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**Stories of Substance: Women's Narratives of Overcoming a Troubled Relationship  
With Alcohol and/or Other Drugs Without Intervention**

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## Abstract

(Re)produced within colonial and patriarchal knowledge systems, psychological literature that considers women's experiences of alcohol and other drugs (AOD) produces a singular story of feminine pathology, nestled within a dominant narrative of addiction. The shame that women embody emerges in a complex relationship of gendered power relations enacted on our bodies, as it is produced through the affective flows of the social forces that shape our subjectivities. This research aims to retell our stories away from narratives of blame and shame to better understand the processes we engage in and how we make sense of our affective transformation. How do we recognise the affective flows of meaning making that hold us responsible for the embodied affect of shame and blame as we re-tell our stories of our differences, collectively re-imagining what it might mean to be a woman who is becoming free from shame and blame? The research becomes a collective narrative with five women, taking shape through tracing the affective flows of meaning making that materialise the forces that shape our subjectivities, and open potentials for our transformation. The analysis moved with the patterning of the women's processes of reckoning, de-linking pain from suffering, and embodying new spaces. Through these processes, potentials for in-depth transformation moved our bodies through ongoing processes of becoming in relation. Understanding that memories – and the action of remembering – are a creative force, enabled us to imagine an alternative world with compassionate and sustainable social relations. Recognising the generative potential of pain and shame, the story this research produced became one that celebrates transformative becomings, and a new figuration for a woman who has overcome a troubling relationship with AOD emerged – she is nomadic, shaped through the affective flows of social power relations, attuned to her embodied memories as she follows her desire in a process of becoming. She is a woman of substance.

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## Chapter 1: My Story

Alcohol and other drugs (AOD) played a significant role in my life throughout my late teens and into my 30s. They provided a way for me to feel empowered, emboldened, unconstrained, and a relational shortcut to connection with others. These experiences opened me up to a range of previously unknown creative expressions, by extending my consciousness, expanding my confidence, and enhancing my capacity for empathy. However, my use increasingly took a toll on my physical and mental health and also in my relationships with others. There were many times I swore off AOD, only to return to them again as I negotiated the benefits and harms of how they were affecting my life. Although difficult and at times painful, I can now recognise how the processes involved in navigating my entangled feelings, experiences, and the gendered social power relations that conditioned my everyday life as I made sense of my AOD use, as well as the process of recognising these flows of affect, have continued to shape how I am becoming in meaningful ways.

Although at certain points along the way I might have qualified for a diagnosis of a substance use disorder, such a diagnosis feels inadequate to make sense of the complexity of my experience. AOD diagnoses that pathologise use are normalised in and through everyday understandings of AOD, producing a morally deficit figure understood as a ‘problem user’, ‘substance abuser’, or ‘addict’, often individually characterised through moral codes of deviance, vulnerability, weakness, untrustworthiness, selfishness, dangerousness, and therefore in need of redemption. I recognise in the coding of the characteristics of this emergent figure a feminisation of practice traced onto particular bodies, where disorder is signified through excess emotion. And I remember too, the gendered double standards that are applied to women’s AOD consumption, and how women face social sanctions if they breach the boundaries of normal femininity. As I began to recognise the pathologised feminine figure of deviance as the figure of excess, of ‘too much’, I recognised the forceful authority of psychological knowledge that enacts power over the meaning of my gendered experience and the entangled embodied feelings of shame and blame that render our stories untellable.

Working for a crisis support service, I have had many conversations with women experiencing troubles with AOD. These conversations are anonymous, and as such create a safe

space for them to share stories that might otherwise remain untellable. What I have come to recognise are the familiar feelings of shame that are still so palpable. Among my own social relationships there are also women with lived experiences of histories of AOD, and while they have been on a journey of personal transformation and living healthy lives, their past experiences with AOD are spoken about with shame or, more commonly, not spoken of at all.

Through some of my university courses I was exposed to different philosophical and feminist theories that led me to re-examine my experiences, as well as to question the reluctance of women to open up about AOD troubles. I became curious with the work of Rosi Braidotti and Donna Haraway, who offered me new ways of understanding/doing humanness that challenged categorical and hierarchical binary conceptions of difference, as well as helping me to recognise the relationships and rhizomic connections that inform our subjectivities. Through these entanglements, I came to make sense of how our experiences, understandings, and perspectives are always partial, contextual, and shaped by power relations that are reproduced through dominant narratives. In recognising my own location, I began to join the dots in terms of my experiences with AOD to form new (relational) understandings. And I was also able to articulate my felt resistances to psychological knowledge and the normalisation of sameness and difference.

Learning and working within the discipline of psychology, I feel a weight of responsibility in recognising how psychological knowledge production can produce stories that limit potential through concepts and categories that stagnate our understandings of different experiences. Although many people's experiences with heavy AOD use involve pain, psychologising or pathologising this pain by focusing on 'fixing' it, rather than hearing it, seems to result in dominant narratives and responses where the pain becomes the only focus. When pain is understood as an object, treatment begins from a premise of deficit, and stereotypes and dominant narratives become reinforced. I know from my affective history that there is more to women's stories of overcoming troubles with AOD than dominant understandings allow for. It is through the hearing of women's journeys of transformation in different ways that we can introduce new stories that disrupt the circulation of dominant and harmful narratives.

This research aims to retell our stories away from narratives of blame and shame to better understand the processes we engage in and how we make sense of these journeys of transformation. It seeks to understand how we recognise the affective flows of meaning making that hold us responsible for the embodied affects of shame and blame, as we retell our stories of

our differences, collectively re-imagining what it might mean to be a woman who is becoming free from shame and blame.

## Chapter 2: Literature Review

### Politics of Location

I began this process with the understanding that the knowledge produced through this research emerges from specific, partial viewpoints. Having come to recognise the significance of location in terms of my own experiences with AOD, I understood the importance of situating this process and the story it produced within certain social, cultural, and political contexts. I would be bringing my embodied experiences and perspectives with me in my sense-making, as would the participants, and as such I began by looking to the past to make sense of where we are in the present.

Understanding the shame and stigma experienced by women in Aotearoa who have faced troubles with AOD involves first attending to our social conditions, rooted as they are in the Eurocentric knowledge systems introduced through colonisation. This patriarchal system favours a hierarchical gendered social structure that works to delegitimise traditional Māori knowledge and ways of being that operate within the overarching principle of balance (Mikaere, 1999; Kern, 2024). Within the colonial system, white maleness is seen as the standard against which anyone else is his inferior other (Bartky, 1997; Braidotti, 2017; Mikaere, 1999; Simmonds, 2011). A redefinition of gender roles to reflect patriarchal values was integral to colonisation, and Māori ways of knowing were reshaped to support colonisers' understandings of women's subservient domestic roles and inferior status, where the autonomy enjoyed by Māori women was seen as immorality (Mikaere, 1999; Kern, 2024). Through the processes of colonisation, the dominant system in Aotearoa became one that reflects Eurocentric and patriarchal values that subordinate women.

Colonial understandings of appropriate behaviour for women extended to drinking practices, where 'good' women practiced sobriety and 'bad' women drank with men in public. It is important to recognise that while colonial values discriminated against all women, they did not affect all women equally. In 1910, women were banned from drinking in public bars and from selling alcohol; but for Māori women, these laws extended to only being permitted to consume alcohol on doctor's orders (Hutton & Wright, 2015). While these laws are now outdated, it is an explicit example of how being Māori and being a woman has resulted in unequal discrimination

under colonial rule, and a reminder that we experience this hierarchical system differently depending on the particular locations we inhabit. To this day, there are different layers of ‘othering’ that Māori women specifically can experience. The effects of colonisation mean that Māori women negotiate definitions placed on them through comparison to Māori men, Pākehā men, and Pākehā women, as well as socioeconomic class and the suppression of Māori ways of understanding what it is to be a woman (Mikaere, 1999; Simmonds, 2011). As a result, Māori women still face disproportionate levels of discrimination in relation to AOD use as they negotiate the ‘impossible space’ (Griffin et al., 2013) of femininity from the place of being ethnically ‘other’ (Hutton & Wright, 2015; Kern, 2024). Thinking with this literature, I was reminded that, as women in Aotearoa, certain aspects of our locations may be shared, but we live in unequally entangled worlds.

Colonial traditions in Aotearoa of ‘othering’ are further perpetuated for those who have troubles with AOD within the historical backdrop of the temperance movement, and the addiction-as-disease model. The temperance movement of the late 19<sup>th</sup> and early 20<sup>th</sup> Centuries framed alcohol as the cause of many social and familial problems, and alcohol use as a personal failing (Ministry for Culture and Heritage, 2018). Following this, the addiction-as-disease model positioned addiction as a chronic and irreversible brain disease characterised by compulsiveness (Lamb & Kougioli, 2024; Reinerman, 2005). These conceptualisations have been maintained through Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) teachings that claim addiction to be a disease, whilst also positioning it as a moral flaw (Lamb & Kougioli, 2024; Reinerman, 2005). These widespread notions disregard social structures, instead allocating blame to the individual by framing troubled AOD use as a personal failing.

Dominant narratives of AOD and addiction are now also understood through our Western neoliberal ideology that suppresses difference and prioritises competitive individualism. As with any hierarchical system, neoliberalism disadvantages some more than others. It has been widely argued that young women are the ideal neoliberal subjects, with neoliberalism co-opting ‘postfeminist’ sensibilities of women being empowered agents to reinforce the need for intense self-management and improvement (e.g. Budgeon, 2011; Gill, 2008; Rutherford, 2018; Scharff, 2016). The discipline of psychology is complicit in the commodification of women’s bodies, reproducing the criteria for individual ‘risk’ for compliance and for failure (Rutherford, 2018). Thus, neoliberalism – with the support of the discipline of psychology – extends beyond market

principles to shape our subjectivities by working to reinforce deficit narratives for those who have experienced troubles with AOD.

The ‘othering’ dynamics of psychology that often contribute to the suppression of difference are perpetuated through the entrenched legitimacy of Eurocentric knowledge production. Psychology determines parameters by which people’s experiences are defined, resulting in the concept of a singular ‘truth’ with which to assess behaviours, diagnosis, treatments, or solutions (Coombes et al., 2016; Robertson & Masters-Awatere, 2007). Moreover, Western ways of thinking that traditionally adhere to positivism and a scientific neutrality imply an unbiased and universally applicable knowledge (Harding, 1992; Haraway, 1998). This is problematic because validity of experience and knowledge is sought through external measures, and as such is often divorced from many communities by time, space and culture (Waitere & Johnston, 2009). The reification of difference is enforced through neoliberalism, and works to bind communities that lay outside Eurocentric conceptual norms, thus categorising them as deficit whilst simultaneously diverting attention from the structural influences that bind these communities (Coombes et al., 2016; Sonn & Quayle, 2012). Our partial perspectives hold multiple truths and situated knowledge that the façade of scientific objectivity renders illegitimate (Haraway, 1998). The result is that the field of psychology – and the health sector more generally – are spaces where institutional processes are currently set up to reinforce the message that there is one correct way of ‘doing humanness’.

The focus on norms ingrained in the field of psychology heavily informs dominant understandings of AOD use. Binary logic is entrenched in the neoliberal academy of psychology, operating through processes of categorisation, normalisation and individualisation that commodify and fragment difference whilst helping to promote dualistic ways of thinking (Braidotti, 2012b). In terms of AOD use, the focus on normal versus abnormal and a reification of boundaries between volition and compulsion has created the pathological subject, and a basis for both research and treatment to focus on deficit through the binary concept of being either ‘addicted’ and sick, or ‘clean’ and well. The resulting rigid classifications for what is ‘normal’ and what is not, alongside the ongoing influence of the addiction-as-disease model, produce a decontextualised and homogenised story, and in doing so pathologises experiences that sit outside of the dominant narrative (Buchman & Reiner, 2009; Connor et al., 2015). Following this logic,

our value and our identities become shaped by classifications that constrain how we can make sense of a troubled relationship with AOD.

The stories of deficit we are told about ourselves as women who have experienced troubles with AOD can involve painful feelings of shame. Cultural double standards regarding AOD use mean women are shamed more regularly than men due to a violation of traditional gender expectations, leading to feelings of worthlessness, isolation and being flawed or tainted (Lamb & Kougiali, 2024). Feelings of shame often precede problematic use, and then become even greater as lives become adversely affected by AOD, making women more likely to hide their use, and less likely to seek support (Kougiali et al., 2021; Lamb & Kougiali, 2024; Moana, 2019). Moreover, other deficit narratives can instil feelings of shame for women who have experienced trauma, mental health issues, or who belong to marginalised groups, such as indigenous or poor communities (Douglass et al., 2023; Lamb & Kougiali, 2024; Moana, 2019; Rizzo et al., 2022). Lamb and Kougiali (2024) suggest that as women work to distance themselves from these narratives of shame, they can learn to hide parts of themselves as a form of protection, leading to a disconnect between what they share with others and how they feel inside, and this compounds and is compounded by gender norms of self-silencing, people-pleasing, and emotional suppression. AOD can then be used to conceal or numb feelings of shame to result in increased use and a vicious cycle of intensifying feelings of shame and trying to escape them through AOD (Lamb & Kougiali, 2024; Moana, 2019). In these ways, the shame associated with women's AOD use is complex, multi-dimensional, and intimately tied to gender norms and the politics of our location.

The shame we embody as women who have experienced troubles with AOD entails individualised narratives of blame that obscure the reality that these experiences are shaped through relationships and affective flows of power. As argued by Probyn (2004a), shame emerges through closeness with oneself and others, involving both self-awareness and the fear of exclusion or abandonment, so while our feelings of shame might be experienced as private, they are equally social and impersonal. Shame is felt as intensely intimate, and as such we feel personally responsible for it, but shame is a relational process itself in that it can only come about through the affective flows that occur when we have an interest in, and a connection with, others (Lamb & Kougiali, 2024; Probyn, 2004a; 2004b; Probyn, 2005; Probyn et al., 2019). Probyn (2005) conceptualises shame as relational and generative, in that it is productive in the

Foucauldian sense of being neither inherently good or bad, but enabling and shaping social practices, knowledge, and subjectivities. Probyn's conceptualisation of shame helps in understanding how the politics of our locations enable us to make sense of how shame is directed, received, and embodied. Our locations are profoundly entangled with our experiences of troubled AOD use because our shame is both private (embodied) and public (social power), as it is produced through the affective flows of the connections and social forces that inform our processes of becoming.

Our processes of becoming are shaped by the embedded and embodied politics of our location, and as women who have had troubled experiences with AOD this means we face different layers of discrimination. We sit outside the 'norm' in terms of our AOD use, and we transgress feminine expectations of purity, goodness, and idealised mothering. By defying these norms and expectations, we are often seen as morally and socially inferior, and our trouble-making is an embodied deviance that marks our social status (Ettorre, 2015; Collinson & Hall, 2021; Lamb & Kouglali, 2024; Meyers et al., 2021). Heavy AOD use is understood as a failure to perform feminine roles of morality and restraint, and our 'behaviour' positions us as wilfully wayward, morally corrupt, weak, abject, 'other', and individually responsible for both our failure and our social exclusion. Recognising the power relations that are both enacted and embodied, inscribing our bodies with meaning, the affective flows of intense intimacy of connection with others in relation with the social forces that constrain how we understand women's experiences opens up space for us to think differently with the potentials of our vitalities.

### **What we Know About Women's Experiences With AOD in Aotearoa**

As I reviewed the existing local literature on women's experiences of AOD use, an interplay between partial perspectives and dominant narratives began to emerge that pointed to the impact of gendered power structures on subjectivities. As described by Braidotti (2014), the subject is a process that involves negotiations and shifts between different degrees of power and desire, or entrapment and empowerment, where the many levels of the relational self are choreographed to resemble a unified operational self. These conditions and processes inherently produce conflicts, and by attending to these contradictions revealed within the literature, I began

to trace some of the ways that the negotiation of gender-specific experiences and stigma are woven into the subjectivities of women who use AOD.

In a study by Lyons and Willott (2008), young women's alcohol consumption is explored in terms of how it is used to (re)define their gender identities in relation to men. Both women and men in this study understood binge drinking as a normal, routine part of everyday life, and they describe it as pleasurable and a source of social bonding. Additionally, women participants drew on the concept of social 'equality' to explain women's increased participation in this traditionally masculine behaviour. However, their drinking was still measured through men's drinking in terms of 'keeping up', and gender boundaries were maintained by 'feminising' their drinking; for example, drinking out of a glass or being in control and responsible. Tensions in negotiating notions of traditional femininity were also apparent as the young women described 'other' (generally older or drunk in public) women who engaged in similar behaviours to them as deviant, promiscuous, or inadequately feminine, and vulnerable. The operation of the sexual double standard meant women were complicit with being 'one of the guys' and at the same time were upholding the gaze of masculinity in how they understood 'other' women's drinking, rendering themselves as responsible, attractive, and in control. I became curious about how women negotiate these tensions, and the affective flows of gendered power relations that affect our experience.

With a focus on differences in drinking cultures among young adults in Aotearoa, Lyons et al. (2014) explored the differences between Māori, Pasifika, and Pākehā cultures, and found gender differences in the ways the rules of drinking were recognised. All cultural groups often understood women's drinking as more socially and culturally risky, explained through a dominant storyline of feminine respectability and safety. However, more tensions were found between enjoyable and unpleasant experiences for the Māori and Pasifika groups, bringing into view the inequitable conditions of everyday lives for women, and the disproportionate representation of Māori women in our AOD statistics (Jackson, 2023). I became interested in the nuances of how gendered social power relations intersects with how we understand sameness and difference, and how affirming the meaning of difference shapes how we live in the world.

Research by Hutton et al. (2016) explored difference in terms of the ways socioeconomic status can influence young women's negotiations of feminine identities through their use of Facebook posts. Recognising the postfeminist and neoliberal context of Aotearoa, this study

explored the impossible space of women being free and liberated (individualised) subjects who are pejoratively positioned through their difference as unfeminine if they resist normative femininity. Participants demonstrated an assertive ‘up for it’ or ‘not caring’ postfeminist account of themselves as they discussed being heavily intoxicated to the point of vomiting, injury, being unable to walk, or memory loss. Through the gaze of sameness, disciplinary power (Bartky, 1997) also disciplines women’s expressions of femininity, marking some bodies as ‘tragic’ or ‘trashy’, the deviant bodies of unfeminine excess. The women engaged in a performance to curate their online femininities, excluding images where they might be perceived negatively as too drunk or too ‘ugly’ (messy), only posting the curation of a positive image. There were differences between ‘middle class’ participants performances of femininity and those of the ‘other’ forms of femininity in the gendered social hierarchy (Harding, 1992). In their curation, middle class women reconfigured themselves through white Western femininity, removing any traces of the working class ‘other’, the unfeminine figure of the rowdy, trashy, messy, violent woman who takes up too much space. The ‘working class’ women understood their femininity as an embodied resistance, claiming their expression of drunk behaviour as a performance of noncompliance with middle class respectability. Thinking with the tensions between forms of femininity, I was reminded of the gendered power relations of masculine domination and feminine subordination that condition the boundaries and the classed and sexed processes in the surveillance of bodies that transgress the gendered social hierarchy, and inform our subjectivities.

A recently published study by Kersey et al. (2025) focused on the meaning and functions that midlife (35-59 years) women find in drinking alcohol to offer some insights into how femininities are negotiated, sustained, and at times transformed. Locating the research within the context of neoliberal values of productivity and individual responsibility for attaining Western standards of success, health, and attractiveness, Kersey et al. found three pathways by which women understood their experiences with drinking and alcohol; (a) enhancing life through pleasure and happiness, (b) facilitating care and fun in relationships, and (c) enabling the performance of midlife roles and responsibilities. Through these pleasurable pathways, Kersey et al. traced the social power relations where the narrative of pleasure was connected to cognitive capitalism and independence. Empowerment and pleasure are assumed entitlements, normalised within social relations. However, these participants too, were aware of the social sanctions for women who transgress the rules of normative femininity, and through their stories, drinking was

functional to their performance of their (feminine) responsibilities, and a rational decision for which they were accountable for. I became interested in the tensions between empowerment and entrapment in the performance of femininity to maintain our position(s) in the social hierarchy.

The echoes of gendered social power relations in the studies above can be found in other local literature too. In a scoping review of the research, Jackson et al. (2023) found women's AOD use came under more scrutiny than men's, and although some women find challenging societal norms and defying expectations through engaging in recreational drug use empowering, they also understood their resistance as a deviation from normative femininity. Similarly, in research focused on young women's embodied experiences of intoxication, Ramsey (2014) explored the contradiction between drinking to escape the constraints of femininity while at the same time engaging in performances of heterosexual attraction that reproduced it, as participants navigated the fine line between 'flirty and fun' or 'tragic'. Other gender specific research focused on the relationship between AOD use and sexual violence that is produced through a complex system of power relations that locate women's bodies as responsible for the violence perpetrated against them, especially where AOD use is in relation to coercive controlling relationships (Bax, 2023; Jackson et al., 2023; Jowett, 2018).

The few available studies on Aotearoa women's experiences of overcoming troubles with AOD tend to focus on access to, and success of, treatment. Embodied social and structural power relations that produce the deviant feminine other flow through our bodies as shame and embarrassment, and we fear the social sanctions of seeking treatment in our social relations, communities, peers, the workforce, or schools settings, and discrimination from health or treatment professionals (Conroy, 2018; Jackson et al., 2023; Jowett, 2018). Other barriers to successful treatment include a lack of consideration of the sexual, physical and/or emotional abuse many women have experienced (Berry, 2001; Jowett, 2018), coexisting mental health problems (Adamson et al., 2006; Wouldes et al., 2013), or negotiating chaotic or violent intimate partner relationships (Jowett, 2018). Pregnancy and motherhood can be a motivating factor for seeking treatment, but also a barrier due to stigma or fear of being reported to child protection services, and practical considerations such as childcare (Conroy, 2018; Jowett, 2018). Women in Aotearoa face disproportionate harm from substance use (Jowett, 2021), and while some research shows that women have positive experiences in treatment (Conroy, 2018), there is also clearly an

inadequate understanding of women's specific treatment needs compounded by the higher levels of social, structural, and embodied discrimination faced by women.

