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**Narratives About Necessity –
Constructions of Motherhood Among Drug Using Sex-Sellers in Denmark**

Jeanett Bjønness

Centre for Alcohol and Drug Research, Aarhus University, Denmark

Address all correspondence to:

Jeanett Bjønness jb.crf@psy.au.dk

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ABSTRACT

This ethnographic study explores norms and practices concerning motherhood among drug-using female sex-sellers in Denmark. It is based on extended fieldwork in a drop-in center and narrative interviews with clients and staff in this center from 2001-2005. A strong norm guiding the staff's relation to the users is that drug-use, prostitution and motherhood are incompatible. The women meet such institutional expectations and norms about motherhood either by constructing norm-conforming narratives or by opposing the institutional view. As the institution offers no 'backstage', the women's self-representations often appear chaotic and inconsistent. Either way their strategies often become contributions to the reproduction of the structures they resist.

Keywords: Motherhood, prostitution, drugs, stigma, class, necessity, ambivalence.

Glossary:

Backstage: The backstage region is where social actors can perform without revealing themselves to an audience (Goffman 1963).

Doxa: 'Doxa' denote the not pronounced, implicit rules of a social field whose validity nobody doubts, and whose preconditions are left in an 'unthought-of' state (Bourdieu 1997).

Situated knowledge: Situated knowledge is knowledge placed within a specific context, whether it is a socioeconomic, anthropologic, intellectual, historic or cultural, and with a focus on the meaning-making process (Haraway 1988).

INTRODUCTION

It is well-documented that female drug-users are heavily and doubly stigmatized (Maher 1997, Phoenix 1999,) and that pregnancy and motherhood amplify this stigmatization (Perry 1979; Rosenbaum 1981; Taylor 1993; Murphy & Rosenbaum 1999; Boyd 1999; Ettorré 2007, 1992; Dahl & Pedersen 2008; Radcliffe 2009, 2011). Danish children born to drug-using mothers are seen as an obstetric, pediatric, psychological and social risk-group (Sundhedsstyrelsen 2005). Moreover, the socio-political focus is on the well-being of the child, and social institutions working with drug-using mothers are often quite explicit about taking the well-being of the child as their starting point (Dahl & Pedersen 2006, 2008), even when this conflicts with the interests of parents.

The Danish government defines prostitution as a social problem (Sørensen 2008) and in Danish discourse an image of the prostitute as 'a victim' is dominant (Spanger 2011, Bjønness 2012). For instance, the drop-in center in which I did my fieldwork labels prostitution 'an act incompatible with anything else' and as 'violence against women' (Reden 2004) and thus constructs the women selling sexual services as radically different from other women (Bjønness 2012). Such a strong image of victimhood, implying that women selling sexual services are radical 'others', seems incompatible with recognizing them as appropriate mothers: good mothers do not use drugs or sell sexual services. It is plausible then, that the women in the drop-in center are not only doubly, but triple stigmatized, being drug-users, sex-sellers and bad mothers. This triple stigma, and the question of whether certain gender and class biases exclude specific groups of women from 'being good mothers' (See also Boyd 1999), is explored by posing three questions.

- First, to what extent does the drop-in center construct specific norms of motherhood?
- Second, how does the apparent ‘incompatibility’ between drugs, prostitution and good motherhood inform the relationship between the client and social services?
- Third, how does this relationship affect the user’s general self-perception?

These questions are especially important given the scarcity of research on prostitution, drug-use and motherhood (McClelland & Newell 2008, Dahl & Pedersen 2008).

When addressing the social construction of difference in institutional contexts like the drop-in center, the analytical concepts of Pierre Bourdieu (1977, 1995, 1996, 1997) are useful. The drop-in center is analyzed as a ‘social field’ (Bourdieu 1997) defined as ‘a field of struggles’ containing struggles between actors from different social positions about the right to determine the ‘stakes’ and thus the content of important concepts like ‘help’ and ‘the good mother’. An actor’s social position and amount of symbolic capital¹ is decided by the extent to which s/he complies with central values and to what extent this compliance is recognized by dominant actors in respect to the defining capital of the field (Bourdieu 1997/1994, see also Honneth 1995). A stigmatized person in this regard, is defined by having undesirable traits or ‘signs of disgrace’ according to the actors in defining positions (Bourdieu 1995: 242, see also Goffman 1963).

The first part of the article maps current tendencies in discourses on prostitution and the vulnerability and ‘radical otherness’ ascribed to women

¹ Symbolic capital in Bourdieu’s work is understood as prestige and social honor, always associated with other kinds of capital (economic, social or cultural), and obtained by the value-ascription from powerful actors in a field. “A transformed and thereby *disguised* form of physical ‘economic’ capital, produces its proper effects inasmuch, and only inasmuch, as it conceals the fact that it originates in ‘material’ forms of capital which are also, in the last analysis, the source of its effects” (Bourdieu 1977:183)

selling sexual services. The second part of the article explores and discusses current ideas about 'normal mothering' and analyzes narrative constructions of motherhood, focusing on how failures to gain or regain custody for children, or partner violence, are linked to drug use and prostitution. The final part of the article explores current performances of motherhood and the ways in which my informants' 'mothering strategies', although very different, all tend to fail in the institutional setting.

