

MASARYK UNIVERSITY
Faculty of Social Studies
Department of Social Policy and Social Work

Magda Frišaufová

**‘I know what I’m doing’
Agency in Narratives of Women who Have Experience
with Long-term Drug Use**

Doctoral Thesis

Supervisor: prof. PhDr. Libor Musil, CSc.

Brno 2015

I hereby declare that I am responsible for the contents of this dissertation, which was written by me with the use of the cited references.

Magda Frišaufová

May 12, 2015, Brno

Contents

Acknowledgements	6
Introduction	7
1 Theoretical Framework	9
1.1 Why Gender Matters in Drug Use	9
1.1.1 Gender	9
1.1.2 A Postmodern Feminist Perspective	10
1.1.3 Research on Women and Drug Use	11
1.1.3.1 Emphasis on Structural Constraints	11
1.1.3.2 Emphasis on Individual Agency	12
1.1.3.3 The Victim – Rebel Dichotomy	12
1.1.4 Women Who Have Experience with Long-term Drug Use as a Target Group of This Thesis	14
1.1.5 Conclusion	16
1.2 Agency in Interaction with Social Structure and Environment	17
1.2.1 Agency	17
1.2.2 Social Structure and Environment	18
1.2.2.1 Social Structure and Intersectionality	19
1.2.2.2 Subjects in the Social Environment	20
1.2.3 Agency in Interaction with Social Structure	21
1.3 The Social Work Context	23
1.3.1 The Environmental Perspective	23
1.3.1.1 The Crisis of Knowledge and Crisis of Identity	24
1.3.1.2 Different Views on Social Work	25
1.3.2 Critical Social Work Theory	26
1.3.2.1 Empowerment and Critical Reflection	27
2 Methodology	30
2.1 Qualitative Research Strategy	30
2.2 Research Techniques	31
2.2.1 Interviews	31
2.2.2 Focus groups	32
2.2.3 Informed Consent and Confidentiality	32
2.3 Sample selection	33
2.4 Operationalisation	35
2.5 Narrative Approach	37
2.5.1 Agency and Narrative Discourse	37
2.5.2 Narratives as Data	38
2.5.3 Approaches to Narrative Analysis	39
2.5.3.1 Thematic Analysis	39
2.5.3.2 Dialogic/Performance Analysis	40
2.5.4 Validity	41
2.5.4.1 Validity of Stories Told by the Participants	41
2.5.4.2 Validity of the Analysis	42
2.6 Reflection on the Research Context	43
2.6.1 The Place and Presence of Other People	43
2.6.2 Keeping Contact with Participants	43
2.6.3 Financial Incentive	43
2.6.4 Reflection on the Context of Individual Interviews	44

2.6.5 Reflection on the Context of the Focus Groups.....	46
2.6.6 Positioning Myself as the Researcher	47
2.6.7 Limits of the Variability of the Sample.....	48
3 Narrative Data Analysis and Interpretation	50
3.1 Context of the Research Environment	50
3.1.1 Methamphetamine / Pervitin.....	50
3.1.2 The Czech Welfare System and Services for Drug Users.....	51
3.2 Drug Use	52
3.2.1 Reasons for Drug Use	52
3.2.1.1 Weight Loss – Being on a ‘White Diet’	52
3.2.1.2 To (Be a) Rebel and Experience Extremes	53
3.2.1.3 Exhausting Care of Children and Household.....	54
3.2.1.4 Drugs as Anti-depressant	57
3.2.1.5 Binging Using as an ‘Emotional Pain-Killer’	58
3.2.1.6 Initiation into Intravenous Drug Use.....	63
3.2.1.7 Drug Use as a Pleasurable and Joyful Experience	64
3.2.2 Reasons for Abstinence	65
3.2.2.1 Avoiding Contact with Other Drug Users	66
3.2.2.2 Desire for a ‘Normal Life’	67
3.2.3 Health Care and Harm Reduction Strategies	68
3.2.3.1 Problems with Veins and Infectious Diseases	68
3.2.3.2 The Risk of Using Overly High Doses of Meth.....	70
3.2.3.3 Other Harm Reduction Strategies	71
3.2.4 The Complexity of the Drug Economy	72
3.2.4.1 Meth Manufacturing.....	72
3.2.4.2 The Price of Drugs ‘For Free’	73
3.2.4.3 Sexual Services in Exchange for Drugs	75
3.2.4.4 Drug Dealing.....	77
3.3 Motherhood	80
3.3.1 Unplanned Pregnancy	81
3.3.1.1 Considering Abortion	81
3.3.1.2 Decision to Keep the Child	84
3.3.2 Negotiating ‘Normal’ and ‘Good Enough’ Motherhood.....	85
3.3.2.1 The ‘Drug User-Mother’ Ambiguity	85
3.3.2.2 The ‘Good Enough’ Mother.....	91
3.3.2.3 The Role of Partners, Friends and Family	97
3.3.3 Kindergarten and School as Support in Parental Roles.....	99
3.3.3.1 Kindergarten	99
3.3.3.2 School	100
3.4 Housing	102
3.4.1 Insecure Housing Conditions and Exposure to Violence	103
3.4.1.1 Insecure Living in the Garden Colony Shacks.....	103
3.4.1.2 Insecure Housing and Domestic Violence.....	107
3.4.1.3 Lack of Security and Safety.....	108
3.4.2 Drifting between Asylum Homes and Hostels	109
3.4.2.1 Pros and Cons of Life in Asylums for Mothers and Children	109
3.4.2.2 Vicious Circle of Life in Asylum Homes	112
3.4.2.3 Transition to a Hostel	114
3.4.3 Family as a Support in Housing Trajectories	117
3.4.3.1 Extended Family as a Network of Places to Stay	118

3.4.3.2 Immediate Family as Support in Housing Transition	118
3.4.3.3 Stable Relationship as Support for Stable Housing Conditions.....	119
3.5 Experiences with Violence	121
3.5.1 Domestic Violence and the Failure of Professional Support.....	121
3.5.2 Relation between Violence and Homelessness.....	125
3.5.3 Aggression and Resistance towards Violence	127
4 Discussion	129
4.1 Important Subjects in the Social Environment	129
4.2 Forms of Agency	130
4.3 Narrative Discourses and Interdiscursivity	134
5 Implications for the Social Work Practice	138
5.1 Sources of Knowledge and Power Relations	138
5.2 Empowering Social Work Practice	140
Conclusion	143
References.....	144
Abstract.....	150
Abstrakt.....	151
Name Index.....	152

Acknowledgements

I would like to thank several people who were of important support and inspiration during my work on this thesis; especially, my teacher and supervisor Libor Musil, for his support and belief that ‘I knew what I was doing’ and for being ready to discuss all my doubts and questions I was not sure about.

Thanks also go to my friends and colleagues from the university and practice for their inspiration and interest in what I was doing. It was a very important source of motivation. The support from the workers at the drop-in centre who helped me to establish the crucial contacts at the beginning of my empirical research was especially important.

Thanks also to my friend Camille for peer support and the exciting academic as well as simple conversations about everything we are both so deeply interested in.

My thanks belong to Šárka Roušavá for her work on proofreading the whole text.

I also would like to appreciate the support of Masaryk University and Faculty of Social Studies, for granting me several internships through which I could travel abroad. The possibility of spending part of my studies in Sweden enriched me with important experience and inspired me to think about the thesis topic from different perspectives. It also allowed me to establish important contacts without which this thesis would look very different and would not have been such an explorative journey for me. My thanks belong particularly to Tina Mattsson for the inspiration at the very beginning of my research. Her comments on my first drafts supported the first steps towards developing the framework of the thesis.

I am very grateful to my family for their support, patience and humour, with which they helped me remember that things are not always as serious as they seem to be.

I also want to express my deep gratitude to the nature and overwhelming beauty of the mountains of Lapland, where I gained distance and the energy needed for my work.

Most importantly, I would like to express my deep respect and thanks to all the participants for the possibility to learn from them and gain new perspectives for my life.

Introduction

Storytelling is 'a vital human strategy for sustaining a sense of agency in the face of disempowering circumstances. To reconstitute events in a story is no longer to live those events in passivity, but to actively rework them, both in dialogue with others and within one's own imagination. [... S]torytelling gives us a sense that though we do not exactly determine the course of our lives we at least have a hand in defining their meaning' (Jackson 2002: 15-16).

Female drug users as a specific group have been in the focus of social science research for several decades. Much has been written about their specific situation, especially concerning their unequal gender position, higher stigmatization, or harder access to treatment or social services. On the other hand, not that much attention has been given to their strategies of resistance, or dealing with problems they encounter in their everyday lives. Therefore, the aim of the thesis is to focus on women who have experience with drug use themselves to gain deeper understanding not only of the challenges they face, but also the strengths and agency that they use to influence and take control over their lives, negotiate their needs and interests with the world around them. By focusing on agency, I do not deny the marginalization and inequalities which female drug users encounter in various forms. In my approach, the structural and individual dimensions are seen as equally important and inseparably bound together through mutual interaction. This is also important to avoid too strong an emphasis on the structural constraints or the role of individual agency. As has already been discussed by other scholars (e.g. Anderson 2008; Denton 2001; Maher 1997; Sandberg and Grundetjern 2012), such a dichotomous perception often portrays female drug users as either rather powerless victims of oppression, or as volitional agents unrestricted by structural limitations. This view not only fails to provide a complete picture of the life situations surrounding female drug users, but may also contribute to the further stigmatisation and disempowerment of these women.

In this thesis, I critically reflect on this dichotomous tendency in social science research and suggest a theoretical framework through which the exercise of agency is researched in interaction with social structure. This enables an understanding of the life situations of female drug users in a broader context and prevents the further contributing to the dichotomous view of either victim or agent.

The main research question is: **'How do women who have experience with long-term drug use exercise agency in their narratives about interaction with important subjects in their social environment?'**

The basic theoretical framework of the thesis is grounded in postmodern feminism, through which I understand the life situation of women drug users as significantly influenced by their gender, but at the same time, the gendered characteristics of their situation are not taken for granted but rather a subject of what needs to be understood. Therefore, women are not seen as automatically subordinated or oppressed; the focus is rather on the structure of power relations which are seen as both oppressive as well as supportive.

In the empirical part of the thesis, based on the qualitative interviews and focus groups with women who have experience with long-term drug use, I focus on their individual point of view. By employing the narrative approach for data analysis and interpretation, I discuss how they exercise their agency in their narratives about interaction with important subjects in their social environment. Based on the data analysis, I identify important subjects and themes in the narratives and interpret how they are described as a source of support and/or oppression. This

approach allows me to understand various ways in which agency is exercised in the narratives but also in interaction within the research context.

The qualitative interviews and narrative approach to data analysis and interpretation allowed me to identify themes and relations which the research participants regarded as important, but also to gain deeper understanding of the meaning they have for them as sources of support or constraint, and how they negotiate these meanings with their surroundings. This is also what inspired me for the title of the thesis. In various ways participants explained that things did not always develop the way they planned or wanted, but at the same time they gained an understanding of the course of events and could act upon them.

This understanding of life situations is what I found to also be important for social work practice. The aim of this thesis is to gain deeper understanding of the living situation of women who have experience with long-term drug use from their perspective and within the broad set of roles in which they talk about themselves. Therefore, they were not primarily perceived as a clients of social work or other institutional help. On the other hand, the research findings bring implications for social work practice and their discussion creates an important part of the thesis.

The thesis is divided into five main parts. In the first part I introduce a theoretical framework which grounds the topic of the thesis into postmodern feminism and critical social work theory. On the basis of the critical reflection of social science research on female drug use, I provide a broadened definition of agency and social structure and their interaction. In this part I also define the target group of the thesis as particularly women who have experience with long-term use of methamphetamines.

In the second part, I describe the methodology of the empirical research, including the research technique of repeated, in-depth interviews and focus groups, narrative approach to data analysis and interpretation and provide reflection of the research context.

