
<tr>
<th>Drug</th>
<th>Number (percentage) of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine</td>
<td>40 (100%)</td>
</tr>
<tr>
<td>Cannabis (marijuana)</td>
<td>33 (83%)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>28 (70%)</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>27 (68%)</td>
</tr>
<tr>
<td>Lysergic acid diethylamide (LSD)</td>
<td>19 (48%)</td>
</tr>
<tr>
<td>Psilocybin (psychedelic) mushroom</td>
<td>13 (33%)</td>
</tr>
<tr>
<td>Heroin</td>
<td>10 (25%)</td>
</tr>
<tr>
<td>Crack cocaine</td>
<td>8 (20%)</td>
</tr>
<tr>
<td>MDMA (ecstasy)</td>
<td>8 (20%)</td>
</tr>
<tr>
<td>Opium</td>
<td>6 (15%)</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>5 (13%)</td>
</tr>
</tbody>
</table>
Given that this research focuses on family and intimate partner relationships, it was also necessary to examine the prevalence of discussion of these individuals in the women’s narratives. As Table 4 shows, 38 (95%) of the women discussed their mothers. Twenty-eight (70%) of the women discussed siblings, while 26 (65%) discussed their fathers. Other key family members who the women discussed were: grandmothers, aunts, step-mothers, cousins, uncles, grandparents, and sibling-in-laws.

Table 3: Charges that led to participants’ incarceration

<table>
<thead>
<tr>
<th>Type of charge</th>
<th>Number (percentage) of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine-related charge</td>
<td>15 (38%)</td>
</tr>
<tr>
<td>Other non-drug-related charge</td>
<td>15 (38%)</td>
</tr>
<tr>
<td>Probation or parole violation</td>
<td>11 (28%)</td>
</tr>
<tr>
<td>Other drug charge</td>
<td>9 (23%)</td>
</tr>
</tbody>
</table>

Table 4: Family members discussed

<table>
<thead>
<tr>
<th>Family member</th>
<th>Number (percentage) of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>38 (95%)</td>
</tr>
<tr>
<td>Sibling</td>
<td>28 (70%)</td>
</tr>
<tr>
<td>Father</td>
<td>26 (65%)</td>
</tr>
<tr>
<td>Grandmother</td>
<td>10 (25%)</td>
</tr>
<tr>
<td>Aunt</td>
<td>9 (23%)</td>
</tr>
<tr>
<td>Step-mother</td>
<td>8 (20%)</td>
</tr>
<tr>
<td>Cousin</td>
<td>7 (18%)</td>
</tr>
<tr>
<td>Uncle</td>
<td>4 (10%)</td>
</tr>
<tr>
<td>Grandfather</td>
<td>3 (8%)</td>
</tr>
<tr>
<td>Sibling-in-law</td>
<td>2 (5%)</td>
</tr>
</tbody>
</table>
The women also discussed intimate partners. Table 5 highlights the number of women who discussed intimate partners in their interview narratives. The vast majority (90%) of the women discussed boyfriends. Half of the women (50%) discussed husbands. Only 3 women (8%) discussed fiancés.

<table>
<thead>
<tr>
<th>Intimate partner</th>
<th>Number (percentage) of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boyfriend</td>
<td>36 (90%)</td>
</tr>
<tr>
<td>Husband</td>
<td>20 (50%)</td>
</tr>
<tr>
<td>Fiancé</td>
<td>3 (8%)</td>
</tr>
</tbody>
</table>

Table 5: Intimate partners discussed

A requirement for participation in the study was that the women had methamphetamine use, manufacturing, and/or distribution experience. As apparent from Table 6, the women had varying levels of experience. All of the women had used methamphetamine. Approximately 78 percent of the women had experience with distribution. Thirty-five percent of the women had experience with manufacturing. In addition, 19 of the women (48%) had engaged in methamphetamine activities with family members and 35 (88%) had engaged in such activities with intimate partners. More detailed methamphetamine involvement information on each individual woman can be found in Appendix B.
Modified grounded theory approach

The current research was based on a grounded theory approach (Charmaz, 2014). Grounded theory emphasizes theory development through systematic data analysis. It discourages the application of already-established theory. The principles of grounded theory support the analysis of actions and processes. The current study uses a modified grounded theory approach given its focus on secondary data analysis. In other words, analytical techniques were not used at the time of the project to modify questions, add new lines on inquiry, or employ theoretical or purposive sampling.

I chose modified grounded theory techniques to analyze the current study’s data due to its various advantages. Modified grounded theory fosters creativity because the process does not begin with existing hypotheses or theories. As a result, the researcher enters the process without assumptions and biases. Modified grounded theory is also beneficial because it offers a systematic approach to data analysis (Glaser & Strauss, 2017; Strauss & Corbin, 1990). The systematic nature of modified grounded theory ensures that the data is analyzed

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number (percentage) of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>40 (100%)</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>14 (35%)</td>
</tr>
<tr>
<td>Distribution</td>
<td>31 (78%)</td>
</tr>
<tr>
<td>Involvement with family</td>
<td>19 (48%)</td>
</tr>
<tr>
<td>Involvement with intimate partner</td>
<td>35 (88%)</td>
</tr>
</tbody>
</table>
with rigor and that any findings that result from the data are trustworthy (Hussein et al., 2014).

The analysis of the data from the current study was an iterative process. The analysis began by conducting an initial reading of all 40 qualitative interviews. Given that the research questions relate to how women perceive the roles of family members and intimate partners, I copied any data relating to these individuals in a separate Word document. In this document, I included any and all data mentioning family members and intimate partners. In some of the data, the women discussed family members as a unit of individuals (e.g., family, parents, siblings, etc.). In other data, the women discussed them as singular figures (e.g., sister, mother, father, etc.). I included all data in the new data file.

After I copied all of the relevant family and intimate partner data into a single data file, I began the analysis. The analysis began with a careful reading of the data and line-by-line coding. During line-by-line coding, I named each line of data, while defining what particular action or process was occurring. Line-by-line coding allowed the data to be broken up into smaller digestible pieces. Beginning with line-by-line coding allowed the analysis to stick close to the data. In other words, doing so discouraged the use of pre-existing categories and preconceived ideas (Charmaz, 2014). I conducted all initial line-by-line coding with shorthand. I read the data quickly while conducting line-by-line coding to capture initial impressions.

Naming each line using action words allowed for the identification of processes rather than topics. The concern was not with naming the facts or
events that the women discussed, but in naming the *processes*. Naming of these processes allowed for the examination of implicit assumptions—things that the women may not be saying in their narrative.

I paid careful attention to *why* the women brought up certain issues (i.e., the intent behind them). In other words, I paid close attention to issues that the women did *not* convey in their narrative. What kinds of issues did the women stay silent about and what would account for this failure to disclose? The analysis was also focused on what the women took for granted (i.e., what they assumed the interviewer would already know). I made a strong attempt to understand views from their own perspectives.

After completing the line-by-line coding, I conducted a more focused coding. The focused coding process was more directive and selective than the initial coding. During focused coding, I named processes occurring with larger amounts of data. I conducted the focused coding only on the initial codes that were frequent or significant (Charmaz, 2014). The process entailed some back and forth between the initial coding and the focused coding. Some examples of actions/processes that I uncovered following the line-by-line and focused coding sessions include: claiming ignorance, claiming normality, denying responsibility, comparing between risks, etc.

Throughout both coding sessions, initial and focused, I used constant comparative methods (Glaser & Strauss, 2017). Constant comparative methods allowed for analytic distinctions. Utilizing constant comparative methods entails looking for similarities and differences. I made data to data comparisons, codes
to codes comparison, and data to codes comparisons (Charmaz, 2014). In addition, I compared data and codes within the same woman’s interview to look for any potential inconsistencies. I also compared data and codes across different women’s interviews. I also examined how the women differed in their beliefs, accounts, and descriptions. In addition, I made comparisons within different victimizing identities and within different normalizing identities. I compared rationalizations used, discourses used, and family/intimate partner relationship dynamics. I also made comparisons between victimizing identities and normalizing identities along these different dimensions.

In addition to constant comparative methods, I used additional techniques during the coding process. For instance, I used simple tabulations to determine the strength of any patterns discovered. Doing so provided insight into the magnitude of that pattern. For example, I used counts to keep track of how many women constructed each identity. I also counted how many times each rationalization was used and how many times each discourse was used to construct a particular identity. I also used tabulations to examine how many women had methamphetamine using family members, methamphetamine-using intimate partners, and “straight” family members within each identity.

Throughout the initial and focused coding processes, I engaged in memo-writing. I kept a separate Word document that included thoughts, ideas, impressions and hunches that arose during coding. The memos also noted any comparisons and connections that I made. Within the memos, I compared data to
data, data to codes, and codes to codes. I also used the memos to examine how the processes developed, how they changed, and the consequences of them.

I then selected several of the most frequently occurring and most prominent codes from the early memos. At this point, I examined previous literature and theory topical areas relating to these codes. Given that the data is perception data and extremely rich in nature, it was necessary to not only stick to the criminological literature. Beyond the criminological literature, I explored empirical research and theory in the areas of sociology and psychology.

Coupled with this knowledge on previous research and theory, I wrote more advanced memos. I created subcategories and larger categories based on more focused codes and previous research. I also used raw data as support for these subcategories and categories. Further, I made comparisons between the subcategories and subcategories, subcategories and categories, and categories and categories, similar to what was done in the coding process. I also examined any assumptions or gaps that were not clear in the data. Finally, I made comparisons between the subcategories, categories, and previous literature and theory.

Narrative criminology approach

Some researchers may argue that there are serious issues with validity and reliability when utilizing interviews about life events, especially among drug users. After all, interviews are retrospective in nature and are susceptible to deceit, memory loss, distortion, and telescoping—dating events as being more
recent than they actually are (Prohaska et al., 1998). These researchers tend to view narrative as a report on people’s lives. Therefore, their ultimate goal is to determine if the narrative is “true” to ensure validity of the data.

However, this research adopts a narrative criminology perspective. In contrast to the perspective that is more concerned about the events described in the narrative, narrative criminology examines the narrative itself as the object of inquiry. In other words, narrative criminology is methodologically committed to studying discourse. According to narrative criminology, the goal of research is not about how accurately or inaccurately respondents describe events (Presser & Sandberg, 2015). It is less important if the narrative is true or false and more important that the narrative is consequential. Respondents are given the opportunity to speak their own truths, so narrative offers a unique vantage point of the storyteller. If their perceptions are distorted or contain deceit, these are very telling and are findings in and of themselves. In fact, statements that contain distortion or deceit can serve as valuable sources of data. Overall, what is of utmost interest is not the experience per se, but rather, the “storied experience” (Presser & Sandberg, 2015; p. 5).

Paramount to narrative criminology is the study of discourse. Presser and Sandberg (2015) define discourse as, “ways of structuring areas of knowledge and social practice that systematically form the objects of which we speak” (p. 13). Discourse analysis encompasses many types of analysis in narrative criminology. Narrative criminologists can assign genres to narrative such as comedy or tragedy (Presser & Sandberg, 2015). They can also explore symbolic
boundary drawing, which is where the storyteller makes clear distinctions between themselves and others (Lamont and Molnar, 2002). Narrative criminologists can also examine character types such as protagonist or antagonist (Presser & Sandberg, 2015). They can also examine the plot or meaning of the story (White, 2009). When examining the plot, a narrative criminologist can examine missing parts—what the storytelling is missing or seems to not be saying. In examining whether the storyteller’s deviance is excusable or blameworthy, the narrative criminologist can also examine the role of nomination (i.e., how actors, objects or events are named) (Fairclough, 1992), floating signifiers (i.e., language that points to no agreed-upon meaning) (Levi-Strauss, 1987), metaphors (i.e., language that is symbolic of something else) (Lakoff & Johnson, 1980), delaying tactics (i.e., a strategy used to delay discussing something) (O’Connor, 2000) and nodal points (i.e., terms that the speaker chooses to focus on and is central to the discussion) (Laclau & Mouffe, 1985; Lakoff & Johnson, 1980), amongst other things.