Immersing myself in the local literature, I have traced some of the ways that women in Aotearoa's experiences of AOD use and treatment are shaped by the politics of our location. The contradictions in the literature feel familiar to me, and speak to some of the tensions inherent to women in Aotearoa's experiences of AOD use as we negotiate dominant normative narratives and gendered expectations. We desire the feelings of freedom, empowerment, and connection that AOD can provide, whilst grappling with incompatible patriarchal expectations of femininity, morality, and compliance that renders our pleasure-seeking or rowdiness as deviant, promiscuous, or inadequately feminine.

It is apparent that normative, gendered expectations imbue our navigations of the varying degrees of desires and power relations that inform our subjectivities, and that these dynamics also shape our ability to overcome AOD troubles and inform our journeys of transformation. As I made connections between the recurring themes in the literature and my own experiences, alongside those I have heard along the way, I felt a burgeoning sense of how deeply we are normalised by dominant narratives and the gendered social conditions in which we live. And I wondered about the affective flows of meaning making that are both enacted through power relations and embodied as shame – our individual responsibility for our failure of femininity. How do narratives of individual responsibility obscure the affective flows of power?

### **Institutional Narratives**

Reviewing the extensive international literature on AOD, particular representations emerged of how psychology is complicit in the pathologising of women's experiences of troubled AOD use, through a history that categorises, individualises, and 'others' women's experiences. Deficit understandings have been (re)produced in abundance through the discipline that operates in and through the façade of objectivity of the male-centric, neoliberal academy. Traditionally, men have been the focus of most AOD research, with the exclusion of women from the literature working to reinforce the assumption that it is primarily a men's issue (Ettorre, 1989; Fitzgerald et al., 2016; Lamb & Kougiali, 2024). Moreover, the majority of studies that do focus on women are treatment based, and as such the narratives tend to follow a ruin-to-redemption storyline,

involving a construction of a past, deviant self who hit 'rock bottom', and a new identity of recovery is formed (Graham et al., 2008).

Although women's stories of AOD use have tended to be obscured in academic literature, since the 1990s some researchers have sought to overcome these gender discrepancies by conducting qualitative studies with women, and from a feminist perspective. As I surveyed this research, I could see how it both enables and constrains understandings of women's experiences with AOD. Some earlier studies helped bring attention to the gendered nature of AOD use, paving the way for a departure from traditional research in this area. For example, Woodhouse (1992) interviewed women in treatment for substance abuse and hears themes of violence, dependence, abuse, depression and motherhood issues as typical in their lives, bringing into question the validity of the addiction-as-disease model to instead see women as victims of culture. Holmila (1993) interviewed women about heavy and harmful drinking to illustrate gender-specific social consequences, as well as women's agency in negotiating transformations. Some authors illuminated variation in women's stories by highlighting differences in their pathways into, and out of, AOD use (Paris & Bradley, 2001; Rhode, Gottfredson & Hill, 2018). However, these studies simultaneously reproduced dominant figurations by neglecting to interrogate AA/NA narratives of hitting 'rock bottom', loss of control, being a bad mother, reaching a 'moment of clarity', being reborn, and relinquishing control to a higher power. Others attended to gender differences in the ability to gain redemption or an alternative identity, whilst still assuming these are necessary for women to cease using AOD (Morash et al., 2020). Studies such as these show how researchers who strive to understand women's AOD use through a feminist lens can also inadvertently work to reinforce deficit narratives when they operate within the bounds of traditional psychological knowledge, leaving treatment-inspired narratives unexamined.

Recognising the widespread influence of institutional narratives, I sought out literature that explored how these narratives are adopted in treatment and how they impact people's understandings of their experiences. One such study by Baker (2000) found that narratives of women in gender-sensitive substance abuse treatment followed the assumptions of the programmes, which were to accept oneself as an addict, prioritise emotional well-being, and identify as a good mother. Andersen (2015) continues this vein of research, finding that young people being treated for drug use are required to produce stories of change, with treatment

providers editing these to alter their understandings. For girls, stories of pleasure connected to AOD are quickly shut down and narratives that support ‘mad, sad, or bad’ stories encouraged, with adopted scripts resembling a redemption narrative where their past femininity was defiled and needed to be repaired as part of their ‘recovery’. Similarly, Ekendahl et al. (2022) analysed how talk therapies shape understandings of cravings and identity constructions. Dominant narratives amongst clients included multiple ‘selves’, with a past out of control, spoiled ‘self’ hitting rock bottom, and an agentic, more virtuous ‘self’ gaining control. For example, one participant distinguishes between her drug personality (bad) and real self (good), discussing how she knows more about her drug personality than about ‘herself’. Another discusses how pleasant memories associated with using AOD are internally edited and avoided because they are dangerous and flawed. These studies help to show more explicitly how treatment professionals can encourage certain stories and silence others to reinforce dominant figurations of the right kind of treatable ‘good’ feminine subject.

Digesting this literature, I find myself reflecting on what might be lost by seeing one’s ‘past self’ as inauthentic, bad, and someone to be feared, and how it might impact our sense of agency or empowerment if our process of transformation and becoming are bisected in this way. The notion of a ‘past self’ and a ‘current self’ is a way of making sense of the binaries of sick/well, good/bad, volition/compulsion that dominant understandings of addiction are based on, and a continuation of the dualistic modes of thinking that limit understanding and deny partial perspectives, a continuation of the individual figure responsible for their shame. Furthermore, although these dominant narratives are widely adopted by those in treatment, some researchers have attended to the instances where women contradict, question, modify, or qualify them (Baker, 2000; Brown, Stewart & Larson, 2009; Keane, 2001). This suggests a tension between women’s lived experiences and the treatment-based narratives they are expected to adopt. As I absorb the reality that women are routinely being encouraged to deny their truth, condemn their past experiences, and not trust their thoughts or feelings, I feel a deep sense of unease. Techniques for correcting ‘deviants’ often appear to be in their best interests, coming in the form of guiding, helping, or treating individuals, but are operating with the ultimate objective of socially engineering the ‘difference’ out of those who are non-conforming (Cohen, 1985). By encouraging women to conform to dominant narratives, and producing research that supports these understandings, their experiences are restricted to fit within pre-existing categories and reductive

figurations of being immoral, deviant, sick or damaged and in need of redemption to leave little space for difference, complexity of experience, and genuine self-acceptance and compassion.

### **Overcoming AOD Troubles Without Intervention**

In the hope that it might provide some space for stories that are less influenced by institutional narratives, I sought out literature that focused on people who have overcome AOD troubles without treatment. Although it is a very common experience (Klingemann, 2004; Mellor et al., 2019), research on what is often referred to as self-managed, natural, spontaneous, or untreated recovery is relatively scarce. Most ‘recovery’ research tends to focus on people who have sought treatment or participated in AA/NA-type support groups, where developing a recovery identity is of utmost importance. Klingemann (2004) suggests that overcoming a troubled relationship with AOD has largely been a taboo in research and therapy because it contradicts the addiction-as-disease model. However, lived experiences that counter the dominant ‘rock bottom’ narrative are becoming increasingly acknowledged in spaces where methodologies are developed through new modes of thinking that have moved us toward alternative pathways to understanding troubled relations with AOD.

A recent example is an Australian study by Mellor et al. (2021) with people who have overcome troubles with alcohol in the absence of treatment, designed with the aim of situating their experiences in social contexts and broader life narratives. The study drew on narrative inquiry, with a focus on the notion of identity as shaped and situated in and through the conditions of everyday lives, and how we make meaning of changes to our identities through life events. This research opens potential for making sense of a socially located process of recovery through the entanglement of narrative pathways (emancipation, discovery, mastery and coping), and our shifts in social identities as we move in and through transitional life events, following the narrative of recovery at an individual level.

Research by Gueta and Chen (2021) also explored identity amongst former drug users, this time in terms of transformation and managing stigma within the ‘era of drug-use normalisation’ in Israel. What emerged were two figures; ‘self-changers’ who normalised their AOD use through a narrative that curated their use as less risky than others, and those who might be understood as taking on an identity within the drug subculture as deviant, hitting ‘rock bottom’

to become those in need of treatment. While these figures emerged within an understanding of social locations, they too follow the trajectory of individual responsibility.

To my knowledge, there is only one study to date that addresses gender in relation to the process of overcoming AOD troubles without treatment, a mixed methods design study carried out in Israel by Chen et al. (2021). The quantitative findings from their research show no significant difference between men and women in terms of patterns of substance use. Both men and women understand their journeys as involving strong motivation, strategies, challenges, will power, and determination, but how these strategies were experienced emerged in the narratives through very distinct difference in masculinity and femininity. For example, men discussed the financial impact of substance use on their ability to be a family provider as a motivation, their performance of masculinity through toughness, rationality, independence and the ability to control their emotions were accentuated. Women discussed motherhood as motivation, and the endurance associated with pregnancy and birth as evidence of women's strength to overcome their troubles as they became complicit with the normalisation of femininity through the emotional work of sensitivity, self-sacrifice and care for others. Again, I recognised the neoliberal individualisation of the intensity of the flows of responsibility that inscribe bodies with meaning.

As this literature review shows, the available research on overcoming AOD troubles without intervention offers some important contributions to making sense of AOD through multiple pathways in and away from narratives of AOD as disease and 'rock bottom' pathologies. And yet there is still a focus on the individual. What we know of our experiences is deeply embedded in the intensely intimate connection with others, so how do we make sense of the intensity of shame, for exceeding the rules of our femininity shaped in and through social practices, knowledges, and subjectivities?

As I became familiar with the need for the acknowledgement of relational connections, those connections that are deeply embodied feelings of shame, I wondered what different knowledge might be produced if we opened space for new imaginings through attending to narratives that move us. Here, I turned to feminist philosophers Rosi Braidotti and Donna Haraway to help me think differently, and to consider how we might be able to respond to women's experiences, affectively and with affect.

## **Becoming Response-able**

Through the process of reviewing literature, it became apparent that moving away from stigmatising and pathologising figurations of women who use AOD requires us to change our habits of thinking and knowing. This means letting go of the notion of a strictly coherent or homogenised story to allow for ambiguity, ambivalence, and alternative figurations. As discussed by Braidotti (2019), we need to shift away from the authority of the past and become accountable for the present by attending to knowledge as situated and partial. Realising that “it is not a question of either/or, but of ‘and... and’” allows us to capture and analyse the subtleties and complexities of the ongoing processes of becoming subjects (Braidotti, 2019, p. 43). Similarly, Haraway (2016) argues that becoming response-able to the complexities of our time requires a “becoming-with” (p.12) approach that rejects the constraints of pre-existing binaries to instead embrace worlds that are “not containers; they are patternings, risky co-makings, speculative fabulations” (p. 14). Subjectivities need to be understood as flexible and evolving, rather than stable and fixed, and as such research should also be understood as a process of becoming, rather than the quest to discover the ‘truth’. Adopting this dynamic vision of the subject opens space to engage with imagination and creative alternatives that support change (Braidotti, 2010). If the possibility for growth and transformation is embraced in this way, research has the potential to become affirmative and empowering through a process of mutual meaning-making between researcher and participant.

Changing our habits of thought is an ethical responsibility, and often a painful process as we encounter unfamiliar territories through a process of disidentification from the constraints of cherished habits of research and representation to move with the flows of bodily memory (Bartky, 1997; Braidotti, 2008). Disarticulating how we understand AOD away from the logic of disease and deficit is not an easy task, and as Braidotti (2008) discusses, disidentification and consciousness-raising processes are never simple nor free from fear or pain, but if we can de-link our pain from suffering it can be understood as a necessary part of powerful and meaningful change that tells us we are in a process of becoming.

Understanding the separation between pain and suffering can help us to reimagine the subject in more affirmative ways, and as such can open space for alternative figurations of women who have had troubles with AOD. Braidotti (2008) argues that we live in an era of

unspecified fear, and as such the focus on much contemporary ethical theory is primarily negative and mournful in nature, reflecting a cultural obsession with wounds, pain, and suffering and a sense that the embodied self is vulnerable and must avoid pain. She talks about how the “politics of melancholia” (p. 9) has become so dominant that it ends up continually reproducing itself as an affective economy. It is recognising pain and de-linking it from distress that enables us to move with the affective flows of meaning through alternative practices involving reimagining the potential of ethical relationships.

As I reflected on the notion of de-linking pain from suffering, I imagined how it might relate to women who have overcome troubles with AOD. Rather than psychologising or pathologising our pain, what potential could arise from acknowledging it for its transformative and generative potential, to understand women as capable of becoming with experiences of hurt, loss or discrimination. This is not to deny pain, but to work through it in a process of becoming. And here I revisited the concept of shame as a relational and generative process (Probyn et al., 2019). Understanding shame as a productive force means the source of our shame becomes less important than how it moves us through its capacity to undo something in us and open space for a transformation. Shifting our understanding of pain from an individual experience to one that is made meaningful in and through relations with others, to encourage movement, transformation, and new ways of being in relationship with others and with our worlds, to affect and be affected by them. If we can separate our pain and suffering to harness the generative potential they produce, we free ourselves to become response-able.

## **The Ontological Turn**

Braidotti and Haraway’s notion of the subject as being flexible and evolving reflects a wider intellectual shift in academic and philosophical disciplines described as the ‘ontological turn’ that has reoriented understandings to acknowledge there are multiple ‘worlds’, rather than different representations of the same world. Explained by Pickering (2017, p.136), the world is “an indefinite multiplicity of performative entities endlessly becoming in decentred and emergent dances of agency”. In other words, we and the world around us come into being together and in relation to one another, and there is more than one way to tune in to these interconnected and fluid rhizomic connections and processes of becoming. This means that these different ‘worlds’

are all partial and multiple relations. Onto-political research therefore operates through the understanding that subjectivities are not fixed in nature, but rather constantly in the making, and as such practices produce or prevent particular realities materialising (Pienaar & Fraser, 2017; Fraser, 2020; Hellman, 2021). As articulated by Haraway (2016, p. 12), “[i]t matters what matters we use to think other matters with; it matters what stories we tell to tell other stories with...”

Although the majority of AOD literature still sits within the bubble of positivist knowledge production that frames addiction as a standardised experience, in recent years the ontological turn has inspired a new ‘onto-political’ area of research in the margins. Onto-political research endeavours to break down the stigma surrounding AOD use and addiction by offering alternative stories that do not follow the dominant ruin-to-redemption and compulsion/dependence narratives. Distinctions between people with or without addiction or with or without agency are acknowledged as artificial and temporarily enacted, and it is only when these preconceived hierarchical constructs are left behind that it is possible to discover something else. Consequently, onto-political AOD research seeks to produce accounts that actively complicate stereotypes by dismantling singular realities in favour of messiness in order to compose a new common reality or ‘world’ (Fraser, 2020). Moreover, rather than seeing phenomena such as addiction as patterned from the outset, the ontological focus is on how things come together and ‘become’ through the affective flows between ideas, bodies, things, and social institutions. Here it matters that rather than the emphasis being on *what* addiction is, attention is turned to *how* it emerges, *how* it works and with what affects, and perhaps most importantly what are the possibilities of it *becoming other*.

As I traced the onto-political AOD research, I found myself remembering the words of Braidotti (2019, p. 43) “it is not a question of either/or, but of ‘and... and’” as I saw openings for new understandings to emerge when ‘objectivity’ was intentionally disrupted. An important example of this is research by Pienaar et al. (2016), who challenged common conceptions of heavy AOD use by using diffraction as conceptualised by Haraway (1992) to hear stories from those who described themselves as having an AOD habit, dependence, or addiction. Diffraction understood through Haraway rethinks relations of difference without the use of oppositional categories of sameness and difference. Differences are co-constituted and emergent and by attending to difference in relation, Pienaar et al. (2016) examined the relationship between the personal accounts of participants and dominant understandings of addiction-as-disease to

overcome the dichotomy of volition/compulsion and bring into question the dominant understanding of ‘addiction’. For example, some participants insisted addiction stopped them from being themselves, was their whole focus, and/or controlled them. However, Pienaar et al. pointed out elements of participants’ stories that contradict those claims, such as raising a child as a single parent, having a full-time job, or intentionally reducing their consumption. Participants’ stories were therefore understood in ways that trouble the polarising assumption of volition/compulsion and singular pathology to instead open up the boundaries of understanding through making sense of ‘addiction’ as emerging through encounters with marginalisation, institutional neglect, as well as involving pleasure, responsibility, socialising, and a full life.

Dennis (2020) also drew on the work of Haraway, using body-mapping as a means to tell different stories of drug use differently, resisting the figuration of addiction that ‘knows’ drugged bodies as abject, passive and suffering. Inspired by Haraway’s (2016) appeal for us to tell different stories as a means of exploring potential for worldly repatterning, Dennis focussed on the here-and-now of what happens in a drug-using event, to move with the embodied experience. Working with people who inject crack cocaine and heroin, Dennis invited them to draw their bodies to describe experiences that are otherwise difficult to articulate. The stories produced a counter narrative of an embodied affect through which they could hold their sense of being overwhelmed together enough to “get on with being normal” (p.72). Rather than being overcome by the effects of drugs, stories emerged that brought the environment into relation with their bodies, as they worked together to produce a drugged body that was constantly being negotiated. It is the relational, emergent stories in the affective flows of meaning making that challenge the linearity of the figure of AOD, where new kinds of bodies can be known. Through these stories, the figuration of AOD is moved from passive to thinking, numb to feeling, abject to lively, and helpless to hopeful to “refigure previously figured out and fixed bodies” (p. 80).

Another study by Dennis (2023) draws on the relation of ‘chemosociality’ as a way to foster intrigue and an awareness of how we are folded into our chemical environments. Participants were asked to draw two outlines of their bodies to represent living with and without AOD, and populate them through the action of collage to express their thoughts, actions, and relationships. Participants emphasised that relationships with others and physical activities were important to their process of healing, as well as their experiences of bodily effects through these processes. There was a significant story that came into view that also mattered, and that was the

ways through which they resisted an addict identity. Understanding themselves as continuously evolving, the participants storied a ‘felt’ sense of their affective histories, having blocked out different experiences of violence and oppression that left them feeling incomplete. Unable to locate themselves in the narrative of AA/NA, they resisted the notion that their future is looped into an inescapable past. Blocking out is mobilised here not as an effect of AOD, but as a refusal of an addict identity that has the potential to hold us stuck. Dennis opened the space for thinking about blocking differently. Blocking out rejects the idea of building care based on fear, and is reimagined as an affirmative practice for living in unequally entangled worlds.

In another example of onto-political AOD research, Pienaar and Dilkes-Frayne (2017) reconstructed 60 qualitative interviews, to demonstrate how particular realities can be either produced or prevented from materialising through processes of normalisation. Disarticulating ourselves from dominant narratives becomes necessary, and by hearing beyond the narrative of pathologisation, we are able to hear how participant narratives both reproduce and complicate the dominant narratives of addiction as a disease of compulsivity that are sometimes produced through (auto)biographical accounts. Disarticulating ourselves away from suffering demands that we recognise the harms of reproducing a singular narrative, and therefore it is a responsibility for researchers to affirm the transformative potentials for hearing how to rethink with difference.

To date there is little women-focused onto-political AOD research, but one example is an auto-ethnographic article by Chang (2023) who engages with the politics of narcofeminism, a movement that has emerged within the drug-using community to resist compliance with a patriarchal and prohibitionist world. By sharing her self-reflections, Chang is able to offer counter narratives to those that conflate drug use and trauma by highlighting her personal agency as well as the role of pleasure in her use. Chang discusses how there is often a line drawn between recreational drug use for the purpose of pleasure, and ‘problematic’ drug use as a response to trauma, and that the separation makes no sense. She argues that she is active in her decisions to both experience pleasure and govern pain through her location as a neoliberal subject responsible for the ‘practices of self’ through which she moves her bodily experiences of life, as she establishes and transforms her subjectivity. She speaks her desire to experience alternative realities, and to be an alternative subject, making sense of her drug use as a rational response to an irrational world, an “embodied strategy to rail against oppressive and rigid conventions” (p.767). Challenging the figure of women who use drugs as deficient in their femininity, Chang

disrupts this notion through her experience with others as a connection of empathy and care. Using her lived experience, Chang argues for us as researchers to reimagine hearing drug use stories from women through their positive potentials.

As I engaged with the potential of onto-political research, I felt a weight being lifted and a sense of relief. Here were the alternative spaces where affirmative AOD research was being enacted. I felt hopeful and invigorated, absorbed in the literature and moved by the stories I read, and I realised that being moved in this way is what enables us to become response-able. I could feel how it might be possible for the research process itself to be onto-political, where the stories that emerge in the affective flows of meaning making might enable us to refigure our bodies through our missing affective histories, and in a connection with others, to resist the negativity that holds us to our shameful suffering. Hearing through our painful memories is an affective process and a creative force that has the potential for collective transformative change. As I moved with these understandings, I began to imagine how we might open spaces for women's stories of the gendered drugged body and how it moves and flows through dominant narratives that normalise gendered social power relations of domination and subordination and AOD. I thought about my own experiences and that of other women I have been alongside, and I became increasingly attuned to how we negotiate meaningfully that connection between us, the recognition of the generative power of pain. And through the onto-political research, on the margins of what constitutes knowledge, I found a space where I could imagine our stories of pain being dignified in a process of becoming-with.