RESEARCH SETTING, METHODOLOGY AND ETHICS

My analysis draws on 3 years of ethnographic fieldwork in a drop-in center for marginalized women in Aarhus, the second largest city in Denmark, and 37 life history interviews² with clients conducted for my doctoral thesis on the everyday life of drug-using women selling sexual services on the streets from 2001 – 2005 (Bjønness 2013). The drop-in center is run by a private, Christian organization, with the ambition to offer 'home and support' to women selling sexual services on the streets (Reden 2004). The users are mainly ethnic Danes aged between 20 and 55, some are homeless, often with untreated physical and psychiatric illnesses and a strong distrust in the ability of social services to offer 'real' help. Most center users were mothers, some were quite skilled painters, and many had great entrepreneurial skills. The staff consisted of women between 25 and 60. Only a few were employed, but most staff were volunteers with rather different social backgrounds and professions, for example bus-driver, student or vicar. In addition, my analysis draws on a research project I undertook for The Council for Socially Vulnerable People (Rådet for Socialt

² Life history interviews varied in length, from 2 h to 21, including between one and seven sessions (interviews nos. 1–37).

Udsatte), focusing on the relation between addiction counselors and female prostitutes in drug treatment. I interviewed 30 women with experience of selling sexual services³ (ethnic Danish women aged between 22 and 53, from the three largest cities in Denmark) and 30 social workers, addiction counselors, and managers employed in drug treatment centers (Bjønness 2011). Finally, 8 years of experience of 'policy in praxis' (2004–2011), as an employee in the drop-in center following the PhD fieldwork, informs my analysis.

I see the women's narratives as drawing on important, culturally available 'discursive resources' (Gubrium & Holstein 2000). Analyzing them I am particularly attentive to 'the biographical illusion'⁴ (Bourdieu 1997), regarding the women's accounts and narratives as statements in a process of identity making, and as possible frames for understanding their current strategies: as 'situated knowledge' (Haraway 1988), or 'partial truths' (Clifford 1986) rather than as referring to something 'real' or 'true' in their life history. I especially focus on 'plots' (Mattingly 1998), in which the women's narratives reveal common patterns connecting motherhood and drugs. The analysis of these narratives allow otherwise incomprehensible acts and decisions to appear rational (Bjønness 2011; 2013, Loseke 2001, see also Ludvigsen & Lydolph 2008).

³ The interviews took place in drug treatment centers or in the women's homes, varying in length from 1 to 3 h (interviews nos. 38–67).

⁴ By this term Bourdieu denote the life-history narrative as a part of a ceaseless transformation- and staging process in which actors choose certain important events and incidents on basis both of dispositions and intentions. Actors make themselves 'ideologists of their own lives' and create a chronological and logical order to appear sensible (Bourdieu 1997:79-88).

Ethics

What can be considered ‘real’ informed consent from all the interviewed women was hard to obtain (Brinkman 2010). I insisted on talking about my project in the daily life of the center, and when interviews were settled, I always made it clear, that the informant could end it at any point. Before publishing the material I offered access to it, but only a few showed any interest. One key informant though, read long sections and made valuable comments.⁵

DISCOURSES ON PROSTITUTION

The historical othering and marginalization of women selling sexual services is well documented both in international (Frykman, J. 1977, Borg et.al 1981, Rosenbaum 1981, Shrage 1989, Corbin 1990, Järvinen 1993, Johannison 1994, Pheterson 1996, Scambler & Scambler 1997, O’Connel Davidson 1998, Carstairs 1998, Boyd 1999, Phoenix 1999, Erickson et.al. 2000, Matthews 2008) and in Danish discourse (Mathiessen 1919, Ringdal 1998, Bøge Pedersen 2007, Rasmussen 2007, Spanger 2007, Bjønness 2013).

Much feminist literature regards the control of prostitution as a general control of female sexuality and the purpose of prostitution control is seen not only as a means to penalize or re-socialize a group of deviant women, but also ‘to establish the boundaries between permissible and non-permissible forms of female behavior’ (Järvinen 1993:23). Newspapers, books, films and commercials represent prostitutes as the counter-image of respectable women (Skeggs 1997, Phoenix 1999, O’Neill 2001), as the ‘femme fatale’ (Zola 1972) or as the poor

⁵ I discuss these methodological questions elsewhere, fx in ‘Research on sex-work as ‘othering’ (Bjønness 2014).

victim (Edel 1981, Piil 2002). ‘The prostitute’ is often described in radicalized terms (Skilbrei 2003, Weitzer 2010, Bjønness 2012):

The dominant image of a prostitute is a seedy, immoral, lazy, drug/alcohol abuser, a lower-class woman, in fish-nets, cheap erotic clothing and garish lipstick. Many documentaries on prostitution have reinforced this view, as does the media’s portrayal of ‘the prostitute’ (O’Neill 2001:147).