The present study focused extensively on the form of the women’s language. The analysis entailed examining agency by looking carefully at deflecting or passivizing structure, which refers to, “arrangements of words that shift the focus from the speaker’s agentive act to his position as being acted upon” (O’Connor, 2000, p. 40). The analysis also entailed examining quasi-passivity in justifying devices or, “phrases that interject, before the action, a structure that makes the criminal act seem appropriate or necessary” (O’Connor, 2000, p 40). Further, I paid careful attention to repetitions, inconsistencies, and
awkward or unusual phrasing (Presser, 2010). I also explored the function of constructed dialogue. Constructed dialogue refers to the performative enactment using people’s voices. Finally, I examined how the women reflexively organize and clarify their speech (O’Connor, 2000). This entailed looking at how the women used meta-language or “discourse whose subject is language” (Schiffrin, 1987, p. 303).
CHAPTER 4: RESULTS

The current research is primarily focused on how drug-using women construct their identities with narrative. Secondarily, the study explores the role that significant others (i.e., family members and intimate partners) play in this process. This chapter will summarize the findings from the current study.

Guilt and shame

According to Maruna and Copes (2005), those who are committed to the conventional social order often experience guilt and shame for violating it. Williams (2011) argues that guilt and shame is oftentimes a threat to an individual’s identity and self-image. The women’s feelings of guilt and shame could be a motivating factor as to why they seek to construct or manage identities in the narrative.

Many of the women in the study report feelings of guilt and shame. Such distress is associated with their methamphetamine use, other types of methamphetamine involvement (i.e., manufacturing and/or distribution), and subsequent incarceration. This guilt and shame is expressed vis-à-vis family members. In other words, they are concerned about bringing shame onto their family.

Guilt and shame is most often expressed by women who have family members that are not methamphetamine users. This is the case with Dorothy, Jade, and Rainbow. Dorothy explains that although her family members have not changed their behavior towards her, she still feels guilt and shame towards them:
I just carry around guilt and shame. But other than that, they’re not treating me any differently. They are not looking at me funny or anything like that.

Jade, a mother of a seven-year-old son, explains how her guilt and shame results from the media exposure of her crime:

My picture was on every news channel. Was on every newspaper for this big meth lab bust. I’m so ashamed of that for my parents’ sake. I’m so embarrassed.

Rainbow, who was solely a methamphetamine user and did not have experience with manufacturing and distribution, says:

There’s a lot of shame and guilt as far as my mom and dad. I feel guilty and all is just bad.

A select few women who had family members that were methamphetamine users also express guilt and shame in their narrative. However, guilt and shame relates to family members who are not users. For example, Mariah had a sister whom she used methamphetamine with. However, the rest of her family were “straight”. Therefore, her expression of guilt and shame was targeted to the non-users of the family. She explains how she halted communication from her entire family when she was high:

I’d go months without talking to them because I was ashamed. I didn’t want to be around.

Shannon comes from an entire family of methamphetamine users. Therefore, when she expresses guilt and shame, she is more concerned with the
perceptions of her foster mother—someone that was both “straight” and supportive of her. She describes physically distancing herself from her foster mother:

I wouldn’t come home at all because I was so ashamed
to face her because she knew I was high.

Samantha also has family members (i.e., father, cousin) who are also users. However, she still expresses guilt and shame towards her family. This was likely targeted towards “straight” family members such as her mother who was supportive of her getting treatment. She describes distancing herself from her entire family at the peak of her methamphetamine use:

I was never around my family. When I was on it, I would stay away from them—as far away from them as I could. ’Cause I know if they saw me high, I’d be letting them down. So I tried to stay away from them.

Debbie is a deviant case because her entire family used methamphetamine. However, she still expresses guilt and shame towards her family about her methamphetamine use. She describes her guilt and shame being a result of being in the criminal justice system:

Being in the court systems and being in prison, I tore myself away from my family. I have a lot of shame—a lot of guilt.
Spoiled identities

According to Goffman (1963), actors often construct identities to downplay “spoiled identities.” Recall that “spoiled identities” are those that are scorned, ostracized, devalued, and/or rejected within society. Many of the methamphetamine-using women in the study acknowledge having deviant or “spoiled identities” (Goffman, 1963).

The most common way in which the women convey “spoiled identities” is through the use of the word “addict”. For example, Geri, who has had extensive experience with methamphetamine manufacturing and distribution, uses the word “addict” to describe herself. Margaret, who has one of the youngest age of onsets (i.e., 13 years old), refers to herself as a “huge addict”.

Heather, who has had 10 arrests in her criminal history, describes in vivid detail the day she became aware of her “addict” status:

*But I got up one morning and I was in the bathroom. I was like, “Oh my God!” Looking in the mirror at my face. My face is all puffy. I had been sleeping for like 13 hours after being up for like seven days. And I was like, “Oh, this is horrible! What’s wrong with me?” And I sat down on the sink and I was just staring off in space. You know that first morning. Just zoned out but it lasted for like hours. And I was like, “Holy crap!” And my body was sore. It ached everywhere from being up seven days. And then I was like, “What am I doing to myself?”*
I’m tired of being sore. I’m tired of being achy. What am I doing to my body? And then I looked in the mirror again and thought, “Holy crap! I’m a drug addict!” I’m what I’ve always despised.

In an attempt to manage these “spoiled identities” of being “addicts,” the women construct alternate identities. They construct two major categories of alternate identities: victimizing and normalizing (see Appendix C).

**Victimizing identities**

Victimizing identities are those that present the women as vulnerable, childlike, and/or deserving of sympathy from the audience. These identities include: the naïve actor, the “sick” patient, the victim, and the actor longing for acceptance. Each identity is constructed with unique rationalization and discourse combinations. In addition, each identity has a unique combination of family and intimate partner relationship dynamics.

**The naïve actor**

A total of 12 women construct the identity of the naïve actor. The most used rationalizations for the naïve actor are claiming ignorance and attributing responsibility to others. The most used discourses are passivity and repetition. The naïve actor is also more likely to have “straight” parents, methamphetamine-using siblings, and methamphetamine-using intimate partners.
The naïve actor presents herself as an innocent and ignorant party. She presents herself as lacking knowledge about methamphetamine, other risky behaviors, and life in general. Lauren constructs this identity best when she states:

*I was young and dumb then and I didn’t know any better.*

The most used rationalizations to construct the naïve actor identity are: claiming ignorance and attributing responsibility to others (Bennett et al., 2014). When individuals claim ignorance, they assert that they did not have intention to do wrong because of an absence of knowledge that the act was wrong. When individuals attribute responsibility to others (Bennett et al., 2014), they implicate other people (e.g., family members, intimate partners, etc.).

These two rationalizations, claiming ignorance and attributing responsibility to others, are often used jointly to construct the naïve actor identity. In these accounts, the women claim ignorance to present themselves as lacking knowledge. Simultaneously, they attribute responsibility to others to redirect blame or implicate others. For example, Mariah highlights her own ignorance about acquisition of methamphetamine and deflects responsibility to her sister:

*My little sister, Ashley, had some. And I don’t know.*

*She just talked me into doing it and we did it. I don’t know where she got it. But all I know is that she had.*
Some of the women highlight their own lack of knowledge (claiming ignorance) and blame their parents (attributing responsibility to others) for not equipping them with this knowledge. For example, Shannon says:

*I think if I had someone to fall back onto besides people who gave up on me. I didn’t really have that in my life. So I feel like if I had something or if my mom could even tell me, “No, this is wrong,” that would probably be different.*

Shannon blames her mother for not providing knowledge on right and wrong. Without this information, she feels that she lacked a moral compass. Rachel also utilizes both rationalizations simultaneously:

*I wasn’t explained much about drugs. I didn’t know much about drugs or I wasn’t explained about sex, or anything like that. So I was naïve going into it.*

Rachel claims ignorance through her uses of the word “naive”. She also attributes responsibility to her parents for never providing information about drugs, their effects, and their negative consequences. For this reason, she describes feeling unprepared entering the world of drugs such that she could not make an informed decision.

Other women highlight their own lack of knowledge (claiming ignorance) and implicate their intimate partners in methamphetamine use (attributing responsibility to others). For example, Kennedy says:
I got with this guy. He moved in with me. I didn’t know he was doing it. I really didn’t know there was any such thing as meth. But he was doing it the whole time.

Kennedy claims ignorance when she says, “I really didn’t know there was any such thing as meth.” She claims to lack all knowledge about the drug itself. She then attributes responsibility to others when she discusses her boyfriend using methamphetamine, thereby implicating him. She also claims ignorance when describing her lack of knowledge about his use.

Tammy also claims ignorance and attributes responsibility to others (to implicate her boyfriend). She says:

It’s just who you run with. And I liked him enough, you know. Just stuck my arm out. I didn’t have a clue what I was doing or what it was. You know? Blind trust, stupidity, being naïve—just a stupid idiot. You know, that’s who I was.

Tammy uses words like “stupid idiot” and “being naïve” to claim ignorance. She attributes responsibility to her boyfriend—implicating him. She tries to convey that she was simply going along with what was occurring as demonstrated in her use of the words “blind trust”. She perceives her boyfriend as being the responsible party and she was simply following his lead.

In addition to the aforementioned rationalizations, discourse is also used to construct the naïve actor identity. The most used type of discourse to construct this identity is passivity. Passivity is indicative of the deflection of action
(O’Connor, 2000). In other words, the storyteller arranges words that shift the focus from the individual’s agentive act to the position of being acted upon. On the continuum of agency, those who deflect action exercise the least amount of agency. Passivity can entail the use of passive voice or other language indicating loss of control. This type of discourse is used to present one’s self as lacking agency thereby releasing one’s self from culpability. For example, in her previously discussed narrative, Rachel states:

*I wasn’t explained much about drugs.*

Rachel’s passivity is conveyed through passive voice in her use of the words “wasn’t explained”. Her language suggests that it is the responsibility of someone else (in this case, her parents) to provide an explanation about drugs. In other words, her narrative suggests that she views herself as lacking the agency and control over actions needed to learn about drugs herself. Rather, she is being acted upon.

Outside of passive voice, other language indicating loss of control can be used to convey passivity. For example, when Mariah was discussing her sister, she says:

*She just talked me into doing it.*

By using the words “talked me,” she presents herself as someone who is easily influenced and impressionable—someone who has limited agency.

Many of the women who construct naïve actor identities use passivity when discussing intimate partners. They use language to present themselves as innocent and childlike, while they present their intimate partners as parental.
Doing so aligns with the naïve actor identity they are aiming to portray. These women also present their intimate partners as being in control of their actions. They present themselves as having limited agency. For example, when the interviewer asks Alicia about her boyfriend’s methamphetamine distribution, she states:

I don't know who he met or anything else. But I know there’s a couple times where he would make me leave the house while he made his deals.

Alicia’s narrative suggests that she is trying convince the audience that her boyfriend was in control of her actions such that she was not allowed to be in the same physical location during his distribution activities. The interviewer asks Lauren about her boyfriend’s cooking and she says:

He cooked in the woods. He would never let me go though.

Similar to Alicia, Lauren presents her boyfriend as being in control of her actions by not allowing her to be in physical proximity to the methamphetamine manufacturing. Debbie is asked about the amount of methamphetamine her boyfriend had when dealing. She responds with:

I just know what he said he had. He never let me touch it.

Debbie’s narrative presents her boyfriend as being so in control that she was not allowed to have any part in the distribution process. And finally, Kennedy is asked about her boyfriend’s manufacturing and distribution. She says:
He was cooking it and selling it. He would go way far out. He would drive far out in the woods somewhere.

He didn’t want me having no part in it.

Similar to the other women, Kennedy presents her boyfriend as being in control of all manufacturing and distribution processes. Her narrative suggests that she is trying to convince the audience that her boyfriend limited her actions in these processes.

Repetition is the second most used type of discourse that the women use to construct the naïve actor identity. Storytellers engage in repetition of phrasing to increase attention to what is being said and to show intensity in the belief (O’Connor, 2015). One of the most commonly repeated phrases is “didn’t/don’t know.” Recall that this phrase represents the claiming ignorance rationalization discussed previously. Claiming ignorance through repetition further supports the presentation of a naïve actor identity.

Kennedy’s previously-discussed narrative repeats the phrase “didn’t know” when she says:

I didn’t know he was doing it. I really didn’t know there was any such thing as meth.

Kennedy engages in repetition of that phrase, which suggests that she is trying to bring the audience’s attention to it. Kennedy’s repetition of “didn’t know” suggests she is trying to convince the audience that she lacked knowledge not only about her boyfriend’s methamphetamine use, but also about methamphetamine in
general. Her use of repetition while claiming ignorance suggests that she wants to solidify her naïve actor identity.