### Chapter 3: Methodology

Having worked through the literature, I began to imagine how this research could challenge dominant singular understandings of our experiences by retelling our stories of overcoming a troubled relationship with AOD and away from narratives of blame and shame. The aim of this research was to open space to hear the voices that have largely been unrecognised in our affective history of knowledge production (Wetherell, 2015), to better understand the processes we engage in and how we make sense of these journeys of transformation. I therefore questioned how the embodied effects of gendered social power relations and dominant narratives of individual responsibility impact our processes and inform our understandings of overcoming a troubled relationship with AOD. Reflecting on the conditions that silence women's voices, I recognised the necessity to create an affirmative space for an ethical process of storytelling. As I envisaged conversations where we could explore our processes and our meaning-making with an awareness of our multiplicities, partialities, and the conditions of our everyday lives, I was aware of the responsibilities and relationships that storytelling enables, and could imagine it as a dignifying process. Central to this is the requirement to disrupt Western knowledge claims of sameness and difference by moving away from traditional approaches to psychological research so that other ways of hearing and knowing can become possible.

In designing this research, there is also a responsibility to understand my own location as a Pākehā woman embedded in the discipline of psychology and my ethical obligations to Te Tiriti o Waitangi. Acknowledging both the patriarchal and colonial power relations that legitimate Western knowledge claims and limit what can be known, I began with recognising the façade of objectivity that organises psychological knowledge claims, including the dominant narratives of masculinity and femininity. Understanding knowledge claims as both partial and situated resists scientific neutrality and universality. The requirement that knowledge is coherent and consistent implies the 'god trick' where it is somehow generated by all-seeing scientists with no apparent location (Haraway, 1998; Harding, 1992). Consequently, decontextualised definitions of what is 'normal' are established that produce a single story of what is good or bad, or sick or well, to pathologise experiences that fall outside the dominant story (Connor et al., 2015). Waitere and Johnston (2009) speak to this in terms of the impact of continued colonisation in Aotearoa within the discipline of psychology through Western scientific notions of neutrality and sameness that

restrict and silence the voices of mana wāhine. I hear their call for their stories to be heard on their own terms, and I am fuelled by my own process of recognising the limitations and partiality of my embodied experiences and knowledge. By opening space for situated and partial knowledges we can recognise that knowledge is embodied socially, culturally, and historically, and therefore we disrupt Western knowledge claims and begin to respond to difference, differently.

Inspired by the onto-political AOD research I have read, and impelled by my desire to understand our experiences in affirmative ways that reflect our different realities, I engaged a ‘process ontology’ as the basis for my approach to this research, bringing together subjectivities and processes as moving in and through relations. As a process of becoming, I wondered with the potentials of the vitality of movement as an antidote to the dualistic mode of thinking entrenched in the Western neoliberal academy. Process ontology privileges change and motion over unity and stability to embrace a dynamic vision of the (bodily) ‘self’ as the effect of the irrepressible affective flows of encounters that exist in a complex web of interrelations (Braidotti, 2012b). Braidotti moves the meaning of a (bodily) self through the notions of ‘nomadic subjectivity’ that is collectively assembled, and exists as ongoing processes of transition and becoming (Braidotti, 1994; 2010). In responding to difference differently, I too became engaged in a process of disarticulation from dominant narratives of subject identification, a process of affirmation and becoming, working in contiguity with the wider academy to “cut across, re-territorialize and re-compose the dominant knowledge production systems precisely through creating multiple missing links, opening generative cracks and inhabiting liminal spaces” (Braidotti, 2019, p.49). Rather than difference being defined through suffering (dualistic opposition to the majority and consequently viewed as pejorative), difference can be celebrated, and a redefinition of subjectivities can occur (Braidotti, 2006, 2012b). In these ways, process ontology facilitates a decolonising of thought, and thus provided an ethical foundation for my becoming response-able.

## **Narrative Inquiry**

Allowing for the rearticulation of subjectivities and a reimagining of what it means to have overcome a troubled relationship with AOD requires working with a methodology that can bring a dignified process of “becoming-with” (Haraway, 2016, p.12), where the research itself is

a process of becoming; flexing and evolving along with our subjectivities as we are moved through the vitalities sharing of our stories. Narratives necessitate movement in terms of the way they have the potential to move us, how they travel, how they are moved into social action, and how we make sense of those bodily connections (Fine, 2016). Like Haraway (2016), Fine (2015) reminds us that it matters not only what stories tell stories, but how stories are told matters too. Singular stories that are told through our disciplinary practices that flatten peoples experiences work as an anaesthetic to numb and pacify our embodied effects. Understanding storytelling as a process to understand difference differently, stories work as an aesthetic of vitality that can disrupt, awaken, and provoke, not singularly but as a shared force of meaning making that circulates between us bringing us to wide awakeness (Fine, 2016).

Fundamental to the movement and transformative potential of narrative inquiry is the freedom for participants to tell their stories in ways that are not predetermined, but rather fluid and guided by the affective processes of remembering. Our understanding of ourselves and our experiences always evolve in relationship with others, and we are entangled and multiple in those relations (Fine, 1994). In recognising the dynamic and fluid nature of the ‘self’ it follows that the stories people tell might also defy a clear sequence, and as such it is the consideration of process that narrative research should attend to (Tamboukou, 2008b). Although our lives unfold in a linear trajectory, the sharing of stories enables us to reflect on our past experiences, making sense of them in hindsight as well as helping us understand how they affect our present and future as part of an ongoing process of becoming. Tamboukou (2008b; 2021) discusses the amorphous notion of a ‘beginning’ or ‘end’ of someone’s story, so that we become curious about affective overflows of narratives, or our “stories in becoming” (2008b, p.3). Moving with narrative processes, our stories are shaped by the affective snares in our memories; the intense feelings of joy or pain that endure in our bodies (Braidotti, 2008). And narrative responds to the silencing of our painful memories. Storytelling is a process of connection that fosters empathy as we move together to affect and be affected through memories and the sharing of painful or significant moments (Fine, 2017). Paying attention to the affective flows that move through our “stress fractures on the soul” (Fine, 2017, p.117) and the memories that we “forgot to forget” (Braidotti, 2012b, p.32) opens space and potential for movement in our sense-making.

Framing life through the motion of temporal meaning-making undercuts the binary formulation of the physical and the social to instead illuminate affective flows and rhizomic

connections (Braidotti, 2010) in relation with others. Our worlds are perpetually shifting across time through the fluid processes of memory and remembering, where those memories that stick become the movement of affect flows in our meaning making. Attending to the affective flows that emerge within our stories can enable an exploration of how the embodied effects of gendered social power relations and dominant narratives of individual responsibility impact our processes and inform our understandings of overcoming a troubled relationship with AOD. Narratives emerge in the conditions that inscribe our bodies with meaning and cannot be separated from the processes, knowledge, and power relations that produce and circulate singular narratives of domination and exclusion (Tamboukou, 2008a). Tamboukou (2008a) discusses how new understandings can be reached when particular attention is paid to the ‘noisy silences’ – what is left unsaid due to the constraints imposed through social and historical conditions that limit what can be told. Moreover, by attending to the inconsistencies or contradictions in lived experiences, the potentials for new meanings emerge. By recognising the dominant figurations of women who have had troubled experiences with AOD through what is said and what is left unsaid in the participant’s stories, it becomes possible for new figurations to take shape as we re-tell our stories away from narratives of blame and shame.

Narrative inquiry holds the potential to provoke change. Not only does the process of sharing our stories and making sense of them together support us to reach new understandings of how we come to know what we know, it also opens space for the ethical and political collective remembering of our missing affective histories to support processes of social consciousness raising. By listening for the meaning both in what is shared and what is left unsaid, and recognising the complex affective flows and rhizomic connections that shape our stories, narrative inquiry becomes a creative and relational exercise that opens space for the participant and researcher to rearticulate our subjectivities and reimagine new figurations for our becoming. Representations of our ‘selves’ are always political, and by questioning how particular historical, social, cultural, and economic configurations result in a present that seems natural and undisputable to us, we can become freer to imagine other ways of being (Fine, 1994; Tamboukou, 2008a). By making space to hear our marginalised voices and account for the context and complexity of our experiences, this research process holds potential for new imagining, moving away from our shameful feminine figuration into the possibilities of

becoming, and I became excited by the realisation that through the sharing of our stories we can produce new knowledge that holds the power to shape our collective futures.

These ways of knowing are not new but rather have been present in many indigenous cultures as living affect. For example, Connor (2007) discusses how privileging stories prioritises long-standing Māori epistemologies that challenge binary oppositions and hierarchies, instead celebrating multiple experiences, while simultaneously affirming collective visions. Humans are storytellers by nature, and as such our stories can offer a powerful window into our processes of meaning-making and understanding of everyday lived experiences (Hydén, 2013). Moreover, the fluidity of storytelling helps us to challenge traditional Western approaches to knowledge production, helping us to move beyond our old habits of thinking to instead pay attention to the voice and meaning between the words being told (Tamboukou, 2021). In this way, the sharing of narratives allows for reclamations, reinterpretations, and rearticulations of our affective memories, acknowledging the multiple lives we inhabit to open up creative space for change and co-becomings. And I was again reminded of Haraway (2016, p. 12) who tells us that “It matters what stories we tell to tell other stories with...”, and I recognised that as researchers, the stories we tell are created through a relational process, and it is this process that can empower us to collectively reimagine what it means to be a woman who has overcome troubles with AOD.

### **Affirmative Relational Ethics**

Reflecting on the power of storytelling moved me to realise that it is through the process of affirmation that affective flows of meaning making become relational; how we make sense together in the moment connects us to how a story is told. The space that is created when people come together to share meaningful experiences necessarily involves a ‘humanness’ that entails closeness, emotion, empathy, and affirmation. It also requires openness, courage, and creativity to be moved by and with another through the process of mutual meaning-making. The opportunity to create such a space felt exhilarating, but I also felt deeply the responsibility to my participants in ensuring I had a methodology in place that supported us through this process.

Affirmative relational ethics offers a framework that moves beyond abstract moral principles to prioritises respectful, supportive, and accepting relationships as the guide to an ethical research process which is ongoing, dynamic, and reflexive. Through the process of

hearing and co-constructing stories, an ethical space is created where care is enacted through responsiveness in our relationships as we navigate our thoughts and feelings together. Through this process of becoming-with, we can construct new knowledge that can reshape our understandings together in all our partialities (Bradbury, 2017; Braidotti, 2012; Haraway, 2016; Hydén, 2013). Hydén (2013) speaks to the gap between ‘experiencing’ and ‘knowing’ that can be felt by participants, where they have positioned themselves as non-knowing as a way of protecting themselves from pain. Speaking openly and frankly in a relationally safe space created by the presence of someone who is interested, attentive, and caring, can help to facilitate a process of moving from ‘experiencing’ to ‘knowing’ (Hydén, 2013). Here I thought again of the embodied knowledge that women who have overcome a troubled relationship with AOD hold, and how these experiences are so often made sense of through the power relations that hold movement static. By co-constructing and making sense of stories together within the framework of affirmative relational ethics, this research process holds potential to empower us to question the authority of dominant narratives that hold us accountable for our failure and to recognise our embodied knowledge as legitimate, supporting an affirmative experience of becoming.

In preparing to hear participants’ narratives, I was aware of my responsibility to ensure that they felt respected, supported, and safe. I realised that the stories shared would likely involve painful memories, and as such our conversations would require recognition of flows of care. Here I returned to Braidotti’s concept of de-linking pain from suffering to understand how I could hear the flows of our missing affective histories together, in an affirmative way. Braidotti (2008; 2013) discusses how people will often go to great lengths to ease all pain, driven by a yearning for closure and justice, and although this desire for solace is understandable, often adequate relief is not possible in our current conditions. In light of this, Braidotti suggests that events should be understood not in terms of their moral or political evaluation, but rather by the extent to which they can force us beyond the negative and contribute to conditions of becoming. Affirmative relational ethics push us to move beyond individual actions as the focus of ethical values to also consider the collective dynamics of forces and interactions. In this way, pain can be understood through its generative potential and the source of pain becomes less important than questions that expand and enhance how one can achieve freedom from the burden of negativity. Similarly, Brown (2013) argues that, more than revenge, the recognition of someone’s pain through hearing it *for real* can facilitate movement toward our potential. Moreover, Haraway (2016, p. 10) speaks

to “staying with the trouble” in terms of staying engaged with difficulties and complexities without resorting to despair or easy optimism as a means of becoming response-able to the imperfect realities of our times. This helped me understand that this research process was moving with potentials to rework pain withing an ethics of relation, where the embodiment of shame needed to be met with affirmation and response-ability.

Here I returned to Probyn’s (2004a; 2004b; 2005) conceptualisation of shame as being both private and public in nature. Although we experience shame as an intimate feeling, it cannot exist without proximity to others and is brought into being through the dynamics of our social worlds. Understanding that shame always emerges through processes that are both social and intimate, I recognised shame is an embodiment of the affective flows of relationships and dynamics of power, and how it emerged strongly in the literature as entangled with an ongoing struggle with responsibility. And it was through this process that I came to understand the cruciality of tuning out of institutional acoustics and into the affective flows and embodied experiences of the participants’ stories. To hear how embodied affects of gendered social power relations and dominant narratives of individual responsibility impact our processes and inform our understandings means hearing how women experience shame. Moreover, Probyn (2005) reminds us of how shame can be a powerful resource for rethinking who we are and who we want to be, and as such understanding the embodied nature of our shameful experiences and reworking them within an ethics of relation was necessary to an ethical hearing. Through an ethical hearing, shame can be recognised for its potential.

Part of honouring the participants and their stories was designing this research in such a way that enabled these narratives to *do* something, and I understood this as a need to respond to the gift of their stories in a way that produced new knowledge. This meant preserving difference in their voices, rather than assimilating them to any particular objective. I was reminded by Waitere and Johnston (2009) that there is a difference between listening and hearing, and as such I realised the need to let go of any expectations (old habits of thoughts) of what participants stories might contain and I prepared to open myself up to hear their stories *for real* (Brown, 2013; Johnson, 2013). The process of becoming-with entails co-constructing relational meanings by thinking with an-other to allow for the flows of affective meaning making, the painful memories that provoke new and creative ways for potential becomings. As a methodological movement, the troubles, contradictions, differences, in all their partiality become a movement towards an

ethically accountable and politically revisioning of our subjectivities. To hear pain *for real* involves hearing in a creative capacity, beyond the limits of our captivity in suffering, to become response-able to the stories' affective impact and transformative potential (Braidotti, 2010).

The processes of becoming through relational ethics is a response to the missing affective histories within knowledge production – the missing gendered bodies of the other – to evoke both empathy and connection that provides an opening for the hearing of the affective flows of women's everyday lives. Bearing witness to women's pain is an ethical commitment to hear affirmatively and respond to their silencing affects. Through storytelling we engage in a process of re-telling and re-articulating our painful memories through our relation with each other, resisting the narrative of pathology and excess that reminds us there is something wrong with us. "Affirmative ethics puts the motion back into e-motion and the active back into activism, introducing movement, process, becoming" (Braidotti, 2008, p. 22), and as we begin to tell ourselves away from stories of shame and blame and open up possibilities of becoming-with (Braidotti, 2010a; Haraway, 2016), we respond affirmatively to our differences.

## Chapter 4: Method

With my aim to hear and affirm the affective histories that are missing from our research literature, I wanted to connect with women, over the age of 25, who might have a story to share about the everyday experiences of navigating life with a history of a troubled relationship with AOD. Guided by narrative inquiry, storytelling as a process of meaning making enabled me to recognise the purpose of this research through a response-able response to our painful embodied memories, to retell ourselves away from our shameful figuration.

### Inviting Participants

Having received ethical approval for this project (Ethics Notification Number: 4000030073), I invited women to participate who were over 25 who wanted to share their story of overcoming a troubled relationship with AOD. This age was an ethical response in recognition of the transition to adulthood as a process where AOD use is most often normalised. I considered the parameters of how to hear ‘overcoming troubles’ as a criterion for participation and after reflection and consultation with my peers and supervisor there was a sense that it was open enough for women to recognise themselves. These early conversations became a process of consultation, and were meaningful to how I shared my own connection with the research invitation and ethical commitment to reciprocity. I understood that through affirmative ethics, the connections between myself and potential participants would become a relational space where women could share their memories as they moved with the present.

The invitation (see Appendix A) was circulated through my friends, family, and our wider social networks. In opening up this project to participants, I was aware of the importance of prioritising relationships from the outset to foster an ethical space of care. As such, it felt necessary to share something of myself in terms of why I was interested in this area of research, so included in the invitation was a brief description of my own experiences with AOD and how I understood them. I remember feeling hesitant about sharing my troubled experiences that I have only ever voiced candidly to a few people. However, the feedback I received was encouraging, not only in terms of how important people felt this research was, but also acknowledging how I

had ‘put myself out there’ with honesty and dignity, and my nervousness was replaced by feelings of connectedness and warmth. Being moved in this way through relationships of care fuelled my enthusiasm to reciprocate these feelings by hearing and affirming participants’ stories.

I hoped to connect with at least five women to enable a rich understanding of the movement in their stories, and very quickly I had five women eager to participate. All the participants were women who I had an existing relationship with in one way or another, so within these connections there already existed a relationship of care and respect. Although we knew each other, our troubles with AOD were something we had not known about each other, highlighting the delicate process of breaking social silences in our social relationships. They all expressed their desire to help others through the sharing of their stories and I remember feeling deep respect and gratitude towards them, as I recognised the reciprocal and ethical relationships of care being established between us as researcher and participants.

## **Our Conversations**

Working within the framework of affirmative relational ethics means the process of consent required careful consideration. The participants were sent an information sheet with a detailed explanation of the research process (see Appendix A), and encouraged to take their time to ask any questions and consider whether this was something they wanted to participate in. The women were then sent a consent form (see Appendix B) to sign before we began our conversations, and each participant was reminded before we began recording that they could pause or stop our conversation at any time. Although this formal consent was established, ethical consent extends beyond the moment of interview and into the relational ethics that are ongoing throughout the research process, as I became responsible for how to present the stories I heard. Understanding the reluctance women can feel to speak about their experiences with AOD, I was aware that there might be some discomfort in sharing our stories. Being responsive to the contexts that inform this reluctance, and the connections that shape our relationships, was vitally important to our co-construction of knowledge (Hydén, 2013). To make knowledge together is an ethical relationship of care that involves empathy, reflexivity, and careful interpretation as an ongoing process of consent (Hydén, 2013). Understanding that ethical relationships take priority helped me prepare to approach our conversations as a relational practice.

The pivotal roles that collaboration and care should take were forefront in my mind as I prepared for our conversations. Safe and comfortable spaces to meet were negotiated with each participant. One of the women invited me into her home, one came to my home, and three took place via Zoom. As an expression of *manākitanga* and an act of care that recognised the gift of the participants' stories, I provided food and drinks for the conversations where we met in person. When meeting via Zoom, I invited participants to bring along food and/or drinks, and I did the same, to help us create a welcoming and relaxed space in which to share our stories.

Although I had a clear understanding of the need for these conversations to be free-flowing and for me to let go of any expectations of what they would or should involve, I still experienced some apprehension about not having any set interview questions. I spent time reflecting on these feelings to realise that I was concerned I might not have the abilities necessary to facilitate these conversations without a set framework, and that the knowledge that was produced might not be 'legitimate'. Recognising this as an ingrained response to many years of education that extolled positivist scientific notions of reliability and validity, I was able to reinterpret those feelings of resistance to understand them as important to the process of moving away from traditional and colonial ways of knowing. I reminded myself that at its heart, this research was a process of disidentifying ourselves from cherished habits of thought and representation, and although this can feel uncomfortable, it is necessary to introduce new knowledge (Bartky, 1997; Braidotti, 2008).

Despite my initial trepidation, I quickly relaxed into the process once I began having conversations with the participants. Each meeting began with casual chit chat, checking in with each other and catching up on each other's lives. Honouring the connections between us enabled relations of care and trust. To open up the conversation, I reminded each participant that I was interested in hearing about how they now recognised their troubles with AOD having gone through that journey, their process of recognising that something needed to change, and the processes involved in their transformation. I also reiterated that there was no expectation of what we needed to cover, and that whatever they felt was important to share would be welcomed.

The free-flowing nature of our conversations enabled us to be moved by each other and make sense of our stories together. Participants' stories did not follow a clear temporal trajectory, but frequently jumped back and forth in time and between different ideas or experiences. Often, we would circle back to connect the dots between things that were mentioned at different stages

of the conversation. Movement in stories matters, and responding with each other enabled us to become attuned to the affective flows of meaning making, being moved through an affirmative process of making sense of shared memories, asking questions of each other as we would in everyday conversations. Responding to what was being said, as well as what was not being said, and hearing each other with empathy, we actively created a space where new understandings could unfold. There were many times that either myself or a participant would say “Yes... I never thought of it like that before”. In those moments, I could feel how the relationally safe space we had created was enabling us to produce new knowledge as we were moved together from ‘experiencing’ to ‘knowing’ (Hydén, 2013).

### **Handling Stories With Care**

Our conversations were digitally recorded and lasted from 45 minutes to just under two hours before coming to a natural end. Each participant chose a pseudonym to protect their identity, or asked me to select one for them. Following each conversation, I sat and reflected on how I had been moved by their stories, noting down any particular moments that ‘stuck’, or feelings that had come up through the hearing of their stories. As a reflexive process, I also considered how each story had impacted my understandings of my own experiences by recognising the similarities, differences, and new perspectives that might hold potential openings to construct new knowledge together in our partialities. Our conversations were then transcribed, and each participant was offered a copy of their transcript to review, which some accepted and others preferred not to. All participants whether they reviewed their transcripts or not, gave permission to use their transcript (see Appendix C). This also offered another touch point to check in with participants following our conversations, and to express my gratitude for their participation. This was met with the same reciprocal affirmation and enthusiasm that each participant had expressed throughout the process.