It is interesting to note that in Danish discourse the image of women selling sexual services has changed radically during the last decades. Historically ‘public women’ were seen as constituting a threat to marriage, the family and to public health and order (Lutzen 1998, Bøge Pedersen 2000, Spanger 2007, 2008). Lately, though, a certain kind of radical feminism focusing on aspects of victimhood has prevailed (Bjønness 2013, Skilbrei & Holmstrøm 2013), bringing along a tendency to see ‘the prostitute’ as another ‘kind’ (Hacking 1999), and as a victim exposed to supposed violent pimps, punters and kingpins (Servicestyrelsen 2009, Helth 2011).

Policy debates often imply a certain kind of vulnerability in ‘prostitutes’:

Being a prostitute makes a women vulnerable to the loss of social services, removal of her children and termination of parental rights, expulsion from social support systems such as family or church, rape or other violence, and arrest (Weiner 1996:100).

This change in the image of ‘the prostitute’ from offender to victim is visible in Danish drug treatment centers:

Prostitution is an abscess that might burst if we talk about it (Addiction counsellor no. 6).

‘The prostitute’ therefore is now seen as a threat only to herself, and to her children. The close association of vulnerability and prostitution is also found in the drop-in center, which defines prostitution as ‘violence against women’

(Reden 2004) and lobbies intensively for a one-sided criminalization of the punters (KFUK 2010). This lobbying might imply that the center regards these women as 'imperfect' citizens and unaccountable for their own actions, in line with children and under aged persons (Simmons 1998, Jessen 2009, Bjønness 2013), leaving a legitimate space for the institution as 'the voice of the women' (Reden 2004). By defining its users as the opposite of 'normal women' staff, through their practice, communicates historical and socio-political norms about female agency and respectability (Bømler 2008, Bjønness 2013). The drop in center may thus, by its 'othering' rhetoric, confirm and even amplify the image of the prostitute as being radically different and as being a victim, thereby positioning the drop-in center as a highly moral actor.

Interestingly, the construction of the prostitute as being 'the radical other' is mirrored in the women's own experiences of the discourses about them:

When I have told an addiction counselor that I have been engaged in prostitution, they have looked upon me, as if I was insane. (Interviewee no. 14)

It is as if we, women who 'make money', are seen as not belonging to the human race. (Interviewee no. 2)

There is some evidence then, that the historical 'othering' of women selling sexual services, influences the practices of the drop-in center's staff, and thus narrows the possibility for the users to be conceptualized as 'sane' or 'rational'. The question is, therefore, how do pregnancy and motherhood add to this curtailment? Knowledge about this is scarce, as women involved in prostitution are rarely identified as parents, and the parent-child relationship seldom has been explored in depth (Bogart et. al 2005, McClelland & Newell 2008).

In the following, I will explore the users' struggles to position themselves in the drop-in center, and how this positioning may relate to public discourses about motherhood. I will illustrate how the women may be seen as contributors to the erosion of their own self-esteem, in a process during which their self-presentations with respect to motherhood and femininity are confronted by the implicit and explicit norms of family therapists, drug treatment staff and the drop-in center staff, who often consider drug-use, prostitution and motherhood to be incompatible (Bogart et. al. 2005, Dahl & Hecksher 2007, Dahl & Pedersen 2008, Bjønness 2011, 2012). Finally I will ask why these women experience their relation to social services as being so difficult and alienating.

NARRATING MOTHERHOOD⁶

Western public discourse on modern female life stresses agency, choice and responsibility for one's own life (Rosenbaum 1981, Faber 2008): 'ideal motherhood' is often associated with care, responsibility, compassion and stability⁷ (Gullestad 1984, Aasum 1997, Egelund 2003, Faber 2008). I have argued that women using drugs and selling sexual services are seen as deviating radically from these 'formula stories'⁸ (Loseke 2001).

This **article** adopts a narrative approach, focusing on how the women in life-history interviews make sense of motherhood by connecting certain episodes in,

⁷ Danish television reality programs like 'Young mothers' (channel 4) are examples of programs in which norms about motherhood are communicated by the media

⁸ A 'formula story' is an acceptable story reflecting certain belief about rationality and causality in society connecting 'types' of people to certain experiences.

and aspects of, their lives⁹. Most of them have sporadic or no contact with their children. In their narratives, though, situations concerning custody are paramount (see also McClelland & Newell 2008, Bjønness 2013). My objective is to demonstrate how these women represent the implicit and explicit demands and limitations they experience in regard to motherhood, and the different strategies which they have adopted to meet these expectations.