Lauren, like Kennedy, engages in repetition while claiming ignorance. When describing manufacturing methamphetamine with her boyfriend, she says:

\[
I \text{ didn't know that all these little things, like Kool-Aid pitchers and stuff like that, that I could get in trouble because I was always used as a gopher. I didn't know at the time I could get in trouble. But if I would have pulled over or stopped by an officer and had all those things in my car at one time, that's considered conspiracy to make meth.}
\]

In her repeated use of “I didn’t know,” Lauren claims ignorance several times which suggests that she is trying to portray herself as a naïve actor. She presents herself as naïve when it comes to the manufacturing process as well as the consequences of manufacturing. At other points during her interview, Lauren repeats the same phrase. Recall in her previously-discussed narrative, she claims:

\[
I \text{ was young and dumb then and I didn't know any better.}
\]

At another point in her narrative when discussing manufacturing, she states:

\[
I \text{ didn't know how to make it myself.}
\]

Her repeating the phrase, “I didn’t know” at so many points during her interview suggests that she is trying to emphasize her ignorance and solidify the fact that
she is a naïve actor. Given that she claims that she did not know how to make methamphetamine herself, she presents herself as simply going along with her boyfriend.

Debbie is another one of the women who claims ignorance repeatedly through the phrase, “I didn’t know” when describing manufacturing methamphetamine:

*I didn’t know what the hell I was doing. I just knew that if you did this and then this and that, and I got some people to help me doing this and went and did that. And it turned out. And it was—it was tweek but it turned out. You could smoke it but it made you really paranoid because I didn’t know what I was doing. I just threw it together like I thought it was supposed to be.*

Although Debbie describes actively manufacturing methamphetamine, she continuously highlights the fact that she was unsure of what she was going. This suggests that she is trying to show that although she was engaging in the activity, she is still a naïve actor throughout the process given her lack of knowledge as to what she was doing.

Tracy is one of the women that constructs the identity as a naïve actor in her narrative using a variety of techniques simultaneously—rationalizations and discourse. She says:

*I can’t recall hearing about meth or cocaine on the news back then. I mean, I guess that’s how dumb I*
was. I mean, my boyfriend was selling out of my house and I didn’t even know it. I was pretty naïve.

Tracy claims ignorance when she uses words such as “dumb,” “naïve,” and “I didn’t even know.” She also attributes responsibility to others; she implicates her boyfriend when discussing his distribution activities. What differentiates Tracy from the other women who construct naïve actor identities is her use of meta-language. Schiffrin (1987) defines meta-language as, “discourse whose subject is language per se” (p. 303). Phrases like, “I mean” helps speakers focus on their own talk and assess if it is accurately conveying the meaning they desire (Schiffrin, 1987). Tracy uses the meta-language, “I mean” which suggests that she is trying to clarify her speech such that the audience can understand the point she is trying to convey—that she was “dumb” and ignorant at that time. She also utilizes repetition of the phrase; this suggests she is trying to demonstrate her intensity in this belief of her being a naïve actor.

The women who construct the naïve actor identity tend to have parents who are “straight”. In other words, their parents are not methamphetamine users themselves. The women tend to use this fact to construct the naïve actor identity for themselves. They do this by highlighting the fact that since their parents were not users, they could not properly educate them (and their siblings) about drugs. The women who construct the naïve actor identity tend to have siblings that are also users. The women attribute their own use (as well as their siblings’ use) to this lack of knowledge and education from parents.
The women who construct the naïve actor identity also tend to have intimate partners who are also methamphetamine users. Despite being involved with these men who were heavily involved in methamphetamine (through use, manufacturing, and/or distribution), the women still tend to highlight their ignorance about the drug. They seem to extend their ignorance (from not being taught about drugs in childhood with their parents) into adulthood (in their relationships with their intimate partners).

The “sick” patient

A total of 4 women construct the identity of a “sick” patient. The most used discourses for the “sick patient” are repetition and passivity. The “sick” patient is also more likely to have “straight” supportive family members.

The “sick” patient attributes her methamphetamine use to a biological component and views the addiction as a “sickness”. By attributing methamphetamine use to biology, the “sick” patient is able to release culpability from herself. In doing so, she can reduce stigma and mitigate the appearance of a “spoiled identity” (Goffman, 1963). The “sick” patient is no longer someone who is actively in control and making decisions about methamphetamine involvement. She is someone who is medically ill and unable to rationally make choices.

The most commonly used words to construct the “sick” patient identity are “sickness” and “addiction”. These words suggest that the women view methamphetamine use as a disease in which they have no control over. For
example, Margaret, one of the women who constructs the “sick” patient identity says:

*It’s a whole new addiction. A whole new sickness.*

Liberty also constructs the identity of a “sick” patient through her narrative:

*In my addiction, I was sick and I had to have it. I was just non-stop and I was sick. Sick in my addiction.*

The construction of a “sick” patient identity is consistent with previous research on female drug users. In her examination of 22 incarcerated former drug users, Kilty (2011) found that the women engaged in disease discourse to construct identities of “sick” individuals. In constructing these identities, the women described feeling powerless with respect to their drug use. They viewed drug use as a “disease” that they would have to fight for the rest of their lives.

The women rely on discourse to construct the “sick” patient identity. The most common discourse used to construct the “sick” patient identity is repetition. Recall that repetition is used to bring attention to something and/or show intensity in the belief of what one is saying (O’Connor, 2015).

Debbie uses repetition to construct the “sick” patient identity for herself. She describes an occasion in which her family had to take her to treatment:

*I was just sick. I was sick. I was sick with depression. I was sick with the dope.*

Debbie repeats the phrase, “I was sick” four times. She uses repetition which suggests she is trying to bring the interviewer’s attention to that statement. This repetition suggests intensity of her belief that she views methamphetamine
as a disease or illness. Debbie also uses repetition at another point in her interview:

   I had tried to get out of it. I tried to get help the right way.

Her use of the word “tried” suggests that she is trying to convey to the audience that she attempted to help herself cure the disease. Her repetition of this statement suggests she is trying to draw attention to her attempt—despite the fact she failed in doing so.

Heather also uses repetition to construct a “sick” patient identity for herself. She does so when expressing resentment towards her family for failing her:

   My family wouldn’t help me…My mom knew I was high.
   I was on meth every day. I’m cooking it. But my mom knew I was high. For no reason at all, I would blow up at her. Hang up on her. Same with my sister. They knew I was sick. They just wouldn’t help me. And I resented them for it. I was mad that they would leave me when I was a drug addict and I needed help.

Heather continuously states that her family “knew” of her drug use in different forms (i.e., “My mom knew I was high”, “They knew I was sick”). She repeats this phrase which suggests she is trying to magnify the intensity of her belief—the belief that her family not helping her was a conscious decision on their part. Her use of repetition further suggests that she is trying to draw attention to the fact
that despite her family having all of the information that they needed, they still chose not to help her while she was “sick”.

The second most commonly used discourse to construct the “sick” patient identity is passivity. Recall that passivity entails using language indicating a loss of control and shifting focus from the individual’s agency to the position of being acted upon (O’Connor, 2000). Debbie uses passivity when describing an occasion in which she had to rely on family members:

*My sister came to [city] and got me. They took me to a stress unit in [city, state] and then they let me go to a women’s battered house. And I stayed there for a month.*

Debbie uses passivity as she describes her “sickness.” She states that her sister “got me” and that her family “took me” and “let me go.” Her use of these phrases suggests she is trying to convey to the interviewer that as a result of her “sickness,” she lacked agency and control over her own actions—actions needed to help herself get better. She depicts her family members as being completely in control of her actions—taking her to and from treatment facilities. She presents herself as childlike—someone needing to rely solely on family and someone requiring permission to be treated.

Liberty utilizes both types of discourse (i.e., repetition and passivity) to construct a “sick” patient identity. When she describes her relationship with methamphetamine, she says:

*It controlled my life. It controlled my life.*
She repeats the same phrase which suggests that she is trying to draw the audience’s attention to it and reinforce her belief that she is certain that the drug took over her life. She uses passivity to position herself as not in control of her own life, whereas she positions methamphetamine as being in control. She further demonstrates passivity by personifying methamphetamine—presenting the drug in human form. She presents the drug as a living entity that is capable of controlling someone.

The women who construct the “sick” patient identity tend to have entire families who are “straight” (i.e., do not use methamphetamine) and supportive. In this context, being supportive means helping them get the treatment that they need. Because their family members are non-users, the women often have an expectation of support from these individuals. Some perceive these “straight” family members as being supportive. Others criticize them for not being supportive enough. Making the argument that “straight” family members should be offering support aids in constructing the “sick” patient identity. In other words, only a “sick” patient would require support from those family members who are not “sick”.

The victim

A total of 13 women construct the identity of the victim. The most used rationalization for the victim is denying responsibility. The most used discourses are the thinking self and constructed dialogue. The victim is also more likely to
have methamphetamine-using abusive intimate partners and “straight” strict parents.

The victim positions herself as the injured party who uses methamphetamine as a coping mechanism to deal with trauma. By presenting herself as a victim, she aims to demonstrate lack of intent for her actions. The victim also seeks to gain sympathy from the interviewer. She seeks to explain away damaged social identities before the interviewer has had an opportunity to pass judgment. The victim describes methamphetamine not necessarily as something she *wanted* to do, but rather describes the drug as something she *needed* to use to deal with trauma.

The construction of the “victim” identity is consistent with previous research on the use of “sad tales” in managing identities. Wagner and colleagues (2017) define “sad tales” as stories of troubled upbringings, traumatic events, or problematic life events. Those who utilize “sad tales” in their narratives portray themselves as having “victim” identities.

The most used rationalization to construct the “victim” identity is denying responsibility (Sykes & Matza, 1957; Cromwell & Thurman, 2003). When individuals deny responsibility, they attribute their behavior to external forces and perceive themselves as victims of their environment. This is often done in an attempt to free themselves from experiencing culpability and to avoid disapproval of others. When the women shift responsibility to these external forces, they perceive themselves to be victims, rather than wrongdoers.
Heather constructs a victim identity by denying responsibility. She describes getting abused by her boyfriend:

Nobody knew that he was beating on me until the night that he tried to kill me. And I’ve pretty much stayed high since then. Cause meth to me doesn’t cover up the pain. I mean it does for some people but for me it doesn’t. It’s all still there. I just don’t care anymore when I’m high. And I kind of like that. I like not waking up in the middle of the night with nightmares of him trying to kill me in front of our two-year-old daughter. I don’t like waking up from nightmares about my two-year-old saving my life because that’s what happened.

Heather attributes her behavior (i.e., methamphetamine use) to an external force (i.e., domestic abuse from her boyfriend). She perceives herself as the victim (of abuse) rather than the offender (the methamphetamine user).

Erin also constructs a victim identity by denying responsibility. She says:

But I ended up getting in a relationship with this guy who I ended up marrying. And there was a bunch of domestic abuse in that relationship. And I mostly did it to deal with that domestic abuse and because he was doing it.

Like Heather, Erin attributes her behavior (i.e., methamphetamine use) to an external force (i.e., domestic abuse). However, Erin differs from Heather in that
she is only partially denying responsibility. Erin’s use of the term “mostly” suggests that she does not believe that her methamphetamine use was 100 percent a result of domestic abuse. She attributes a portion of her use to her husband also using.

The most used discourse to construct the victim identity is the “thinking self”. O’Connor (2000) describes a “thinking self” as, “one who is grappling with the moral stance connected to acts of crime” (p. 40). Those who utilize the “thinking self” are engaging in contemplation or may simply be “thinking out loud.” They may express uncertainty in their language and use epistemic phrases such as, “I think,” “maybe,” or “probably”—all indicative of contemplation.

Kennedy constructs her identity as that of a victim of overly strict and controlling parents. She describes her methamphetamine use as a rebellion against constraints placed before her:

> My mother was just really controlling. She was too overprotective. That's what it is. I think that's a lot of it. She didn't let me to do anything. She was too scared I was going to get hurt or somebody was going to do something to me. So I think that's a lot of it. That I didn't get to do a lot of things when I was young. So when I did move out on my own, I do everything I never really got to do. I'd just go around. You know what I'm saying?
Although Kennedy attempts to attribute her methamphetamine use to her mother's strictness, her language reveals that she is not fully convinced that this is the case. She presents a thinking self in which she is grappling with this. This discourse suggests that she is trying to make sense of her mother’s role in her methamphetamine use in front of the interviewer. Language such as, “That’s what it is. I think that’s a lot of it” and “So I think that’s a lot of it” is suggestive of her uncertainty. Kennedy’s use of the phrase, “You know what I’m saying?” suggests that she is uncertain of her message and tries to confirm the interviewer’s acceptance of that message.