### **Process of Analysis**

As a narrative inquiry guided by the framework of affirmative relational ethics, the process of analysis began by being in conversation with participants. I took care to listen to their

stories, recognising my own sense-making and paying attention to theirs, and articulating when there was an overlap or a difference that I felt was an opportunity for us to make sense of something together. After each conversation, I took time to note my initial thoughts, any feelings that had come up, or any moments in their stories that had moved me in my sense-making. As each conversation was transcribed and I listened back, I could feel those affective flows again, and I continued to add to my notes with each hearing.

Throughout each stage of this process, I was conscious that the methodology for this research rests on the understanding that our worlds are not fixed in nature, and as such the focus of this analysis was to actively and deliberately participate in producing knowledge that is affirmative. Through repeated hearings, I listened for the contradictions, the inconsistencies, the differences, the noisy silences, and the movements, as I intentionally worked with their stories to complicate dominant understandings circulating through singular stories.

Central to the process of producing affirmative knowledge was to tune in to the affective flows of our meaning-making and to simultaneously tune out of the institutional acoustics of traditional psychological knowledge production. Although this was my intention from the beginning of the project, I was continuously confounded and frustrated by how difficult changing these habits was. Through ongoing re-hearings and re-workings of the participant's stories, and many conversations with my supervisor, I endeavoured to peel back the layers of ingrained institutional sense-making to make sense of the participant's stories in terms of the embodiment of processes of becoming. Breaking through these ingrained and constraining ways of knowing was largely made possible by attending to the intensity and intimacy of our embodiment of shame. By understanding that shame is always relational, the affective flows between ourselves and our social worlds came to life in the participant's stories, as I listened for how the gendered power relations that hold us responsible for our deficit are both enacted and embodied, producing shameful (silent) feminine bodies.

As I spent time with each story, I heard collective narratives emerge across the participants' stories in and through their differences. However, I also understood my responsibilities to preserve the difference in their voices, and that honouring the particulars of each story was vital in producing new knowledge. With this in mind, each conversation was shaped into a coherent, stand-alone narrative, rather than initially searching for shared themes. Once they were formed in this way, it became apparent that whilst all five stories were different

in many ways, they all shared a loose patterning in their processes that held their differences together. These are the processes of reckoning, de-linking pain from suffering, and embodying new spaces. This then became a way of organising the different stories to reflect our collective voice. As I stitched the stories together, concepts emerged within each process. For example, the process of reckoning traced the meaningful connections that shame emerged through that were recognisable as both private (embodied) and public (power relations), where the mundane and the profound are connected through our intimate proximity to others (Probyn, 2004b). Through memory, we make sense of those moments of recognition that are deeply embedded in the knotted social and embodied contradictions of transformation, as nomadic and inter-related (Braidotti, 2020). The process of reckoning follows the slow and often painful multiple ‘knowings’ that enabled the women to recognise that their relationship with AOD was troubling – it was affective and affecting.

The process of de-linking pain from suffering follows the affective flow of shame as a generative force of transformation. As the participants moved through their processes of reckoning, I heard how they had become increasingly aware of their suffering, whether that involved painful or traumatic events from their past(s), restrictive forms of gendered power relations, and/or the embodied shame and blame they were experiencing, until they were moved into action through the embodiment of that feeling of ‘too much’. I heard how that suffering keeps us stuck in cycles of negativity through fear, painful or traumatic events, or even through intense boredom, to restrict our vital potentials. And I heard how the women’s collective story of processes of de-linking pain from the negative forces that had locked them in suffering were pivotal to their journeys of transformation. This process was made possible by transforming negative into positive passions, as they came to increasingly move with their desire, being strengthened by ethical relations.

The process of embodying new spaces picks up the potentials of de-linking pain from suffering, where new spaces for in-depth transformation moved our bodies through dynamic and ongoing processes of becoming in relation. Our processes of becoming became increasingly attuned to our positive desires, enlivening our capacity to move with deeper intention, conviction, and vision. As I moved with the notion that memories – and the action of remembering – are the creative force that enables us to imagine an alternative world with compassionate and sustainable social relations, I began to make sense of the affective flows of bodies in relation the women’s

stories through understandings of the affirmative flows of compassion that ease the intensity of our experiences and propel us toward sustainable futures.

## Chapter 5: Analysis and Discussion

As I listened and engaged with the narratives of women who have overcome a troubled relationship with AOD, I heard three overarching and overlapping processes emerge that shaped the flow of their stories: processes of reckoning, processes of de-linking pain from suffering, and processes of embodying new spaces.

The participants all began by situating their stories within the wider contexts of their lives, and as I moved with their storying, I came to recognise how the affective flows of meaning making are transformative. The stories of normalisation, caught in deeply felt relations with others, became troubling. And it was through these moments of recognition that a process of reckoning was set in motion. Entangled in these narratives of reckoning were painful memories that were embodied and connected to feelings of shame. As the women were moved through processes of making sense of these affective flows, they became increasingly aware of the forces that were shaping their experiences, and processes of de-linking their pain from suffering began to emerge. Through connection, relationships, love, and ethical encounters with others, subjectivities were constantly evolving, as they moved from negative toward positive passions.

There was a growing awareness among the women – something that moved them to recognise that their relationship with AOD had become entangled with an embodied affect, a felt knowing through which their sense of being was overwhelmed with the notion of getting on with normal. This awareness emerged from stories that moved and flowed through dominant narratives that normalise gendered social power relations and AOD bodies. The painful remembering of those moments that endure in our bodies, enabled through storytelling, provide potentials for understanding how they affect our present and future as an ongoing process of our becoming. And it is through this proximity to others that we begin to understand that the shame that we experience as an intimate feeling is brought into being by the affective flows of relationships and dynamics of power.

### Processes of Reckoning

*There is something pure about shame as a feeling, even as it publicly twists the very sense of self. Yet, Shame always plays on that doubledness of the public and the private, the extraordinary and*

*the mundane. It is perhaps the most intimate of feelings but seemingly must be brought into being by an intimate proximity to others. Shame makes our selves intimate to our selves, and equally it is social and impersonal (Probyn, 2004b, p. 330).*

*Nomadic subjects are situated amidst knots of social and personal contradictions. Their location is paradoxical in that they are caught in processes of deep-seated transformation, but still struggling with ancient power relations... “We” are neither One, nor the Same, because we differ from one another. The nomadic subject is therefore embodied but also differential and inter-related (Braidotti, 2020, para. 6).*

Within the collective stories of reckoning, the blurring of the boundaries between the *public* and the *private* through the process of remembering was where the normalisation of accounting for one self as individually responsible became a situated *knot* of *power relations*, both enacted and *embodied*. As the participants’ stories unfolded, I began to notice the affective entanglements of the relations of both the normalisation of gendered *power relations*, and the painful recognition of their complicity in them. I began to trace the *knots* of responsibility, the looking back to locate that ‘something’ that might explain their troubled relationship with AOD. I also noticed a shift from troubled (hearing a resistance to identity), to troubling (hearing in the storytelling the noisy silences of *transformation*), and I began to make sense of the very *mundane* ordinary flow of shame and blame provoked through a failure to perform ‘normal’ femininity. Shame does not emerge from our individual bodies, but through gendered *social power relations* of acceptability brought into being through our *intimate proximity to others*.

### ***Situating our Stories: Entangled Subjectivities***

I began to understand the process of reckoning as the women situated themselves individually and socially with AOD. They told how their relationship with AOD had felt normal and nothing out of the ordinary, until it became troubling. I heard a movement from the *mundane* to the *extraordinary*, and as the women remembered, they told of uncomfortable and conflicting feelings that ‘something’ was no longer normal. As I followed these affective flows of meaning-making, I recognised that this was the remembering of the beginning of their processes of

reckoning. The women contextualised their AOD use as emerging within *social* spaces and relationships that normalised it, and they also spoke to their complicity with the demands of responsibility as they wrestled with painful *knots of power relations* between *the extraordinary and the mundane*.

As Rhonda began sharing her story, she located herself within the ordinariness of everyday life. Her trajectory of AOD use followed a pattern that would be familiar to many women in Aotearoa: experimenting with alcohol during her teens, then increasing her weekend drinking and using drugs in her twenties as she spent more time participating in the nighttime economy. What is normalised here is the narrative of pleasure, connected with cognitive capitalism (public) and independence (individualism), and how they work together to produce normalised *social* relations. Within Rhonda's account of the *mundane*, it was possible to catch glimpses of some of the tensions that emerge in the conditions of our everyday lives; the slow creep of gendered *social power relations* that unfold through subtle, incremental pressures where AOD becomes functional to her performance of her feminine responsibilities for which she is accountable, as she negotiates the boundaries of her location. These conditions existed within the realms of what was 'normal' ... until.

Rhonda: Mum and dad never really drank... It was never part of my DNA... My introduction to alcohol was really just with the band playing music, and that would have been when I was 26... So then, when I started gigging, you get a bar tab and it's all around you and then you're nervous, so you use it as a social crutch to take the edge off. And then because it's there and it's free, a lot of it, then it becomes something that happens a lot... And then it was just all around me all the time. People buy you shots. It's kind of rude not to have a shot with a customer, or someone that thinks it's really fun... And then, obviously, drugs became part of that and, you know, so it becomes I'm smoking a bit of weed before I go to work, because I'm nervous, and I'll smoke that on the way. And then, when I get there, I'll have a couple of drinks. And then, maybe I've finished playing and I go out after that and there's some speed or some pills or – and then you get home and then it's like, "Oh we need to come down"... And so it was always kind of a weekend thing. So it was

two days a week, not through the week. Healthy through the week. And then I guess when crack came on the scene...

Within her account of the everyday *mundane*, Rhonda spoke about the interactions, relationships, and processes of her social milieu where AOD use as being socially emergent was normalised. Moving with her sense-making, I recognised the dynamic and continuous circulation of affect as it moves in through the body, blurring the boundaries between *public* and *private*. And I noticed that this story matters to understanding ourselves as configured through our proximity to others, so that those painful memories move us into action.

Alice too remembered her movement with the normalisation of AOD, and her embodiment of knowing that relational forces affected her experiences and her responsibility for seeking them out. Situating herself as both actively shaping and being shaped by processes of normalisation as she moved through her story, I could hear the imprint of the relational process itself inscribing her *embodied* memory through her connections with others.

Alice: I thought that was just normal, right? Everyone did that... It just became such a normal part of functioning. You know, you normalise it, and especially when you hang around with everyone doing the same shit, you're like, "Okay, this is normal"... I kind of made myself fit into environments where that was acceptable... I always surrounded myself with people and environments where it was normal, so I didn't have to face the reality that this is probably not... I purposefully stayed in areas where I knew that it would be okay if I got annihilated because they'd just laugh it off... Seeking environments where you felt like you had a community and supported that behaviour because you were all just as bad as each other... Like, just think about it, I moved from (city) to (city), and moving could have been an amazing opportunity to have a fresh start, meet new people. I went straight seeking out the same kind of people, environment, subconsciously that allowed for that kind of behaviour... It's just when you're around it and you normalise it, it allows you to not confront anything, but it wasn't actively looking for that. It was just that was my subconscious drawing to certain people that facilitated and allowed for that and just accepted the bullshit.

In Alice's story, there is a recognition of how she was complicit in processes of normalisation. And as I moved with this remembering, I could feel the affective flows of memory and the *intimate* feeling of shame, where accounting for ourselves is recognised as our complicity in the *mundane*, and we become responsible for the *power relations* that normalise our complicity. The complexities of our subjectivities are situated *amidst knots of social and personal contradictions*.

Mia also recognised the normalisation of the narrative of pleasure and her relations with others, full of the potentials of the experiences that become circulated about our empowerment in our *social* locations. As she remembered her AOD use, I noticed that sense of storytelling where the past flows in and through our present *embodied* remembrances, a sense of seeking a place or a moment where that painful memory of responsibility can become 'visible'.

Mia: So I was living with these two other girls and we were drinking a lot, like sort of every day, and we were smoking weed like every day. Like sort of quite chill, whatever. And then it was like we were able to get our hands on things like MDMA and that kind of stuff quite easily and that became quite a regular thing and I did acid with them. The first time I did acid was with them and it was just like, "Oh my god, like I love this". You know, like all these drugs and it's so cool and stuff... Looking back, it was like, "What an idiot. What an idiot". But at the time it was like, "Oh my god, that's crazy". And so I think, it wasn't like it was right, I was in, hooked on meth, it wasn't anything like that but I was getting to this point where there was no sense of, "Maybe I shouldn't be doing this". There was no control with the whole – it was just, "This is so fun and there's so many fun things" and, "look at me doing all these drugs and I'm living with these older girls and I'm 19". And I'm coming home after a night of work and we're taking a tab of acid and we're doing MD and it's 6.00 am in the morning. It's so crazy, kind of thing... Sort of in this lack of control kind of stage and, you know, we just push it and push it"... I just think that I fell too deep and hard into that "you're young once and you want to live your life and experience so many things".

Listening to Mia, I heard an articulation of the connections and processes that move us into recognition of the embodiment of shame, and simultaneously locate the *social* processes of normalisation in a movement between the *mundane* and the *extraordinary*. And through something of a remembrance, I began to attune to the pain of *personal* responsibility.

Ava also recognised the ‘tricky’ entanglement of complex interconnected processes and relationships that form our subjectivities. These entanglements are messy and perpetually shifting as we move in processes of meaning making that are interrelations of enacted and *embodied* affect. Trying to make sense of the pain of *personal* responsibility, Ava’s story opens up to the potentials of recognising the differential and inter-related complexities that rendered her bodily experiences of feeling overwhelmed in her *social* location more manageable, more normal, and more able to be masked.

Ava: It’s so tricky to try and articulate years and years of what led to a situation, however long it took to find your way through and out, and like whatever ‘out’ looks like... I’ve just very recently been formally diagnosed with ADHD after a long kind of journey to that... For me it wasn’t about the alcohol itself... It was a means to an end, so it was to deal with social anxiety or, being overwhelmed by the social environment, so having a few drinks took the edge off that sort of overwhelm from the environment, which I now understand more of that sensory sensitivity and overwhelm, as well as the social anxiety, which was a lot to do with always feeling like I’m performing, which I guess now the language we use for that is like ‘masking’. But it’s much easier to perform when you’ve got a little bit of a buzz going. And I would also use it to switch off, because my brain never stops.

Hearing Ava remember her affective history of trying to make sense of why she was engaging with alcohol, the recognisable *social* forces that had produced the *embodied* painful *private* feelings that Ava had worked to numb emerged. As she remembered back to try and make sense of the present, I recognised the painful embodiment of the shame she felt for her troubling relationship with understanding her differences. And as I listened to the affective flows of

meaning making, the figuration of individual responsibility emerged with a recognisable figure of blame and shame, entangled within the *knots of social and personal contradictions*.

Ava: I think a lot of it was I guess what you would call work stress, but I think it was more about my personal insecurities as well... It was the personal failings, or the feelings around me personally, just not being able to – wanting to hide how badly I was struggling with things, because everybody thought that I was doing so well... It was making it worse how much positive feedback I was getting because I just felt more and more like a fraud... I used, very deliberately, I understand now, the voice of shame to drive myself to do things when I was tired, or... the things that I find really challenging... So it would set up this cycle where I would have to make the stick that I beat myself up with strong enough to overcome that barrier of doing the task and so the problem with that is it didn't really have an off switch, and so I guess the alcohol was the off switch to slowing – you know, just to getting my brain so foggy that I could not care about those thoughts until the next day.

Understanding herself through her *personal* failings, Ava's troubling location in the performance of normality in her *social* relations became *embodied* as shame through its proximity with others, as she struggled to hold herself accountable to constantly appear normal socially. AOD opened a different space where she could find the 'mask' of normal, and I could hear the painful affective flow of how profound the recognition of her *doubledness* was, as a powerful process of reckoning.

Victoria also moved through a narrative of masking in response to her locatedness, with a history of abusive relationships and an ongoing recognition that her relationship with AOD was less an effect of AOD but rather the knotty entanglement of a 'felt' sense of her painful *embodied* history. Within her *social* relations where AOD was normalised, she could mask her difference that left her feeling incomplete.

Victoria: I left home at 16 and went to university, which was way too young. Had grown up in a very dysfunctional marriage and had – didn't know til my 40s that I'd been abused as a three-year-old. So spent all my teenage and early 20s with all this crap that I had no

way of identifying or unpacking. All I knew was that there was pain, there was shame, I didn't know why. I had no sense of identity... And obviously, you know, took drugs. I wouldn't say I was drug-dependent, but I was drug-abusive for sure. You know, I look back now and I think, "What was I thinking?"... The group of people I was in, and the flat that I was in, was a heavy drug using – you heavily used drugs... Partly, it was the culture I was in, but definitely, if I think about it, I was literally doing it to mask pain, to feel okay. To numb, I suppose. I mean, I don't think you think like that at the time, but if I reflect back on who I was at the time it definitely was the way to – yeah, to numb and to feel better. I mean, you feel okay, don't you, when you're taking drugs, you're on a high. And I think it was two things, because I mean, there's drugs that you just chill out on and have fun and then there's drugs that are also a little bit informative. And I think both those things were useful. Yeah. Until you decide they're not.

Victoria spoke to the snares of the affective memories of her hidden story of childhood abuse that she *embodied* as pain and shame. Mobilising her memory through the affective flows of her pain, she too normalises the ordinary everyday experience of AOD within her *social* relationships, taking responsibility for her AOD use to numb her *private* pain. Victoria understood the pleasures of AOD use, and yet the knotty entanglement of her *private, intimate, and extraordinary* entwinements with AOD complicated the *public* and the *private*. Through these affective flows of meaning-making, I was reminded that "it is not a question of either/or, but of 'and... and'" (Braidotti, 2019, p. 43). We are always living all of them.

The tricky entanglements that form our subjectivities emerged in and through the participants' collective narrative, negotiating the 'both/and' of the *public and the private, the extraordinary and the mundane*, opening up spaces of *transformation* where the process of reckoning takes shape. And it is in this space where shame makes us *intimate to our selves*, in the entangled *knots of power relations and personal contradictions*. As I traced the *mundane* ordinary flow of shame provoked through our responsibility to perform normal femininity, gendered social *power relations* further complicated the performance of our subjectivities. By attending to the affective flows that emerged within the collective stories of reckoning, I traced some of the ways that gendered social *power relations* and dominant narratives of individual

responsibility impact our processes of becoming. Moving with the *embodied* affects of these forces enabled movements in meaning making to assemble new understandings of how they inform our experiences of overcoming a troubled relationship with AOD.

As Rhonda moved through her story, remembering where she began the process of knowing that normal had become troubling brought her into making sense of the inextricably entangled *intimate* relationships with both crack and her partner, and the gendered *power relations* that enable coercive control came into view.

Rhonda: My partner at the time was selling it, and then that became him using it as a control thing for me. So I think he realised like, “If she becomes addicted then she’s not going to leave me and she’s beholden to me” and you know, “I’ve got this power”. Because apart from having drugs he was a bit of a loser. So, that was his power and he had that over lots of people, and he used to talk about, you know, “I’m delivering to businessmen in the CBD on their lunchbreaks” and stuff... So, I think he got a real kick out of, “I’m a loser, I know, but I’ve got power in this respect. I’ve got these powerful people who are at my beck and call, who call me because they need me”. And then just it spirals... It wasn’t a full-blown – but there were points where – yeah, definitely where if it was there you would take it, so you’re not in control of yourself, because you’re feeling like – and then you start to feel like you need it and then, yeah, it was definitely a whole series of low points associated with it.

As Rhonda felt the shifts in her everyday conditions, she experienced her world moving from the *mundane* towards the *extraordinary*. I heard the *embodied* pain of her memories as she struggled with the knotted intimacy of coercive control and her own complicity in her AOD use that responsabilised her for her *intimate* pain. The *doubledness* of our processes of reckoning as they operate in and through gendered *power relations* that hold women responsible for the harms against them are the forces of power that coerce us into shameful silence.

Victoria also spoke to the affective flows of oppressive gendered *social power relations* that she *embodied privately*. She remembered feelings of boredom, dissatisfaction, and

subjugation in her family's history of patriarchal domination practiced through the *power relations* that produce heteronormativity, a relation of masculine domination and feminine subordination. Victoria indicated an *intimate* desire to escape those *social* values and expectations, seeking to make sense of herself in other ways, but that she was yet to discover what that could look like.

Victoria: Growing up in (town) it was very rural, conservative, and I can always remember how bored I was... The household I grew up in had no religion. The religion was 'make money'. Religion was for people who needed a crutch. It was for weakness. I grew up around a grandfather who was all about, you know, "You can't be weak. You win, you're ruthless, you're this, you're that," and I intensely disliked the values that he was portraying but I had nothing else to put in its place... The expectations that my father had... "You can't be a (profession), you're just going to fill time until you're married... So it doesn't matter what you do, Victoria, your job will be to get married and look after your husband and be his support, not be something yourself. You will be his support".

As I heard how constricted Victoria felt by the negative forces of oppressive gendered *power relations* and the dynamics of her *private* life, her relationship with AOD became a way to embody new spaces, and her story sparked a memory for me. I resonated with the feelings of not fitting in that come with resisting dominant cultural ideologies, and I began to wonder how this might inform our AOD use. As I listened with this question in mind to the other participant's stories, I began to make sense of how AOD use emerges as a form of resistance to the gendered *power relations* that impact our subjectivities and our process of becoming. Within the *mundane* conditions of our normal everyday lives, *extraordinary* forces of gendered *power relations* are at work. We experience our resistance to these forces as painful, and thus *private*, and in these processes we are responsabilised to our AOD use.

Dominant narratives of individual responsibility were also embedded in Ava's story as she spoke to the *embodied* shame of not meeting individual expectations of success and achievement. Through the movement in Ava's sense-making as she reckoned with her *intimate* memories of

those feelings, I traced some of the processes of articulation and disarticulation of a subjectivity being shaped in and through both *personal* and *social* forces.