A close look at the women's narratives allows the discovery of situations in which they actually act quite 'responsibly' by trying to take control over their own lives, being strategic and entrepreneurial in their relations to the system, and presenting their actions as active choices and decisions rather than mere reactions to violence or force (see also Day 1999). Furthermore it becomes evident that they emphasize past attempts to maintain custody of their children.

Their narratives are suffused by a diffuse and unpleasant feeling 'of never having got it right' (Skeggs 1997:6, see also Ludvigsen & Lydolph 2008) and they express a sense of 'playing on away ground' (Interviewee no. 21) and of not being seen as 'quite as worthy as others' (Interviewee no. 11). And, importantly, this 'othering' in relation to social services is especially accentuated in the context of motherhood (See also Bogart et. al. 2005). Maggie, who was one of the women involved in successful treatment, says:

I was four years clean, I could give you all the clean specimen of urine that you wanted, I am under education, I have a decent home, I have a decent boyfriend, what else can you demand from me? I was shocked, because I thought I did so well, I didn't expect somebody (her doctor, ed.) looking at me, saying; 'listen, you are not at all fit to be a mother...'(Interviewee no. 14)

⁹ The narratives are not to be seen as arguments for allowing the users of the shelter custody over their children in their current situation. Having known them and their concerns for years though, I cannot but wonder what would have happened if, at the time of their first pregnancy, for example, they had received more recognition for their efforts and the support needed to maintain custody of their children at that point (see also Murphy & Rosenbaum 1999, Bogart et. al 2005, Dahl & Hecksher 2007)

Many of my informants represented their pregnancies, even though seldom planned, as possible new starts and as chances to 'turn their life around' (Martin 2011). They were also seen as a chance to fulfill the dream of having a family of their own. Moreover, motherhood is by some seen as being one of the few possible arenas for experiencing and staging feminine identity (see also Dahl & Hecksher 2007:32).

A common pattern in the life-histories is that a combination of drug-use, unemployment and early pregnancy elicited a response from social services, in the shape of drug treatment or 'young-mother programs'. In most cases the result was that their children were subjected to 'voluntary foster care', either at birth or during the first 2-3 years.

In their narratives the women tried to explain their loss of custody. Violence from partners is presented by many women as being a factor in escalating drug or alcohol use, and thus as the indirect cause for losing custody. Bella states:

My boyfriend was one of the tough guys... he knocked everybody out, me included... I was unhappy about it, but it didn't make me break with him... I was a wreck and never knew when he would come home, and... would he beat me? Sometimes I had to flee the apartment and hand over our son to the children's home, because I couldn't manage him under those circumstances... I had my boyfriend restricted by the police, but what if he goes to jail, and what when he is released? I had to recall the notification... but he was still in town. In that period I started to drink, the only time I wasn't afraid, was when I was drunk, so that was my defense. (Interviewee no. 51)

A correspondence to these users' narratives can be found in counselors' descriptions of their expectations of the 'typical course of events':

The typical story is, that there may be one or two happy years, because they think, that now everything is fine... but within a few years, they become beaten by their partner, and drug use silently sneaks in... it might be idyllic initially, but after a year or two it all

crumbles, they often go to jail, or they get beaten up, flee to a crisis center, they hide, or they have to enroll in drug treatment to be able to retain custody. (Addiction counselor no. 14)

There is thus an apparent link between partner violence and losing custody, in the eyes of both the women themselves and the staff.

Another recurrent narrative is about not receiving appropriate help and support from the system with respect to pregnancy (see also Bogart et. al 2005, Radcliffe 2009). Emily had been off drugs for more than a year and felt devalued and misunderstood when she told her physician, that she was pregnant:

She just condemned me... I have to admit that for a minute I felt that all I had been fighting for lost its significance, I was still seen the same way: a fucking junkie that would not be able to take care of her child. (Interviewee no. 42)

Narratives are suffused with examples of struggles to gain or regain custody and parental rights and of lacking the appropriate help:

My son came to a good home, and he is still there today... but all my possibilities as mother were taken away from me....they didn't tell me anything about the rights I have as a mother... I started to drink....I felt, that I lost him, that everything was taken away from me... and then we came to talk about, I will never be able to give him what you (the foster home) do... but I miss him, I really miss him. (Interviewee no. 3)

Rather than being their own decision, the acceptance of 'voluntary foster care' is often understood by the women as a means to avoid forced estrangement and a strategy to show willingness to adhere to the conditions set by the system (Bjønness 2011). This example illustrates the felt necessity:

I could as well sign (the form for voluntary care, ed.), or else it would be forced estrangement... That is, then, my son is in voluntary foster care...I didn't feel that I received the help, I was entitled to. I was bitter on the system; first they promise family

treatment, and then they take it away from me – I wanted to be clean and I was sympathetic to receive help, and then they lied to me (...) The municipality said, that the last couple of years they had seen some bad examples of treatment with children... I am sure, that if we have had treatment all three together (her, and her two children ed.), I would have been clean today. It ruined our family! (Interviewee no. 5)

My informants' narratives are permeated with feelings such as this of being defrauded and misunderstood by social services, and with a recurrent sense of 'never should having told the social worker' (interviewee no. 23) (see also Dahl & Pedersen 2008). Moreover there is a sense of being seen through the master statuses of 'addict' and 'prostitute' and as a representative of a 'generalized drug addict'.