Tammy is another woman who constructs a victim identity. She describes herself as being a victim of strict and overprotective parents. For Tammy, methamphetamine symbolized freedom—something that she feels she never had:

_They were real strict. Dad was real strict because of the religious aspect. And I rebelled and, you know, um, and I think that’s what caused it. They were a little too strict on me. I was the baby daughter, the baby girl and all that. So my dad just kind of wouldn’t stop. You know?_

In the narrative, Tammy also presents a “thinking self” (O’Connor, 2000). Her language suggests that she is grappling with whether or not she can assign blame to her parents. She states, “I think that’s what caused it,” “I think it just kind of hurt my spirit” and, “Maybe they were so tough on me.” All of the
aforementioned phrases suggest uncertainty and subsequent contemplation. Phrases such as “I think,” “maybe,” and “kind of” suggests that she suspects her parents played a role, but she does not know for sure.

Amy is another one of the women who constructs a victim identity. She describes her experiences of abuse from her boyfriend:

My son’s father used to beat on me real bad. After he got out of prison the first time was when he started beating on me real bad. So I probably used more then. To ignore what was going on. To be able to dissociate it.

Amy expresses a “thinking self” (O’Connor, 2000) when discussing the relationship between her abuse and methamphetamine use. Her language suggests that she is contemplative and uncertain about whether the abuse she experienced from her boyfriend led to her using more methamphetamine. This is apparent in her use of “probably” to describe the relationship.

The second most common discourse that the women use to construct the victim identity is constructed dialogue (O’Connor, 2000). Constructed dialogue refers to the performative enactment using people’s voices. Constructed dialogue serves several purposes. It can increase the quality of narrative by dramatizing the story. Constructed dialogue also serves as validation of one’s memory.

Tammy uses constructed dialogue to construct a victim identity for herself:

“Our dress is too short, and you can’t go here.” And I just, I think it just kind of hurt my spirit to where I just,
yeah, maybe they were so tough on me. They hurt me, and so I just rebelled and thought this was freedom over here, you know? Stuff that, I just don't know how to explain this.

Tammy uses the constructed dialogue to enact her father’s voice (O’Connor, 2000). This can be seen in her use of the phrase, “Your dress is too short, and you can’t go here” to really “get into” her story. With the constructed dialogue, she conducts the performance from her father’s perspective. Use of this discourse suggests that she is trying to demonstrate to the interviewer that her memory can be trusted given that she can remember such detailed dialogue of her father’s strictness. Her use of constructed dialogue suggests that she not only wants to improve the quality, but also the validity of her story.

Faith also uses constructed dialogue to construct a victim identity. She describes an incident that happened when she was 17-years-old, had just gotten pregnant, and had just moved out of her parents’ house as an emancipated minor:

I had a fight with my mom and dad and my step-dad stepped up to the plate. He had just got out of prison and he said, “If you let me stay here, I will help you any way I can.” He needed a home plan so I let him home plan there. This man raised me since the time I was 10 months old. So I was 17-years-old and he partied and drank but I had never been around anything like that.
You know? And he got real pilled up one night and I went to pick him up. He called me to drive because I had a driver’s license and I didn’t drink or anything and I was pregnant five and a half months. And when I went and I picked him up, he raped me and I went into a miscarriage the next day with my daughter. And right after that when I’d see him, I was just going to try anything to just block out anything that was happening and I just steadily went off into it.

Faith describes one of the most detailed occurrences of abuse. Her use of constructed dialogue further solidifies this detail. Her use of this discourse suggests that she is trying to validate her memory of the traumatic experience of being sexually assaulted by her step-father. The constructed dialogue also dramatizes the experience and brings it to life.

The women who construct the victim identity fall into two major categories. The first group is comprised of those who have intimate partners that are methamphetamine users. The second group is comprised of those who have “straight” parents.

The women use both types of connections—methamphetamine-using intimate partners and “straight” parents to construct the victim identity. In the group who have methamphetamine-using intimate partners, the women attribute their intimate partner’s abusive behavior to their methamphetamine use. By highlighting their intimate partners’ abusive behavior, they position themselves as
victims. In the group of women who has “straight” parents, the women attribute their parents’ strictness to the fact that they are “straight”. By highlighting their parents’ strictness, they also position themselves as victims—but of overprotective and controlling parents.

**The actor longing for acceptance**

A total of 5 women construct the identity of the actor longing for acceptance. The most used rationalization for the actor longing for acceptance is appealing to higher loyalties. The most used discourses are the thinking self and passivity. The actor longing for acceptance is also more likely to have methamphetamine-using siblings and methamphetamine-using intimate partners.

The actor longing for acceptance presents herself not just as a deviant, but as a member of a social group (i.e., family, couple, sibling pair). The actor longing for acceptance portrays herself as feeling “left out” and as someone simply wanting to belong and be accepted in that social group.

Methamphetamine serves a means to do so. Given that belonging and acceptance are such basic human needs (Maslow, 1943), she presents herself as truly no different from other human beings who also want to belong and be accepted.

The actor longing for acceptance may use types of stories that can best be described as “communion stories.” Communion stories describe how individuals, “demonstrate or experience interpersonal connection through love, friendship, dialogue, or connection to a brand collective” (McAdams & McLean,
These types of stories place emphasis on intimacy and belongingness.

The most used rationalization to construct the actor longing for acceptance identity is appealing to higher loyalties (Sykes & Matza, 1957; Cromwell & Thurman, 2003). When individuals appeal to higher loyalties, they aim to legitimize deviant behavior by arguing that a non-conventional social bond creates more immediate and pressing demands than one consistent with conventional society.

Nanci, a 30-year-old wife and mother of three, appeals to higher loyalties to construct the actor longing to be accepted identity. She says:

> My mom had just had my little sister and I know that I felt left out a lot with that because my mom had him—my step-dad, and they lived downstairs. And I lived upstairs with my grandma and you had to go outside to get down there. So I kind of felt like I was with my grandma and I was left out of their little family. I know that was going on and that was something I was going through at the time.

Nanci presents herself as a member of a social group (i.e., her family) that felt “left out” and only wanted to fit in with her family members. She makes a strong direct association between her methamphetamine use and feeling left out by stating, “that was going on and that was something I was going through at the time.”
Erin also appeals to higher loyalties to construct the identity of a person longing to be accepted. Erin, who was kicked out of school in her senior year of high school, describes using methamphetamine with her sister. The interviewer asks her what made her decide to use methamphetamine the first time. She responds with:

\[ \text{We were like out. We were partying on weekends. Go to dance clubs. So I just used it 'cause she [sister] was using it.} \]

Erin presents herself as being a member of a smaller social group—a sibling pair. To solidify belonging in this pair, she decided to use methamphetamine because the other member (i.e., her sister) was doing it.

The most used discourse to construct the actor longing for acceptance identity is the “thinking self”. Paige, who has never been to prison prior to her current incarceration, utilizes a thinking self to construct this identity when she describes using the drug to fit in with her family members:

\[ \text{I guess it was just a fact that I wanted to be like my mom and sister. Wanting to fit in. My mom and sister was always going everywhere together and they always talked about things and I wasn’t allowed to come. And I think that had a big part to do with it. I think I just wanted to fit in with them.} \]

In Paige’s narrative, she presents a “thinking self” (O’Connor, 2000). Her use of this discourse suggests that she is grappling with whether the story she is trying
to tell is convincing—that she used methamphetamine to fit in with her mother and sister. Although her messaging asserts this, her choice of language reveals uncertainty; she is not fully convinced. Her uncertainty is evident in her use of phrases such as “maybe” and “I think.” She fails to make any definite statements; rather, they are all contemplative in nature. She never truly commits to the message she is trying to convey—that she used methamphetamine to fit in with her mother and sister. Her narrative suggests that she is making a guess—rather than knowing for sure.

Debbie also constructs an actor longing for acceptance identity by utilizing a “thinking self”. She explains using methamphetamine for the first time with her boyfriend:

\[
I \text{ was scared but at the same time, I would do anything with him. And we went in there and we did a shot. I think we split maybe half a quarter between the two of us. It made me really nervous. I guess because of the situation we were in. I guess I really didn’t want to do it, but we did. And I remember I was really really nervous and getting bad anxiety. I was awake but I couldn’t relax.}
\]

Debbie’s narrative is contemplative; her language suggests that she suspects her methamphetamine use is associated with peer pressure, but she is still grappling with this issue. On one hand, she claims the act of “shooting up” with her use of action-oriented verbs in active voice (“And we went in there and we did a shot.”)
Including her boyfriend in the “we” suggests that she shares agency with him. However, on the other hand, she expresses uncertainty with regard to her agency. This uncertainty can be seen in her multiple uses of “I guess” in phrases like, “I guess because of the situation we were in” and, “I guess I really didn’t want to do it.”

The second most used discourse to construct the actor longing for acceptance identity is passivity. Recall that passivity is used to shift the focus from the individual’s agentive act to the position of being acted upon (O’Connor, 2000). Tiffany, who dropped out of school in the 10th grade, constructs this identity when she explains using methamphetamine to fit in with her siblings:

\[ \text{So my siblings have done drugs. And I was always} \]
\[ \text{appalled by it and everything. But I fell into it so I could} \]
\[ \text{fit in.} \]

Tiffany uses a passive voice in her narrative when discussing her methamphetamine use—stating “I fell into it.” Tiffany’s language suggests that she views her methamphetamine use as something that just happened—almost accidentally—rather than a choice she actively made to fit in. However, in her perspective, although it was simply something that happened, it still allowed her to better fit in with her sibling group. Hence, her language suggests that she still perceives some degree of utility.

The women who construct the actor longing for acceptance identity have siblings and intimate partners who are also methamphetamine users. Siblings and intimate partners tend to be the women’s closest peers given that they are
often close in age. The women use the fact that these individuals are users to construct the actor longing for acceptance identity. Given that siblings and intimate partners are the women’s closest peers, they aspire to be just like them and fit in with them. Because these individuals are methamphetamine users, the women must also use methamphetamine to be accepted by their siblings and intimate partners. Subsequently, the women position themselves as actors simply longing for acceptance and belonging.

As demonstrated, the women who construct the actor longing for acceptance identity aim to acquire a sense of belonging into their social groups of methamphetamine-using siblings and methamphetamine-using intimate partners. The deviant cases are the women who came from non-methamphetamine-using families. Instead of wanting to fit in, they want to be different. MacKenzie, who had the least amount of arrests (i.e., one), describes herself as, “having my own way of thinking” and who would “do the opposite” of her family members. Rachel, who was most recently incarcerated for a probation violation, describes herself as the, “black sheep” and compares herself to her sister, “who’s perfect.” Tammy, one of the oldest women in the sample at age 52, also considers herself to be, “the black sheep.” She states:

I’m the only one that ever did anything wrong. Of course, I would take it to extremes.”

Overall, all of these deviant cases want to be different from their law-abiding family members and intentionally not “fit in.”
Normalizing identities

Normalizing identities are those that present the women as more relatable, conventional, and/or typical. These include: the flawed actor like everyone else, the hardworking caregiver/financial provider, the subjectively “normal” actor, and the more “acceptable” methamphetamine user. The women utilize rationalizations, discourse, and the nature of their family and intimate partner relationships to construct their identities. Each identity is constructed with unique rationalization and discourse combinations. In addition, each identity has a unique combination of family and intimate partner relationship dynamics.

The flawed actor like everyone else

A total of 6 women construct the identity of the flawed actor like everyone else. The most used rationalizations for the flawed actor like everyone else are condemning condemners and comparing between risks. The flawed actor like everyone else is also more likely to have other substance-using intimate partners and other substance-using family members.

The flawed actor like everyone else does not view her actions as particularly negative. She views everyone as having vices and her actions simply represent one type. As a result, the flawed actor like everyone else feels as if she should not be judged so harshly because in her eyes, everyone is flawed.