Ava: If there was any question of my competency or my behaviour, or anything like that, that would be like horrifying to me and I didn't want to damage people's perception of me. I was really conscious of how I was perceived and not wanting to damage that. And I was just kind of embarrassed, I guess, of having something that I couldn't just control, because, you know, the measure of a good successful person is someone who can do all the things and, I don't know, manage all the things and doesn't seem to have a problem with anything. I don't know. Who just has a healthy sleep routine and prioritises with a to-do list and just does what they can in a day. You know, like all that shit... Achieving is not even a thing that I expect other people to do. I believe people have worth inherent to them, but not me. I must demonstrate my worth.

Moving with the shame of Ava's *private* struggles, I heard the noisy silences that represented the individualised blame of not meeting *social* expectations of successful femininity. As a young woman, Ava embraced the figure of the ideal feminine subject who could lead a self-managed life where she was responsible for her self-transformation through self-application and self-improvement (Budgeon, 2011; Gill, 2008; Rich, 2005; Rutherford, 2018; Scharff, 2016). The commodification of women's bodies in the postfeminist era has co-opted feminist values of empowerment, independence, individual choice, and personal agency and autonomy, to instil an acceptance of responsibility for women if they are unable to be productive, generative, and well-adjusted feminine subjects (Rutherford, 2018). Ava articulated how those forces that shape our subjectivities as deficit or as failure of femininity become *embodied* as shame. And yet, where there is power there is also resistance, and as Ava's story unfolded it was the recognition of how the dominant narratives that allocate blame through gendered *social power relations* are endured in our bodies that enabled her *transformation* in making sense of her AOD experience.

Ava: I don't think you can separate gender from our experience of anything in the world, the way that it is at the moment in the Western world. At every level more and more I recognise the influence of gender and the gendered system, like patriarchal, hierarchical

systems. Working in (industry)... you can't escape it because even when you've got female (profession), still the system is set up with the expectation of male head of departments... the behaviour expected and the performance expected of me and what I'm expected to be across and how I'm expected to just somehow be better at the people side of things, which of course I am, than my male counterpart... who just storms in with his own personal issues influencing how he interacts with people in any given moment so that everybody is – with no awareness, like the whole world moves around him. And the expectation that I inherently know how to look after the people's feelings – because I do, and I take it very seriously to look after my team's emotional and mental wellbeing, as well as their performance. But every single layer of that is gendered... And what you feel like you need to do to survive and show up the next day is have a drink. But you also carry this responsibility, like if you go to work the next day tired and a bit hungover you still have to perform at a certain level and you sort of know that you're not doing your best, but by the time you get to the end of that day you're so tired, and you're so tired of those expectations and responsibilities that having a drink helps you put those down as well. Like, I'm just going to put it down. Like, end your responsibilities for the day, almost like you have to get drunk to not do the things you're supposed to do, like get a load of washing on. You know, there's like an escapism element to it.

Ava spoke to the *embodied* burden of gendered responsibilities, and how alcohol provided a way of negotiating those demands. Listening to her story, I heard how idealised femininity operating in her workspace became the burden of responsibility for the *extraordinary*, normalised as part of the *mundane* of everyday life. Alcohol was a way to embody a different space.

Alice's story was also shaped by the dominant narratives of individual responsibility for our failure to meet the standards of femininity, adding another texture to the shape of our processes of reckoning within a story where AOD was normalised and normalising. Following the affective flows of remembering through a narrative of *social* empowerment (fitting in), and the memory of the nothing space, there was a recognition of another story that emerges to produce the unfeminine figure who drinks like a man.

Alice: It was definitely down to probably a self-confidence thing. Right? So obviously, it gave me this like invisible cloak, in a way, to, I don't know, just let go and not have to have that concern about what people thought, or anything like that... I was blackout drunk all the time. Honestly there's a couple of years that I really don't even remember what happened – and that was just more so, I think, trying to keep up, trying to fit in... How I describe it would be you ended up getting way more into like your masculine self doing that, right, because you had to kind of hold your own... I was hanging out with a lot of older people. And yeah, I think it was probably a coping mechanism, if anything. And I think that kind of continued in that way and then it became a learnt behaviour, right? Like that was how I kind of taught myself how to socialise... An easy way to be able to medicate my anxiety or my own issues of self-worth, whatever, in places that wouldn't necessarily – that are normal in society. I was using substances to basically self-medicate, that was pretty much it. And alcohol being the main one because it was socially acceptable.

Hearing Alice's story of her process of responsabilisation as she moved with the *intimate* feelings of pain, there was a moment of recognition of the knotty entanglements where the *embodied* memory of the freedoms of AOD as a relational space to take refuge from *social* expectations also reproduced her as unfeminine. Moving with the recognition that we become responsible through our subordinate location, I heard how shame and blame are provoked through our failure to perform appropriate femininity.

Mia also spoke to the experience of being a young woman who was emboldened to take up space through her use of AOD as she negotiated cultural norms that construct women's AOD use as feminine deviance. And while resistances do not always transform our location, I could hear the movements, the fluctuations between her creative modes of both articulating and disarticulating her narrative of pleasure, as she negotiated her *social* and *personal* figuration as rebellious... until.

Mia: I really loved being known as, "Oh my god, Mia, she's 19, she's still doing all these drugs. Yeah, oh my gosh she's so crazy". And in my mind, I was like, "This is so cool"... I thought that that was something that made me different and something that, "Oh you

know Mia. Like you know, she's probably high and she's doing... You know, she's doing this. And if you ever have any questions about drugs, go to Mia." What the hell was I thinking?... And it just sort of really became my personality for at least a good couple of years... "Oh this is what makes me different from the rest of my friend group is that I can do these drugs and I can do this". And, you know, "I've never had a bad trip and I'm always so good". It was this whole thing of nothing can affect me... I was like, "No, that's never happened to me, I'm invincible. Like drugs affect me different than they affect other people." Yeah, so like looking back it kind of makes me cringe ... I've now found the thing that makes me different and it's this really cool adult thing, and not everybody can do it, and now it's something that I'm known for. It made me feel like, "Yeah, I'm like an expert on these drugs. I know what I'm doing. I've done the hard stuff, I've done meth before". And thinking about it now I'm like that is so cringe. That is so young. I don't know, there's something about it that just really...

Listening to Mia's processes of meaning-making, I heard her wrestle with conflicting forces of power and desire, or entrapment and empowerment, as she worked to resist the cultural narrative of gendered normativity of her past, through a desire to situate ourselves differently. Empowered through a narrative of becoming different was a recognition that our location was already a site of devalued otherness. And I began thinking about how our politics of location and our desire to create new ways of becoming were in constant motion.

Mia's opposition to *power relations* and ingrained ways of understanding her situated difference could only emerge from a place of marginalisation, and in relation to others. As Braidotti (1997) reminds us, these painful memories can be sites that enable us to move beyond the binary and oppositional gendered identities to define ourselves differently. I heard Mia's AOD use as enabling that process of actively engaging with a different way of being in the world, and recognised her subversion and resistance to her gendered location as both *intimate* and *public*. As Mia's story unfolded, she spoke to other layers of *social* pressure and expectation that she had wanted to escape, and how her relationship with AOD became a space for *transformation*.

Mia: I've always been sort of like a high-achieving kid. So throughout primary and throughout high school I was really, really wanting to get good grades and – I don't know,

I feel like as a kid or a teenager, I'd sort of set quite high standards for myself and then in doing that I guess my parents had high standards for me and that kind of thing. So that was me when I was doing all that, sort of trying to escape that reality... It was just all coming up a little bit too fast for me and I sort of thought, how can I not have to worry about this stuff... So then in order to sort of like escape from that, like, "No, no, I'm doing fine". It's sort of, you know, "Right, let's crack open a bottle of wine, let's chug that down, let's go get a box". Like, "Somebody get a bag of MD" and just like down this whole, as long as I'm on something then I'm fun, I'm cool and I don't have to worry about that other impending adult stuff that I know is going to come. It was just a way for me to put everything off.

As I felt the affective flows of our conversation, I recognised a young woman who resisted the trajectory of heteronormativity, finding a space where the complexities of becoming otherwise was normalised within AOD through a performance of difference. Becoming cool was an affective flow of feeling empowered that became complicated by a feeling of 'too much', where escape from the tensions between *social power relations* and *embodied* resistance became a site of personal pain.

As explained by Braidotti (1997), the process of becoming emerges from a sense that our old symbolic and *social* system, and our locality within it, is not enough. In this sense, becoming can be understood as a process of desire that involves a yearning for being different and to grow towards difference and expand our boundaries. As the participants' collective story unfolded, they spoke to the movements of recognition and sense of 'not enough' that enabled them to grow towards difference in their processes of becoming.

### ***Movements With Recognition***

As the participants and I moved our memories through our connections with our past, we brought life to those moments of recognition where we began to untangle the *knots* of our limits, our location in gendered *power relations*, our bodies, and our proximity to others. The participants spoke of the moments when they began to recognise their relationship with AOD as

troubling, recognising where the flows of connection were constraining their lives, where ‘...until...’ comes to life. For some women, it was a series of moments that alerted them to certain patterns; for others, it was a distinct moment in time that moved them to affect change. Through remembering, we made sense of these moments of recognition, the deeply embedded *social* and *embodied contradictions* in the process of reckoning. Here, the connections that shame emerges through, and our responsibility as a shameful figure, become meaningful. For all the women, it was an *embodied* knowing of their limits, the sense of ‘too much’ that moved them to act. Through hearing a process of reckoning as it emerged in the women’s stories, moments unfolded through the affective flows of meaning making that demanded attention.

Listening to Victoria’s story, I began to hear the relational spaces, the affirmative encounters with other ways of doing difference that were embedded in her memory, as she remembered her connections to others who opened her curiosity to new and widely expanded worlds.

Victoria: I had a friend that when we finished high school, gave me the *The Rubáiyát* of Omar Khayyam... I remember the first time I read it thinking, “Wow” you know, “That’s really interesting, that’s a whole other way of viewing life, a whole other value system, a whole other everything”... the next really important woman, when I was 21 and I was living in (suburb) in this huge house... the woman who owned it was in her 90s... the house was still full of her belongings... She had a library of just completely alternative books, Steiner, Anthroposophy, Fasting, Buddhism. You know, for a girl from (town) who’d had never heard of these things... I lived in that house for a year and at a certain point I realised that (name) was living – really, I can only say that her spirit was in me, that she was managing to still be in that house through me. She would talk to me, she would guide me to different things, to books to read... I really did realise how important (name) was to me, and me to her. So, I really kind of relaxed then into her ... You know, into her being with me and really listening to her.... she had such a profound influence on me. Absolutely profound, because she showed me all these other paths that I could take.

As Victoria spoke of her *embodied* experience of remembering, I heard how her difference and her resistances to normative femininity that had led her to the pleasures of AOD were interconnected with her desire to embody new spaces and places. Through this profound memory of discovering that there were multiple pathways to follow, she recognised that the opening of space that AOD enabled had become limiting. In turn, I began to recognise the deeply *embodied* forces of power enacted on our bodies as the site of our subjective *transformation*.

Rhonda's story also moved through a series of *embodied* recognitions, as she remembered the complexity and multiplicity of her experiences, in the complicating inter-relation between crack, herself, her relationship with her partner, and *intimate* violence. Untangling the *knots* that held one in relation to the other, I became attuned to her recognition of the patterns of coercive control in a process of reckoning with the question of the limits of normalisation; a moment where heteronormativity ends and violence emerges, and where crack complicates the most *intimate of personal* relationships. And I hear the recognition of entrapment.

Rhonda: There were so many moments along the way and with (name) there were so many dramas. You know, like everything is a fucking drama. And I started to recognise... You find yourself in random locations, "Why am I sitting in the carpark of MacDonalds on a, you know, Wednesday night? This is not normal", you know, like, tragic. The boundaries keep getting pushed. It's not like suddenly you're one day... So it's just that the line of what is normal keeps getting pushed... That was really subtle. It was really overtime. And then realising he was really manipulative, so he would do things, like he hooked up with a friend of mine, because he knew she was a really good friend, so that he could then say, "Oh, she's not your friend because she hooked up with me". Like, so trying to create that burn off of the people around you and manipulate the situation, seeding things, you know, so you feel like – but I'm a really strong-willed person, so I'm saying – if I'm coming into this, it was easier for me to get off that train, because it wasn't my norm and it wasn't – we don't have intergenerational drug and alcohol abuse in our family.

As Rhonda's story unfolded, I could hear how the fluid processes of memory and sense-making had enabled her to come to recognise the patterns of entrapment being established

through her partner and crack operating together. It was through this recognition that slowly overtime she was moved to understand that the gradual normalisation of drug use and her partner's manipulative behaviours meant she found herself existing in an unreal reality that was not her normal; she was living "within an unreality of someone else's making" (Williamson, 2010). Coercive control can be understood as a pattern of controlling and manipulative behaviours that operate within a relationship through the use of multiple and overlapping tactics that control, isolate, and/or intimidate (Stark, 2012; 2019). While these experiences are inherently *intimate* in nature, they emerge from traditional gendered norms and gendered *power relations*, simultaneously producing and being produced by multiple strategies that affirm gender normativity (Anderson, 2009; Hancock, 2017; Stark, 2007). Here again, I heard the blurriness in Rhonda's story that calls attention to the *doubledness* of the *mundane* and the *extraordinary*. Where does normal end and addiction/abuse begin? Where does the *public* end and the *private* begin?

Alice also spoke of the entanglement of relationships, and I heard how the *doubledness* of the *personal* and the *social* had shaped her processes of recognising that something needed to change. Located in the city, where excessive drinking among her peers was normalised, Alice also recognised the complicated layering of *intimate* violence that entrapped her.

Alice: (City) got pretty bad drinking wise, really, really bad. I had a really good friend of mine that, her and I were both hanging out and then sadly, she passed away from drinking too much and I found her in the morning. So, that for me was like a big like... Thinking, "Holy fuck, that could have been me" but it still took me another year or two to really deal with it. Because my only way of dealing with shit like that was to drink. Right? So it was a really big mind fuck honestly during that time... My partner at the time he was very – he was an alcoholic as well, and all of my friends were, right, so it wasn't like there was an easy way to be able to detach myself from that when everyone around me, that was how they were grieving and coping as well... I'd put on heaps of weight. I was up to like 115kg. Like, I was really depressed when I was in (city) – and I was in a really abusive relationship as well, and I remember looking around going, "This is fucked, I need to get out" but I was very much stuck in – for multiple reasons, we'd been together so long, financial – a whole

lot of shit... It took me a long time – like I was in that relationship for seven years before I went this is – where I really seriously took it, like, “This is fucked, I need to get out and I need to sort my life out”. So it was a gradual process. But I think this stuff doesn’t happen overnight. I think this was the biggest thing, like it’s a fucking long journey... I remember reading a book, it’s a woman who basically used to go out blackout drinking and stuff and then stopped and kind of reflected on her life and I went, “Whoa”. Like, because at that stage I didn’t think I was that bad and then I read her story and went, “Holy fuck, I can relate to so much of this”, and I started looking at other people’s experiences who had stopped and gone, “Shit actually, no, that’s relatable”.

While Alice recognised, in fleeting moments, that she was stuck in a story of pain – the feeling of ‘too much’ – it was not until she began to listen to the stories of others and was inspired by their potentials that she was moved into action. Through the affective flow of meaning making, recognising her connections with others, she began to imagine ways of becoming differently. By listening to her *embodied* knowledge that enabled moments of recognition, she was moved through an interest and connection with others in a process of reckoning.

As Mia’s story unfolded, I began to hear a story of the recognition of the pain of a body that has endured too much. Mia began to story a process that brought her body and her mental well-being into view as the site of *transformation*. Recognising the inter-relationship between AOD and the *social* pressures of performing normalised femininity, she became stuck in the *knot* of both *social and personal contradictions*.

Mia: Fleeting thoughts of, “What am I actually doing at the moment?” and, “I feel like I’m not being productive.”... Because I felt like I wasn’t getting to those expectations and so as a way of, I guess, self-punishment – no, that’s not true, it wasn’t self-punishment. It was almost a way of comforting myself of, “Oh no, it’s okay if you didn’t do that”, because you know, “You’re doing all this drinking”. It was like an excuse... That contributed to declining mental health and that need to use more substances because I could see that that part was dropping off, and I didn’t know at the time how to immediately fix it, so then my

remedy was to just pretend that it wasn't happening. Just sort of block that... I think without realising my body was really suffering. I was just on this whole kind of like high, like buzz, the whole time. And then before you know it your mental health starts taking this drastic downturn. And I already had issues with mental health in the past, that's not a foreign thing to me at all. But, yeah, it was like, "Shit, I'm actually really not doing well"... I think at the time, and I didn't want to acknowledge this, but it was very much just like self-medicating. So if I wasn't drunk or high or something like that, I was just really sad... I think that was the thing as well like smoking weed. I was like, "No, no, no it helps my anxiety".

As Mia remembered the affective flows of the highs and the lows, she came to recognise the entanglement of the pleasures and the escape from painful memories as part of the same process, not a question of either/or. As she made sense of how her emotional capacity was at the limits of normality, I began to hear the limits of our bodies, where the *power relations* that demand *personal* responsibility for our failure become too much. As she continued, I listened to her processes of reckoning unfold as she remembered the gradual deepening of her *embodied* recognition that something needed to change.

Mia: Smoking weed for me was like a given. It was like, "I have to do this otherwise I can't eat, I can't sleep"... And like I went through a stage as well where I became, almost like an agoraphobic kind of thing. Like I just couldn't leave – the only places that I could go to, I could go to work but even then there'd be times I'd be basically just sitting in the bathroom retching my guts out. And like not like I was sick or anything, it was just complete anxiety. The classic. Like I don't know what I was anxious about. I spent so much time at home. I couldn't go into a supermarket or I couldn't go into a shop. I couldn't do any of that. I'd just walk in and just immediately feel hot and sick. I'd start sweating and feeling lightheaded and that kind of thing. I just couldn't do anything. And I feel like that was definitely a moment for me. I was like, "Oh shit, this is more than just like your sort of, "I have anxiety" sort of thing. Like this is actually quite intense now. This is interrupting my day-to-day life. I'd wake up every single morning almost on the dot at like 2.30 and I'd just be retching in the toilet for almost hours before I had to go to work... My body

was just in constant fight or flight. And I think that's when I realised, "I don't think the weed is helping me here", as much as I think that it is. I think that's part of the reason why I'm constantly anxious... Yeah, and I sort of just got to the point where I was like, "No, I need to ...". You know, yeah, it's like basic as, but I know that I'm better than this.

It was by paying attention to her *embodied* knowledge, where the affective memories were too much to bear, that Mia began a process of transformation.

Ava's moment of recognition was when she noticed herself noticing her *embodied* response to the motion involved in planning, visualising and having that first drink. And recognising that this was a pattern, one she couldn't unknow, where she began the painful process of reckoning that reverberated deeply through her body.

Ava: I can remember there was this moment, for whatever reason, it's crystal clear in my mind, the thoughts and feelings that were going through my – yeah, that I was experiencing. I was so done with the day and all I wanted to do was get home and pour a big drink so that I could start drinking the second I got home, because I was so tired, I was so done with the day I wanted to relax. Like, I wanted to switch into that off mode as quickly as I could. And I could actually visualise pouring a big glass of wine and I know that I was going to drink that first glass pretty quickly. It was a nice bottle of wine, but then I was going to pour another one and then I would feel like I could be done for the day. And I remember the feeling of, like, really could not wait to get home and pour that first drink. And thinking, "Oh that's not good. Oh no, that's not how I should be thinking and feeling about that, shit"... Yeah, it felt like I needed it and that was the first time I'd had that realisation of like, "I need it". Because it wasn't enclosed in a social situation or just a nice drink with (name)... Once I knew I couldn't un-have that thought, I couldn't unknow the recognition that it was a problem, and so I did for a while have this like battle with myself... But I knew the very fact that I was trying to justify the drinks to myself meant it was a problem. I'm like, "You know this is a problem, you're talking yourself into it being okay" and so I just kind of battled it out internally... It's a vicious cycle and you kind of know it.

Listening to Ava, I was struck by how she emphasised ‘*I need it*’ as being the moment of recognition that brought motion to her *transformation*. I heard the flow of shame where the line between drinking for pleasure in the company of others became a *private* need for herself. I wondered about the distinction she was making, and as we continued to make sense of the rules that regulate women’s drinking and enforce the rules of normative femininity, what emerged was the profound realisation that the performance of normalised femininity are the same standards that limit what women’s drinking looks like, producing tensions between drinking socially (being confident and fun) and drinking alone, as unfeminine (Hutton et al., 2008; Lyons & Willott, 2008; Rolfe et al., 2009; Ramsey, 2014; Jackson et al., 2023).

Ava: Sometimes the social aspect of it is in order to lift your performance or to lift your personality and to be bright and bubbly and stuff and to have the energy for that – and the ability for that. But the other side of it is it’s equally about just shutting it down, right, for yourself, it’s like that’s the part of drinking alone that has the stigma, but like everything it’s misattributed to a personal failing instead of a systemic issue that people are trying to cope with, women in particular... Because there’s a much greater range of tolerance for male behaviour, male body shape and type, their behaviour, the way they’re allowed to conduct themselves, or how they’re allowed to look and they’ll still be successful... And we have for women this very narrow window of tolerance... Boys in general get to go around being like, “Guess what I did?”... We’re supposed to be demure and humble. I think it gets – yeah, I don’t think we get the space... Think about it. In a social group, a similar amount of drinks are being drunk, but a girl gets messy, a guy is having a good time. There’s a lot more space and freedom for a guy to blow off steam being a bit drunk and a bit rowdy. But even when you are as drunk as they are, the expectation in most situations for most female presenting people is that you still have to hold it together. If you trip over on your high heel, “Oh taxi”. You know, there’s always an edge to it, right? It’s not just like, “Oh look at her enjoying herself...” And then there’s this weird sort of praise that comes with being able to, like, drink a guy under the table, but you’re still supposed to perform a level of put togetherness... And so that extreme drinking is so normalised socially. But yeah, a bottle of wine at home is like, “Ooooph”.