In the third part of the thesis I provide narrative analysis and interpretation of the data divided into four main chapters based on the most relevant themes: drug use, motherhood, housing and experiences with violence.

In the fourth part of the thesis, I provide a discussion of the research findings and answer the research question.

In the fifth part of the thesis, I discuss implications that the framework suggested in the thesis and research findings have for social work in practice.

1 Theoretical Framework

The aim of this thesis is to answer the main research question **‘How do women who have experience with long-term drug use exercise agency in their narratives about interaction with important subjects in their social environment?’**

In this chapter, I will introduce the main theoretical concepts used in the thesis.

In the first chapter (1.1), I define the concept of gender and the postmodern feminist perspective, followed by a brief overview of the social science research on the topic of women’s drug use and a definition of the target group of this thesis.

In the second chapter (1.2), I discuss the concepts of agency and social structure and introduce the framework through which agency will be conceptualized in its interaction with social structure.

In the third chapter (1.3), I will place the topic of this thesis into the context of social work, particularly critical social work theory.

The concept of narrativity, which is an important part of the research question, will be discussed in the second, methodological, part of the thesis as an approach to data analysis and interpretation.

1.1 Why Gender Matters in Drug Use

In the first subchapter (1.1.1), I address the question of why it is important to focus on gender while researching drug use and explain how the concept of gender is understood in this thesis. In the second subchapter (1.1.2), I place the gender approach in the context of postmodern feminism. In the third subchapter (1.1.3), I discuss the social science research on female drug use and introduce two main approaches which we can identify in this field. One puts emphasis on the structural constraints and the second focuses on individual agency. In this subchapter, I also discuss the weak points of these two approaches; because of this, female drug users tend to be perceived through a ‘victim - rebel’ dichotomy. In the fourth subchapter (1.1.4), I define the target group of this thesis and discuss the criteria for its selection. In the last subchapter (1.1.5), I summarize the main concepts and show how they will be used in this thesis.

1.1.1 Gender

As the target group of my thesis are women who have experience with drug use, firstly I need to answer the question why gender actually matters. Why is it necessary or important to look at drug use from a gender perspective?

The main reason for taking gender into account is that it creates the basis of social organization and division in society. Therefore, if we want to understand society or particular social phenomena, it is also important to understand the role that gender plays in it.

Gender, contrary to sex, which refers to the biological distinction between men and women, is in this thesis seen as a socially constructed category which enables me to analyse the roles that men and particularly women play in the context of drug use.

However, to see ‘gender as a crucial concept we run the risk to overemphasise the differences between women and men. Looking for the gender differences is by itself based on gender stereotypes and the emphasis on them reproduce another gender differences.’ (Palm 2007: 20). Therefore, similarities between men and women, as well as the great differences within one gender category, need to be considered.

It is also important to take into account the intersection of gender and other structural characteristics such as ethnicity, age, or class, not to perceive the experience as essentially feminine. Therefore, for my analysis I also employ the concept of intersectionality. This will be discussed in more detail in chapter 1.2.2.1.

Focusing on drug use from a gender perspective creates the basis for a gender-sensitive approach which can be employed in policy-making, research and social work practice.

Contrary to the rather common assumption that gender-sensitive or gender-specific practice consider only the specific needs of women (Carter 2002), I regard gender-sensitivity as taking into account both women and men. However, in this thesis I focus only on the specific situation of women who use drugs. I made this selective choice in order to be able to focus on a wide variety of issues and explore their situation in more depth¹.

1.1.2 A Postmodern Feminist Perspective

Feminist thinking includes a wide variety of theories or approaches, which all have gender inequality at the centre of attention. However, what they see as the crucial causes or reasons for the inequalities, as well as how gender equality should be reached, can differ substantially. Various feminist theories can even sharply contradict each other in what they see as the reasons and solutions of inequality (e.g. the differences between liberal, socialist and radical feminism). For this reason, it is more appropriate to speak about feminisms in the plural, or feminist theories, rather than a single feminism.

This thesis is grounded in postmodern feminism, which does not see gender as a static concept based on essential categories of femininity and masculinity. From the postmodern feminist point of view, gender comes into existence through the way people perform it (Butler 1999). Therefore, when focusing on gender, my aim is not to claim what gender 'is' or even what it 'should be' in the context of drug use, but to explore how gender relations are constructed and reproduced through interactions in the everyday lives of women who use drugs.

Postmodernism brings to feminist thinking the claim for the deconstruction of the binary categories of men and women. The call for deconstruction does not mean to simply deny the role that these categories play in the organization of the society, but to reflect the limits of thinking within this oppositional duality. Deconstruction is about calling the concepts into question and opening a wider discussion which also allows the recognition of differences within one category, rather than negating it (Ramazanoğlu and Holland 2002).

By focusing on how ideas about masculinity and femininity are constructed and operate in relation to each other, postmodern feminism also avoids simplistic theorising based on clear-cut notions of oppressors and victims (Trinder 2000). Furthermore, the reason why I place women in the centre of this thesis does not stem from an assumption that women who use drugs are more oppressed, discriminated or vulnerable than their male counterparts. The aim is to gain a deeper understanding of the gendering processes which take place in drug use, as well as in the research concerning drug use or social work theory and practice.

This stance will also be taken while concluding recommendations for practice. The aim is not to define universal and rigid recommendations for gender sensitive social work, but rather to create a basis for critical reflection of how gender is constructed and reproduced also through the practice of social work.

¹ At the same time, I admit that a comparison of specific female and male situations might also bring interesting new insights. There are issues and situations which are specific for male drug users which are also insufficiently addressed by research, or existing services for drug users (e.g. work with men as perpetrators as well as victims of violence, male parental roles, father's rights, etc.).

Postmodern feminist theory is closely related with concepts of narrativity, identity and power, which all have roots in postmodern thinking. These concepts also play an important role in this thesis and will be elaborated in the upcoming chapters concerning social work (1.3) and narrative approaches (2.5).

1.1.3 Research on Women and Drug Use

From the introduction of gender and feminist theories which create the conceptual basis of this thesis, in this chapter I shift the attention to the theoretical background concerning women and drug use².

Focus on female drug users as a specific group which needs to be reflected in theory as well as practice concerning drug use has been identified since the early 1970s. At that time, several pioneer works criticizing the gender-blind approach were written. Those books, written mainly by sociologists and criminologists, pointed to the relation between dependency on drugs and the unequal position of women in society and the higher stigmatisation or influence of drug use on parenting (e.g. Carter 1997, 2002; Ettore 1992, 2007; Inciardi et al. 1993; Stocco 2000, 2002).

Later in the 1990s, the gender-sensitive perspective was broadened to issues such as ‘new drugs’, health issues including higher risks of sexually transmitted diseases, violence, victimization, or involvement in the sex-business (Anderson 2008).

The later were also more practice-oriented, with a clear aim to conclude recommendations for gender-sensitive drug policy (e.g. Stocco 2000, 2002; EMCDDA 2000, 2005, 2006). It was broadly ‘accepted that understanding gender differences in drug-related behaviours is a critical requirement for developing effective responses’ (EMCDDA 2006: 21), because women encounter a higher threshold in access to treatment or social services.

1.1.3.1 Emphasis on Structural Constraints

The pioneer works concerned with the lack of attention to the specific situation of female drug users placed great emphasis on the structural level of the problem. This approach needs to be seen in its historical context, since the emphasis on structural constraints which female drug users encounter was a response to the positivist medical discourse that dominated drug research and policy well into the historical past. Contrary to the medical approach, maintained especially by psychiatrists and the ‘disease model of addiction’, the structural approach describes drug use as a social problem rather than an individual failing. The focus is on the political, cultural and economic contexts of drug use. Gender is understood as a crucial characteristic of social organization, and thus female drug use is directly linked to women’s position in society. For instance, Ettore (1992) maintains that it is important to recognise that women are socialised into dependency more easily and more often than men. She argues that, for women, ‘dependency’ stands not only for ‘addiction’, but also for ‘subordination’. Having a ‘dependency as addiction’ is socially unacceptable, especially when it interferes with women’s stereotypical social roles, such as housewife, worker, mother, daughter, or girlfriend; nevertheless, ‘dependency as subordination’ aligns with stereotypical gender norms and can even be a desirable state for women to assume as a core form of identity. Furthermore, since ‘carer’ is a common role assigned to the woman since other people are also dependent on her (e.g. children, the elderly, a partner), a complex system of dependency is created, not only in

² This chapter is based on an article published by the author of the thesis in the journal *Czech and Slovak Social Work* (Frišaufová 2014).

the public sphere but within private life as well (Stocco 2000, 2002).

The structural inequality arising from gendered relations is further exacerbated by the double standards that exist for men and women. Various authors point out that because drug use in many ways contradicts what is seen as the social ideal of feminine behaviour, negative moral judgements and stereotypes are more likely in the case of drug-using women than in the cases of men (e.g. Ettorre 1992; Stocco 2000, 2002; Vobořil 2002). The negative stereotypes are especially associated with what may be seen as ‘typical female domains’ such as morals, sexuality and the ability to care for themselves and others (Ettorre 1992). If women do not fulfil the expectations arising from these roles, they are often stigmatised far more severely than their male counterparts. These stereotypes generate even more punitive responses, both socially and legally, when women use drugs during pregnancy (Baker and Carson 1999; Carter 1997, 2002; Friedman and Alicea 1995, 2001; Klee 2002; Young 1994). Such negative stereotypes lead to women being described as aggressive and manipulative, acting without feelings and emotions, or suppressing those feelings for the sake of obtaining drugs, or being sexually promiscuous. In their personal life they are seen as lonely, unhappy, lacking self-confidence, or destructive. Their femininity is depicted as ‘misplaced’, ‘rejected’, or ‘insufficient’ (Carter 1997, 2002; Ettorre 1992; Inciardi et al. 1993; Klee 2002; Lalander 2003; Maher 1997).

Although this overview of the issues discussed in social science research related to female drug use is far from exhaustive, it lends insight into the structural context which has broadened the focus from the previous, solely individual approach.

1.1.3.2 Emphasis on Individual Agency

However, the research accounts that concentrate on the structural dimensions of women’s drug use have been criticised for not allowing sufficient space for the individual capacity to act. Thus, there are scholars who criticise the overestimation of the role of social structure and centre their research upon the role of individual agency. For example, doubt has been cast upon the uncritical acceptance of direct linkages between childhood abuse, or experiences with other forms of violence and involvement in law-breaking, and drug use. Criticism has also been directed at the linkages between female dependency on men and drug use, cast in the light of a highly stereotypical view of women’s involvement in the drug world (Maher 1997).

Some authors take a rather challenging opposing position: that female drug use may be interpreted as a form of resistance or rebellion to social pressure and stereotypical gender expectations (e.g. Friedman and Alicea 1995, 2001; Baskin and Sommers 2008). Contrary to claims that women are becoming drug users through relationships with men in particular, they propose women’s use of illicit drugs as a possible indicator of rising gender equality. Scholars interpret drug use as a denial of the passive role and an adoption of a more independent and rebellious lifestyle (e.g. Measham 2002).

From this viewpoint, the rising participation of women in the drug economy and the greater association with violent behaviour have been described as resulting from increasing emancipation of women throughout society.

1.1.3.3 The Victim – Rebel Dichotomy

I regard the contribution of scholars who put strong emphasis on the structural dimension as crucial for understanding the gender aspects of drug use. If the gender-sensitive approach is not to be reduced to a simple division between women and men drug users, based essentially on their sex rather than gender, we need to include the structural dimension to the analysis. It allows us to understand the dynamics through which the specific situations for male and female drug users are constructed and reproduced.