The most used rationalizations to construct the flawed actor like everyone else identity are: condemning the condemners (Sykes & Matza, 1957; Cromwell & Thurman, 2003) and comparing between risks (Peretti-Watel, 2003; Miller,
2005; Sandberg, 2012). When engaging condemning condemners, instead of focusing on one’s own actions, one will shift focus on the behaviors of the individuals that express disapproval (Maruna & Copes, 2005; Sykes & Matza, 1957). By redirecting the attention to others, the wrongness of the individual’s own behavior will be out of view (Sykes & Matza, 1957). When an individual condemns condemners, he/she may argue that his/her condemners are deviants themselves—but rather in disguise. The individual may also claim that his or her condemners are hypocrites who have no right to pass judgment on others (Maruna & Copes, 2005).

Rachel constructs the identity of a flawed actor like everyone else by condemning condemners. She says:

*I thought my husband was a hypocrite. He used to be a cocaine dealer. That’s how I met him. He was a weed and cocaine dealer but didn’t really do the meth that much. He would do it with me every now and then. But when I started getting heavy into it, he would try and tell me no. Or he would call my momma and tell on me. He was being a hypocrite.*

Rachel’s use of the word “hypocrite” highlights her condemning of her condemner (i.e., her husband). Her language suggests that she views him as equally as flawed as herself because of his involvement with multiple drugs (i.e., weed, cocaine) and she condemns him for this.
The other most used rationalization to construct the flawed actor like everyone else identity is comparing between risks. When individuals compare between risks, they compare a risk to similar risks that are already accepted by most people (Peretti-Watel, 2003; Miller, 2005; Sandberg, 2012).

Margaret compares between risks to construct the identity of a flawed actor like everyone else. She says:

*My dad’s an alcoholic. He used to ask me why I would do it. “How could I do it?” Okay, well… “How did you do it?” You know? “Your addiction is not any worse than my addiction.”*

Margaret compares her risk (i.e., methamphetamine use) to her father’s risk (i.e., alcohol use)—a substance that is legal and typically accepted by the general population.

The women who construct the flawed actor like everyone else identity have intimate partners and family members that are “straight” with regard to methamphetamine. However, these individuals use other types of substances. The women use the fact that these individuals have other types of addictions to construct this identity. They position themselves as truly no different from their intimate partners and family members because of these similar vices. They make the argument that although the addictions may be different, the people are essentially the same.
The hardworking caregiver/financial provider

A total of 14 women construct the identity of the hardworking caregiver/financial provider. The most used rationalizations for the hardworking caregiver/financial provider are claiming necessity and asserting positive consequences. The most used discourses are quasi-passivity and superlative. The hardworking caregiver/financial provider is also more likely to have supportive intimate partners.

The hardworking caregiver/financial provider aims to construct positive, socially responsible identities to counter their deviant methamphetamine “addict” ones. She portrays herself as possessing desirable qualities—as someone who will go the extra mile for significant others—by sacrificing herself. She aims to present an identity of someone who is fully dedicated and committed to the well-being of family members and intimate partners. In doing so, she aligns herself with societal views of a strong work ethic, therefore attempting to evade social judgment. She aims to convince the interviewer that her positive identities (i.e., being financial providers/caregivers) far outweighs her negative identities (i.e., being methamphetamine addicts).

The most used rationalization to construct the hardworking caregiver/financial provider identity is claiming necessity (Minor, 1981). When individuals claim necessity, they argue that while the behavior may be inappropriate, it was also necessary (Minor, 1981). Claiming necessity is reminiscent of and similar to Bennett and colleagues (2014) concept of “denial of choice.” According to the denial of choice, “some of the respondents'
responsibility for the act was moved outside of the actor’s control” (Bennett et al., 2014, p. 193) given that they “had no choice.” The researchers found that prescription drug abusers engaged in denial of choice when discussing their inability to acquire prescription drugs through conventional means—through a general practitioner. Because of the unavailability of doctors, the drug abusers felt that they had no choice but to acquire the drugs illegally.

Several women utilize the rationalization to construct the identity of a hardworking caregiver/financial provider. Shannon, who constructs this identity, describes having to pay her mother’s medical bills:

I sold to my mom’s friends. I sold to usually older people that sat back and didn’t do nothing. They just wanted their drugs to sit back at home. So I had money to pay the bills. My mom with her medical bill or whatever.

Shannon claims necessity when she explains selling drugs was necessary to help pay her mother’s medical bills. In doing so, she constructs her identity as less of a drug dealer and more of a financial provider for her mother.

Georgia, a mother of two daughters ages two and three, also claims necessity to construct a hardworking caregiver/financial provider identity. She says:

My kid’s dad didn’t have a job. And I was working with my brother every day, paying my fines, and doing community service.
Georgia claims necessity when she explains having to take care of everything financially because her boyfriend was not working and could not provide. In doing so, the action of her drug use is mitigated since she presents herself as a hardworking financial provider.

Debbie tells a similar story to Georgia. She says:

\begin{quote}
Me and my husband had lived over there for six years and he moved me to one town and he moved to another town. I was basically taking care of me and him because he wasn’t working. I was working and going to school.
\end{quote}

Debbie also claims necessity to construct a hardworking caregiver/financial provider identity. Her necessity was having to financially provide for herself and her husband due to his lack of employment.

Faith, a 38-year-old grandmother of four, also claims necessity to construct a hardworking caregiver/financial provider identity. She says:

\begin{quote}
You know, my brother was locked up. My boyfriend was locked up. I was a waitress trying to make it on a little bit of nothing. I was trying to send my brother money. I was trying to send [boyfriend] money and it just wasn’t working out. I started going to [midwestern city] and getting big dope. I didn’t have enough money to send my brother money, my boyfriend money, pay my bills. You know what I mean? I was like a Hebrew
\end{quote}
slave as it was. Going to meetings. Going to the parole office. So I just started selling dope on the side so I could take care of everything.

Faith asserts that selling methamphetamine was absolutely necessary to financially provide for both her brother and boyfriend who were incarcerated at the same time. By presenting herself as a financial provider, she positions herself as less deserving of a deviant identity.

The second most used rationalization to construct the hardworking caregiver/financial provider is asserting positive consequences (Bennett et al., 2014). When individuals assert positive consequences, they highlight the benefits of deviant actions (Bennett et al., 2014). Wendy, who had one of the earliest ages of onset (i.e., 13 years old), constructs the identity of a hardworking caregiver/financial provider by asserting positive consequences. She describes having to care for her younger siblings and elderly grandmother. She claims that methamphetamine was used to help fulfill her responsibilities:

I like the way it gave me energy to be able to do all the stuff. Like cause I figured that if I did everything that my parents wanted me to do, you know? To take care of my grandmother who was disabled, cook and keep all the…We lived in like a huge five bedroom house and to keep all of it clean while my parents sat around and did whatever. And it just kind of gave me the ability to
like…I mean, as a child, I had lots of energy but it gave
me more energy.

Wendy highlights positive consequences of her methamphetamine use. She claims it helped her “take care of all my sisters,” “cook,” and “clean” because it gave her “lot of energy.” By utilizing this rationalization, she presents herself not as a deviant but as a hardworking caregiver who simply needed help accomplishing household tasks. Methamphetamine assisted her in creating such positive consequences (i.e., completion of these tasks).

Lauren also constructs the identity of a hardworking caregiver by asserting positive consequences. She says:

*I mean I liked it. It gave me energy, you know. I didn’t see anything wrong with it. I was able to take care of my family, and um, do whatever I needed to do for them. And I was showing up for work. So I didn’t see no harm in it.*

Lauren highlights the positive consequences of her methamphetamine use such being “able to take care of my family,” “showing up for work,” and “gave me energy.” Similar to Wendy, Lauren presents herself as a hardworking caregiver identity with the use of this rationalization, rather than a deviant identity.

The most used discourse to construct the hardworking caregiver/financial provider identity is quasi-passivity. Quasi-passivity occurs when, “speakers in the data use phrases that interject, before the action, a structure that makes the criminal act seem appropriate or necessary” (O'Connor, 2000, p. 40).
Heather constructs a hardworking caregiver/financial provider utilizing quasi-passivity. She describes needing methamphetamine for energy to do legitimate work. She explains that her boyfriend failed to fulfill his financial responsibilities by not working:

*I started working and getting high to stay up because I had two jobs. And take care of the baby when I got home because he was too stupid to do anything. I never wanted to be with him but I wanted to do right by my daughter. Make money to help pay for bills and put gas in the car. I had the baby. I had to take care of her. Part-time jobs. It’s hard to be a single mom. Because her father didn’t help me. I had a house to pay for. Rent to pay. I had bills to pay. I had a car that was already paid for but I had insurance to pay. I had a boyfriend who really wasn’t working so to speak.*

Heather’s continued use of “I had” are expressions of quasi-passivity. She positions herself as someone who could not stand by and not do anything about these responsibilities. While she is agentive in how she describes her methamphetamine use, she contextualizes her actions to mitigate the action as necessary. Doing so allows her to shift focus away from the methamphetamine use itself while, at the same time, valorizing her identity.

The second most used discourse to construct the hardworking caregiver/financial provider identity is superlative. Superlative refers to language
that represents the excessive, exaggerated, or extreme. The most used superlative amongst these women is the term “always”. The word “always” is used to indicate that an event happened every time or all the time. This superlative provides no room for exceptions.

Lauren, who had one of the most extensive list of charges that led her to prison, uses superlative to construct the identity of a hardworking caregiver/financial provider identity for herself. She says:

*He [father] was always on drugs. She [mother] was always gone. She was addicted to gambling and bingo back then. And she was addicted to pills so she would always be knocked out sleeping. I pretty much raised my brothers and sisters. I was 14—well 15.*

Lauren’s narrative repeats the superlative “always” to indicate that her father being on drugs and mother being absent were regular occurrences as opposed to isolated incidences. Lauren’s choice of superlative use provides no room for exceptions meaning that there were no times in which she was not thrust into the role of caregiver and parental figure for her siblings.

The women who construct the hardworking caregiver/financial provider identity tend to have intimate partners that are unsupportive. In this context, being unsupportive means not helping with financial and familial responsibilities. The women tend to use the fact that they have unsupportive intimate partners to construct hardworking caregiver/financial provider identities for themselves. In
other words, it is *because* their intimate partners are not supportive that they must accept their roles as providers and caregivers.

**The subjectively “normal” actor**

A total of 27 women constructed the identity of the subjectively “normal” actor. The most used rationalization for the subjectively “normal” actor is claiming normality. The most used discourses are superlative and trivialization. The subjectively “normal” actor is also more likely to have methamphetamine-using families and methamphetamine-using intimate partners.

The subjectively “normal” actor does not view herself as “deviant”. Therefore, she does not view herself as deserving of a stigmatized identity. The subjectively “normal” actor aims to convince the audience that the behavior in question is common in an attempt to reduce or diffuse guilt associated with the deviance. The subjectively “normal” actor also tries to avoid stigmatization for her actions (Sandberg, 2012).

The most used rationalization to construct the subjectively “normal” actor is claiming normality (Bennett et al., 2014; Coleman, 1993; Coleman, 1994; Moore & McMullan, 2009). When individuals claim normality, they attempt to reduce guilty feelings or to justify behavior by arguing that the behavior is common. In other words, they claim that everyone else is doing it.

There has been empirical support for claiming normality in previous research on drug users. Bennett and colleagues (2014) found that illegitimate prescription drug users constructed “normal identities” when using prescriptions
not prescribed to them. They claimed that the act was not wrong because “everyone was doing it [misusing prescription drugs].” In his examination of 100 cannabis users in Norway, Sandberg (2012) revealed similar findings. That is, the users claimed normality by utilizing two types of statements within their discourse, “everyone smokes cannabis” and “cannabis users are not different from others.”

In the present study, the women claim normality to construct the subjectively “normal” actor identity. Consistent with Bennett and colleagues (2014) and Sandberg (2012), the women in the present study claim normality by arguing that “everyone was doing it.”

Wendy claims normality to construct the subjectively “normal” actor identity when she describes methamphetamine use in her family:

I had seen my whole family. You know, growing up I can remember my family, my aunt and uncle had done time in prison for meth as well as my mother. I can remember watching them doing it. And my cousin and I were like we thought it was like ok.