Moving with the collective stories of reckoning, I recognised that AOD was not the trouble, but rather it was troubling the multiple and contested relations of *power* and the affective flows of meaning making on feminine bodies. I heard resistance to the singular narrative of a troubled AOD identity, as we formed our subjectivities through the flow of affect, where the enactment and embodiment of *social power relations* and the *intimacy* of our pain responsabilises us to it, and how we hold this in our bodies as shame.

### ***Embodying Shame***

Through the process of reckoning, I heard the missing histories of *embodied* affect. And I was not surprised by the pain and shame I heard, given the historically developed forces that exclude, marginalise, and subordinate the specificity of the narratives and voices of women who have experienced troubles with AOD, rendering these stories untellable. As gendered *power relations* are enacted on our bodies, we experience our bodies *intimately* through shame (Probyn, 2004a; 2004b; 2005). But shame is “no more personal than the life and thought that carry it” (Probyn, 2004b, p. 331). We are relational beings that are fundamentally defined by our interconnectedness with others and our environments (Braidotti, 2013). As such, shame is a relational process too, and can only be brought about through an interest in and connection with others (Probyn, 2004a; 2004b; 2005). Shame can be intensely painful, as described by Probyn (2004a, p. 86) “Shame makes us feel small, and somehow undone... shame lingers deep within the self. It carries the uncertainty about oneself, the world is revealed anew and the skin feels raw”. But it is also this process of feeling ‘undone’, that experience of ‘too much’, that holds generative potential because it increases our capacity for self-reflection and *transformation* (Probyn, 2004a; 2004b; 2005). Moving with the participants’ sense-making, I heard how recognising the affective flow of shame can move us through processes of reckoning and enable *transformation*.

Rhonda’s affective embodiments of blame and shame were palpable as she spoke of how her life had separated into different ‘pieces’; the piece where she had nice friends, an apartment, a good career, and the piece where she used crack that was embarrassing, gutter level, horrifying. I also heard her fear in understanding the *social* implications if these two worlds were to meet.

Rhonda: There was a piece where I could leave it, and there was a massive piece where it was actually almost embarrassing, because when you go into this other piece of your life – and I’m sure there’s a lot of corporates and those people that were living the double life where, so this one piece of their life, if the other half of their life were to know what was going on... It’s just embarrassment. You just think, “I’m not going to tell anyone about – this is ...”... There’s a whole unspoken, “I’m aware you’re doing this. You’re probably aware I’m doing this, but we’re not going to talk about it because it’s shit”. So, but then my other friends are really nice, not in the scene people, so they were totally unaware... I had a good job and my career was going well. I had an apartment and I had some things, so there was also this fear of like I’ve worked really hard to get all these things and I don’t want to lose it all... But there was a low point where I smoked on my lunchbreak at work. And I’m like, “Wow, this is not good. This is gutter level”. And it’s always been seen as gutter level, smoking crack... So this is during the week on a lunchbreak, this is sad. You know this is really not good... It’s gutter level. It’s not something – I’m horrified by it.

Moving with Rhonda’s storying, I recognised the intensity of these *intimate* feelings that we experience at the moment where *social power relations* responsabilise us to our shame. We experience shame so deeply in our bodies that the performance of our subjectivity becomes unrecognisable until shame emerges in the risky body; the becoming undone. As her story unfolded, I also heard how the generative power of shame moved her in processes of disentangling herself from the *knots* of her pain.

Rhonda: And then you just realise, “I’ve just worked all day and now I’ve got to go and play, so I’m going to have a smoke”. And then he’d be saying things like, “Oh, you played really well last night, it was much better”. In hindsight, then I started recording my music and thinking, “That was actually really shit. It was rough and aggressive” and I wasn’t playing with emotion... Totally manipulated... There was one time where I had such bad heart palpitations that I went to the emergency ward... It was after a bender and I was freaked out and, you know, like having to tell them. “What have you been doing?” Oh well – it isn’t sad enough that I took myself to the hospital... I think the more you saw those

people you're looking around the room going... "These are not my people"... I remember thinking I've got a lot to lose. The risk was higher than the reward for me... It's like I'm physically doing damage to myself. I'm not thinking straight, I'm worried about being caught out or exposed and it was like the fear of that was driver to sort it out.

Within Rhonda's articulation of troubling, I also heard her processes of disarticulation; an *embodied* resistance through repeated movements of recognition. She found herself embedded in two different worlds, experiencing part of her life in shame and in isolation from her friends and family. As Probyn (2005) explains, our bodies seem to know when they are at ease in a situation or place, and tell us loudly when we are out of place. Rhonda paid attention to this sense of unease, and I recognised the affective flows of constricting forces that were shaping her body and her emotions. Braidotti (2013, p. 35) reminds us that our bodies are an affective assemblage, "An enfleshed field of actualisation of passions or forces". Rhonda's body had endured too much, and her recognition of how this was entangled with the processes and patterns of coercive control moved her into deeper resistance, and towards her potentials.

Although these processes of shame always happen in context and in relationship with others, as Mia's story unfolded she too spoke to the moments of recognition of the entangled *knots* of the limits of her body's capacity to separate the affective flow of *power relations* and her *embodied* shame.

Mia: It was fairly internal. I think that was another thing is I didn't want people to know that I was struggling. I was still trying to go through this whole, "Mia can do all this and she's still fine and she's still happy" and that kind of thing. I didn't want people to know that I wasn't doing well... Because then if I told everybody else the truth they're going to think a different way of me... At the time you feel like it's a very independent struggle, you know, "This doesn't happen to anybody else" and, "Why is this happening to me?" And that kind of thing. And then you sort of, over the course of your life, I guess, like just talk to people and they say, "Oh yeah, well this is my story. This is what happened to me" and you think, "Shit". Like we were all just out there struggling behind closed doors... Because you can sort of quickly go down that route of, "Oh, no, no, no" like, "Don't tell

Mia or don't do this because she won't be able to handle it and she won't be able to do this. She might take the fun out of this if she – ". I don't know. Just those sorts of general – which nobody ever actually says in real life. It's not something that happens but it's this you go to the worst-case scenario... And so in your mind at the time it's just easier. It's like, "Well I can handle this. I can deal with this, I'll just do it by myself". But yeah, I think there's like a sense of shame behind it. Thinking that, you know, if you can't see other people going through the struggle then that must mean that you're the only one going through it.

As Mia remembered her feelings of shame and blame, I was struck by her articulation of the insidious nature of dominant cultural narratives as they moved through her storying. I heard how her process of self-surveillance, her fear of *social* isolation for breaking the norms for the performance of an independent, successful femininity in her *social* location, also isolated her from relations with others through the *embodied* affective flow of shame that renders our stories untellable. The disciplinary power that produces the conditions of self-surveillance are also *embodied*, and as I heard Mia articulate a *private* shame that made her *intimate* to herself, she understood the *social* sanctions that her fears were responding to. Here, I made sense of shame being a relational process itself, brought into being by an *intimate* proximity to others. And I became aware of another enduring story of responsibility, trying to find that *intimate* 'something' about ourselves where we can locate the source of our difference.

Mia: I don't know the right way to phrase this, but it's not like you have an excuse for that kind of behaviour. You know, like it's not like I came from an abusive home, or any of these things that often, in life, you know, leads people down those sort of roads. It's not like any of that had happened to me, so it was like, "Why are you ..." I don't know, "Why are you making yourself a victim?" and I know that's not how it works, but that's what I'm thinking in my head at the time... I don't know how to word it but it was just like I don't have an excuse for this kind of behaviour... Like you've brought this upon yourself, kind of thing. Like you can't blame anybody else for this, you've put yourself in this position... I shouldn't be having these problems, kind of thing, so why am I?

The narratives available to women to make sense of our AOD experiences are limiting through the shame that holds our stories untellable, so we listen to the *power relations* that are enacted on our bodies in an attempt to perform our responsibility for our deficit. And I could hear, through Mia's story, how we are compelled to perform a troubled identity (Chang, 2023; Woodwiss, 2017) as we become responsible for our difference. As Mia grappled with these affecting forces, I heard the struggle of subjectivities *situated amidst knots of social and personal contradictions... caught in processes of deep-seated transformation, but still struggling with ancient power relations.*

And I became confronted, again, with my location in psychology, where colonial patriarchal *power relations* legitimise the meaning of difference. Remembering that knowledge is always situated and partial, the intensity of the enactment of the dominant mechanisms through which psychology has skewed *public* truths that inform our *personal* narratives was deeply embedded in the women's stories, where they began looking inwards for the source – and therefore the solutions – to how they were feeling.

Ava's process of reckoning was recognising the mechanisms, the *power relations*, that formed the affective flows of blame and shame that shaped her story, and the *private* processes that held her responsible for her pain. As I listened for the noisy silences, I heard again how we are made individually responsible for the performance of how much a body can take, and how this becomes a measure of our capability.

Ava: It was something that I went through pretty much on my own... It might not sound like the impact was as great as it was... what causes a problem for you will be different to someone else. But a big part of the problem is how it made me feel. Like a big part of identifying it as a problem and wanting to do something to feel more like I was in control of it, instead of needing it. But then, a big part of the really hard feelings was kind of feeling ashamed that I'd got into that point in the first place because, I don't know, like you're supposed to just be able to cope with stuff without becoming dependent on something because even though drinking is kind of glorified in our culture, the second you say you have an issue with it there's a lot of judgement. It did have like a really serious

impact on how I felt about myself... The shame that comes with it and thinking, yeah, actually I didn't tell anybody that I wasn't doing well in the first place and that's why I was drinking a lot. And then I didn't tell anybody that I was drinking a lot... It felt like something that I couldn't say out loud... You have to do it yourself. And prove that you're strong enough and capable enough to do it on your own. Because that somehow is a measure of strength. And a measure of capability, is if you can do it by yourself.

Responsible therefore for her own feelings, Ava remembered the intensity of shame in her relational proximity with others. Probyn (2005) suggests shame emerges through a reaction to the possibility of love – either of oneself or of another – and the fear that this love could be threatened by contempt or abandonment. Our shame therefore bridges the *social* and the *intimate* connections with others and our interest in the world. Not only does the experience of shame affirm our bonds to others, but it also holds productive potential. It is in the space of potential where the *transformation* of suffering the affective flows of shame becomes recognised in the process of reckoning with the *knots of social and personal contradictions*.

As we become *intimate* with our shame in proximity to others, we begin to transform the untellable into the tellable, taking responsibility for the productive potential shame generates for our own processes of *transformation*.

### **Processes of De-linking Pain From Suffering**

*Desire is the propelling and compelling force that is driven by self-affirmation or the transformation of negative into positive passions. This is a desire not to preserve, but to change: it is a deep yearning for transformation or a process of affirmation. Empathy and compassion are key features of this nomadic yearning for in-depth transformation (Braidotti, 2010 p. 416).*

*Affirmative ethical relations create possible forms of transformation of the negative by mobilizing resources that have been left untapped, including our desires and imaginations (Braidotti, 2008 p.11).*

As the participants moved through their processes of reckoning, I heard how they had become increasingly aware of their suffering, whether that involved painful or traumatic events from their past(s), restrictive forms of gendered power relations, and/or the embodied shame and blame they were experiencing, until they were moved into action through the embodiment of that feeling of ‘too much’. Pain is a necessary and unavoidable part of the flows of contemporary life through our relations with others, often located as a response to negative forces. Braidotti (2008) argues that melancholy has become part of capital cognitivism through negative forces that are responsible for linking pain to suffering. Suffering keeps us stuck in cycles of negativity through fear, painful or traumatic events, or even through intense boredom, and these negative cycles reduce our vital potential and increase reactive and restrictive forms of power, often leading us to inhabit victimhood (Braidotti, 2008). In the women’s collective story, processes of de-linking pain from the negative forces that had locked them in suffering were pivotal to their journeys of *transformation*. This process was made possible by transforming *negative into positive passions*, as they came to increasingly move with their *desire*, strengthening and being strengthened by *ethical relations*.

### ***Transforming Negative Into Positive Passions***

Moving with the affective flows of storytelling, I heard the participants embodied memories of their processes of moving from being stuck in negative affective flows towards more positive ones, as they became increasingly *driven by self-affirmation*. Braidotti (2008) makes the distinction between negative and positive passions. Negative passions typically emerge through reactive affects, such as fear, and stem from potestas (restrictive forms of power) to block, rigidify, and limit potential for *transformation*. Positive passions are the affirmative forces that enhance life and increase our potentia (capacity for action). Affects can be understood as modifications of our subjectivities through passions, or forces, that either increase or decrease our potentia. When we move from a passive state of resisting those forces into a state of action, we are moving from *negative into positive passions*. This transformative work mobilises, and is mobilised through, the *desire* to be otherwise (Braidotti, 2008; 2014). *Desire* then becomes a *compelling force driven by self-affirmation* that demands *change*, emerging from a deep *yearning* to move with the possibilities of pain as potential. Through interrelations with others, we move

with *empathy and compassion* that enables us to affect and be affected in an ethical response to the pathologising of women's suffering. As I was thinking with the process of storytelling, I was reminded too of the process of looking inward and reflecting on painful experiences within our complex subjectivities. I noticed the process of enacted resistances to the social power relations that shape our everyday lives, resisting the narrative of pathology and excess, or that pain equates to suffering, to challenge the idea that there is something wrong with us. Here, through a process of de-linking pain from suffering, I heard the stories begin to tell ourselves away from narratives of shame and blame and open up possibilities of becoming-with (Braidotti, 2010a; Haraway, 2016) as we responded *affirmatively* to our difference from dominant stories.

Through Alice's story, I heard the resistance of an identity that locates her pain as a disorder, already knowing that her experience with AOD was interrelated with social relations of power, the forces of potestas already bearing down on her body. Through her resistance and turning towards new relations with the world, Alice became attuned to the forces of *positive passions* and her capacity for action.

Alice: I get frustrated when people would say like, "Oh you're an addict" or you know, "You're an alcoholic"... It was just more like it's a symptom of something deeper. Right? And so to solve whatever is going on that you're masking up, and for me it was just a whole lot of self-worth and a whole lot of grief and all this shit that I hadn't dealt with, once I started dealing with that and respecting and feeling better about myself and my place in the world, the less I wanted to numb it... I went on very much an independent soul-searching path, which honestly, so much shit, like so many books, so many courses, so many like – not just on addiction, but you know, heaps of shit, just trying to find out what else is in this world, you know. Like, there's got to be more than just fucking going to a pub and waking up hungover... And so then I started exercising, started really – it was a gradual process. I needed to build up that self-esteem. Right? Especially after my friend passed, it fucked me and I never really dealt with it. And then as soon as I started dealing with it and gradually got my own confidence back then I started being like, "Okay, how do I navigate out of this. And the more I started to respect myself and feel better about

myself, the less I wanted to be a piece of shit drinking, right? That was getting out of this black hole.

Hearing Alice's resistances as *mobilising* her from her entrapment of the black hole began a process of attuning to the *positive passion* for *transformation*. Braidotti (2008, p.22) tells us that "negative passions are black holes" because they inhibit our capacity to relate to others, and as such they diminish our vital flows of connections and becoming. I heard Alice remember how her capacity for action had shifted as she gradually acknowledged and confronted her pain, becoming increasingly empowered through her *desire* to work through it as a process of becoming. Alice's gradual and creative refocussing towards *positive passions* enabled her to overcome the paralysis of potestas and utilise the affective fracture and disarray of pain to generate *transformation*.

Ava also spoke to the 'black hole' of *negative passions*, as she remembered the paralysing fear that had limited her potential for movement.

Ava: So I had layer-upon-layer of, like, anxiety-driven coping mechanisms, or the motivators were all fear based, or like I have to get control of this or someone might notice, or like there was a lot of that fear as well... But to sustain any long-term change there has to be something that you're moving towards as well, not just something that you're avoiding. Because that avoidance can be avoiding the feelings, right? So you want to avoid the difficult feelings, avoid the horrible thoughts about yourself, or whatever it is, and so then you drink and then you have more of those or you have – then you introduce the fear of failure, like, or the fear of what if this gets worse and I screw something up, or I get so drunk I really hurt myself. You know, like the avoidance and the fear will just kind of translate onto anything.

Listening to Ava's remembering through the affective flows of *negative passions*, I could hear her resistances to the stickiness of psychological distress, as the affective intensity of her experience became entangled in the melancholy of suffering. Remembering Braidotti's (2010) argument that pain has long been associated with suffering through our dominant system of power relations that enforces an obsession with individual experience (of a singular story of

AOD), I could hear how the embodied effects of suffering held the pain in place. And I heard how it was in the recognition of this that the movement toward ‘something’ became mobilised. Bringing the emotion back into motion, I could hear *the propelling and compelling force* of her *desire* that enabled her affective bodily capacity for action in the painful process of *transformation*.

Listening to Rhonda, I heard again how the process of moving towards more *positive passions* had required engaging with the *propelling and compelling force* of her *desire driven by self-affirmation* to disengage from the parts of her world that were governed by *negative passions*. Recognising the relationship where the mundane and the profound are connected through her intimate proximity with others, Rhonda began a process of *self-affirmation*, putting into motion her embodied knowledge that her painful connections were localised. And as she stayed with the contradictions, she moved with the potentia to rework her pain within an ethics of *affirmation*.

Rhonda: I was already living in the, I guess, what you’d aspire to be. I was living in a good space. It was like this was dragging me down... So I think my addiction didn’t come out of filling a void in my life, because I was always busy. I think that’s why it was easier for me to get out of it. It was still realistically maybe two or three years where, you know, and also – so, it’s situational because of who you’re around, where you are, it’s all around you, it becomes your norm. That was just in that part of my life, because I had family and friends and other people and a day job where that was not the norm. It was an easy thing to section off. So then I just stopped playing for quite a bit. Stopped going to (bar), stopped playing, and then I dumped him, I moved to (city) just to really cut ties, so I couldn’t fall back into that situation again.

Rhonda’s process of *self-affirmation* was made possible through the recognition of her subjugation in the gendered power relations of coercive control enmeshed with her usage of crack. She began too, to recognise her relationships where these conditions were not normal, but rather shaped by *positive passions* and *ethical relations*, opening new spaces to begin the process of disarticulating her pain from suffering.

As Victoria storied her processes of working through her pain and disentangling herself from the oppressive power relations and gendered expectations of her intimate and social location, I heard how there were other forces of intimate connection made possible through *affirmative ethical relations*.

Victoria: I got a job looking after yet another amazing old woman... She told me these most amazing stories of her life, so again it was another woman, who, you know, had crossed Russia on a motorbike in her 70s, 80s, whatever. You know, just this amazing ... Every day she regaled me with these stories. So, I kept sort of having these women who would open my eyes to ‘a woman can be whatever she wants to be. She can do whatever she wants to do. She should not be defined by the expectations that my father had’... And there was this woman in her, I’m going to say, 60s... she was basically yacht-hopping. She was married and I said, “But why isn’t your husband with you?” I don’t know what I said, but it must have been something like that. And she said, “No, no, no, we’ve always – yes, we do things together but if we don’t want to do the same – if we don’t have the same dream or the same – then we do it separately”. And she said, “And that makes us have a strong marriage”, and I just remember thinking too – so all the time these women would – each one of them made me a stronger person and formed me.

Moving with Victoria’s memories of the connections that had shaped her subjectivity, I heard how her recognition of relational encounters as places of potentia had shaped her journey as she opened herself up to the *possible forms of transformation of the negative by mobilizing resources that have been left untapped*. Moving with Victoria’s narrative, I recognised how when we realise that it is in and through these *affirmative ethical relations* that a redefinition of subjectivities can occur, we are empowered to embrace the *positive passions* that fuel our processes of becoming. *Affirmative ethical relations* offered Victoria pathways towards different ways of living by encouraging her to increasingly tap into her *desire and imagination*. As she continued, she spoke to how the processes enabled her to disengage from the suffering of victimhood.

Victoria: At a certain point you have to choose between victim and victor. I think that's really important... you do have to decide and I think those women helped me to decide to go, "No, no, no, you don't have to be a victim, you can be something else. What do you want to be?" I think some people will use their past as an excuse to never really make anything of their life, to feel sorry for themselves. You know, "Well, poor me because I had that blah-blah", you know? And, well, I just don't see the point of that, and I think it was lucky that, I guess, (a) I must have had enough inner strength to decide not that, but certainly to have those women to show me what I could be, and to strive for that.

I heard through the flow of *affirmation*, the deep *yearning* in Victoria's remembering, the embodiment of *desire* for potentia. As she began *mobilising resources* of *untapped* connections with others, her processes of de-linking pain from suffering emerged as a resistance to the cycle of restrictive *negative passions* in favour of the increased vital potential of *positive passions*.

Mia also spoke of a slow and gradual troubling of her relationship with AOD, and I heard this as a fluid and prolonged process of *self-affirmation* as she responded to the embodied affects of painful memories; a process of becoming as she untangled herself from the *negative passions* of suffering and toward her *desire* for the vitalities of *positive passions*.

Mia: It's not like it sort of hits you all in one moment. I think it was a gradual sort of like, "Well, no, I know that I can start doing a bit better than this actually"... I don't know, I think it was just sort of a gradual, "You can do so much better than this". You know, if you put your mind to it, and that whole sort of cliché stuff, but if you actually lock in... It's not something that you can kind of quit overnight. Honestly, even, you know, a month, six months, a year, it's almost still not long enough... I wouldn't at the time have been able to do cold turkey on all of it. I think that would have driven me insane. I think it was definitely a slow process... A natural gradual process, like I mean just with any of these substances, it was natural but it took a while.