However, to look at the life situation of women who use drugs only through the structural dimension provides an incomplete view, since we can recognize the tendency to reduce the structure to restrictions and not reflect structural sources of support. There is also a lack of discussion about what strategies the female drug users employ to cope with problems they encounter. Structural approaches were quite successful in contesting what Anderson (2008) calls the 'pathological narrative' about female drug users, based on the idea that drug use is an individual failure. On the other hand, stress on structural inequalities and restrictions supports the 'narrative of powerlessness', in which female drug users are depicted as victims of oppressive constraints in society.

If the approach which emphasizes the oppressing force of social structure transpires into social work or other helping professions, it might contribute to practices which do not recognize available structural resources (e.g. the role of various informal networks) or fail to support and encourage a client's individual agency. Such over-emphasis may also be deterministic, focusing only on situations involving dysfunction, dependence, powerlessness, exploitation and victimization. In the context of social work, it may be assumed that clients who are perceived as victims may consequently appear to be more legitimate recipients of help than clients who are perceived as strong agents. Professional workers may therefore expect that their clients may deliberately choose to identify with or play the role of victim in order to gain better access to institutional help, social benefits or other resources. When it comes to issues such as drug dealing, involvement in sex work, or the use of violence, it may also be easier or more acceptable for social workers to interpret such issues as a result of social pressure rather than a deliberate choice on the part of the client.

Explaining drug use from the perspective of structural constraints may provide significant advantages for the people involved. For social workers, it may be a possible solution to dilemmas concerning legitimate and illegitimate recipients of help. For clients, the role of victim may facilitate better access to institutional help. However, this approach may still contribute to the further stigmatisation of drug users, since it fails to empower them, blocking attempts to achieve equal positions within society, to becoming responsible and capable of taking control of their own lives.

Paradoxically, an approach which aimed to free women who use drugs from the pathological stigma can contribute to their victimization in another way.

Due to the potentially victimizing effect of the approaches which stresses the structural oppression, I regard the understanding of female drug use which acknowledges individual capacities as paths to resistance to structural constraints as very important. However, even this approach is not without its drawbacks. If the view of the female drug user, on the other hand, is not placed within a broader social context, it may contribute to perceptions of women as volitional agents unrestricted by structural limitations. To see agency as exercised only through active resistance does not provide a complete understanding of women's capacities to deal with the problems they encounter.

This approach may support the image of women drug users as the so-called 'new violent female criminals', or 'troublesome girls' (Jackson and Tinkler 2007; Hudson 2008; Maher 1997; Worrall 2008) and explain their behaviour in a context which, contrary to the previous 'seen as the victim' scenario, overendows women with agency and free will not appropriate to the actual structural conditions.

Seeing the situation of female drug users only through agency exercised by active resistance to oppressive circumstances can support the image of female drug user as a kind of 'villain', 'rebel', or rational agent only seeking ways to maximise deviant or criminal opportunities and self-interest. When this approach translates into the practice of social work or other helping professions, it can contribute to the view of clients as 'addicts by choice', who

use drugs for their own pleasure, without caring about the possible negative consequences for themselves and others. Thus structural context is often un-reflected or underestimated. Social workers and other professionals who perceive female drug users in the role of ‘villains’ or ‘rebels’ may denigrate or blame clients for being aggressive and inconsiderate to others, which especially in the case of women is seen as problematic or inappropriate behaviour. From this standpoint, women may not be seen as legitimate recipients of help, and institutional support might therefore be withheld. As Anderson points out,

Showing women’s power and agency in illegal endeavours will diminish sympathy for assisting them in securing better lives. To their credit, ‘powerlessness and pathology’ frameworks have succeeded in elevating academic attention to women and in rising support and resources for them (2008: 3).

If agency is only seen as active resistance without understanding the broader context, social workers might also find themselves in a dilemma: how to support and engage with resistance, because such behaviour might be perceived as encouraging their clients in deviant or illegal behaviour. An example might be found in the situation where a social worker wants to support a client’s ability to finance housing, herself and her family, but does not agree with the illegal source of money which might have been gained through drug dealing, prostitution or theft, for instance.

In this chapter, I gave a brief overview of the social science research on female drug use. I also identified two approaches which we can recognize when critically reading the scientific accounts of female drug use: one that emphasizes the role of social structure and the second, which puts emphasis on individual agency. I have also discussed the weak points of these approaches, since they offer an incomplete or even stigmatizing view on the life situation of women who use drugs. Particularly unsettling is the negative impact that these two approaches can have when they translate into practice in social work or other helping professions. I identified the risk of further stigmatization, which not only reinforces negative stereotypes, but may also seriously restrict the benefits that female drug users might otherwise acquire from institutional help, or even prevent them from seeking such help. Consequently, a paradoxical situation emerges in which a group of clients with specific needs, such as pregnant women, is also the subgroup that most often drops out of contact with professionals.

1.1.4 Women Who Have Experience with Long-term Drug Use as a Target Group of This Thesis

Drug use includes a wide variety of substances as well as using practices. To define the target group of this thesis, I use the concept of ‘problem drug use’ used by EMCDDA³. ‘Problem drug users’ are defined as injecting drug users and/or the long-term/regular users of opioids and/or amphetamine-type drugs and/or cocaine (EMCDDA 2009a)⁴. In my empirical research I focus only on ‘problem users’ of amphetamine-type drugs. Which in the context of the Czech Republic, where the empirical research was conducted, is concerning particularly users of methamphetamine/pervitin⁵, which is the most common, or almost exclusive amphetamine-type drug. The number of cocaine users is in the Czech Republic very low (Mravčík et al. 2013).

³ European Monitoring Centre for Drugs and Drug Addictions.

⁴ „The number of problem drug users in the Czech Republic in 2012 was estimated to be approximately 41,300 (the central estimate), of whom 30,700 were pervitin (methamphetamine) users, 4,300 were heroin users, and 6,300 were buprenorphine users.” (Mravčík et al. 2013: 48).

⁵ Pervitin is the Czech name for methamphetamine. The shortened name for methamphetamine is meth, which will be also used in this thesis.

This exact definition of target group will be relevant particularly in the empirical part, because it indicates the criteria by which the research participants were chosen. The literature on drug use, which I employ especially in the theoretical part of the thesis, usually regards users of all illicit drugs (including, for instance, heroin, cocaine, or crack cocaine).

The target group of this thesis is defined as **long-term female users of methamphetamines**. While selecting the participants for the empirical research, another important criterion was that they be 'active' users, meaning that by the first interview, they were users of methamphetamines, and were not, for instance, abstaining for a longer period of time (several months), or seriously considering total abstinence from methamphetamines.

There were two main reasons why I focused 'only' on active (rather than former) users of methamphetamines. Both these reasons are based on experience from a pilot study conducted before the actual empirical research.

Firstly, after conducting several pilot interviews with women who had experience with either long-term use of methamphetamine or heroin, I realized that their life situations differed quite substantially. The differences were related to different pharmacological effects (i.e. stimulating effect of methamphetamine in contrast to the sedating effect of heroin), but also to the patterns of use⁶. Finally, there was a crucial difference connected to the sources and prices of the drugs. For methamphetamine was more typical manufacturing in low-volume, easily movable cooking labs and distribution through informal networks. That is in contrast to the high prices for low quality heroin obtained from street dealers. For this reason, there was also a grave difference in the amounts of money that the users were spending in order to finance their drug use.

Secondly, after one interview with a former amphetamine user, I realized that if I wanted to gain a deep understanding about the interactions typical for the situation of active drug use, it would be more valid to talk only to active users rather than to people who were 'looking back' at the times when they used drugs⁷. Thus, it was essential to interview participants who were currently 'living the interactions'.

Based on this experience from pilot interviews, I decided that in order to gain an in-depth understanding of specific life situation, it is advisable to use some more criteria than only illicit drug use. Therefore I decided to focus specifically on 'problem users' of methamphetamines.

Because I employ the definition of 'problem drug use', I could refer to the target group as, for example, problem drug users or female/women drug users, as it is common in most of the social science literature on this topic. However, I prefer to use the term 'women who have experience with (long-term) drug use', since I find it less stigmatizing, not reducing the women solely to drug users. I prefer to mention drug use as a part of their experience, but not necessarily as a crucial characteristic. Throughout the thesis, the term is used as a synonym, interchangeably with female drug user, or woman drug user.

⁶ For methamphetamine use, it was more typical to binge by using for several days with several days or even weeks of breaks afterwards. This is in contrast to the everyday, regular use of heroin, which is also related to physical dependence and withdrawal symptoms, which starts as early as several hours after use.

⁷ Interviewing recovering drug users would have presented some obstacles. First, it might be difficult for them to recall past events. Secondly, the narratives about drug use would be biased by the current situation where the interviewee identifies more with abstaining rather than with her former practice of using drugs.

1.1.5 Conclusion

In this chapter, based on relevant literature, I have explained the relevance of gender and the postmodern feminist perspective in the research of drug use. I have also given a brief overview of and critical reflection on the social science accounts on the topic of female drug use. In the last chapter, I have provided an exact definition of the target group of the thesis.

In chapter about the social science research on female drug use, I have identified two approaches which by their emphasis either on structural constraints or individual agency might support the images of female drug users as either rather powerless victims of outer circumstances, or volitional agents, some kind of rebels who are not restricted by any structural limitations. I also critically discussed how this dichotomous perception can contribute to their further stigmatization.

Therefore, in this thesis, it was very important for me to prevent from contributing to these potentially stigmatizing approaches by depicting the involvement of women in the illicit drug world through either the powerless or the pathological narratives. This is where the postmodern feminist perspective is very useful. It allows me closer examination of the narratives about female drug users as they are constructed through the social science research. Furthermore, drawing attention to the women drug users themselves enables me to understand how they construct their life situation, what they see as problems, challenges, opportunities, sources of support, etc. As Fawcett (2000) explains, postmodern feminism rejects the modernist, universalistic and essential conception of self, but at the same time moves away from merely seeing the subject as constructed by the discourse. It endows the subject with agency, because there is also space for resistance within the discourse. Women are positioned in the discourse of drug use, but at the same time they have the capacity to position themselves within this discourse. Thus, the subjects are not only 'being constructed, but also constructing.'

As with anyone, the life situation of women who use drugs includes a whole spectrum of relations, experiences and desires. In the following chapter 1.2, I suggest a framework which allows me to gain a deeper understanding into how female drug users exercise agency in their everyday life, but at the same time enabling them to exercise agency through constructing their own narratives about their life. This framework provides a definition of agency which is conceptualized through interaction with the social structure and social environment. The framework which conceptualizes the exercise of agency through narration will be offered in the Methodological part in the chapter about Narrative Approach.

The postmodern feminist perspective, by deconstructing the stereotypical images about women who use drugs, can contribute to challenging the stigmatizing and victimizing processes, also present in social work, and can make the practice empowering and emancipatory (Crinall 1999). This topic will be discussed in the third chapter about social work (1.3).

1.2 Agency in Interaction with Social Structure and Environment

As was already discussed above, the limited view on structure as mainly restrictive and agency as exercised only through active resistance towards oppression contributes to an incomplete and dichotomous view on a life situation. To avoid this shortcoming, in this chapter, I suggest some broadened definitions of agency (subchapter 1.2.1) and social structure. I also introduce the concepts of intersectionality and social environment (subchapter 1.2.2), which are both useful tools for understanding the interaction of agency and social structure, which is explained in the last subchapter (1.2.3)⁸.

1.2.1 Agency

Researchers seeking to understand the exercise of agency have to address the difficult task of how to define it in a way that includes all the various and often paradoxical or contradictory forms in which agency can be exercised. In this chapter, I suggest a broadened definition.