Wendy’s use of the phrase “my whole family” exaggerates the pervasiveness of methamphetamine use within her family (“everyone does it”). If Wendy can convince the audience that methamphetamine is pervasive and common, she can better construct her identity as a subjectively “normal” actor since she is no more deviant than those around her.
Amy, who was in prison for two felony possessions and second-degree burglary, also claims normality to construct a subjectively “normal” actor identity. She says:

*I was raised in that environment, so my parents use, my grandparents use. My dad was a cook. Both my parents—they use. I grew up in that environment. My aunts, my mom, my dad, my grandparents, my brother, my sisters. Everyone pretty much gets high. It was normal in my family.*

Amy uses the word “everyone” to highlight the pervasiveness of methamphetamine use in her family. According to this rationalization, if “everyone” gets high in her family, she is no longer deviant. In other words, she appears more “normal”—at least from her own perspective.

The most used discourse to construct the subjectively “normal” actor identity is the superlative. Recall that superlative refers to language that represents the excessive, exaggerated, or extreme. Paige uses superlative to construct the identity of the subjectively “normal” actor. She describes her mother’s and sister’s outward methamphetamine use and manufacturing:

*Well, my mom was a cook so I would always see her doing her thing in the kitchen stuff. It got to the point where my mom would have 30-40 8-balls sitting out on the kitchen table. And my sister was older than me and*
my mom was smoking dope with my sister. And I always seen them smoking dope and stuff.

Paige’s repeated use of the superlative “always” suggests that she is trying to draw attention to and intensify it her statement. Paige’s assertion that “I always seen them smoking dope and stuff” suggests that her exposure to methamphetamine-related activities was a regular, rather than isolated, occurrence. It was so regular, in fact, that there were no occasions where this was not the case.

Amy also uses superlative to construct the identity of a subjectively “normal” actor. She says:

It was acceptable in my house. It was always okay. I don’t know. It’s weird because it is really acceptable in my family.

Amy uses the superlative “always okay” to highlight the acceptability within her family. Similar to Paige, her use of the term “always” suggests that there were no exceptions. In other words, there were no occasions when methamphetamine use was not acceptable.

Amy’s language suggests that she is aware that her exaggeration and superlative use may be questioned by the audience. Her use of the linguistic technique of hedging is indicative of this. According to Scott (2015), hedging is, “the prefacing of a statement of fact, opinion, or position in a debate by a comment that shows minimal commitment, in case it is judged to be wrong (factually or morally) by the audience” (p. 74.). Hedging is often used when the
individual feels uncertain about what they are about to say and worries that the audience will express disapproval (p. 74). This technique provides the speaker with an escape route so that he or she can “save face.” Specifically, if the audience negatively judges the speaker, he or she can revert to a prior position of ambivalence and claim that he or she did not really believe the viewpoint anyway. Amy engages in hedging when she asserts, “I don’t know. It’s really weird because it is really acceptable in my family.” Her use of “I don’t know” suggests ambivalence about her viewpoint and is indicative of minimal commitment. And her use of “it’s really weird” acknowledges the fact that her audience—the listener—may disapprove of her exaggeration.

Claiming normality and superlative use is not necessarily mutually exclusive. They may be used jointly in narrative to construct the subjectively “normal” actor identity. For example, Anna, the youngest member of the sample (age 21), utilizes both when she describes methamphetamine use and distribution in her family. She says:

I mean, it was a family…Like my whole family did it.

Like my mom, my brother. Yeah, knowing that I always had it. And my family…it was a family thing. Like everybody in my family dealt drugs.

Anna claims normality when she states, “my whole family did it,” “it was a family thing,” and “everybody in my family dealt drugs.” She argues that methamphetamine use and distribution was so common in her family—that everyone was engaging in these activities. However, she also utilizes the
superlative “always” to indicate that there was never a time that she did not have access to the drug.

The second most used discourse used to construct the subjectively “normal” actor identity is trivialization. Trivialization occurs when the actor diminishes the importance or seriousness of something. Erin uses trivialization to construct a subjectively “normal” identity for herself. She says:

_We’re [husband and herself] just addicts. I know I might be minimizing it. We’re just addicts._

Erin’s use of the word “just” serves as an indicator of trivialization. Use of the word “just” suggests that Erin views methamphetamine use as “no big deal.” Erin also uses meta-language to analyze her discourse and lets it be known that she is aware of her own trivialization when she states, “I know I might be minimizing it.” Erin engages in further trivialization later in her interview. She says:

_This isn’t nothing compared to what I have done in my life._

By comparing her methamphetamine use to other more serious occurrences in her life, Erin trivializes her behavior. They may be done in an attempt to construct a subjectively “normal” actor identity.

Other women also construct the identity of a subjectively “normal” actor using trivialization. Similar to Erin, these women use the word “just”. Jillian, who was in a two-year relationship at the time of the interview, states:
I do remember this one time though. I was getting high with this guy or whatever. And I was just getting high with him.

Georgia says:

I was with my first-ever boyfriend…And at first I just

started smoking. I just smoked it and snorted."

For Georgia, the method of administration is trivialized. In other words, to Georgia, methamphetamine use is normal and acceptable if she is smoking and snorting.

The women who construct the subjectively “normal” actor identity have families and intimate partners that use methamphetamine. The women tend to use the fact that everyone in their lives are users to construct subjectively “normal” identities for themselves. In other words, they cannot truly be an outlier, deviant, or abnormal if everyone else in their lives are engaging in the same types of behaviors. They are simply like everyone else around them—“normal”.

The more “acceptable” methamphetamine user

A total of 27 women construct the identity of the more “acceptable” methamphetamine user. The most used rationalizations for the more “acceptable” methamphetamine user are justifying by comparing and appealing to effort and care. The most used discourses are superlative and linguistic distancing. The more “acceptable” methamphetamine user is also more likely to
have methamphetamine-using intimate partners and methamphetamine-using siblings.

The more “acceptable” methamphetamine user presents a positive identity for herself, while avoiding a stigmatized one. She presents herself as a mentally sound, safer, physically presentable, occasional, and/or functional user. She views herself as worthy of respect because she views herself as better than her significant others.

The most used rationalization to construct the more “acceptable” methamphetamine user is justifying by comparing (Cromwell & Thurman, 2003; Miller, 2005; Peretti-Watel, 2003; Wagner et al., 2017). Justifying by comparing occurs when an individual constructs symbolic boundaries between their own identity and others’ identities. Symbolic boundaries are distinctions used to categorize people, practices, and objects into separate groups (Lamont and Molnar, 2002; Zerubavel, 1998). Justifying by comparing is rooted in Festinger’s (1954) social comparison theory. According to the theory, individuals self-evaluate and define themselves based on comparisons they make with others. This is typically done with the use of downward comparisons—where individuals compare themselves to others whom they perceive as being worse off (Collins, 1996; Collin, 2000).

Justifying by comparing is done by creating dichotomies between two different types of people (e.g., risky people versus non-risky people, functional people versus non-functional people, etc.). Essentially, the individual engages in classification of individuals into two distinct categories (Jenkins, 2004). The
individual wants to be associated with the most desirable of the types. Therefore, he/she will strongly highlight negative stereotypes and other undesirable characteristics of the type in which he/she does not want to be associated (Williams & Vannini, 2016; Williams, 2011). The individual will then attempt to make claims to membership with the desired type, by highlighting how their actions are aligned. They further distinguish themselves by highlighting their superiority over others based on these characteristics, essentially, creating a semantic hierarchy. The individual's ultimate goal is to convince the audience that he or she is indeed a member of the desired social category and not part of the symbolic “other” or out-group (Loseke, 2007).

Individuals use justifying by comparing when they feel that their self-confidence is threatened. They use this rationalization to create a positive identity for themselves, while avoiding a stigmatized identity (Copes et al., 2016). In doing so, the individual is able to maintain self-worth and self-esteem. Although they are deviants, they argue that they could be far worse or that they are not as bad as some other deviants (Cromwell & Thurman, 2003).

Justifying by comparing is often used simultaneously with the second most used rationalization—appealing to effort and care (Bennett et al., 2014; Peretti-Watel, 2003). Appealing to effort and care relates to the efforts and care that a person takes in avoiding harm. It entails distinguishing one’s self from others by trusting one’s ability to avoid or control risky situations (Bennett et al., 2013; Peretti-Watel, 2003). Individuals who use this rationalization often highlight the absence of problems experienced by other users and the absence of addiction.
Georgia uses both rationalizations—justifying by comparing and appealing to effort and care to construct a more “acceptable” methamphetamine user identity. She says:

*He [boyfriend] was an extremist; he would do it until he stayed up for two weeks and then he would just crash.*

*Out of nowhere, he would just fall out. And I could go to sleep, usually, if I wanted to. I could usually go to sleep on it. I could wake up the next day and eat. I could pretty much function as I wanted to. I was just doing it everyday. I don’t even know why.*

Georgia justifies by comparing based on the ability to function. She portrays her boyfriend as being disconnected while using methamphetamine such that he could not live a normal life. In doing so, she minimizes their own use so that it appears to be less serious compared to his. She appeals to effort and care by describing her absence of problems; in other words, she does not have issues functioning the way her boyfriend does. By utilizing these rationalizations, she constructs her own identity as a “functional” user—a more “acceptable” user.

Heather justifies by comparing and appeals to effort and care simultaneously in her narrative. She says:

*The next boyfriend of mine. He didn’t cook it. He would go out and buy pills and get supplies for people who did cook it. And I would bitch at him. I’d be like, “Hey, you’re gonna end up getting caught up man.” And he’s*
like, “Well you like to get high too.” And I was like, “Yeah, but don’t dare ask me to go buy pills.” I wouldn’t do that. I’m not going to put myself out there like that. Yeah, I like to get high but it’s not that important. It’s just dope.

Heather justifies by comparing to differentiate herself from her boyfriend. She makes a downward comparison positioning herself as being better than him when it comes to methamphetamine participation. She then appeals to effort and care to present herself as avoiding harm by not engaging in risky behavior (i.e., buying pills). She also uses this rationalization to describe her absence of addiction. This is apparent in her saying, “Yeah, I like to get high but it’s not that important. It’s just dope.” Her language suggests that she views the drug as not necessarily a big part of her life. By using these rationalizations, she presents herself as a more “acceptable” methamphetamine user than her boyfriend who engaged in risky activities and who is more addicted to the drug.

The most popular discourse used in conjunction with justifying by comparing and appealing to effort and care is the superlative. As stated previously, superlative is used to exaggerate the difference between two opposite sides of a spectrum. Jayda, a single mom with three children, utilizes the two rationalizations and superlative to construct the identity of a more “acceptable” methamphetamine user when discussing her brother. She says:

He gets in the house…And you know, he gets in the house and shoots it up or whatever. And he just, I
never...I don’t even know where to begin with him. Yeah, oh gosh. I never shared needles. I would always go buy my own, you know, or bleach water if it came down to it. I wasn’t scared to stick a needle in my arm, but I was scared I might catch something. And I knew, you know, I have kids and I don’t want them getting anything. So I was a clean user. I was a cautious drug user.

Jayda justifies by comparing to distinguish herself from her brother. Although they are both injecting users, she makes a downward comparison to him positioning herself as a more “acceptable” user. She then appeals to effort and care to position herself as a user who can adequately avoid harm through her safe usage practices (“So I was a clean user. I was a cautious drug user.”) In addition to these rationalizations, she utilizes superlative to exaggerate her actions. She uses the superlatives “never” (“I never shared needles”) and “always” (“I would always go buy my own”) to convey to the audience that her actions are not at all similar to her brothers’ at any time during her methamphetamine-using career.

Debbie’s narrative follows a similar pattern. She says:

The guy I was with was really really a fiend. I never fiended for the dope—like I got to have it and give anything to have it. I wasn’t like that. I just kind of went with the flow and if it was there, I did it.
Debbie justifies by comparing when she makes a downward comparison to her boyfriend. She also appeals to effort and care to describe her absence of addiction. She also uses superlative to emphasize how truly different she is from her boyfriend by presenting herself as an extreme—someone who “never fiended for the dope”.