As I moved with the notion of de-linking pain from suffering, I recognised that through *self-affirmation* we resist the pathologisation of pain, and mobilise it as a creative force for the

potentials of our collective *transformation*. And we can reimagine how painful memories move our embodied subjectivities toward *ethical relations*. Through hearing the processes of transforming *negative into positive passions*, the collective process of the movements of *self-affirmation* fueled by a *desire not to preserve, but to change*, emerged, as we became *mobilised* through the affective flows of meaning making.

As with any process of becoming, de-linking pain from suffering does not happen in isolation, but through ethical relations with others. And as the women's narratives unfolded, I heard how their collective story of *transformation* was shaped by the *affirmative ethical* encounters that informed our collectively assembled subjectivities.

### ***Love and Ethical Encounters***

As I began to hear the *mobilising* of neglected *resources*, including the missing affective histories of our experiences, I could also hear the *affirmative ethical relations* that began to transform the *negative* through the "creation of alternative social relations and other possible worlds" (Braidotti, 2009, p. 5). Through the movement of our embodied subjectivities, it is the *affirmative*, destabilising forces that propel us actively toward *change*. These are the spaces where painful memories become the site of *positive transformation*, *mobilising* affective flows for action. The process of de-linking pain from suffering flowed through the stories as ethical relationships of love: connection, respect, *empathy*.

As with any of our experiences, processes of de-linking pain from suffering happen in and through relational encounters with others, and many of the women recognised the affective flows of connection with others in their processes of *transformation*. Love and affirmation can take many different forms, with some participants emphasising the love of their family; others spoke of *affirmative ethical* encounters with friends or new acquaintances; and others spoke of self-love as moving them towards *possible forms of transformation*.

For Mia, the love shared between her and her parents was key in shaping her processes of *transformation* as she moved through her processes of de-linking pain from suffering.

Mia: You hear stories of roads that other people have gone down and it's gone really negatively for them. I thought, "I don't want to put myself through that for sure, but I don't want to put my family through that". That was a really, really big thing for me is that I never wanted to harm or hurt my parents in any kind of way. I didn't want them to go through any sort of – I don't know, I just – I didn't want things to be even harder for them, I guess. And I thought, you know, "I'm not only making things more difficult for myself" you know, but for them watching their daughter kind of go up and down and up and down and that kind of thing, that must be rough... Yeah, that was a big one, like disappointing them, oh my god, I still to this day get so angry at myself just over some of the situations that I've put them in... But there was always that support there for me, without a doubt. I never ever questioned that... I mean, I don't really know what would have happened if that wasn't the situation, but sort of thinking about it that was definitely my base line support. That was what really kept me going.

As I listened to Mia remember the affects her *negative passions* had on her family, becoming responsible for her pain also meant recognising the deep kind of love that endures through our suffering and instils us with the capacity to 'keep going'. And I wondered about the missing affective histories in our understandings of relationships, connections, and love through their pejorative location as emotion – and therefore too feminine. Through these connections with *affirmative* ethics, I reimagined the generative potential of love as an affective flow of meaning making, connecting us to our processes of *affirmative ethical relations* that shape our subjectivities and enable our *transformation*.

Alice also spoke of relations of love within her family as being pivotal in her processes of *transformation*. As we moved through the process of making sense of affective flows within *ethical relations*, I also heard Alice make sense of the interrelations of affect and how her painful recognition that she had adversely affected others moved her into her transformative potentials.

Alice: It was Covid and I jumped on a plane and went back home... I was at my parent's house and I hadn't lived there since I was 16, you know, and it was being away and detached from everything, and isolating yourself, you've got to face it. You know, even

when I got back there I'd got to the point – and during Covid I was drinking four bottles of wine a day... I thought I was being smart and hiding it. We were on a walk and Mum was like, "Are you sure you're alright? Like are you drinking a bit too much?" And just like "Fuck, don't...". You know, I acted like a teenager, I was like, "Don't tell me rah-rah" and I was like, "Oh". And I felt so disgusted with myself... I came downstairs and said, "I'm really sorry, yeah, you're right, I'm going to stop drinking for a few months. This is stupid". But I just needed someone to tell me that. I knew I was there, I just needed someone to just... I'm lucky I've got a family that through all my bullshit have been there for me and loved me 100% and I genuinely don't want to disappoint them... I think that was kind of like the straw that broke the camel's back.

Moving with Alice's story, I could recognise how in and through *affirmative ethical relations* a web of interconnections emerges that mobilises us to generate empowering alternatives to the *negative passions* that have entrapped us. By moving with others in and through the affective flows of love produced between us in reciprocal relationships of care, *ethical* encounters can support us to move through processes of de-linking pain from suffering by creating *possible forms of transformation of the negative by mobilizing resources that have been left untapped*.

As well as familial love and *compassion*, self-love was also involved in the participants' processes of *transformation*, and I heard this in Ava's story of creative *transformation* of suffering, enabled through a relationship with more than human love – a love for her dog, and walking it.

Ava: I felt like I knew it for a while before I could – I had to see it and I had to sit in it for a while and I had to work through it and I had to argue with myself until I could prioritise wanting to feel better mentally and physically.... And it wasn't until I started thinking of it almost like a competition, like a challenge, like a healthy competition with myself. Well like, "Just have this tasty special treat when you get home first and walk the dog, because you love your dog and you love going for a walk, and then you can have a drink when you

get home”. And it was like this little game... that was the base strategy I found as a coping mechanism.

Ava and I moved together with her rememorations to recognise the significance of her relationship with health and wellbeing, and as we made sense together in the storytelling process, I came to recognise that transforming old habits of thought is a process of endurance. Health and wellbeing inform her processes of de-linking pain from suffering, and while I might hear this as *self-affirmation*, the feeling of impossibility that she would ever have the potential to feel the care for herself shifted to making sense of the trickiness of affective meaning making.

Ava: I find it very hard to have like self-compassion in the sense of like feeling good about myself, or okay about myself, and, you know, what I did, or even who I am now... Because people who end up in that space, with those thoughts, like myself, we're not good at self-compassion and self-love. That's kind of the point, right? And we're often not good at accepting love from other people either, or accepting praise and support from other people, or needing help from other people. None of those things are comfortable for me, and I tend to underestimate myself, write off any kind of positive feedback or love that's expressed, or care, and the whole self-compassion and self-love thing is almost impossible, feels almost impossible, as a first step, or a direct switch... Believing that I should get to feel good things, or that it's genuinely helpful for me to feel good things, I think, is tricky. Because I've motivated myself by the negative emotions and it's quite disconcerting to think, “Well where does the motivation come from if I stop feeling shit about myself and my achievements and my productivity?”

Ava articulated some of the ongoing contradictions of everyday lives that surface as we navigate the knots of the personal and social narratives that shape our subjectivities. In Ava's story, I heard these negotiations and shifts between power and *desire*, or entrapment and empowerment. She spoke of *a desire not to preserve, but to change*, but these *yearnings for in-depth transformation* occur within the context of gendered social power relations that distribute the meaning of individual responsibility and productivity, and I was reminded of

how our processes of *transformation* are complex sets of ongoing relations of affective meaning making.

As Victoria remembered the intimate relations of affective flows of meaning making, storytelling emerged as a form of *ethical relations* of *affirmative* encounters that meaningfully shaped her subjectivity, and I recognised the layers of connection and *affirmation* when we share our story with another, as a resource for our re-imagining ourselves.

Victoria: The interesting thing for me has been thinking about, “How did I come out of that?”... So the very short answer to that is that I’ve been very fortunate to have crossed the paths, at various times over those years, of incredibly wise women... I was sitting on the beach and this lovely, beautiful blond girl came wandering along and we just connected. She’d married young and her husband had had a tragic motorbike accident but he was still alive on a life support machine. So her whole life was just on hold. She was neither married nor not married and, yeah, we became really close and she just really inspired me because she just had accepted it. She wasn’t angry, she wasn’t railing against it. It was just ‘this is what is’. This is my karmic journey, it is what it is... I think if I hadn’t of had those women, I wouldn’t have known what identity I wanted to form, and that was the important thing for me.

Moving with Victoria’s rememorations, I heard how *affirmative ethical relations* were vital to her processes of *transformation*, enabling her to *mobilize resources that had been left untapped, including her desires and imagination*. These encounters opened up different ways of understanding and relating to her pain, and new possibilities for becoming different. Understanding her painful memories through her body in an encounter with an alternative therapy affirmed her bodily affect, and through the ethics of *affirmation*, *in-depth transformation* was made possible.

Victoria: No matter what you speak, your physicality is still storing trauma, and I think that’s where bodywork was really impactful for me... I first saw her in my 40s and that’s when it became obvious that I had been abused as a child, because up until then I couldn’t

really figure out why I was feeling what I was... She was mainly doing bodywork. And I think bodywork is really powerful, because our bodies store memories, don't they, in our cells... It was quite a profound healing journey.

Making sense of de-linking pain from suffering as a process of *transformation* traced the flow of pain to reimagine how pain moves our embodied subjectivities. Recognising the productive forces of pain and the embodied flow of shame that produce individual suffering, our stories move our bodies into meaningful relations with others, enabling us to affect and be affected by them. In this space, the *negative passions* are experienced as 'black holes' that keep us locked in a cycle of pain and suffering, diminishing our vital flows of connections and becoming.

When we de-psychologise pain and reframe it as an affective process and a creative force that carries the potential for collective transformative change, we can reimagine how pain moves our embodied subjectivities and affirms *ethical relations*. As we confront the entanglements of our pain and utilise the generative power it produces to move with our *desire not to preserve but to change*, our capacity for action increases and we are able to open new spaces for *in-depth transformation*.

### **Processes of Embodying New Spaces**

*The process of becoming is like a patient task of approximating, through a series of adaptations, the raw simplicity of the forces that shape one's embodied intensity or existential temperature... a process of approaching what we are, that is to say reducing oneself to the naked bone of one's speed of remembrance, one's capacity for perception, one's empathy for an impact on others*  
(Braidotti, 1997, p. 68).

*Why should our bodies end at the skin?* (Haraway, 1990, p. 220).

Through processes of reckoning and de-linking pain from suffering, new spaces for in-depth *transformation* emerge, moving our *bodies* through dynamic and ongoing processes of *becoming* in relation with others. Braidotti (1997) reminds us that the *process of becoming*

involves gradually and perpetually working to perceive with greater clarity the influence of the forces that shape our subjectivities, and to refine our processes of navigating the world to be guided increasingly by our *embodied* knowledge and desire. Moving with an understanding of resistance to pathologising our painful narratives, we remember our pain with purpose – we mobilise ourselves through a deeper understanding of ourselves and our interrelations with others, through *affirmative relations of empathy* and connection. Through the affective flows of meaning making, I noticed the active movements in the participants’ stories of *becoming* attuned to their desires as something of *a process of approaching what we are capable of becoming*. And it is through the process of deepening transformations that affirmative relations increase our capacity for creative re-imagining of the affective flows of *empathy*, compassion, and connection.

### ***Moving Towards Something***

The participants’ collective story spoke to their processes of moving towards something as being important in their stories of *becoming*. What form this ‘something’ took involved purposeful movements towards new ways of understanding themselves and being in the world, including shifting psychological locations of residential, social, and work spaces. Feeling the affective flows of our conversations, I was moved to recognise the creativity and courage it takes to open our ‘selves’ up to these new ways of being. Braidotti (2010, p. 416) reminds us that “creativity is a nomadic process in that it entails the active displacement of dominant formations of identity, memory and identification. *Becoming* has to do with emptying out the self, opening it out to possible encounters with the ‘outside’”.

As Alice shared her experience of *becoming* through processes of moving towards different ways of being, I recognised deeply the affect of ‘emptying out’ as she went through a process of unlearning in order to transform herself anew, opening space for a *process of approaching what we are capable of becoming*.

Alice: I think it gets easier as it goes on. At the beginning, it’s like you’re a toddler, right, like when you go out again, you’re learning. I remember thinking when I started going out sober for that year, I was like, “Holy fuck, I don’t know how to do this, I’m back to being

a teenager”. I don’t have the skills to be able to walk into a room without a glass of wine and build a rapport with people, right? I remember thinking that so clearly... Now it’s easier. Like now, honestly, if I’m in a room and I’m bored I’ll leave. I’m not going to force myself to sit in something that just doesn’t connect. Before I’d force myself to stay, to be somewhere, “I’m here now, I’ve got to have fun, right. I’ll get drunk”... It’s valuing myself... Because I was very much a people pleaser as well, and all that stuff. When I started realising, “Hang on, I’ve got to put myself first” and actually, “What do I want?” I never really thought about what I wanted. I just would kind of, even in work, or whatever, I was always trying to make sure everyone was happy and stuff. Now, I’m a lot more like, “Okay well what do I want to achieve? What do I want to get out of life? What makes me happy?” I never allowed myself to think like that. When you start doing that, honestly the more I get respect for myself then the more I don’t want to – I do care now, if I was to go out and get annihilated, I’d feel fucking embarrassed. Before, I wouldn’t give a shit because it was just, I didn’t respect myself, but now I do. So, yeah, it’s 100% aligned with really getting to know who I was and really respecting myself as a person.

Emptying out the negative forces that become too much for us to endure, I also heard the story of the opening of our capacity for an ethics of care, propelling our desire to understand our *bodies* and the compassion that can ease the intensities of our experience. As Alice became increasingly attuned to the process of *reducing oneself to the naked bone* of memory and desire for change, I recognised in her movement toward *becoming* that the characteristics of the feminine subject, the patterning of desires as self-sacrificing and acting in the care of others, was disrupted.

And it was a *patient task*, a process beyond the *skin*, moving and shifting with the flows of affective forces in Alice’s inter-relationships with others who moved differently in the world that enabled her to realise new possible futures through the potential for ongoing processes of *becoming*.

Alice: It’s about getting different experiences because my only experiences of people were those that were drinking. So when I started looking out and searching for that and going, “Hang on a minute, there’s other ways of living” that’s when it started to just kind of like

open new doors for me to see things in a different way... Now I'm in an environment where my mind is switched on, I'm dealing with extremely intelligent people everyday, which I love, and that's where I'm getting the stimulus as well, you know like, "Okay, cool", I don't need to try and create some dopamine in my head... Now after work I'm not like, "Oh god, I need to go and have some excitement, because I'm bored". I'm generally content. So I think if you're a high achiever, like someone like me, you've got to be around like-minded people to stimulate your brain, otherwise you will fucking numb it, or you'll try and create chaos or drama to try and give yourself some excitement. It's so environmental, it so is. I can't stress it enough.

As I heard stories of what a *body* can endure, I recognised too in Rhonda's story something like a *naked* affective intensity. Being stripped of the relational entanglement of intimate violence and the normalisation of crack was so profound, and her remembering so painful, that she moved into new spaces, transforming her subjectivity. I began to understand that the radical break from the past was enabled through movement.

Rhonda: The thing that I hated about it was it made me feel weak. So I felt like, this thing is controlling me and I'm not in control of me. So that was the part I really hated that made me... It was just me saying, "I don't want anyone or anything to have control over me like this"... I think, just, by the end of it I resented wasting so much of my – I don't know how many years we were together, I can't even remember, a couple of years. I resented wasting that time with him and achieving nothing in that time in my life, my career. Wasting my time on someone who was such a drain and a leach emotionally, and every other way. I guess it just framed up the kind of people that I wouldn't – you know, I just steer clear of crackies... I fully regret it all... Hate it... Buried that woman.

My understanding initially, was to hear the 'break' as somehow the embodiment of shame that was carried in silence. However, moving with her story of transformation, I began to hear her silence as quiet resistance to being heard through AOD or victimhood. In her processes of re-articulation, understanding the social sanctions of such a history if it travelled with her, she refused the figure of deficit other. I became aware of the forces of power operating on what is

tellable and that silence was not a refusal but a transformation, where refusing to speak becomes a form of unsaying, undoing, unrelating (Morgan & Coombes, 2001), of entering new spaces for *becoming*. Rhonda followed her *embodied* knowledge and desires to extract herself from the entanglements of her relations, and I heard the process of *reducing oneself to the naked bone of one's speed of remembrance, one's capacity for perception*.

Mia also understood her journey as being moulded in and through relationships with others, and as her story unfolded I recognised how through different interactions and *through a series of adaptations* over time, a stronger sense of movement was shaped through processes of *approaching what we are*.

Mia: I just feel like I'm much more confident in who I am. You know, when you're younger and you go through these stages of kind of like pretending to be somebody for a bit and gauge other people's reaction to this persona that you've created and seeing which one gets like the best reaction... I look at things so differently now. You've got to – again, I am only (age) but you've kind of got a grasp of how things work and you're sort of not really just like floating through life, you've got more intention and stuff now, which I think has really been positive for me... Now I'm much more sure of myself and, you know, I know my morals and values and I know where I stand on things. And if I then come across someone who, say like, disagrees with that or has a different opinion, rather than either completely shutting down or lashing out, it's sort of more of a, "Okay, alright, you know, well everybody is entitled to their opinion and their this and their that" which I feel takes a little while to learn sometimes. It definitely did for me.

Processes of *becoming* through emptying out the 'self' move our subjectivities, opening us out to possible encounters with others, and with purpose. I recognised in Mia's story that as she was moving with others, she became connected to her desires. Moving with the affective flows of meaning making, I understood that it was through refining and reducing herself to the nakedness of her memories that she began to make sense of relational ethics of *empathy* and connections with others. In other words, her processes of *becoming* involved *reducing oneself to*

*the naked bone of one's speed of remembrance, one's capacity for perception, one's empathy for an impact on others.*

And I remembered again Braidotti's (2010) notion that it is desire, a deep yearning for transformation, that compels our processes of nomadic *becoming*, and recognised that these affirmative forces are what enabled Ava to re-imagine her ability for self-compassion. I heard in her sense-making an affective process of *approaching what we are*, as she moved with the *patient task* of connecting to new spaces that she desires to inhabit.

Ava: I know that I want to be here and enjoy my life and do things well and actually that stuff is getting in my way, so I'll manage that as part of managing what I want out of life. And I do want to feel more genuine connection with myself and like being proud of myself, or any of those things... And that is definitely still a struggle, actually giving myself grace and compassion and realistic expectations... But to sustain change you have to have something that you're working towards.

Victoria too was propelled by a deep yearning for transformation in a *process of becoming* who we want to be. Through ethical relationships in the movement of care, the connections with other women transformed her bodily desire through a revisioning of positive future self.

Victoria: I think that's my point about those women is that they formed – slowly over time that was the identity I chose to form, was who those women were... You have to have a vision, you have to know where you're going. To battle your demons you have to know what you want to be as a future positive self.

I heard through Victoria's storying the creative imaginings that shape our processes of *approaching what we are* as emerging in and through affirmative connections with others, expanding our subjectivities through ethical relations of care. Our processes of *becoming* are not individualised journeys happening in isolation. Instead, it is through our *naked remembrance* that our capacities for *becoming* are formed through *the forces that shape one's embodied intensity or existential temperature*. We create new spaces for embodiment in and through connections with

others, and those spaces are *embodied* in and through connection with others. *Our bodies* do not *end at the skin*.

Hearing the participant's stories moving with desire, I became attuned to the notion of desire as transforming painful bodily memories through affective (naked) processes and creative forces (yearning) where one's capacity for transformation is enabled through affirmative ethical relations of care. And it is through the process of deepening transformations that affirmative relations increase our capacity for creative re-imaginings of the affective flows of *empathy*, compassion and connection.

### ***Living With Compassion***

As I moved with the notion that memories – and the action of remembering – are the creative force that enables us to imagine an alternative world with compassionate and sustainable social relations, I made sense of the affective flows of *bodies* in relation. And I heard the affirmative flows of compassion that ease the intensity of our experiences and propel us toward sustainable futures.

Through Mia's *process of becoming*, I noticed the affirmative potential of remembering affectively. I heard the potentials that her transformation has meant for how she lives her life with more intention, through the flow of compassion where respect and *empathy* for others bring her into new ways of relating.

Mia: I think I've come out better, for sure. I think if I didn't go through all of that I would be a much more boring person... I don't regret it, to an extent. I mean, there are moments that I regret, but on a whole I wouldn't go back and completely change that, because I think a lot of that has sort of made me who I am today and how I think about things and how I see the world... I think that sometimes you sort of need to reach some of those breaking points to just see yourself at your worst, you know, and see how you respond to things... It does make me feel like I have more skills. Like I've learnt these lessons... Just with the drug and alcohol thing and then the overall mental health crises that I've had over the years

and the – almost each stage of it has in some way or another contributed to how I look at life now... Yeah, I think it really just has brought like another kind of sense of gratitude and respect for everybody out there. And you know, the classic, like everybody is fighting their own battles, but they really are. You just don't know what's going on behind closed doors, with any person at any stage in their life... Yeah there were some pretty dark places... But I feel like they've made me way cooler as a person. I've got way more personality... It sort of in a weird way it makes you think that all of that shit, and everything that's happened is then all worth it.

Moving with and through flows of compassion, Mia's embodied pain was transforming through a *process of becoming* with her experiences with AOD, enlivening her deepened capacity for compassion and *empathy for an impact on others*.

Alice too spoke to the potentials of our experiences with AOD and the entangled knots of our relations through a deepened capacity for compassion and *empathy*.

Alice: I think you've just got to have compassion for yourself. Right? Like we're fucking human at the end of the day... I feel like a bit more of an adult now and I look back and I just feel like it was just a young girl who just needed a big hug... There were times at the beginning when I was going through this I would cringe and go, "Holy fuck". Like I'd get flashbacks of things I'd done and I was like, "Oh man". Now I'm just like, "It is what it is". I'm so happy with where I'm at now in my life, but I wouldn't be here without any of that experience. I really, really know that. So, it taught me so much. I can relate to so many different types of people.. I don't judge people and their situations, because I can relate... Imagine if you just were sitting in a bubble the whole time, like you wouldn't have any perspective. Like for me it's – and don't get me wrong, I had a fucking great time a lot of the time, I had really, really good times, so it wasn't all negative, negative, negative, you know.