A number of authors agree that agency can be defined as the individual, socio-culturally-mediated capacity to act; that is used to overcome the structural constraints that operate upon social action (e.g. Ahearn 2001; Giddens 1984; McNay 2000, 2004; Sewell 1992). However, it is important to understand structural conditions not only in terms of oppression, but also as a potentially enabling source of support and resources. Agency therefore needs to be defined also as the capacity to act in order to use the sources to the benefit of self and/or others (Anderson 2008). Agency is thus seen as exercised not only in situations in which individuals encounter structural constraints and are acting against them, but also in cases in which female drug users use structural resources to their benefit. The capacity to act includes the ability to intervene, as well as any decision to refrain from intervention. Therefore, agency can be present in action, as well as in any choice for ‘non-acting’.

However, it must be borne in mind that an important precondition for the exercise of agency is what Giddens terms the ‘ability to act differently’. This means that the individual ‘could, at any phase in a given sequence of conduct, have acted differently. Whatever happened would not have happened if that individual had not intervened.’ (1984: 9).

There is also an overly narrow view on agency, which sees it as exercised only through active resistance to oppression. This view is common, for example, in some feminist theory (Ahearn 2001; Frank 2006) where the scholars construct images of women as powerful agents in opposition to the female victim images. While it is possible to understand the reasons for the approach, which equates ‘agency with resistance, agency should not be reduced to it. Oppositional agency is only one of many forms of agency.’ (Ahearn 2001: 115).

Agency also should not be perceived in dichotomous terms as something that one has or does not have, but rather to a degree to which a person is able to determine the course of his/her social action (compare with power as defined, for example, by Anderson 2008, or Dominelli 2002). Therefore, the presence of oppression does not mean a total absence of agency; conversely, the exercise of agency does not mean the absence of oppression. One is not defined by the absence of the other. Mahoney (1994) elucidates this view through the example of domestic violence, where staying in the relationship with the perpetrator is seen as identical with victimisation and continued oppression, contrary to leaving, which is seen as the right solution and an expression of agency. The ability to leave becomes something like a test of

⁸ This chapter is based on an article published by the author of the thesis in the journal *Czech and Slovak Social Work* (Frišaufová 2014).

agency. Nevertheless, such a view does not take into account the resistance to violence and oppression which may also be expressed in continuing the relationship (seemingly ‘non-acting’). Agency may well be reflected in efforts to find a solution and address the problems, not merely in fulfilling the expectation to leave.

Definitions of agency that include not only acting against constraints but also the ability to employ structural resources to one’s benefit allows me to understand the seemingly paradoxical ways in which agency is exercised. For instance, situations in which people who are assumed to be negatively influenced by stigmatising discourse might act in ways that actually reproduce these negative stereotypes. This can be illustrated on the example of drug users emphasising their dependency in order to reach institutional help or benefits.

Furthermore, aligning agency with structure implicitly rejects the simplistic definition of agency that equates it with free will and rational choice. Agency is shaped by the individual as well as by social, cultural, spatial and historical contexts.

It follows that the definition of agency is not a static and fixed concept; the ways in which it is exercised in the life of the individuals cannot be defined as universal for all women. While it is also not possible to state that something is equally oppressing or empowering to entire homogenous groups, there remains an acute need for scholars to contextualise the experiences of particular individuals or groups of people.

For example, ‘playing the victim role’ or allowing oneself to be placed into a powerless position may be seen, in some situations, as an important indicator of agency. For example, such positions may result in benefits when negotiating child custody or seeking clemency in court. On the other hand, involvement in important activities (e.g. drug dealing) does not automatically imply an exercise of agency. This issue has also been discussed in the context of women’s involvement in sex work. For example, Maher (1997) in her research into female drug users in Brooklyn reports that in order to maintain a sense of dignity, self-respect and protection from exploitation, most of the women were able, to some extent, to define limits in relation to sexual conduct, discriminate among clients and between sex acts, and negotiate the price and the duration of the transaction. However, Maher (1997) also points out that this should not lead us to a false perception of agency in which any activity is seen as equality, or presence as synonymous with participation (see also Inciardi et al. 1993). As Scheper-Hughes states, ‘Here we must be careful not to mistake existence for resistance and, in so doing, to romanticize human suffering.’ (1992: 533).

1.2.2 Social Structure and Environment

In the research question, I ask about agency exercised in interaction with important subjects of social environment. However, as was already discussed, in order to avoid an incomplete perception of a life situation reduced solely to the individual dimension, agency needs to be placed into a wider structural context. Therefore, in my framework, I give equally important attention to the structural context. However, it is also important not describe agency and social structure in a separate manner, but to understand them through their mutual interaction. The structural level may be perceived as rather abstract, and difficult to relate to everyday life. Therefore, I suggest its operationalization through interaction with subjects in the social environment. The concept of intersectionality also allows us to understand the role that structural categories such as gender, class, or ethnicity play in various contexts and the lives of people. Therefore, in my research question, I focus on the exercise of agency through interaction with important subjects in the social environment and in my analysis and interpretation I also employ the intersectionality approach.

In the first subchapter, I discuss the definition of social structure and introduce the intersectionality approach. In the second subchapter, I explain how I define subjects in the social environment.

1.2.2.1 Social Structure and Intersectionality

The concept of social structure refers to how people in society are ‘categorised according to social divisions such as class and gender’ (Thompson 2006: 21). These divisions consequently play an ‘important role in the distribution of power, status and opportunities’ (Thompson 2006: 21). It is crucial to the understanding of the dynamics of interaction between individual and structure; that structure is not only seen as restrictive, but that it also has supporting, enabling, and/or empowering potential. Therefore, for example, Giddens (1984) refers to structure as a set of rules and resources.

It is also important that structure restricts or enables people differentially (Sewell 1992). The occupancy of various social positions characterized by gender, class, education, ethnicity, occupation, age, sexual orientation, and other categories of identification restrict or enable access to different resources and possibilities of action. Like agency, structure is not static, a fixed idea, and needs to be seen in the context of individual life experiences.

The various positions that people occupy within social structures can be grasped through the concept of intersectionality, which takes into account the multiple grounds of identity and the way in which they are constructed in the social world (Crenshaw 1991). It stresses how ‘subjectivity is constituted by mutually reinforcing vectors of race, gender, class, and sexuality’ (Nash 2008: 2) and other axes of social distinctions or dimensions of life situations. Using domestic violence as an example, Crenshaw (1991) demonstrates that it is necessary to reflect not only upon the gendered character of the problem, but also its intersection with other categories (e.g. race and class). For example, battered women of one ethnic background experience a situation in different ways from women who do not share the same ethnic backgrounds; therefore, the possibilities of help for these women may also be very limited if different intersectional obstacles are not taken into account. The concept of intersectionality allows us to ‘capture inequality and oppression within groups of women, and not only among women and men’ (Mattsson 2014: 10).

This approach enables us to analyse both the individual life situations of women who have experience with drug use and a variety of structural characteristics, thus preventing oversimplification and generalisation of gendered relations. In researching the situation of female drug users, I consider it very important to take into account the intersection of class, ethnicity⁹, age and sexual orientation; however, the list of characteristics may be intrinsically unlimited and is always dependent on individualised context and situations. Furthermore, the categories that play crucial roles cannot be taken for granted. In accordance with Crenshaw (1991), black women might be described as ‘multiple burdened’, but there is a risk of overestimating the negative impact of these categories while at the same time other important categories or influences, such as sexuality, age, or individual dispositions, which in a particular situation play more important roles, may be overlooked. As Staunæs and Søndergaard explain, ‘in empirical contexts there actually are situations where a sociocultural category like gender is surpassed by other categories, for example ethnicity. ‘Surpassed’ does not mean that ‘gender’

⁹ In the context of the Czech Republic, I find it more appropriate to use the term ‘ethnicity’ rather than ‘race’. The direct equivalent to the English word ‘race’ in the Czech language is largely used in the sense of ‘breed’ and has strong negative connotations with Nazism (Kolářová 2009). ‘Ethnicity’ is a commonly-used term when referring to Roma people, who also constitute a significant proportion of drug users in the Czech Republic (Mravčík et al. 2013).

doesn't mean anything at all, but it means that other categories might be more pivotal.' (Staunæs and Søndergaard 2011: 51).

Furthermore, the intersection of social categories not only reinforces disadvantages or oppression, but may destabilize or neutralize their influence or reinforce the structural sources of support (Staunæs 2003; Staunæs and Søndergaard 2011; Lykke 2010).

Staunæs (2003) argues that it is important to understand that categories such as ethnicity or gender are not special minority issues. Powerful, privileged people are part of the gender or class structures as well. Who occupies the majority/minority, non/privileged, non/powerful position is not fixed, but varies and changes in space and time. However restrictive the conditions might be, the position is negotiated through interaction.

1.2.2.2 Subjects in the Social Environment

The social environment can be defined as the context in which a person is living and interacting with other subjects. I use the definition of social environment which puts emphasis on the interaction as an ongoing mutual process through which both the person and the environment are changing. The interaction is shaped by interpretations of experiences and expectations that the person has gained from the environment and vice versa. Thus, the social environment is not perceived as something that exists independently from the person, their experience and interaction (Musil 2013a). Kemp also defines 'environment as an active social process, rather than just a fixed backdrop for human relationships. It follows, then, that environments both *reflect* and *construct* power relations and that they do so at multiple levels' (2001: 14).

Firstly, I would like to point out that the term social environment is not perceived here as essentially different from the term social structure; they are used interchangeably. On the other hand, the reason why I use the term social environment as a complement to social structure is that in my approach, it refers to a different level of interactions. Through the concept of social environment, I identify the subjects with which the female drug users are in direct interaction with. These subjects can be individuals (e.g. partners, friends, acquaintances) as well as institutions (e.g. Employment Office, hospitals, or social services). In my analysis, I focus on interactions with institutions (e.g. drop-in centre, Child Welfare Office), but also how these interactions happen through relations with people who represent them (e.g. particular workers). For instance, interaction with an institution might be perceived as repressive or supportive based on the rules and services provided by the institution, or they may be repressive or supportive based on the interaction with the particular worker or representative.

The interaction with subjects in social environments can be illustrated using an example of a mother in contact with a Child Welfare institution. The mother is in interaction with the Child Welfare institutions, for instance, through its rules, which she tries to follow; she is also in interaction with a particular social worker from the institution who represents sources of support and certain expectations of the institution, in addition to her own.

At the same time, there is also the intersectional level through which I analyse how structural characteristics operate in particular situations. Through this perspective, the interaction between mother and Child Welfare social worker is influenced by their gender, class, ethnicity, etc. and the stereotypes they ascribe to these categories. For instance, the mother can be perceived by the worker as incompetent due to her ethnicity or low social class. However, she can be also perceived as competent due to her age and experience of already having some children. Similarly, the mother perceives the social worker in the context of structural characteristics. For instance, she might perceive a young, childless social worker as incompetent to work in a Child Welfare institution.

As was already pointed out, the terms social structure and social environment can be perceived as synonyms and I use them interchangeably. However, as a more detailed definition,

I suggest that social structure is more an umbrella term for all levels in which the interactions take place. Therefore, they include the subjects of the social environment, which are individuals and institutions, as well as the level in which the relations of power operate on the basis of structural characteristics such as gender, class, and ethnicity.

As follows from the discussion in this subchapter, the term interaction is crucial. Therefore in the following chapter, I conclude how agency and structure are conceptualised through their interaction.

1.2.3 Agency in Interaction with Social Structure

Contemporary social science scholars, while writing about agency are almost in total agreement that agency and social structure need to be seen in mutual interaction. They highlight the importance of intersubjectivity and social interaction as crucial components of agentic processes, depicting agency as always in a dialogical process with structural context (Emirbayer and Mische 1998). They are also very critical about too much emphasis on one or the other. At the same time, to conceptualise the interaction is not a simple task.

An important discussion about the relation between social and cultural structures of society and human action can be identified in Bourdieu's theory of practice (1977). Bourdieu is also against the separation of agency and structure and this reservation is expressed in a critique of the division between subjectivism and objectivism (Bourdieu 1977, Bourdieu and Wacquant 1992).