One final type of discourse that the women who construct the more “acceptable” methamphetamine user identity use with justifying by comparing is linguistic distancing. Linguistic distancing uses language to leave an individual out of certain behavior. Rose, one of the older women in the sample (aged 53) who started using methamphetamine later than the other women (at age 35), makes a downward comparison (using justifying by comparing) between herself and her boyfriend. She focuses more on his paranoia:

My significant other—he has a little more problem with it than I do. He has a paranoid personality anyway, even when he’s straight. And if you get a little meth in there on that, then it just makes you very paranoid. He was constantly hiding his dope and hiding it from himself. He couldn’t find it and he would just swear that I had took it…He would think he would see me doing things where I was sound asleep when he thought he saw me do these things. But yeah, some people really get out there in their mind on that stuff and it’s not so much the meth as it is the sleep deprivation because
they start dreaming when they’re awake and start seeing things when they are awake. It can be a very bad thing.

Rose’s narrative shifts the focus on different subjects. She begins by discussing her boyfriend’s problem and makes a downward comparison between him and her. Then instead of talking specifically about her boyfriend, she uses the term “you” twice to discuss the issue of paranoia in the phrase, “And if you get a little meth in there on that, then is just makes you very paranoid.” This use of “you” is what can be referred to as a “distancing ‘you.’” The primary function of a “distancing ‘you’” is to “leave the speaker out of the act or state described” (O’Connor, 2000, p. 98). Rose’s description of her boyfriend’s paranoia suggests that she is trying to distance herself from his behavior. She does this not only with what she says, but also how she says it. Finally, Rose moves beyond the use of the “distancing ‘you’” to the even more generic phrase of “some people”. Use of this phrase suggests that she is trying to let the interviewer know that other people experience paranoia, but not her.

Rachel also uses linguistic distancing in combination with justifying by comparing. She makes a downward comparison with her sister-in-law:

I’m lucky. I know my sister-in-law has a permanent tweak to where she’s paranoid all the time and she’s just loonier than a box of Froot Loops so…I’m glad I don’t act that way for as long as I did the amount I used to use. There’s a lot of crazy people out there that I’ve
known that have done meth that will just never snap back out of it. So I’ve been blessed for that. That’s all.

Rachel begins specifically talking about her sister-in-law and differentiating herself from her on the basis on mental soundness. Then she shifts focus to talk about a generic other ("There’s a lot of crazy people out here"). She distances herself from these individuals by noting that they are “out there”—far away from her.

Donna also uses linguistic distancing in combination with justifying by comparing to construct the more “acceptable” methamphetamine user identity. She makes a downward comparison to her boyfriend on the basis on physical appearance:

*My track marks look really good compared to some…You know, they got scars that are…The guy I was with the past year, his scars were hideous. Oh my God!*

Unlike Rachel, Donna begins with linguistic distancing and a discussion of the generic other when she states, “My track marks look really good compared to some”. Her use of the word “some” distances herself from “those people”. She then shifts focus to discuss her boyfriend’s track marks specifically.

The women who construct the more “acceptable” methamphetamine user identities have methamphetamine-using intimate partners and siblings. They tend to use the fact that these individuals are users to construct more “acceptable” methamphetamine user identities for themselves. Because their intimate partners
and siblings are users, they can highlight negative and stereotypical characteristics about these individuals. Meanwhile, they can make comparisons to themselves. In doing so, they elevate their own identity into a more positive one.

As demonstrated, the women who construct the more “acceptable” methamphetamine user identities contrast themselves with both intimate partners and siblings. In doing so, they highlight the differences between themselves and these individuals, while elevating themselves. The deviant cases are individuals who highlight similarities between themselves and others—particularly methamphetamine-using parents. The women who engage in this practice have parents with addictions and see themselves as mirror images of their parents.

Christina views herself as similar to her father:

_He was crazy…Throwing, cussing, foul mouth, throwing stuff, taking the house from the living room to the yard, running cars into buildings…I feel like I’m the same crazy. I’m just the same version of my dad._

Shannon views herself as similar to her mother:

_My mom was an addict and I felt like I was just like…I felt that’s what I should do. I’m just like her. I should do drugs._

Both of the women lack the ability to differentiate themselves and create their own identities. This is how they differ from the women who construct the more “acceptable” methamphetamine user identities.
Victimizing and normalizing identities summary

The results of the current research reveal two distinct categories of identities: victimizing identities and normalizing identities. Victimizing identities are those that present the women as vulnerable, childlike, or deserving of sympathy from the audience. These include: the naïve actor, the “sick” patient, the victim, and the actor longing for acceptance. The rationalizations used to construct the victimizing identities tend to be unique to that particular identity however.

However, a pattern does exist with regard to the use of discourse. Across many of the victimizing identities, passivity is one of the most commonly-used discourses to construct these types of identities. This is not particularly surprising given that passivity in language is often used to position one as being acted upon. When one uses passivity, he or she aims to demonstrate lack of agency and lack of control. These are all things that people would want to convey when they are trying to position themselves as “victims”.

With regard to the nature of family relationships, having “straight” parents was more common with victimizing identities. Given that the women cannot blame their methamphetamine use on the fact that their parents are also users too, they construct victimizing identities to “explain away” their behaviors—attributing their behavior to other forces.

Normalizing identities are those that present the women as more relatable, conventional and/or typical. These include: the flawed actor like everyone else,
the hardworking caregiver/financial provider, the subjectively “normal” actor, and the more “acceptable” methamphetamine user. Similar to the pattern found with victimizing identities, the rationalizations used to construct the normalizing identities are unique to each identity.

Yet, a pattern exists with discourse. Across many of the normalizing identities, superlative is the most commonly-used discourse used to construct the normalizing identities. Recall that superlative is used to indicate extremes, excessiveness, or exaggeration (e.g., “always,” “never”). The women who construct normalizing identities aim to look so conventional and typical—like everyone else—that they tend to use superlative in a posible attempt to overcompensate.

In terms of the nature of family relationships, the women who construct normalizing identities tend to have family members and intimate partners that are either methamphetamine-using or other substance-using. This is not particularly surprising given that those who construct normalizing identities are trying to make the argument that they are like everyone else around them. In other words, they are not truly deviant given that those most close to them are also engaging in drug-use behaviors as well. They position themselves as similar to others engaging in the same acts.

**New and improved identities & mothers**

One of most notable findings from the current study is that the women present themselves in an idealized and exemplified manner towards the end of
their interviews. Recall that Goffman (1959) asserts that an actor’s performance will give the impression of idealism and exemplify accredited values of society. Also, the actor will attempt to present himself or herself to the audience as an end-product—a finished, polished, and packaged product.

This process can best be understood using Presser’s (2004) concept of “return narrative” and Giordano and colleagues' (2002) concept of the “replacement self.” According to Presser (2004), return narratives are those that depict an individual undergoing a moral transformation. The individual presents himself or herself as an essentially good person—the person he or she was prior to the deviant behavior. According to Giordano and colleagues (2002), a “replacement self” is a more positive identity that ultimately replaces a marginal self. The marginal self must be left behind because the replacement self is incompatible with continued deviant behavior.

Many of the women portray themselves as having “new and improved” identities—ones that are grossly different from their “spoiled” methamphetamine “addict” identities. They continuously highlight how they are not the same people as they were before. What is particularly distinct is that it is very important that the women’s mothers see their “new selves”. For example, Kennedy says:

\begin{quote}
After being in treatment for a while, just a lot of things have changed with me. My mother can tell that I’ve changed a lot. She said she can tell how I talk, and she just hopes I stay that way.
\end{quote}
Other women also seek validation and approval of their new identities from their mothers. For these women, it is crucial for their mothers to see the ways in which they are trying to do better and becoming different (and better) people. For instance, Mariah says:

*I'm trying to do right for once. I hope my mom and everybody see that.*

Christina makes a similar statement when she says:

*My mom—she knows I am trying to get help. And she has faith in me that I’m going to come out of this good.*

Overall, for the women, if their mothers believe them to be “recovered,” this would provide them with a new “non-offender” identity and a sense of self-worth.

Maruna’s (2001) construct of “looking-glass recovery” can be useful in understanding why it is so important to the women for their mothers to see their “new and improved” identities. Maruna (2001) borrows the concept of “looking-glass self” (Cooley, 1902) in creating the construct of “looking-glass recovery”—a concept specific to ex-offenders. According to the “looking-glass recovery” process, the ex-offender previously had no belief in himself or herself. However, the ex-offender learns to value himself or herself because someone else (i.e., an intimate partner, family member, or other significant other) believed in him or her. Gaining this “external certification” from the other party allows the ex-offender to internalize his or her own self-worth. Therefore, gaining self-worth occurs through a negotiation of social interaction between the ex-offender and the other party. This process is consistent with Mead’s (1934) symbolic interactionist perspective.
Recall that Mead emphasizes individuals seeing situations from other person’s perspectives and sharing that perspective. The women in the study allow themselves to see their behavior from their mother’s perspective. In doing so, they are able to share and adopt that perspective for themselves.

The fact that the women may use their mothers in the “looking glass recovery” process (Maruna, 2001) could potentially be explained by the nature of the mother-daughter relationship. In most Western cultures, the mother serves as the earliest caregiver for the daughter. The mother is also the primary source of identification for the daughter. Even into adulthood, the daughter continues to identify with the mother. The daughter uses the mother-daughter relationship in helping to establish her own identity (Chodorow, 1995). The daughter’s identification with her mother can also influence other factors such as the daughter’s self-concept and self-esteem (Hollender, 1973). In drug-using women, Falkin and Strauss (2003) found that mothers were primarily responsible for affirming self-worth in their drug-using daughters. The relationship between mother and daughter is so strong that research has revealed that daughters often internalize many of their mothers’ behaviors, values, thoughts, and meanings (Chodorow, 1999).
CHAPTER 5: DISCUSSION

The current study investigated how drug-using women construct identities with narrative. In addition, it investigated the role of significant others (i.e., family members and intimate partners) in this identity construction process. This chapter will first discuss the findings from this study in light of previous literature. Second, it will discuss contributions and implications of the study. Finally, this chapter will discuss suggestions for future research based on the findings and limitations of the current study.

The findings from this study align with symbolic interactionism (Cooley, 1902; Goffman, 1959; Kuhn, 1964; Mead, 1934). Specifically, the women in the current study were able to socially-construct their identities within the context of narrative. First, findings from the current study align with Goffman's (1959) concept of “impression management.” Recall that according to Goffman, actors’ aim to control the images they convey of themselves by projecting desirable and positive self-images to seek positive feedback from the audience. The most positive identity that the women constructed was the hardworking caregiver/financial provider. These women told stories in which they highlighted the fact that they were primarily responsible for the well-being of their family members and intimate partners. By creating these socially responsible identities, the women aligned themselves with a quality (i.e., a strong work ethic) that their audience (i.e., the listener) would find desirable.

Second, the current research also aligns with Goffman’s (1959) concept of “facework.” As stated previously, “facework” refers to techniques that actors use
to prevent “spoiled” or discredited images of themselves. The goal of “facework” is to create acceptable social images. The actor aims to “save face” and “smooth over cracks.”

The women in the current study utilized various “facework” techniques (see Goffman, 1959) in the form on rationalizations. To create acceptable social images, the women compared themselves to others (using justifying by comparing) (Cromwell & Thurman, 2004) and highlighted their own safe methamphetamine-using practices (using appealing to effort and care). Utilizing these “facework” techniques, the women were able to construct identities of more “acceptable” methamphetamine users. Specifically, they presented themselves as occasional drug users who were more mentally intact, safer, more physically presentable, and functional. This type of “facework” was done to “smooth over cracks” (Goffman, 1959) of their own drug use by creating a hierarchy between themselves and users they perceived as being worse off. Further, consistent with Kuhn (1964), when the women justified by comparing, they were able to reject identities of “unacceptable” drug users (i.e., those who are mentally unstable, risky, physically unpresentable, and dysfunctional), which society likely believes them to be.

The women also used “facework” techniques (see Goffman, 1959) to look more subjectively “normal” to the interviewer. Two of the “facework” techniques (i.e., rationalizations) that they used were claiming normality (Benson, 1985; Coleman, 1998; Sandberg, 2012) and condemning condemners (Sykes & Matza, 1957). By claiming normality, the women constructed identities of subjectively
“normal” actors (i.e., who are no different from their family members and intimate partners), who happened to have engaged in drug-related activities. The women also presented themselves as “normal” (through their own eyes) by condemning condemners (Sykes & Matza, 1957). That is, they constructed identities for themselves of people that are no more flawed or deviant than their “hypocrite” family members and intimate partners.