I am just generally regarded a fucking addict. The counselors do not seem to be able to forget, that I was like that... the mistrust; 'We don't want to spend money on you, because you will never succeed anyway' (...) I am just trampled on; stay where you have been for your whole life, at the level of the skirting board. (Interviewee no. 9)

In this section I have tried to make sense of the women's retrospective constructions of a certain kind of causal connection between losing custody and other important incidents in their lives, such as partner violence, drug-use, prostitution and controversies with social services. In the next section I will explore how presently, faced with institutional expectations and norms about motherhood, they adopt two different strategies: either they construct norm-conforming narratives or they oppose the institutional view.

PERFORMING MOTHERHOOD - COMPLIANCE OR RESISTANCE?

Sarah ends up totally conforming to the formula story about incompatibility between drug use and motherhood, but her narrative shows, that it hasn't

always been like that. She claims that when she entered her first drug treatment program to retain custody of her children, she really believed it was possible. In treatment though, her faith in her own ability to become 'clean' and even to survive crumbled. After some months she fled from treatment convinced of her own inadequacy as a mother:

I thought the children would be better off without me, if I was an addict... and I was deeply depressed, because they (the staff) would not let me talk to the children every day, as I was used to... only once every month, for ten minutes... Their policy was, that I should have as little contact with my children as possible. (interviewee no. 13)

Sarah remembers the treatment staff as being non-responsive to her needs and she perceives them as being the direct cause for her finally giving up, 'to become the addict I was treated as'. After leaving treatment, Sarah hustled abroad. After some years she returned to Denmark, and at present she is a regular user of the drop-in center. Even though she is one of the few users actually regularly visiting her children in a youth institution, she seems to have internalized a picture of herself as being an incompetent mother (see Goffman 1963). And even though often talking about her objective to remove the sense of guilt that she supposes her disappearance has caused in her children, Sarah seems quite serene about not being able to offer her children what they need. She is now humbly trying to comply with the requirements of the system, seldom challenging the judgments of the staff of the drop-in center. In the staff discourse and meetings, Sarah is seen as being 'the good client', and she is labeled 'relatively well-functioning' according to staff's ideal of a 'good mother' as one who is 'realistic' about her own competences (Staff-meeting June 2003).

In contrast to Sarah, Iben, who currently lives with her 3-year old daughter, often expresses open opposition to the requirements of the system. She doesn't

consider herself ‘the kind of client the system wants’, as illustrated by her narrative about her reaction to being excluded from a family treatment program:

They said that lots of people cheat down here. Well, that has nothing to do with me... the suspicion... and then they said that they couldn't help me anymore. It was like I was too strong for them, they expected me to make problems or something... because I had asked for the right to assess my documents, and I had made clean urine-tests... it was like, I didn't want to sit there being a drug addict with the others. I wanted to take care of myself, and then they didn't want to cooperate with me any longer. (interviewee no. 11)

She feels that the system predicts that she will fail:

It is the way they (the system) construct you, that hurts the most (...) you feel the suspicion, the way everything becomes bungled (...) they give up on you, and it makes you give up yourself. (interviewee no. 11)

Iben gives another example of her experience of the system's preconceived opinion during a discharge meeting after giving birth:

The medical superintendent said: 'Well, we follow your case until the child is 3, maybe 5 years, because our experience is, that problems arise within the first couple of years. Well, I said, but haven't you also seen the opposite? (interviewee no. 11)

She feels stricken by negative expectations of the group to which she is ascribed membership and she thinks that she annoys the staff, because she has so many questions, and stands up for her rights. At the same time she knows, that in the discharge situation mentioned above, she had to allow the superintendent the power of definition and to cooperate with the system, in order to be able to ‘pass’ (Goffman 1963) and to bring her daughter home. She has developed a pragmatic attitude towards the system and she does what she finds necessary. When facing problems, she adopts a very widely-employed strategy of the

discreditable person: 'to handle risk by dividing the world into a large group to whom one tells nothing and others upon whose help one relies' (ibid: 117).

Iben's strategy works up to a point, in that she manages to keep up her self-esteem in the short run. However, the result of her sometimes more open critique of the system is that she withdraws from trusting contact with the staff, who consequently label her 'a malfunctioning, uncooperative and distrustful client' (Staff meeting September 2004). She is often barred from the center after controversies with staff, followed by periods of increased drug-use, and the risk of losing custody.