Bourdieu describes the main problem of objectivism is that it is concerned only with social structures and disregards the issue of agency. Subjectivism, on the other hand, reduces the social world to representations of actors. 'If social action is to be properly understood, then it is important to analyse the representations that actors have of the world and the way these inform action and interaction. Such representations cannot be deduced from social structures.' (McNay 2004: 183).

Giddens is another of the crucial figures in the debate about agency and structure. His 'theory of structuration' already in its name indicates that structure is regarded as a process, not as a steady state. 'The basic domain of study of the social sciences, according to the theory of structuration, is neither the experience of the individual actor, nor the existence of any form of societal totality, but social practices ordered across space and time.' (Giddens 1984: 2). Giddens (1984) also points out that structure is both constraining but also supporting, or, as was already discussed, a set of rules and resources.

In this chapter, I have discussed how the overly narrow definition of agency and social structure as well as the lack of attention to their interaction lead to a dichotomous perception of the life situation of female drug users. In this dichotomous perception, they tend to be depicted as rather powerless victims of structural oppressions or as volitional agents. Therefore, I have suggested a broadened definition of social structure and agency which facilitates in the understanding of their interaction.

I have defined agency as the capacity to act to overcome structural constraints, as well as the capacity to use structural resources and support to the benefit of self and/or others. Social structure is defined as not only restricting and oppressing, but as enabling and empowering. Thus, agency and structural conditions are inseparably bound and in constant interaction. The exercise of agency is shaped by and at the same time shapes social structure, and vice versa.

Furthermore, the concept of intersectionality enables the analysis of the intersection of the various social categories in order to understand their influence, whether individuals occupy dis/advantaged, non/privileged, or majority/minority positions. The operationalisation of social structure through the concept of subjects and social environment allows me to explore structure

through interactions on the level of interactions between individuals and institutions.

The interaction between subjects and social environments is defined as an ongoing active process where both the individuals and the environment are changing and influencing each other. This is very important in the context of social work. The emphasis on complexity and the indirect participants of the interactions creates a basis for the definition of the role of social worker and identity of social work as profession (Musil 2013b). Practice where the social worker focuses on interactions and works with all subjects who are involved is an important precondition for social change, which is one of the aims of social work. This topic will be discussed further in the following chapter.

1.3 The Social Work Context

It is important to point out that the main research question of this thesis concerns the living situation of women who have experience with long-term drug use. This means that they are not necessarily perceived as clients of social work. The main aim of the thesis is to understand and explore the situation from the point of view of the women, in the wide variety of roles which they describe themselves. Since all the research participants were in contact with social workers from various institutions, an important part of their narratives also concern their experiences as clients of social work. However the aim was to gain a deeper understanding of their whole life situation.

The reason for excluding the implications for social work from the main research question was not because I think it is not relevant. In my opinion, the findings of the thesis have very interesting and important implications for social work practice. Therefore, I do not perceive this chapter about social work, and later the recommendations, as a minor topic within the whole thesis. However, I find it very important to clarify that the aim was not to explore the life situation in direct relation to social work. This stance has allowed me to deal more easily with the judgements and moral dilemmas that were coming into play when listening to reports about, for instance, illegal violent activities. This is not to say that it prevented me from perceiving the ethical issues or confrontations with moral judgements and prejudices. Focusing on deep understanding, rather than thinking about interventions or my own assumptions about how social work with women who use drugs should or should not look like, helped me be more open to the participants' own views and interpretations.

At the same time, the division between my own research and the social work context is to some extent illusory. As will be explained in this chapter, I set the topic of the thesis in an environmental perspective and a critical social work framework, for which the interaction between individuals and social environment is crucial. Thus it is possible to see this chapter and the following recommendations for social work as an extension of agency – structuring the discussion into another context. The employed social work theories also put emphasis on sources of knowledge which come from the social work clients themselves. Clients' participation in the decision-making process about social work interventions was in accord with the whole approach of the thesis.

In the first chapter (1.3.1), I introduce the environmental perspective, which allows me to explain how the topic of my thesis is related to the social work context. Through a discussion of the crisis of knowledge and crisis of identity, and different views on social work, I explain why I placed my approach within the transformative social work theories – particularly critical social work theory, which will be introduced in the second chapter (1.3.2).

1.3.1 The Environmental Perspective

The environmental perspective, which focuses on the interaction between individuals and their social environment, can be seen as an essential feature of social work (Kemp 2001). For instance, Payne defines professional social work as '[a] service and practice using social and psychological sciences in interpersonal interactions with people, especially from deprived social groups and experiencing practical and emotional difficulties in social relationships.' (2006: 5).

On the basis of this definition, it is possible to clearly define social work in light of other disciplines and helping professions. For instance, doctors, nurses, psychologists and teachers work with individuals, but do not aim for social change. On the other hand, professions such as politicians, economists, or journalists do strive for social change, but do not work with

individuals (Payne 2006). Contrary to these professions, social work connects personal help with social change. It aims at social transformation and individual improvement through interpersonal relationships (Payne 2006).

At the same time, social workers' primary focus on interaction does not mean that the understanding of the individual as well as the structural level of the problem is not important. It is rather the opposite, since the social worker needs to have a good understanding of both. However, the problems in interactions are at the centre of the interventions.

When talking about interventions and problems, we also need to consider that these do not exist as objective entities. Social work theories and approaches differ substantially depending on what they see as the source of knowledge about the problems in the interactions, and who they regard as competent and entitled to define what the problem is and what an appropriate form of intervention is¹⁰.

These are topics closely related to power and power relations and are critically reflected, for instance, in the postmodern feminist perspective, as a part of the discussion on the crisis of knowledge and crisis of identity in social work (Rossiter 2000).

When it comes to the subjects of interventions, Payne states that social work 'balances three objectives: maintaining social order and providing social welfare services effectively, helping people attain personal fulfilment and power over their lives and stimulating social change' (Payne 2006: 5). We can clearly see that social work is defined as a profession which works with clients as well as other subjects in the social environment. However, the practice of social work is quite variable, depending on who social workers define as clients, how much they work with the social environment, and what they perceive as social change. This is reflected in different views on social work as defined by Payne (2005).

In the following two subchapters, I will briefly discuss the crisis of knowledge and identity and different views on social work in order to place the perspective I employ in this thesis in the context of social work theory.

1.3.1.1 The Crisis of Knowledge and Crisis of Identity

Postmodern thinking has brought into social work an important critique related to the sources of knowledge and exercise of power.

It has raised some crucial questions: Where does the knowledge in social work come from? Which authorities define what the source of social work's professional knowledge is? What are their interests? Who benefits from it and who does not? What are the limits of this knowledge? These have contributed to what is called the crisis of knowledge in social work (Rossiter 2000).

The crisis of knowledge questioned the assumed sources of understanding of clients' lives and the definitions of problems; it turned attention to the clients themselves as an important source of knowledge. 'In these ways, clients gain power over their own feelings and way of life' (Payne 2005: 9). The client has been recognized as an important source of knowledge about his/her own situation, as the one who can teach the worker about it, not only the other way round.

That approach taken in my thesis can be seen as a contribution to the effort to gain knowledge for social work from the perspective of the clients or potential clients themselves. By this I do not claim that the knowledge produced in my thesis is a direct representation of the participants' experiences or opinions. I remain critical about the idea of 'giving voice' to

¹⁰ This discussion is important, for instance, in the context of participatory approaches, which are based on supporting clients' increased participation in decision-making as well as the whole design of the service provided by social workers.

marginalized people through, for instance, academic research. The research findings are the product of a researcher's, not participants', interpretations of the situations. The data are also heavily influenced by the context in which they were generated, through interaction between researcher and participants. On the other hand, the thesis brings insight to the life situation mediated by women who have experience with drug use themselves, therefore creating a source of knowledge.

The crisis of knowledge is closely related to the crisis of social work identity, which can be defined through the notion that it 'cast[s] doubts on social work's historical assumption about the innocence of providing help' (Rossiter 2000: 24). It drives attention to power relations which are part of all social work interventions. Power is present in the administration of help itself, for instance, by defining the rules and conditions (e.g. only clients who are abstaining from drugs are eligible for the service). But power is also present in the language used in defining the problems and aims of the interventions. In this way, social workers exercise power, for instance, when they reduce the complex life situation of their client to the label 'addict'. Such a label indicates that what is defined as the client's problem is drug addiction and very likely the solution would be treatment and abstinence from drugs, which cause the addiction. This label basically excludes other dimensions and characteristics of the person (e.g. survivor of domestic violence, parent, employee). Therefore, when talking about the target group of the thesis, I prefer to use the term 'women who have experience with drug use', rather than 'drug users', which reduces their life experience to merely one dimension.

However, the critical perspective, brought into social work through postmodern thinking, does not mean that the desired stage is to create practice which is free of power relations. Power can be seen as repressive, but also as a constructive force, as Dominelli (2002) points out: power is not only exercised 'over' someone (e.g. social worker over client). Power also means 'power to', which indicates the capacity to do things or take action, or we can recognise power 'of' which emanates from collective action.

We can see how closely related power is to agency, thus it is not something which should be diminished. It is rather the power structures which need to be critically reflected upon, so one is aware of how they operate in the practice of social work and what impact they have on the interventions or relations between workers and clients.

1.3.1.2 Different Views on Social Work

Payne recognizes three views on social work. Firstly, he distinguishes therapeutic views, which can be characterized 'as seeking the best possible well-being for individuals, groups and communities in society, by promoting and facilitating growth and self-fulfilment.' (Payne 2006: 10). It is expressed through the focus on interaction between client and worker as a way in which they also modify each other's views and understanding of the situation.

Secondly, transformational views on social work aim 'to develop cooperation and mutual support in society so that the most oppressed and disadvantaged people can gain power over their own lives. It facilitates this by empowering people to take part in a process of learning and cooperation' (Payne 2006: 11). Transformational views aim to identify social relations that 'cause people's problems, and make social changes so that the problems do not arise' (Payne 2006:12). These views are similar to what are also called emancipatory approaches (e.g. Pease and Fook 1999), where social justice is seen as one of the most important values.

Thirdly, in social order views, 'social work [is] an aspect of welfare services to individuals in societies. It meets individual's needs and improves services of which it is part, so that social work and the services can operate more effectively. [... S]ocial work as maintaining the social order and social fabric of society, and maintain people during any period

of difficulties that they may be experiencing, so that they may revolve stability again.’ (Payne 2006: 12). The help is provided so that people ‘will fit in with general social expectations better’ (Payne 2006: 12).

While referring to Payne’s different views on social work, I place the approach of this thesis into the transformative views. However, it is not possible, nor the purpose here, to identify an approach as strictly belonging to one view. In practice, the approaches usually lie between the different views. However, it was important to ascribe it as most related to the transformative views. All views on social work aim for social change and empowerment, but for the transformative views, as well as my approach, they are central. This strong emphasis on social change is related to the critique of social work in giving too much attention to individuals, their problems and abilities to fulfil the expectations of the environment. This lack of attention to the structural context leads to practice which might make ‘clients responsible for problems which have social origins’ (Payne 2005: 233). Such a practice is not only ineffective, but also contributes to clients’ further victimisation (Payne 2005, Rossiter 2000).

The critique is also based on the opinion that if social workers do not aim their interventions towards the subjects in their social environment, they solely make the clients ‘fit’ or ‘adjust to the present social order, rather than question and fight against undesirable features of contemporary society’ (Payne 2005: 233). Such a focus only on the individual level is basically in contradiction to wider social change, thus social workers fail to fulfil one of the main aims of social work. A discussion on this situation in the Czech Republic is provided by Janebová (2012), or Šveřepa (2008).