Both Kuhn (1964) and Goffman (1959) argue that individuals maintain various identities. They present different versions of themselves depending on particular situations and circumstances. Goffman views these identities as different “masks” that the actor hides behind.

Findings from the current study align with this notion. Although there were eight distinct identities that the women constructed, it should be noted that there were overlaps between identities. Overlaps occurred within category types. Within the category of victimizing identities, the same women that constructed the victim identity also constructed the “sick” patient identity. Within the category of normalizing identities, many of the women that constructed the more “acceptable” methamphetamine user identity also constructed the subjectively “normal” actor and hardworking caregiver/financial provider identities. There were more overlaps in the normalizing identities category compared to the victimizing identities category.

Overlaps also occurred across category types although this was not as common as within-category overlaps. The most common across-category overlaps occurred between the victim (victimizing identity), the subjectively
“normal” actor (normalizing identity), and the more “acceptable” methamphetamine user (normalizing identity).

The women selected appropriate identities based on the life events they were discussing. This is aligned with Lyman and Scott’s (1989) conception of identity as simply an aggregate of social roles played across different situations. Scott (2015) sums this up best by stating that, “Identities are contextual, the details of their expressions varying between situations. Their meanings are forever shifting in line with situational demands. Actors construct an assemblage of multiple selves as they move between different situations” (p. 11).

It should be noted that the women’s presented identities were not always complementary. For example, one of the women, Debbie, presented herself as a “sick patient” with an addiction. However, at a different point in her interview, she presented herself as a hardworking financial provider. In the former instance, she depicted herself as out of control and lacking agency whereas in the latter instance, she depicted herself as in control and acting responsibly.

The current study also aligns with Cooley’s (1902) concept of “looking-glass self.” Cooley (1902) argues that people’s individual identities and perceptions of self are products of their social interactions with others. It is not just the social interactions themselves that matter, but rather, people’s understanding of those social interactions. Individuals form their sense of self based on the interpretations of the social interactions in their lives. For Cooley, primary groups (i.e., those relationally or proximally close to an individual) are deemed particularly important in the construction and evolution of the identity.
Results from the current research align with Cooley’s (1902) arguments. Although the women in the study were asked about their own lives and experiences with methamphetamine, their narratives contained a plethora of stories about significant others (i.e., family and intimate partners). In their narratives, the women interpreted their social interactions and relationships with their family members and intimate partners. The women blamed these individuals, condemned them, utilized them in the narrative as reasons for their behavior, compared themselves to them, and utilized these individuals to normalize their own behavior. Through these stories, the women were able to define themselves and their identities through their interpretations of these social interactions.

One of the key implications of the current study is the importance of others in the stories that people tell about their own lives. Humans do not live in bubbles; rather, their lives are complex social environments in which they must interact with others. Therefore, the stories people tell of themselves are interconnected with the stories they tell of others. The majority of extant research on drug user identity management has focused primarily on how drug users manage their identities by telling stories about themselves in narrative. This study contributes to the literature by going beyond and providing insight into how drug users tell stories about others—particularly significant others (e.g., family relationships and intimate partners)—in their narratives to manage their identities.
One of the major contributions of the current study is its use of narrative criminology (i.e., constitutive view of narrative) and a discourse-oriented approach. The majority of qualitative research on drug users has taken a narrative as record approach (Gandhi et al., 2006; Järvinen & Ravn, 2011; Pedroso et al., 2013; Sheridan et al., 2009; Sherman et al., 2008). As stated previously, the previous research that used the same data and sample as the current study (Carbone Lopez & Miller, 2012; Carbone-Lopez et al., 2012) adopted a combined focus utilizing narrative as record and narrative as interpretation. Even amongst the studies that have utilized the constitutive view of narrative, the majority of research has solely focused on a process-oriented approach to data analysis (Presser & Sandberg, 2015). This approach, based on grounded theory, is concerned with the actions described in the data. It looks at how processes are defined, how they develop, the drivers (i.e., how, why, and when) of their change, how individuals act and feel within processes, and the consequences of processes (Charmaz, 2014).

However, in Presser and Sandberg's (2015) narrative criminology call to action, the researchers call upon future researchers to pay closer attention to language use similar to the type of work that has been done in semiotics, linguistics, and ethnomethodology. Specifically, they invite researchers to study the text of narrative such as the story’s grammar, the passive voice, and the choice of pronouns, similar to work done by O’Connor (2000, 2015). The current study extends the previous research on women’s drug use and the specific research on this particular data and sample (Carbone-Lopez & Miller, 2012;
Carbone-Lopez et al., 2012) by exploring these aspects of narrative. By examining the women's language, the current study examined this data from a new lens—a new perspective.

With regard to identity specifically, language is particularly important. Kuhn (1964) argues that identity is articulated to others via language. Individuals present their identities to others using language as a medium. As the current study demonstrates with its use of a discourse-oriented approach, the study of language is important in that it can provide valuable insight into a storyteller's intentions, motivations, and most importantly for the purposes of this study, internalized beliefs about themselves and others—things that they do not always convey verbally in narrative. Through language, the women in the study were able to construct narrative identities for themselves (Giddens, 1991; McAdams & McLean, 2013; McLean et al., 2007). Consistent with Jenkins (2004), the women were able to construct identities on the basis of difference, reflexivity, and process through the use of narrative. The women used difference to construct their identities when they justified by comparing. Doing so allowed them to create more socially-acceptable drug user identities. The women used reflexivity when they could step back and think about themselves and the language they were using to describe themselves and their lives. And finally, the women used process when they expressed agency and independence in their narratives.

The current study extends previous research in narrative criminology by highlighting the importance of cultural context (Ewick & Silbey, 1995; Polletta, 2009; Presser & Sandberg, 2015). Specifically, this study alludes to the fact that
cultural values—such as ruralness—are important considerations when examining narrative. The women's ruralness influenced the stories they chose to tell, the significant others they chose to discuss, and the ways they described their relationships with these individuals. In addition, this research demonstrates the importance of family relationships and intimate partners in rural women’s lives such that these individuals even appear in their narratives and identity constructions. As Hoffert and Iceland (1998) accurately assert, relationships in rural societies, “are embedded in networks of close personal ties that govern every aspect of an individual’s life” (p. 574).

Recall that one of the key findings from this study (as discussed previously) was that some of the women constructed identities of caregivers and financial providers for family members and intimate partners. Some described using methamphetamine to have energy to physically and financially provide for their family members and intimate partners. Others described manufacturing and distributing methamphetamine to have the money to provide for these individuals.

This is not surprising given the nature of family relationships in rural environments. As stated in Chapter 1, rural life is positively associated with helping kin. These communities are more dependent on kin for support than their urban counterparts. Therefore, rural residents tend to have social support networks that are more kin-based (Fischer, 1982). The combination of isolation, lack of public transportation, and lack of public services in rural communities facilitates the need for intra-family cooperation and exchange (Lee et al, 1994; Coward et al., 1985). This has been demonstrated in empirical research. That is,
rural families are more likely than urban families to receive financial help (Hoffert & Iceland, 1998) and childcare assistance (Coward & Smith, 1981) from kin. Therefore, the women likely felt a sense of obligation to care and provide for their family members and intimate partners because of the cultural values associated with their rural upbringing.

Another contribution of the current study is its exploration of lesser-studied rationalizations. There is no shortage of research on Sykes and Matza’s (1957) techniques of neutralization (i.e., denial of responsibility, denial of injury, denial of the victim, condemnation of condemners, and appeal to higher loyalties). This is perhaps one of the most studied topics in the criminological literature (Maruna & Copes, 2005). Although discussion of newer rationalizations has existed conceptually in articles, limited research has explored them empirically in relation to drug use (e.g., Bennett et al., 2014). Research that exists has mostly explored these rationalizations in relation to: gambling (Wagner et al., 2017), white-collar crime (Benson, 1985), digital piracy (Hinduja, 2007; Morris & Higgins, 2009; Phau et al., 2014; Thongmak, 2017), and sex trafficking (Copley, 2014). The current study has contributed to the broader body of rationalization research by exploring lesser-studied rationalizations in the context of women’s drug use.

Another key implication of the current study is the usefulness of rationalizations in identity construction. Historically, rationalizations have been studied in relation to cognitive dissonance, shame, guilt, remorse, loss of self-esteem, labeling, and stigma (Maruna & Copes, 2005). What is noticeably absent from the literature on rationalizations is how they can be used for identity work. In
fact, only one study has explored this relationship using narrative. Using data from 33 in-depth interviews, Wagner and colleagues (2017) investigated how older adult gamblers use rationalizations to perform identity work in efforts to align their personal and social identities. The researchers concluded that rationalizations can be used in the construction of a more culturally-acceptable identity.

Despite the neglect of empirical research in this area, researchers have alluded to the relationship between rationalizations and identity. Beech and Mann (2002) suggest that rationalizations are outward manifestations of a person’s self-identity and self-concept. They argue that rationalizations are a way to maintain a particular narrative of the self that the individual wants to convey to the audience. Other researchers have directly advocated for the use of rationalizations in understanding identity management. McAdams (1993) asserts that rationalizations could be a crucial component in offenders’ identity construction. Aronson (1992) went further in asserting that rationalizations can be used to convey a moral good sense of self. Overall, Maruna and Copes (2005) sum it up best by stating that rationalizations, “can be used to preserve a non-criminal self-concept, despite the commission of criminal acts” (p. 268).

The aforementioned findings can open the doors to a plethora of future research. One of the key findings of the study was that as the women sought to make positive changes and transform into “non-offender” identities, they sought validation and approval from their mothers. It was very important for their mothers to see their “new selves.” If their mothers believed them to be
“recovered,” the women were able to view themselves in their “new” identities. In other words, women’s mothers contributed a great deal to their identity constructions and sense of worth. Given that mothers play such a large role in drug-using women’s identity management, future research should explore why drug-using women place such great weight on the opinions of their mothers as opposed to other significant others (i.e., family members, intimate partners) for identity management. Also, research should explore how women’s relationships with their mothers impact their constructions of their own identity. In other words, what mechanisms are at work in this process?

Future research should also explore how drug-using women at different stages of the criminal justice process construct and manage their identities. For example, how does a drug-using woman who has recently entered prison construct and manage her identity? Similarly, how does a drug-using woman who was recently released from prison construct and manage her identity? Presser and Sandberg (2015) argue that, “narratives vary with the circumstances of their telling” (p. 13). Therefore, one’s setting and environment can be crucial in both the narrative construction and identity management processes. Goffman (1959) highlights the importance of setting in the performance of identity construction. He claims that the actor cannot perform until in the appropriate setting. Given this, the setting can also impact the performance that the actor presents. Giordano and colleagues (2002) also stress the importance of environment and environmental stimulus in the development of the “replacement self.” Scott
(2015) asserts that identities can, “change through the experience of being in an institution” (p. 23).

Recall that these women are in the prison setting. Also, the women were selected to be part of the study based on nearest approaching release date. Given that the women are in the prison setting and will soon be leaving, they may conduct very different performances from women that have just entered the prison setting or women who have left the prison setting. Upon leaving prison after having served time, there is a societal expectation that an individual is now a responsible and law-abiding member of the society in which he or she plans to return. For the women in the study, there is an expectation of rehabilitation and they must conduct performances aligned with this expectation. They do this not only to convince society that they are deserving of reentry into society, but also to convince themselves. The women’s discussions of their “changes” and “doing right” are indicative of rehabilitative performances. Therefore, they must construct identities that are in line with rehabilitation.

Future research should also examine female drug-users with different backgrounds and cultures. Recall that this is a study of White, rural, Midwestern women. Future research should be conducted on other women who have different racial/ethnic backgrounds, cultural backgrounds, geographic locations, and socio-economic backgrounds. Noteworthy candidates for future research samples include those from diverse ethnic backgrounds (e.g., Hispanic, African-American, Asian, urban) as well as those living in suburban environments.
Future research should also examine identity constructions of females with different types of drug involvement (i.e., use versus manufacturing versus distribution). These types of involvement are essentially different types of offenses that vary in nature. The interview data collected for this study was primarily focused around methamphetamine use. Although there were women with manufacturing and distribution experience, the current study did not focus on the distinctions in identity construction by involvement type.
REFERENCES


# APPENDIX A: DEMOGRAPHICS OF PARTICIPANTS

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<th>Ever married</th>
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