Moving with Alice's sense-making, I heard the vitality of the creative forces that enable us to reimagine our bodily capacity to transform through the affective flows of meaning making

where *empathy*, compassion, and connection open new possibilities of relating to and with difference, differently. Braidotti (2008, p. 21) reminds us that *becoming* “marks the process of positive transformation of the pain of loss into the active production of multiple forms of belonging and complex allegiances”. Alice’s painful experiences were remembered for what they had contributed to her processes of *becoming*. I heard her desire to move beyond the ‘politics of melancholia’ in a constant *process of becoming*, of *approaching what we are*, moving her into deeper levels of acceptance and understanding, and an appreciation for *one’s empathy for an impact on others*.

Ava also mobilised the affective flow of compassion, recognising the *raw simplicity of the forces that shape one’s embodied intensity*. Understanding her *embodied* memories of shame through the affirmation of caring for others, her capacity for transformation became possible through her inter-relations with others.

Ava: I find it very hard to have self-compassion... While I’m not good at practising it I can recognise it now, which I think – and I can understand. I feel like I have more understanding of myself and what was driving me, or the things that I was, you know, ashamed of, or am. You know, ways – things that I did or stuff, you know, that I wish hadn’t happened. I can sort of see it with a more whole view from a distance now. Like, just a bigger perspective, instead of being on the inside of it, I guess... I’m much better to other people than I am to myself. And a thing that I found helpful was that if I genuinely care about my partner, genuinely care about my team, I cannot care for them, advocate for them, look after them, as well as I need to if I’m hungover, dehydrated, not looking after myself, sleep deprived... Prioritising that act of care for yourself because it helps others is still a step in the right direction.

Ava’s story reminded me how our shared capacity to affect and be affected means that our *becoming* is in a process of a shared life force that is relationally distributed. *Why should our bodies end at the skin?* And it is this question too that became increasingly affirming of the ethics of care in our *becoming*, connection, compassion, and *empathy*.

Victoria's narrative moves with the relationality of physical spaces, where being with herself in the vast potential of the ocean was transformational. Stilling the world as she moved with it, she became attuned to the vitalities of our interconnections that do not *end at the skin* through a moment of affective intensity to the significance of connection.

Victoria: Apart from wise women, I think sailing saved me, the ocean did. There is nothing like being on the ocean, like far at sea when there is nothing... Because you kind of end up meditating without even trying while you're sailing because there just is no other distraction. There isn't the world of men and advertising and consuming and busyness and so you have this wonderful gift of, "Wow, actually there's just me and the universe". And one really cool thing that happened one day, because we used to navigate with a sextant... We'd have a chart, and you'd go down and plot on the chart. And I remember one day I went down to put our dot on the chart... And I looked closely at it and the whole thing was dots, and I remember thinking, "Wow, our dot is like nothing and everything" because everything is dots. So if you take your dot away there's a gap. So at the one moment you're nothing and you're part of everything. You're both significant and insignificant. Well you're part of a whole. You're not an island, you're not – I mean, yes, you're an individual but if you see yourself as just part of this great – however you want to describe that, it doesn't matter, does it? It just is important to give credibility, I suppose, to whatever's happening in your life is happening and it has purpose. We can't say what that purpose is but it's – it must have meaning or you wouldn't exist as that dot. Because that dot fills up – connects to all the dots.

As I heard Victoria remember through the affective intensity of her memories, making sense of the nothing and everything as she reflected on the normalisation of cognitive capitalism, I could hear the rhizomic connections that situated her as part of a greater 'whole'. And with this recognition, she was propelled into relationships of *empathy* and compassion.

Victoria: I think it's the Celestine Prophecy which talks about, actually your entire life is predestined. You're born into whatever family – like you have a karmic journey and what you're born into and where you're born, the soul tribe you're in, all of that is just a learning

journey. And I think that that realisation really helped me to accept my past and actually thank it as part of what formed me. And so instead of seeing it as a negative thing, or a handicap or a crippling to go, “Thank you, because you’ve made me this person”. So, “Thank you for that”, you know, instead of constantly – Yeah, I just think – I just know so many people that instead have the “poor me” syndrome. And I just think that’s a choice... No matter what bad experience, bad relationship, whatever, I think you have to look at every single one of them and say, “Thank you for that lesson, that made me who I am. I’m older, I’m wiser”.... I think you should congratulate your past self for how well it’s managed, never to shame it... I guess the most important thing about that whole journey is the acceptance that this is your journey. It was all meant to be. It was all learning.

Through Victoria’s story of movement, I recognised an emergent story that shifts the embodiment of shame in and through the process of our *becoming* with compassion; a much deeper understanding of the relational flow of meaning making that affirms our affective histories and propel us toward sustainable futures.

Having moved through processes of reckoning and de-linking pain from suffering, the participants’ collective story generated a creative force that has the potential for collective transformative change. Our processes of *becoming* moved through processes of *approaching what we are*, as we become increasingly attuned to our positive desires, enlivening our capacity to move with deeper intention, conviction, and vision. These processes require creativity and courage, as we ‘empty ourselves out’ in order to open ourselves up to possible encounters with the ‘outside’ (Braidotti, 2010). In our processes of *becoming*, we are tasked with *reducing oneself to the naked bone* as we recognise our desire for bodily transformation, increasing our capacity to affect and be affected. In our processes of embodying new spaces in and through connections with others, our compassion and *empathy for an impact on others* becomes the creative force in our *becoming*.

## Chapter 6: Discussion

*“It matters what matters we use to think other matters with; it matters what stories we tell to tell other stories with; it matters what knots knot knots, what thoughts think thoughts, what descriptions describe descriptions, what ties tie ties.” (Haraway, 2016, p.12).*

Reflecting on the research process as a whole, I remembered my resistance to the pathologised feminine figure of deviance that had moved me to hear beyond the singular narratives that devalue our experiences and responsabilise us to our pain and shame. Recognising my location within the field of psychology was felt as an ethical obligation to actively oppose the discipline’s complicity in the commodification of women’s bodies as it reproduces the criteria for risk of compliance or failure of ‘normal’ femininity. Understanding how psychology has positioned itself as the authority on what is legitimate knowledge, I recognised that this research needed to counter the ‘god trick’ (Haraway, 1998) by affirming the transformative potentials for hearing how to rethink with difference.

Although I approached this research with the understanding that it is only through encounters with unfamiliar territories that a disarticulation of our understandings of AOD as disease and deficit is possible, there were still moments where I became stuck. I remember the difficulty I felt trying to make sense of Rhonda’s story in particular, because her resistance to recognising her (shameful) past in her future becoming was so complete. My struggle to hear her *for real* was pivotal to my processes of letting go of unacknowledged, preconceived expectations that we should somehow have to account for our shame. Something had to shift for me, and the discomfort I felt was integral to disidentifying from constraining habits of thought, research, and representation, to instead move with the flows of bodily memory (Bartky, 1997; Braidotti, 2008). Learning to hear Rhonda’s refusal to acknowledge an AOD identity as an affirmative decision helped me to recognise shame as a deeply relational process. Rhonda’s shame moved her into processes of transformation that enabled her to embody new spaces that were relationally connected to her potential transformation.

Recognising my responsibility to hearing stories of shame and blame without reducing them to suffering, I made sense of the very mundane ordinary flow of shame and blame provoked through a failure to perform normal femininity enacted through social power relations and

embodied as shame. And I recognised the ‘both/and’ of shame as it made ourselves intimate to ourselves, whilst at the same time being social and impersonal. It was here that I recognised the intensity of the binary of the public and private entangled in the processes that responsabilise us to our shame. As we reckon with knots of social and personal contradictions, embodied feelings of pain and shame are produced as we remember our degrees of complicity in engaging with the affective flows of our locations and relationships. Our painful memories of both compliance and resistance were embedded in gendered power relations, where we became responsible for our failure of femininity and our personal deficit. As I heard the women struggle to make sense of these complex relationships, I began listening for the contradictions and noisy silences that traced the boundaries imposed on our sense-making, and it was possible to shape a collective story that recognises the affective flows between ideas, bodies, things, and social institutions to help us realise our pain and shame as socially emergent.

Hearing the participants’ narratives of navigating the complex and tricky entanglements of subjectivities to overcome their troubling relationship with AOD moved me into deeper understandings of our processes of transformation, and the rhizomic and relational connections that shape them. Paying attention to the affective snares in our memories through processes of connection, our subjectivities are always becoming in and through our proximity with others, embodied and connected to the world. Moving with these recognitions, I have come to appreciate how as nomadic subjects, we are collectively assembled and exist as ongoing processes of becoming that are formed in and through the entanglements of our everyday lives (Braidotti, 1994; 2010; 2012b). But we are not passive in these dynamics. While our processes of becoming always occur in and through social relations and public forces, “nomadic subjects signify the transformative desire to become otherwise” (Braidotti, 2020, para. 19). Nomadic subjectivities are not fixed, but constantly being constructed and reconstructed through processes of articulation and disarticulation, and I was privileged to hear how these processes of ‘becoming nomadic’ shaped the women’s storying of their futures.

Reflecting on the processes of becoming-with that have shaped this research, I also remembered the relief and hope I felt when I found the opening for this research in the onto-political space. The stories contained in that literature moved me, and in doing so they deepened my understanding of how movement is necessary to becoming response-able. Onto-political research troubles singular conceptions of ‘addiction’ by recognising contradictions in AOD

narratives, or by focusing on embodied experiences of AOD users to challenge dichotomies of volition/compulsion, pleasurable/problematic use, bodies/environments, and agency/passivity (Chang, 2023; Dennis, 2020; Dennis, 2023; Pienaar et al., 2016; Pienaar & Dilkes-Frayne, 2017). Understood through the framework of process ontology, these binaries make no sense. We are not one thing or another, but rather we are constantly in the making. Finding these different ways of understanding our relationships with AOD by actively resisting traditional ways of thinking and knowing helped me imagine how this research process could operate within a liminal space, being moved by an-other to make sense of our different experiences in more intuitive and affirmative ways.

This research joins the onto-political AOD conversation by attuning to some of the processes that shape our gendered subjectivities. Not only does the story told through this research disrupt ‘addiction’ binaries, but it examines some of the processes involved in embodying those contradictions as women, the potential that is enabled through processes of de-linking pain from suffering, and the knowledge and wisdom we come to embody as we move toward sustainable futures. Following the affective flows of meaning making in fluid processes of becoming-with, I heard women’s stories of pain that enabled me to recognise how the separation of pain from suffering gradually mitigates embodied shame through relational processes of transforming negative into positive passions. Moving with these processes has opened space for deeper understandings of how our experiences emerge, how they shift and move us into action, how they feel, and how all this shapes our ongoing processes of becoming.

The focus on process was a conscious and deliberate departure from systems of knowledge production that reinforce notions of individual blame and deficit, and opened space for our story to become an exploration of how the generative potentials of pain and shame move us into processes of creative nomadic becomings. Through the affirmative hearing of stories that involved pain and shame, this research takes a stand against the “politics of melancholia” that perpetuate suffering (Braidotti, 2008, p.9). Not only does attending to the affective flows of meaning making focus attention on social processes that produce pain and shame, but it also de-pathologises pain by hearing it as a necessary, unavoidable, and even meaningful part of being human. By recognising the generative potential of pain and shame, the story this research produced became one that celebrates transformative becomings, and a new figuration for a woman who has overcome a troubling relationship with AOD emerged. She is a nomadic subject,

shaped by the affective flows of connection and power. She is attuned to her embodied knowledge, moving with her processes of reckoning and creatively navigating the entanglements of her world to follow her desire to change in a process of becoming. She moves towards positive passions to embody new spaces, and she moves with love, compassion, and connection.

What follows is a figuration produced through the words of the women as a collective story of our conversations. This figuration is not presented as a ‘conclusion’ or as contributing to an understanding of ‘the truth’ of women’s experiences of overcoming troubling relationships with AOD. Rather, it offers another situated perspective in recognition of how “we have to relearn how to conjugate worlds with partial connections and not universals and particulars” (Haraway, 2016, p. 13). As women of substance, we inhabit a dynamic marginality that holds potential for alternative openings to better understand the processes we engage in and how we make sense of our journeys of transformation through the unequally entangled knots of our worlds. My hope is that our story opens space to hear more voices that have been overlooked, unrecognised, or misrepresented in our affective history of knowledge production. It matters what stories we tell to tell other stories with, and I will end here by expressing gratitude to the women who participated in this research for telling their stories. Our collective reimagining of what it means to be a woman who has overcome her troubles with AOD tells a story of transformative becomings, and that is a powerful story to tell other stories with.

## **A Woman of Substance**

***She is a nomadic subject, shaped by the affective flows of connection and power...***

*It's so tricky to try and articulate years and years of what led to a situation... The measure of a good successful person... Him using it as a control thing for me... The expectations that my father had... Impending adult stuff that I know is going to come... The behaviour expected and the performance expected of me and what I'm expected to be across... I must demonstrate my worth... A much greater range of tolerance for male behaviour... I don't think we get the space...*

*Every single layer of that is gendered...*

*It was just all around me all the time... It was the culture I was in... I thought that was just normal, everyone did that... It's situational because of who you're around, where you are, it's all around you, it becomes your norm... You're young once and you want to live your life and experience so many things... It was socially acceptable... It just became such a normal part of functioning... Then it becomes something that happens a lot... To lift your performance or to lift your personality and to be bright and bubbly... It was to deal with social anxiety... You're nervous, so you use it as a social crutch to take the edge off... You had to kind of hold your own... Getting way more into your masculine self... Trying to keep up, trying to fit in... It's much easier to perform when you've got a little bit of a buzz going... It gave me this like invisible cloak... I'm invincible... Trying to escape that reality... The alcohol was the off switch... To mask pain, to feel okay, to numb... The line of what is normal keeps getting pushed...*

*And then just it spirals...*

***She is attuned to her embodied knowledge, moving with her processes of reckoning...***

*I started to recognise... This is not normal... Living the double life... There were so many moments along the way... Fleeting thoughts of, "What am I actually doing at the moment?"... The boundaries keep getting pushed... This was dragging me down... My body was just in constant fight or flight... I wasn't playing with emotion... That's not how I should be thinking and feeling... That realisation... I don't want to lose it all... This is not good... I'm physically doing*

*damage to myself... My body was really suffering... Why are you making yourself a victim?... I've got a lot to lose... This is fucked, I need to get out... Once I knew I couldn't un-have that thought.*

*I couldn't unknow the recognition that it was a problem... I didn't know at the time how to immediately fix it... I had to see it and I had to sit in it for a while and I had to work through it... It wasn't like there was an easy way to be able to detach myself from that when everyone around me... It took me a long time... It's a fucking long journey... It was a gradual process... It felt like something that I couldn't say out loud... Battled it out internally... It was a really a big mind fuck... I didn't want people to know that I was struggling... I'm not going to tell anyone about this... I'm a really strong-willed person... I can handle this. I can deal with this...*

*I know that I'm better than this...*

### ***She creatively navigates the entanglements of her world to follow her desire to change ...***

*Okay, how do I navigate out of this... I know that I want to be here and enjoy my life and do things well and actually that stuff is getting in my way... If you put your mind to it... There's other ways of living... I started thinking of it almost like a competition, like a challenge, like a healthy competition with myself... I needed to build up that self-esteem... It was just me saying, "I don't want anyone or anything to have control over me like this" ... I do want to feel more genuine connection with myself and like being proud of myself... I started looking at other people's experiences... Open new doors for me to see things in a different way... Trying to find out what else is in this world... Women who would open my eyes to 'a woman can be whatever she wants to be. She can do whatever she wants to do' ... I went on very much an independent soul-searching path... You're learning... A whole other way of viewing life, a whole other value system, a whole other everything... All these other paths that I could take...*

*That was getting out of this black hole...*

### ***She moves towards positive passions to embody new spaces...***

*To sustain any long-term change there has to be something that you're moving towards... You have to have a vision, you have to know where you're going. To battle your demons you have to know what you want to be as a future positive self... What do I want to achieve? What do I want*

*to get out of life? What makes me happy?... At a certain point you have to choose between victim and victor... I'm not going to force myself to sit in something that just doesn't connect... Buried that woman... You don't have to be a victim, you can be something else. What do you want to be?... It's 100% aligned with really getting to know who I was and really respecting myself as a person... Valuing myself... I feel like I have more understanding of myself... I'm much more confident in who I am... I'm much more sure of myself... I've come out better, for sure...  
Everything that's happened is then all worth it...*

***She moves with love, compassion, and connection...***

*I had family and friends and other people... There for me and loved me 100% and I genuinely don't want to disappoint them... I never wanted to harm or hurt my parents in any kind of way...  
Prioritising that act of care for yourself because it helps others is still a step in the right direction... There was always that support there for me, without a doubt. I never ever questioned that... You're part of a whole... That was what really kept me going... You've got to be around like-minded people... Each one of them made me a stronger person and formed me... I'm so happy with where I'm at now in my life, but I wouldn't be here without any of that experience...  
Made me who I am today and how I think about things and how I see the world... I've learnt these lessons... You've just got to have compassion for yourself... It was just a young girl who just needed a big hug... Sense of gratitude and respect for everybody out there...  
This is your journey. It was all meant to be. It was all learning...*

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## Appendix A – Invitation to Participants / Information Sheet



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### Women's narratives of overcoming a troubled relationship with alcohol and/or other drugs

#### Information Sheet

Kia ora, my name is Kate and I am a researcher with an interest in making sense of women's stories of overcoming a troubled relationship with alcohol and/or other drugs. I come to this area of interest because through my own journey, as well as those of other women I know, I understand that there is valuable knowledge generated through these experiences that is often excluded from dominant singular understandings. My relationship to alcohol and other drugs has been complicated and intertwined with many pleasurable and harmful experiences. For me, the processes of transformation involved in navigating my entangled feelings, experiences, and the social dynamics to overcome my troubled relationship with alcohol and other drugs contribute meaningfully to who I am today. However, throughout this journey I have also come to recognise the narratives of individual responsibility we negotiate that inscribe blame and limit how we can make sense of such experiences so that they are often spoken about with shame, or remain untold. As a result, I have grown curious as to how we might be able to understand these experiences in different ways.

As the focus my Psychology – Master of Arts thesis research, I am looking to connect with other women such as yourself who have overcome a troubled relationship with alcohol and/or other drugs without diagnosis or treatment, and who are over the age of 25. I am eager to hear how you now recognise your trouble having gone through this journey, your process of recognising that there was a need to do something about it, and the processes involved in this transformation. Whatever you are willing to share will be valued and received in an affirmative, relational space where we can engage in mutual meaning-making to reach new and deeper understandings. Together we can retell our stories away from dominant narratives of blame and shame and understand our experiences on our own terms, acknowledging our multiple realities as well as the wider systems of power that influence them, socially, politically, and culturally. I am interested in how the retelling of these stories might enable movement to recognise the embodied effects of gendered social power relations and narratives of individual responsibility that impact our processes and inform our understandings of our experiences. Our stories are missing from current literature, and my hope is that by bringing our knowledge into the conversation other women who have been on similar journeys can also be heard differently, enabling us to collectively reimagine our futures.

#### Project Procedure

If you decided to participate in this research, we will have an initial chat to discuss the project and answer any questions that you might have before you consent. Following this, we will meet for our recorded conversation either face-to-face in a location you are comfortable with, or via Zoom if distance necessitates. I expect these conversations to last about 1 to 1.5 hours. I hope to connect with five to seven women individually to enable a rich understanding of the movement in your stories.

Our conversations will be recorded by tape recorder, or via audio recording if conducted through Zoom. I will then transcribe the interview and send it to you to approve it as correct, and you will have the opportunity to remove or amend any information that you feel may reveal your identity. This review process should take between 1-2 hours. I would also like to offer you the opportunity to

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review the preliminary findings from the research during the analyses process to make sure that our collective sense-making is represented accurately. This will be presented as a summary of the main findings which should take less than an hour to review, and engaging in this step is optional.

Your wellbeing will be prioritised throughout the entire process and you are encouraged to share any concerns or questions at any point. There is the possibility that discomfort may arise during our conversations. These moments will be met with care, and after the formal conversation ends we can stay together to process what we have discussed and how we feel about it. If at any time during the conversation you feel uncomfortable or wish to stop for any reason you may take a break, or withdraw from the research. When signing the release for the transcript you will be giving your consent to use your story in the research.

### **Confidentiality**

Data from our conversations will be stored separately from your signed consent form, and consent forms will be destroyed once the project is concluded. You will be given the opportunity to choose a pseudonym, or one will be provided one for you. All identifying information will be removed from the transcripts and these will be stored under your alias name on a password protected device and destroyed once the project is concluded. You will also be given ample time to review the transcripts during the research process and to remove any information that you feel might identify you.

### **Your Rights and Protections**

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question
- withdraw from the study up until you have signed the transcript release form
- ask any questions about the study at any time during participation
- provide information on the understanding that your name will not be used
- be given access to a summary of the project findings when it is concluded
- ask for the recorder to be turned off at any time during the interview

### **Contacts**

If you have any questions regarding this research project, please contact me or my supervisor.

Kate McLawry      Phone: [REDACTED]      Email: [REDACTED]

This research is being conducted as the thesis component and the Master of Arts program at Massey University under the supervision of Dr Leigh Coombes:

Dr Leigh Coombes      Phone: 06 951 8075      Email: [L.coombes@massey.ac.nz](mailto:L.coombes@massey.ac.nz)

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the ethical conduct of this research that you want to raise with someone other than the researcher(s), please contact Massey University Human Ethics by email: [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)

## Appendix B – Participant Consent Form



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### Women's experiences of overcoming troubles with alcohol and other drugs

#### PARTICIPANT CONSENT FORM

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being sound recorded.
2. I wish/do not wish to have my recordings returned to me.
3. I agree to participate in this study under the conditions set out in the Information Sheet.

#### Declaration by Participant:

I \_\_\_\_\_ hereby consent to take part in this study.

[print full name]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_