In the context of social work with women who have experience with drug use, we can recognize the tendency to individualize their problems (e.g. by making them responsible for the drug use without seeing the wider structural consequences of their situation). Thus people who are using drugs are sometimes seen as some kind of ‘addicts by choice’, who can at any given time make decisions and completely change their situation. This view is clearly visible in the case of pregnant women, who by social workers (as well as other subjects), are expected to quit their drug use from one day to the next, simply based on the fact that they may be pregnant, for instance. The social dimension as to why they are using drugs is not taken into account (e.g. bad housing conditions, demanding work, drug use as a coping strategy in difficult situations).

As was explained in this chapter, a critical view on the source of knowledge in social work, power relations, social change and empowerment are crucial topics in my approach. These topics are also central for critical social work, therefore, I use them as a part of the main theoretical background of my thesis.

1.3.2 Critical Social Work Theory

Critical theory is important theoretical background of the thesis for its emphasis on social change and empowerment. This perspective, which strongly emphasises social change needs to be seen in a wider historical perspective. Critical social work scholars criticise traditional social work tendency to assume ‘individual culpability for the difficult personal and social circumstances faced by clients of the welfare state’ (Healy 2000: 3). In their view, the lack of understanding of the structural dimension of clients’ problems leads to maintaining and reinforcing oppression and inequality. This happens if social work interventions are aimed only to strengthening clients’ abilities to cope with expectations and demands from the environment, but does not enforce the need for change on the side of the environment.

Therefore, critical social work is strongly preoccupied with structural analysis of the clients’ situation. It refuses to take current social order for granted and is also actively looking for social change (Payne 2005). A critical approach develops ‘a consciousness which is able to

imagine the transformability of current arrangements' (Fook 1999: 201), thus we can see it in sharp contrast to traditional or positivist approaches, which 'foster alienation, or the experience of being distanced from the capacity to change the situation' (Fook 1999: 201).

Critical social work incorporated feminist, anti-discrimination and anti-oppressive perspectives (Thompson 2006), structural social work, as well as postmodern and construction ideas (Healy 2014; Payne 2005; Pease and Fook 1999). It contains important elements of radical social work (Payne 2005) and is based on the principle 'that the aim of social work should be to empower less powerful people and groups' (Pease and Fook 1999: 8). Therefore, emancipatory practice and the empowerment of clients to question and change existing power relations are crucial features of the critical approach.

Empowerment is one of the central concepts for critical social work, however, it is also rather problematic, since it is understood in many various ways. In the following subchapter, I provide a brief discussion of several different definitions and conclude how the concept of empowerment is understood in this thesis.

1.3.2.1 Empowerment and Critical Reflection

'Empowerment is like democracy: everyone is for it, but rarely do people mean the same thing by it' (Young 1994: 48).

As is indicated in the quote by Young (1994) and is echoed by Adams, empowerment 'does not correspond to a single existing social work method, although it can be shown to have links with all of them' (2003: 5). The concept can be understood in different ways.

One way is to see 'empowerment as a psychological quality.' From this point of view, individuals are inherently autonomous and self-determining, therefore, empowerment is 'a psychological quality that provides individuals with the feeling that they can control the direction of their lives' (Pollack 2000: 76). Social work practice is then aimed at enhancing a client's feelings of self-worth, self-control, autonomy and confidence (Pollack 2000, Young 1994).

Another way of understanding this is to see 'empowerment as a social change', thus as a part of social dimension. Individuals are seen as 'empowered through sharing experiences, raising consciousness, collective action and advocacy' (Pollack 2000: 76). Equal distribution of material resources, legislative, policy, organizational changes (Pollack 2000) and the 'development of a sense of collective influence over the social conditions of one's life' (Young 1994: 48) are seen as crucial. Empowerment is here grounded in the tradition of 'mutual aid, self-help and, more recently, movements of liberation, rights and social activism' (Adams 2003: 5).

The third way of understanding it is as the 'empowerment as social work method', therefore, as a set of practitioner skills. This is 'the desired outcome or product of a social service intervention' (Pollack 2000: 76).

Pollack (2000) offers definitions of empowerment which equate it either with the individual (empowerment as a psychological quality), or social (empowerment as social change) dimension. It is also suggested that empowerment can be defined as a social work method. Consistently with the approach of this thesis, which sees individual agency as bound together with social structure, also in the definition of empowerment I suggest including both the individual and social dimensions. Therefore, I do not see these two definitions as mutually exclusive but as complementary. I define empowerment as an individual psychological quality

that provides the feeling that one can control the direction of his/her life, but also the development of a sense of collective influence over the social conditions of one's life.

In accordance with Adams, I am critical about seeing empowerment as a social work method. As Adams argues, it is problematic if empowerment is perceived as something 'which is done to you' (2003: 15), that it is the professional who empowers the client. Or as Payne puts it, '[p]ower might not be given to people, they must be helped to take it for themselves' (Payne 2005: 296). Social workers are in a kind of double-edged position, where they work as the mediators between clients and society. In this position, workers might exercise care but also control, thus leading to empowerment but also potential oppression of the clients (Thompson 2006).

It is also important to bear in mind that one person's empowerment may be another person's disempowerment (Fook 2002). This can happen unintentionally, but also as a part of a deliberate exercise of power. For example, clients can exercise agency, but not in the way the worker sees as appropriate, therefore, acting against it (e.g. it can be perceived as socially unacceptable when women express anger, aggression, or use violence).

A critical perspective thus places strong emphasis on the analysis of complex webs of power relations in society. For many feminist scholars, particularly the unequal distribution of power between women and men is important. However, Dominelli (2002) points out that power is distributed at a number of different levels and variety of power relations, which can exist not only between men and women but among women themselves. The same argument creates the core basis of the intersectionality approach (Mattsson 2014). Crinall gives a very illustrative example when she writes about female social work clients who claim that the feminist movement has nothing to offer them, or that it makes them to feel even worse and less adequate, because they cannot 'identify with independent, well-paid, educated, childless, politically astute, powerful image they carried of feminist' (1999: 73). The social workers had everything the clients wanted and needed: 'a job, a home, money, an education and power (over the young women)' (1999: 73). Crinall's example contests the idea that if 'women work with or for other women,' it automatically means feminist or gender-sensitive social work practice. However, this topic is important for the whole of social work practice, through which social workers exercise power over the clients.

As we can see, empowerment concerns clients as well as workers, who can crucially support as well as restrict power. As I have already argued, I do not see empowerment as a specific method or technique of social work which can be simply 'implemented' in practice. At the same time, it is something that is the desired result of social work intervention. To which extent empowerment is a result of social work intervention depends also on the ability of social workers to reflect how their own 'actions and interpretations, social and cultural background and personal history, emotional aspects of experience, and personally held assumptions and values influencing the situation' (Fook 1999: 199).

In this critical approach, critical reflection¹¹ develops which can be a useful tool for social workers to examine and understand how they might be maintaining or reinforcing oppression and inequality. It allows the social worker to become aware of the sources of discrimination in a wider social context, but also in their own practice.

¹¹ Fook points out that it is important to distinguish critical social work, or the critical approach to the reflective approach, which is 'based on a questioning of the usefulness of traditional approach to knowledge-building for professionals, since traditional approaches seem to result in a disjuncture between the "theory" and the "practice" of professionals (1999: 200). But it does not necessarily aim at social change. However, contrary to Fook, Thompson and Thompson define critical reflective practice, which includes both, challenging traditional knowledge-building and positivism, as well as aims to social change. As they say, every truly reflective practice is also critical practice (2008).

Mattsson (2014) comments that the critical approach is theorizing about rather general structures of power, which might be for the practice of social work sometimes rather abstract concepts. Mattsson argues for the use of intersectionality, which can make the understanding of the oppressive structures more explicit. 'Intersectionality is a usable approach for critical social work since it highlights gender, sexuality, class and race, and makes it possible to understand and problematize the unequal relation between the social worker and the client in a complex way' (2014: 12).

Also in my thesis, I employ the concept of intersectionality not only to better understand the structural characteristics influencing the exercise of agency, but also when suggesting recommendations for social work with women drug users.

2 Methodology

In the first chapter (2.1) of the methodological part of the thesis, I will explain the use of qualitative research strategy and the implication it has for the selection of research techniques as well as the approach to data analysis and interpretation.

In the second chapter (2.2), I introduce particular research techniques through which the data has been generated. It consists of unstructured repeated interviews and focus groups.

In the third chapter (2.3), I describe purposive and snowball sampling as the methods of sample selection, as well as providing an overview of some general characteristics of the selected sample of participants.

Fourth chapter (2.4) provides the operationalization of the research question, which will be answered on the basis of six partial research questions that were derived from the theoretical framework of the thesis.

In the fifth chapter (2.5), I introduce the narrative approach and discuss how it will be used for data analysis and interpretation. I also consider its implications for the validity of the research.

In the sixth chapter (2.6), I provide a description and critical reflection on the research context, identifying the strong parts as well as the limits of the research.

2.1 Qualitative Research Strategy

Silverman (1997) recognises two main ‘schools of social science’: positivism and interpretative social science. Positivism employs the concept of social facts and is based on testing correlations between variables (quantitative hypothesis testing). As an opposite, we can see interpretative social science, which uses the concepts of social construction and meaning and is more ‘concerned with observation and description and, at best, generating hypotheses’ (Silverman 1997: 21).

The goal of this thesis is not to test any hypothesis concerning whether the female drug users use or do not use their agency, but to gain a deep understanding of how they exercise the agency in their interaction with the social environment. Therefore, the primary issue will be to generate data which provide an authentic insight into participants’ experiences (Silverman 1997). The main way to achieve this will be unstructured, in-depth interviews and focus groups.

In my research, I will employ qualitative strategy, which is based on **inductive principles**. This means that, contrary to the deductive principles, the researcher begins with as few perceptions as possible, to allow the theory to emerge from the data (O’Reilly 2009). However the inductive – deductive division can be seen as illusionary to some extent. I started the research already with a theoretical framework based on literature review, but also practical experience which I gained as a social worker with drug users. The research is thus not a linear process which has lead me from one point to another, but an integral on-going process where its parts are overlapping, or even running concurrently. This is what O’Reilly (2009) calls the ‘**iterative-inductive approach**’. Research ‘moves back and forth iteratively between theory and analysis, data and interpretation’ (O’Reilly 2009: 105)¹².

¹² According to Ezzy (In O’Reilly 2009: 105), ‘all data are theory driven. The point is not to pretend they are not, or force the data into theory. Rather the researcher should enter into an ongoing simultaneous process of deduction and induction, of theory building, testing and rebuilding.’ This approach can also be called ‘dialectical’ or ‘abduction’.

Qualitative research strategy refers to the way how data will be interpreted, rather than only to the nature of the data. As Konopásek (1997) states, we do not work with qualitative data, but we work with data qualitatively.

The methodology of this thesis is grounded in social constructionism and the interpretivist paradigm through which the data are seen as generated, or constructed through the interaction between researcher and participants. Following this, ‘the social context of the interview is intrinsic to understanding any data that are obtained’ (Silverman 1997: 94).

The basic approach to data interpretation will be narrative analysis, which refers to a diverse set of methods, a ‘family’ of interpretive approaches (Riessman 2008). It offers a useful analytical tool to interpret the data in the context of interviews through which they were generated.

2.2 Research Techniques

Maher (1997) points out that if we want to research the exercise of agency and at the same time avoid simplification of victims or villains, ‘we must get close enough to see.’ She claims that the majority of stereotypical simplifications ‘which dominate the literature stem in part from a reliance on the methods’ (1997: 201), which lack a temporal frame and observation. In order to gain deeper insight, she recommends using interviews which are repeated over time, since ‘the one-time interview misses the changing and fluid nature of relations’ (Maher 1997: 201).

For reasons well expressed by Mahler (1997), my research employs the technique of repeated, unstructured interviews. This technique has allowed me a deep understanding of the research problem, also in the context of various changes happening over a longer time period.