I have indicated two different strategies for managing institutional expectations and norms about motherhood: either to construct norm-conforming narratives or to oppose the institutional view. The next section is a case study discussing how the two strategies often overlap, and that in spite of huge efforts to 'act right', the women often end up abandoning motherhood.

The case of Sophie: 'Life was good, when I was a mother'

Sophie is a regular user of the drop-in center. She uses drugs and alcohol on a daily basis, sells sexual services once in a while, and her children have been in foster care for about 5 years. During the first years I knew Sophie, she talked a lot about keeping up the relationship with her children and she repeatedly told stories about 'the good times when we were family' and about situations where she had felt misjudged and mistreated as a mother by social services. She often expressed a bad conscience about not having been able to take care of her children, moaning that she didn't know about the mother-and-baby-home or the crisis center:

I stood there with my son, and didn't know there existed help for people like me – and then they took him. (interviewee no. 3)

In the following I will focus on Sophie's struggle for 'being a mother' because the case illustrates how formula stories about motherhood affect my informants' experiences; especially how they tend to internalize the stigma as inadequate mothers that explicitly or implicitly frames them and, eventually, (re)increase their drug use. Sophie's visit to her son, at first sight an attempted act of resistance against the label 'unfit mother', can be interpreted as being a crucial experience of no longer being a mother, and thus being a fatal stroke to her more general life-chances, with a feeling of having failed her son fatally.

One day, after reducing her intake of drugs considerably over a few weeks, Sophie announces with a determined twinkle in her eye that she wants her son back. She dials the number to his foster-home, and I notice how her body softens, and her eyes appear almost luminous when her son responds. After hanging up, tears flow down her cheeks, while she repeats: 'He said 'mother', he said 'mother'.'

Fourteen days later Sophie and I head for the foster-home. She is very nervous, and blames herself for not knowing what kind of present to buy for her son. 'Imagine not to know what one's own child wants', she whispers standing by the gift-shelf at the gas station, ordering a small bottle of snaps 'for the nerves'.

Approaching the foster-home, her 9 year old son, Soren, is waiting evidently excited at the doorstep. He grabs Sophie's hand and leads her towards his room. The foster-mother appears very tense, addressing Sophie with obvious ambivalence: 'I am so glad you are back, Sophie'.

After some time Soren and Sophie re-enter the living-room, playing and laughing. Concurrently the foster-father arrives, exhibiting a very reserved impression. In my field notes I analyze the situation as follows:

The foster-father greets me aloof, but overlooks Sophie, as if he hadn't noticed her. He gets himself a cup of coffee, takes place at another table, reading the newspaper. The classical background music and the dusk suddenly make the living room appear a kind of gloomy. Sophie appears so tiny and vulnerable in the stylish home with a piano. The light, the design furniture, the view... I now notice Sophie's insecurity in the relation to the foster-mother, and I recall that Sophie has told me, that she let go of her son, because she felt that the system and the foster-family had more to offer him, than she had (field notes February 2004)

On our way home Sophie hides her face in her hands and repeat like in a form of trance: 'It was good, it was good!' She recounts situations when she made porridge for baby-Soren in the mornings, bought bagels for his father, and played at the playground. Sighing loudly she states: 'Life was so good, when I was a mother!'

Four days later Sophie is back in the drop-in center, very intoxicated, asking for equipment for 'shooting dope'. She is on her way to visit her boyfriend in jail, and she asks for tinfoil to be able to 'have all the marihuana he want's up in my cunt.' Usually he doesn't talk like that in the center, but today is different. It is as if she more or less consciously underlines for the staff that she is no longer worthy of her son, as if she states: 'I give up. And you should as well, I am not worthy of your sympathy' (see also Bogart et. al. 2005).

The following months Sophie and I, on my initiative, talked about Soren a few times. Before Christmas Sophie wanted to buy him a present, and the following spring she talked about saving money for a 'family-holiday'. I accompanied her to the bank, and actually she managed to get a small loan, but during the

following days the money literally 'went up in smoke'. After this Sophie refused to talk about her children whatsoever.

Does this mean then, that all possible routes to motherhood are closed for these women? No, quite paradoxically they may be awarded 'motherhood' and recognition as mothers by giving their children voluntarily away for foster care at the right time, in the right way. Sophie did this five years ago with a trembling heart, fighting her own bad conscience and ever since doubting whether the voluntary foster care was the right decision. She imagines her son's thoughts with shame and grief: 'My mother. Why doesn't she come, doesn't she like me?' The obvious analytic parallel between Sophie's story and the other childhood-narratives in the drop-in center is that the women were abandoned, and they abandon, and both their own childhood and their children's make them consider themselves complete failures. It strikes them hard when they, often as a result of a sanction or intervention by social services, experience that they reiterate their parent's failure towards their own children.