I also conducted several focus groups, which served as an important supplementary technique to the individual interviews. The context of group discussion brought more profound understanding of some of the themes mentioned in the individual interviews.

In the following two subchapters, I will explain how I used the interviews and focus groups in the research. In subchapter 2.6, I discuss and critically reflect of the context of the interviews and focus groups.

2.2.1 Interviews

The basic method through which data was generated consisted of unstructured in-depth interviews repeated several times over one year (February 2013 – February 2014).

Open-ended questions were used to encourage the participants to talk about their life, experiences and events currently happening in their lives, but not necessarily connected to their drug use. This was to allow participants’ own themes and issues to emerge. The goal of the interview was to generate detailed accounts of the participants’ life situations, rather than just brief answers or general statements to my specific questions (Riessman 2008).

The interviews were **unstructured** in that I did not have any preliminary plan or list with topics and questions which needed to be answered. The only intention was to create a space where the participants could feel comfortable to talk about anything they wanted, rather than feel forced or expected to speak about a topic brought up by me. In this way, the interviews were structured by the context of the interview (e.g. presence of other people) and topics that the participants spoke about. Sometimes I asked questions to better understand the situations or topics that the participants were describing.

The interviews were also **repeated** several times over one year. This was to gain a temporal framework for the data and was also very important for gaining a good rapport between me and the participants.

2.2.2 Focus groups

Morgan defines focus groups ‘as a research technique that collects data through group interaction on a topic determined by the researcher. In essence, it is the researcher’s interest that provides the focus, whereas the data themselves come from the group interaction’ (1997:6).

Similar to the individual interviews, I kept the focus groups rather unstructured and let the participants discuss whatever topics they wanted. This unstructured and rather informal character of the meetings was to a great extent what led to the specific situation that inspired me to choose the focus group as another research technique.

The first reason to organize a focus group was that some of the participants were actually friends. Although the closeness of their friendships was changing over time, the first occasion occurred after one of the interviews when the interviewee and I met two other participants and talked for a while. Since the discussion became quite lively, I asked if they would like to meet like that again – all four of us as a group. All agreed, so for the next meeting I invited all three participants together. Prior to this meeting, I asked each of them individually if they would agree to meet with the other two. So the impulse to conduct focus groups was a spontaneous response to the situation where all three participants were close friends (and also living in the same garden colony).

In total I conducted four focus groups, with four different participants (three times there were three participants and once there were two participants). The focus groups all took place within two months, when the participants were in close contact and therefore it was also easy to organize the meeting.

Although I told the other participants that I was conducting group interviews, they were not interested in participating in them. One participant actually strictly refused the idea of taking part in a group interview. She stated that it was because she had a new-born child and did not want to talk about her situation (including using drugs) in front of other people. For her it was a serious matter of confidentiality.

After some contact with participants (e.g. phone call, email) and the interview or focus group, I made notes about it in my research diary: the date and place of the interview, who was present and plans for future meetings.

2.2.3 Informed Consent and Confidentiality

All research participants were informed about the purpose of the interviews and focus groups. If they were interested, I gave them more information about my thesis and research topic.

Participants were also informed about the confidentiality of all the information and that they would be written about in anonymized form. No real names of people or places were used in the thesis, nor any other information which could disclose the participants’ identity.

All interviews and focus groups were audio recorded. And all participants gave informed consent with the audio recording and use of the data for my thesis. All the other people (except children) who were present at the interviews were informed about the purpose of the meeting and the audio recording.

All interviews and focus groups were conducted in Czech language and for the purpose of this thesis translated by the researcher.

2.3 Sample selection

My research does not aim to be ‘representative’ in terms of statistic covering of the whole population. The intention was to use a sample selection which allowed me to generate data that would be good, although not exhaustive representation of the phenomena.

For the **sample selection**, I used **purposive** and **snowball sampling**. Purposive sampling aims to fulfil two key purposes. One is to ‘ensure that all criteria of relevance are included. A second key purpose is to access a diverse sample [...]’. It is fairly common, for example, to ensure a sample includes the criteria of gender, age, ethnicity, and social class background’ (O’Reilly 2009: 197). Therefore, on the basis of purposive sampling, I chose participants who represented given criteria. The first criterion was that they were women (or identified with female gender); the second was that they were long-term users of methamphetamines¹³. It was not relevant whether the women were using or had experience with other substances (e.g. alcohol, opiates). The third criterion was to ensure variability of the sample; therefore, there was the inclusion of a woman who is identified with Roma ethnicity, since Roma people represent a substantial part of drug users in the Czech Republic.

However, there was one more step in the purposive sampling prior to the selection of the participants: the purposive selection of the organization through which I contacted the first three participants. In order to get in touch with the target group of long-term users of methamphetamines, I contacted workers from a non-governmental organization which is the only provider of services for drug users in the city where the research was conducted. The workers agreed that I could come to the drop-in centre and ask some of their clients if they wanted to participate in the research. When I visited the centre, the workers helped me to get in contact with some of the female clients who fulfilled the criterion of being a long-term user of methamphetamines. This led to contact with my first three participants.

Since there were no Roma women visiting the drop-in centre, I contacted an organization which provides social services in a socially marginalized area where there are Roma people and people who use drugs. Through this organization I contacted one participant.

I got in touch with three more participants using snowball sampling. When using this technique, researcher asks participants who are already involved in the research to nominate some other participants. This way the sample selection starts with one or few participants and through their networks are recruited other participants who fulfil the given criteria of sample selection (Harnoll et al. 1997). Snowball sampling technique is very useful particularly in situation when potential participant are part of ‘hard to reach populations’ such as users of illicit drugs and therefore the researcher would have difficulties to contact them directly.

To support the snowball effect, I distributed leaflets to participants I was already in touch with. The leaflet included my contact details, information that I am conducting interviews with women who have experience using methamphetamine and that I would pay 70 CZK for each interview.

Although the purposive sampling at the drop-in centre and snowball sampling through the participants did not include other criteria than gender and experience with methamphetamines, the total sample was quite variable with regards to age, housing situation, family and childcare situation, as well as the age of drug use initiation or class/education level (for details see Table 1). The criterion of variability with regards to ethnicity was fulfilled through purposive sampling in another organization.

¹³ Related to the definition of ‘problem drug user’, which I give in chapter 1.1.4, particularly, that means injecting and/or long-term users of methamphetamines.

In total I was in contact with **7 participants** and conducted **21 interviews**. With 4 participants I also conducted **4 focus groups**; three times the groups involved 3 participants and once there were 2 participants.

Table 1. Basic demographic data and information about the number of interviews

Participant ¹⁴	Number of interviews + focus groups	Age	Primary drug / use	Education	Housing situation (February 2013-February 2014)	Children
1	3	41	meth / i ¹⁵ .v.	Elementary school	Family members' flats	none
2	3	40	meth / i.v.	Secondary school	Hostel, apartment	2 - not in custody 1 - new-born
3	2 + 3	27	meth / i.v.	Secondary school	Garden shack, friend's apartment	1 - not in custody
4	3 + 3	33	meth / i.v.	Secondary school	Garden shack, asylum home for mothers, hostel, apartment	3 - not in custody 1 - new-born
5	4	25	meth / i.v.	Secondary school	Garden shack, hostel	1 - not in custody pregnant
6	2 + 1	45	meth / i.v.	Elementary school	Asylum home for mothers, garden shack, apartment, hostel	3 - not in custody 2 - in custody
7	4 + 4	25	meth / i.v.	Secondary school	Apartment, garden shack, friends' apartments	none

¹⁴ In the empirical part of the thesis, I refer to participants using pseudonyms. In this table, which presents an overview of demographic data, I do not indicate the participants' names to secure anonymity.

¹⁵ i.v. refers to intravenous drug use.

2.4 Operationalisation

The main research question of the thesis is:

‘How do women who have experience with long-term drug use¹⁶ exercise agency in their narratives about interaction with important subjects in their social environment?’

The main research question will be answered on the basis of six partial research questions which are based on the theoretical conceptualization of agency and its interaction with social structure.

The main research techniques were unstructured, repeated in-depth interviews, which were used to create space where participants could choose which themes and interactions with the subjects they wanted to talk about. Therefore, at the beginning of the interview, participants were asked only general questions such as: *Can you tell me something about yourself, about your plans for today, the next few days, how you are doing?*

At the repeated interviews the conversation usually started with talking about what had happened since we met last. The focus groups started with this discussion since I had met all the participants before.

The partial research questions and main research question will be answered based on thematic and dialogic/performance narrative analysis of transcribed records from the interviews and focus groups which contain participants’ autonomous and spontaneous narratives about their interaction with subjects in the social environment.

More detailed information about thematic and dialogic/performance analysis and how they are used to answer the partial research question is given in chapter (X.Y).

1. Which are the main themes in female drug users’ narratives about interaction with important subjects in their social environment?

This question will be answered through the thematic analysis of transcribed records from the interviews and focus groups which contain the participants’ narratives about their interaction with subjects in the social environment.

2. Which are the important subjects in female drug users’ narratives about interaction with the social environment?

This question will be answered through the dialogic/performance analysis of transcribed records from the interviews and focus groups by identifying all the people and institutions that are mentioned in participants’ narratives about their interaction with the social environment.

The criterion for the person or institution to be defined as important is that they have been mentioned as a subject in the interaction.

3. How do the important subjects work as a source of constraint and/or support in female drug users’ narratives about their interaction with the social environment?

This question will be answered through the dialogic/performance analysis of transcribed records from the interviews and focus groups through interpretation if the important subject was described as a source of constraint and/or support in the participants’ narratives about their interaction with the social environment.

¹⁶ The term ‘women who have experience with long-term drug use’, which is in the main research question used to define the target group of the thesis, is replaced by the term ‘female drug user’ in the formulation of the partial research questions. This is to make the term shorter; the terms are used interchangeably.

4. How do female drug users exercise agency in their narratives about their interaction with important subjects in their social environment?

This question will be answered through the dialogic/performance analysis of transcribed records from the interviews and focus groups by interpreting how the participants were using the sources to their benefit and/or to overcome constraints in their narratives about their interaction with the social environment.

5. How do female drug users exercise agency through constructing narratives about their interaction with important subjects in their social environment?

This question will be answered through the dialogic/performance analysis of transcribed records from the interviews and focus groups by interpreting how participants exercise agency through constructing their narratives in the interview context.

6. How do female drug users exercise agency in their narratives about their interaction with social structure?

This question will be answered through the dialogic/performance analysis of transcribed records from the interviews and focus groups by reflecting the influence of structural characteristics (e.g. gender, ethnicity, class, education, age) on the exercise of agency in the participants' narratives about their interaction with the social environment.

In the following chapter, I provide more detailed descriptions and explanations of how the partial research questions and main research question are answered, based on the narrative approach to the data analysis and interpretation.

2.5 Narrative Approach

For data analysis and interpretation, I use the narrative approach in this thesis, because it allows me to gain a good understanding of the research problem.

Narrative theory has its roots in postmodern and constructionist stands; therefore, the research data are not seen as objective representations or straightforward reports on participants' experiences or reality. Neither are the data seen as something that the researcher 'finds' or 'collects', but they are representations constructed or generated through mutual interaction between the researcher and participants. Therefore, the context of the research and role of the researcher need to be reflected, creating part of the data interpretation and analysis.

As Riessman points out, '[b]y our interviewing and transcription practices, we play a major part in constituting the narrative data that we then analyse. Through our presence, and listening and questioning in particular ways, we critically shape the stories participants choose to tell' (2008: 50)¹⁷.

I see the narrative approach as very useful, particularly for understanding the exercise of agency. By focusing on the content of the data, I can analyse how agency is exercised in the participants' narratives about their interactions with subjects. At the same time, by attention to the research context, through the analysis of why and how the particular incidents are storied, for whom the story was constructed and for what purpose, I recognize that agency is also exercised through the construction of the story (Riessman 2008).