Sophie's father told her at the age of 14: 'You will end up in the streets'. Those kinds of negative expectations have followed Sophie ever since. Now, in her mid-thirties, Sophie has internalized the gaze of public normalcy to the degree, that she cannot distinguish it from her own. She cannot pursue the belonging and recognition she experiences with her son, because the professionals tell her to let him go, for his sake. So she chooses the necessary, she lets him go, and thus she gives up one of her few links to 'normalcy': the story about Sophie as a mother.

The final part of this article will explore the role of the drop-in center in the women's limited access to the construction of approved motherhood, and thus

explore possible explanations of the women's difficulties in keeping custody or regular contact with their children.

DISCUSSION - THE DROP-IN CENTER AS A 'MAGNIFYING GLASS'?

The study's women's lives are characterized by vulnerable social networks and by feeling unsafe and lonely in their homes (if they have any). They thus lack a 'backstage' where they can 'reliably expect that no member of the audience will intrude' (Goffman 1963:116), and accordingly also the opportunity to avoid the 'deterministic demands that surround them' (ibid.). They spend a large amount of their time in institutional spaces like the drop-in center¹⁰, which come to function as a kind of 'home' at times when the women feel bad, have withdrawal symptoms, or when their ability to control their presentation of self is weakened because of heavy drug intake.

Lacking a 'backstage' their failure to comply becomes unmercifully visible for staff and other users in the small, crowded center. The transparency of the institution and the ever-present gaze of the staff may thus magnify the problematic aspects of their practice.

Drug-use then, constitutes a paradox: it may 'work' as a 'backstage' or refuge for the women, in the sense that it relieves their felt powerlessness and enables the control of anger and pain when facing violence or failing as mothers. When their drug intake is out of control though, it often engenders desperate behavior, and because of the transparency of the drop-in center, it engenders stigmatization and self-stigmatization (Goffman 1963, Skeggs 2004).

¹⁰ Their housing-situation is often chaotic, either because of lack of money, or because of psychiatric conditions.

The drop-in center then unintendedly stigmatizes these women: as their self-presentations are often interpreted through the master status of 'prostitute' or 'drug-addict', staff may possibly fail to detect their 'reasonable' reactions or 'adequate resistance' to specific situations or conditions and 'normal' attitudes to parenthood.

These consequences of lacking an actual 'backstage' points to an aspect of Bourdieu's reflections about 'class': actors possess different amounts of symbolic capital and thus varying access to power to control and manage others impressions of their actions (Bourdieu 1995). This lack becomes relevant concerning motherhood, as the women attending the drop-in center in situations of desperation, or while having withdrawal symptoms, do not comply with the model of 'motherhood' associated with care, safety, compassion, stability etc., and staff seem to regard their acts as defining them as persons, rather than as re-(actions) to specific demands or situations.

The ambivalence towards own self

A paradox exists in the daily life in the drop-in center: the women are encouraged to understand their situation by means of a dialogue with social workers, but the range of approved interpretations of own situation is quite narrow (see also Loseke 2001). It is striking how women who normally appear as being enterprising, who maximize their opportunities and take advantage of the holes and fissions in institutional life (Bjønness 2013), find it extremely difficult to challenge the institutional doxa¹¹ and to trust the social workers (Weiner 1996) concerning motherhood (see also Järvinen & Mik Meyer 2003). I suggest, that the degree to which drug use and prostitution are seen as being

¹¹ Doxa is the term Bourdieu uses to explain the not pronounced, implicit rules of a field whose validity nobody doubts. The preconditions for thought are left in an 'unthought-of' state (Bourdieu 1997:221).

incompatible with doing 'motherhood' (Erickson, G. et. al. 2000) hinders the recognition by social workers of the women's performances of 'normal motherhood'. Eventually this 'non-recognition' may result in the women taking on particular 'spoiled' identities (Boyd 1999, Martin 2011): 'To become the fucking addict I was treated as' (interviewee no. 13).

The stories about Iben, Sarah and Sophie thus illustrate the ambivalence of motherhood for these women: it represents what they describe as 'the best in their lives', but also their grief and their 'judge'. In the eyes of their children, the foster parents, and center staff the women see the reflection of default and inadequacy. They see themselves through an institutionalized and classed gaze: in 'the home with the piano', it becomes evident for Sophie that her 'judgment of taste' (Bourdieu 1995) is not proper, and that her son is better off there than he would be in her care.

Such ambivalence towards oneself is one of the hallmarks of processes of stigma:

Given that the stigmatized individual in our society acquires identity standards which he applies to himself in spite of failing to conform to them, it is inevitable that he will feel some ambivalence about his own self (Goffman 1963:120).

And even though fighting this self-stigmatization, Sophie ends up internalizing it. She recalls her own childhood with a mother not able to live up to what Sophie regards as 'normal motherhood'. Becoming a mother herself, she met the same problems, the same experience of devaluation by social services, and the same experienced inadequacy as a mother. For years she tried to handle the disqualification as a mother by representing the separation from her children as being something unjust and temporary. Visiting Soren was in her own words an attempt to take up 'her last chance to be a mother'. But because of the

transparency of the drop-in center, in which her reactions following the visit were obvious to the staff and the other users, it became clear to the audience, that she could neither live up to her ambitions of having her son home, nor to her self-presentation as a misjudged mother (Goffman 1963). The core dilemma being

What an individual is, or could be, derives from the place of his kind in the social structure (...) The individual's real group, then, is the aggregate of persons who are likely to suffer the same deprivations as he suffers because of having the same stigma; his real 'group', in fact, is the category which can serve as his discrediting (Goffman 1963:137).

Sophie attempted to rework the 'identity' allowed to the stigmatized individual and the expectations of her. Categorized a 'drug-addict' and 'a prostitute' by staff – and by herself – Sophie's actions are so diametrically opposed to the formula story of a 'proper mother' that she doesn't see any other option than to evaluate herself in this light and consequently must adjust her story about herself as a mother. The social codes, i.e. the formula story of the good mother, give those who are stigmatized instructions about how to treat others, but simultaneously 'recipes for an appropriate attitude regarding the self' (ibid: 135). As a consequence Sophie often uses the expression 'people like us': failing to comply with the code is being a 'self-deluded, misguided person', succeeding is a sign of being 'real and worthy' (ibid.). This means that only when one is able really to convince the audience of having the right capital one can be recognized as an 'authentic person' (ibid.). Sophie failed to pass as 'authentic' – eventually also in her own eyes.

Maybe she didn't believe in challenging her stigmatization in the first place, but the sparkle in her eye, the energy in her voice facing the visit, and her reduced drug-intake indicated that she had hope. However, her attempt to change her

situation to become 'a real mother' made her vulnerable. After the visit, it was as though she disintegrated, she gave up, and it became visible to all that she no longer tried to resist her stigmatization. By failing to pass as a mother, she also seem to experience the loss of opportunity to present herself as the misjudged 'ex-mother': I never again saw her try to present herself as a mother unjustly judged by social workers. She incorporated the image of 'the inadequate mother' and stopped trying to give an impression of something else (Goffman 1959).

CONCLUSION

The initial question was: do certain gender and class biases exclude specific groups of women from 'being mothers'. The article has explored norms and practices about motherhood among drug-using prostitutes in Denmark, and how their daily lives and narratives about motherhood and chances of being recognized as mothers may be affected by general discourses about female drug users and prostitution.

It has been demonstrated how the women meet institutional expectations and norms about motherhood, either by constructing norm-conforming narratives or by opposing the institutional view. Given the transparency of the drop-in center and its status as a place the women seek out in a state of urgency, the women's self-representations in the center often appear chaotic and inconsistent. So even though they may enact valued characteristics of modern women, taking responsibility and trying to regain their motherhood, the *ways* in which they take action, cannot always be recognized as being reasonable. They express a feeling of being judged as representatives of a deviant group, and that

negative expectations from the system is an operative factor for giving up treatment, and thus, motherhood.

Furthermore, it seems that both complying and resisting become paradoxical contributions to the reproduction of the structures the women resist. This is the essence of domination: 'Resistance may be alienating and submission may be liberating. Such is the paradox of the dominated, and there is no way out of it' (Bourdieu 1994:155). Indeed, it becomes evident, that the women struggling the hardest, who narrate repeated clashes with social services over rights and custody, seem to experience further marginalization over the years, followed by, for example, heavy drug-use and resignation. The women who comply to what is seen as best for their children, apparently voluntarily giving them away for foster care, also often have a strong sense of doing wrong, but are more easily contained by social services. Both strategies seem to result in the women developing a strong ambivalence about themselves: They experience 'a sense of playing on away-ground' and thus illustrating Bourdieu's points about 'class as a feeling' (Bourdieu 1995) and the mechanisms in which marginalized people's resistance may provoke further marginalization. In the end then, social institutions that operate on the assumption that women who use drugs and sell sexual services are 'improper mothers', may create conditions that prevent the same women from proving otherwise.

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Presentation

Jeanett Bjonness, Ph.D., is an anthropologist from the Dept. for Anthropology and Ethnography, Aarhus University. Her research has focused on prostitution, social work, social policy, victimization, agency, gender, class and the relation between marginalized women and the social system. Presently her research explores the norms and practices concerning motherhood among drug-using sex-sellers in Denmark and among social workers, particularly how existing social problem characterizations of prostitution, drug-use and motherhood may affect such norms and practices, and how they relate to a more general social construction of difference. Furthermore, she is interested in the possible methodological and ethical dilemmas inherent in researching politicized and morally loaded fields as prostitution and more generally the area of social marginalization.