The agency exercised *in* interactions with subjects in social environment has been conceptualized in the theoretical part of the thesis. In the following subchapter, I will elaborate on the conceptualisation of agency exercised *through* constructing the narrative in certain ways during the interview process. I refer to this exercise of agency as narrative discourse or narrative identity¹⁸.

It is important to point out that my aim is not to divide the agency exercised *in* the narratives from the agency exercised *through* the narrative construction as two separate concepts. They are only different dimensions of the concept of agency. Because what is the content of the narrative is also part of the performance of the narrative. Participants choose, for instance, which themes they will discuss, which parts of the stories they will present and which they will silence, and how they position themselves in the stories. Therefore, both levels of agency need to be analysed comprehensively.

2.5.1 Agency and Narrative Discourse

Discourse refers to the ways in which people make meaning of and construct the world around them through language they use to communicate about it (Fook 2002).

Contrary to the concept of ideology, for instance, the analysis of discourse endows people with agency. They are not seen as simply being divided between those who are dominated and those who are subordinated, but as active agents who construct their identities through language within and through social relations.

¹⁷ Riessman (2008) uses an analogy to photography, which is also not a 'real picture of reality', but reflects the author's views and conceptions about what is important – by focusing on something, or leaving something out.

¹⁸ Narrative discourse is closely related to narrative identity, since through storytelling individuals and groups construct their identities. Yuval-Davis (2006) develops the point: 'Identities are narratives, stories people tell themselves and others about who they are (and who they are not). But the identity is fluid, always producing itself through the combined processes of being and becoming, belonging and longing to belong. This duality is often reflected in narratives of identity' (in Riessman 2008: 8).

To analyse the exercise of agency through narrative discourse thus requires close attention to language and how it is used in narrative performance. Besides language, it is also the wider context in which the communication takes place that requires attention. The context shapes the way individuals see themselves, their places in society and how they participate in the social arrangements in which they live (Fook 2002)¹⁹.

Thus in narrative discourse, agency is exercised through the language we use depending on who we are speaking to and how we want our story to be understood. Depending on our assumptions about what will be the acceptable, desired or appreciated description of our role in the story, we position ourselves in it. For instance, a narrative about involvement in a fight can be described through the position of someone who was attacked and victimized; through someone who was attacked, but grateful to have survived; as well as through the position of someone who is proud to have managed to defend themselves. These different descriptions of the same situation allow us to recognize various narrative discourses. Through the close analysis of the language used and the context in which the story is told, we can interpret one description as a victim narrative and understand that it was told this way to provoke sympathy or gain support. The other descriptions can be interpreted as survivor narratives and recognised as being told to gain respect or amazement.

In this thesis, the narrative approach is used to analyse the exercise of agency as it is described in the participants' narratives about their interactions with important subjects (e.g. the participant describes her response to a violent situation). The narrative approach is also used to analyse how agency is exercised through performing the narrative in the context of the interview (e.g. the participant explaining to the researcher that she is a victim / survivor / perpetrator of the violence). Nevertheless, the wider structural context will be taken into account (e.g. why the female participant describes herself as dominant / submissive in a fight with a man).

These two dimensions of agency are related to the thematic and dialogic/performative approaches to narrative analysis, which are described in subchapter 2.5.3. Firstly, I will explain how narratives are defined as data in my research.

2.5.2 Narratives as Data

The source of data in my research are interviews and focus groups with women who have experience with long-term drug use. The data are participants' narratives about interactions with their social environments generated in interaction during the interview. In my analysis, I will interpret how they exercise agency in the narratives, as well as through the narrative performance of the research context. Therefore, the data are not only the narratives and their content, but also the context in which these narratives are performed.

The term 'narrative' is used in various situations and carries many meanings. Also social scientists do not provide a simple and clear definition, since even the authors using the narrative theory and methodology can differ substantially in what they define as 'narrative'.

¹⁹ A crucial component through which discourse operates is 'language, the actual words and the forms in which we use them to communicate [...]. The way we talk about phenomena, and the choices which this implies about their nature and relative importance, is crucial in determining how we see, understand, act upon and construct our situations and experiences. The point that many postmodern thinkers make about language, of course, is that the labels we select determine what is emphasised, give importance, recognised, included or silenced' (Fook 2002: 64).

For instance, Gubrium and Holstein use the term narrative ‘to refer to spates of talk that are taken to describe or explain matters of concern to participants’ (2009: xviii).

In my thesis, I define **narrative as a segment of talk which is defined by temporality** (something happens in time) **and causality** (when one thing happened, it caused something else to happen), or what Riessman (2008) describes as contingency – the consequential linking of events or ideas. My definition of narrative does not limit its length, since it is something that differs substantially. The size of the narratives ranged from lengthy detailed descriptions of complicated events to rather short announcements about events or changes in life. What also differed was the form of the narrative: some were in a form of long monologue accounts; others were cut into sometimes unfinished sentences with long pauses. Other narratives were scattered through the interview, or told several times during more interviews.

The size and form of the narratives also differed depending on the theme, situation and particular participant (i.e. some participants gave rather brief and others rather long descriptions of events).

Although I was working with the narrative as a segment of talk – a quote from the interview, in the interpretation, I took into account the whole context of the interview as well as the context of previous interviews with the participant. Therefore, the fact that a participant repeated the same narrative, or that the same situation was described through different narratives was an important part of the interpretation.

Interpreting the narrative with regard to the context, therefore, means that a similar narrative could be interpreted differently based on who said it and when.

Such a complex approach to narratives also has important implications for the validity of the analysis. This issue is discussed in more detail in chapter 2.5.4.

The word narrative is often used as a synonym to the word ‘story’. In this thesis, I use the term ‘story’ and ‘narrative’ interchangeably.

2.5.3 Approaches to Narrative Analysis

For data interpretation, I use two approaches to narrative analysis as described by Riessman (2008): thematic and dialogic/performative analyses. Riessman (2008) talks about these approaches as different methods of analysis. In my thesis, I use them as two levels of analysis. Firstly, I used thematic analysis to identify the main themes in the participants’ narratives. Secondly, I used the performative approach to analyse how agency is exercised in narratives about the participants’ interaction with important subjects and also in their interaction with me as a researcher.

All the interviews and focus groups were audio recorded and then transcribed; the data analysis was based on the transcriptions and notes made in the research diary.

2.5.3.1 Thematic Analysis

Firstly, I have employed the thematic analysis of the data. With the use of Atlas.ti, a programme for qualitative data analysis, I coded the themes which I identified in the narratives. Through various codes, I labelled the thematic content of the narrative, depending on the situations, problems and experiences that the participants were describing. Or as Riessman puts it, I was focusing ‘on the “told” – the informant’s reports of events and experiences, rather than aspects of “the telling”’ (2008: 54).

Some of these themes create the particular chapters of the empirical part of the thesis. In deciding whether a theme would become one of the chapters, an important criterion was

distribution – how often the theme was discussed by the participants and how many participants discussed the theme. When looking at the data from the perspective of the distribution of particular themes, I identified some topics as highly relevant for the participants; this means they were discussed repeatedly and by all (or almost all) the participants²⁰.

These main themes were drug use, motherhood, housing and violence, which became the chapters of the empirical part of the thesis. However, there were also themes which were relevant only to some participants, or were not discussed very intensively. These are part of the main chapters in the sections where they were relevant (e.g. the topic of involvement in prostitution, which was not very dominant, but was mentioned by some participants in relation to drug use, as well as violence or sources of money are, therefore, discussed in these chapters). However, there were also themes which were not included in the empirical part at all, usually due to not enough data related to the topic.

The thematic analysis allows me to answer the first partial research question:

- 1. What are the main themes in female drug users' narratives about their interaction with important subjects in their social environment?**

2.5.3.2 Dialogic/Performance Analysis

At the second level of data analysis, I have employed dialogic/performance analysis. As Riessman (2008) describes, dialogic/performance analysis looks at the 'what' and 'how' as well as the 'who', 'when' and 'why' told the narrative.

Contrary to the thematic level of the analysis, where I focused only on 'what' the content of the narrative was, at performance level I focused on the exercise of agency in the participants' interactions with important subjects in their social environment, as well as the exercise of agency in their interaction with me as a researcher during the interview / the narrative discourse.

In order to understand the interaction between the participant and environment, I identified the important subjects (people and institutions) and interpreted whether they work as a source of support, or constraint and oppression in the narrative (partial research question 2 and 3). This allowed me to recognize the exercise of agency, which is defined as the ability to use the sources to one's own benefit and/or to overcome constraints and oppression (partial research question 4). Furthermore, I analysed how participants exercised agency in the research context, focusing on the language they used and how they positioned themselves in the narratives (partial research question 5).

The narrative approach and particularly dialogic/performance analysis, allow me to look at the narratives as social artefacts that say much about the speakers and their experience, their interaction during the interview, as well as the wider social context. Thus, the analysis can focus not only on how the narratives were constructed through the interview, but it can also uncover how it is constructed in response to the structures of power such as gender, ethnicity and class. Although the participants themselves might 'neutralize' the structural conditions, or take the inequalities for granted, it is the researcher who includes in the interpretation how the narrative can be influenced by the structural conditions. The wider social context is also taken into account through reflecting on how agency is exercised in the participants' interaction with social structure represented by characteristics such as gender, class, or age (partial research question 6).

²⁰ Typically, one narrative was told several times during the repeated interviews with the participant, or the participant would refer to the experience repeatedly in various narratives (e.g. 'the time when I lost custody of my children').

On the basis of dialogic/performance analysis, I answer the following five partial research questions.

- 2. Which are the important subjects in female drug users' narratives about their interaction with the social environment?**
- 3. How do the important subjects work as a source of constraint and/or support in the female drug users' narratives about their interaction with the social environment?**
- 4. How do female drug users exercise agency in their narratives about their interaction with important subjects in the social environment?**
- 5. How do female drug users exercise agency through constructing narratives about their interaction with important subjects in their social environment?**
- 6. How do female drug users exercise agency in their narratives about their interaction with social structure?**

2.5.4 Validity

Two important topics which need to be discussed as a part of the methodology and framework for data analysis and interpretation are validity and reliability of the data.

Reliability can be defined as 'the degree of consistency with which instances are assigned to the same category by different observers or by the same observer on different occasions' (Hammersley in: Silverman 1997: 145). However, reliability is due to the qualitative character of the study not of primary focus.

As Silverman writes, 'work becomes scientific by adopting methods of study appropriate to its subject matter' (Silverman 1997: 144). Thus, the study is scientific to the extent that it uses appropriate methods and is rigorous and critical in handling the data (Silverman 1997).

To understand the life situation of female drug users from their perspective, the unstructured in-depth repeated interviews with the drug users themselves seem to be the appropriate method which allowed me to generate data which does not show high reliability, but the main concern is their high validity.

Riessman recognizes two levels of validity: 'the story told by a research participant and the validity of the analysis, or the story told by the researcher' (2008: 184).

In the following two subchapters, I will comment on both of them in relation to my research.

2.5.4.1 Validity of Stories Told by the Participants

One might argue that by also interviewing other subjects (e.g. family members, workers from drug services), I could gain an important insight into this type of life situation, although their stories might be quite different from those of the drug users themselves. However, it is important to point out that validity is not seen here as 'objective truth', or 'objective representation' of the phenomena. The interviews are not seen as true or false reports on reality. The narratives are always situated in a context and are representations constructed through the interview, being adjusted depending on the relationship or setting between the interviewee and interviewer.

During the interviews and later during the data analysis, there were situations and themes where I could doubt the truthfulness of the narratives. This concerned, for instance, the topic of involvement in the sex-business and the exchange of sexual services for drugs. The participants mentioned that this was rather common behaviour of many women on the drug

scene, but something they would never do themselves. There was a similar situation when talking about other women who left their child alone with other drug users. They talked about it as something they personally would never do, but mentioned other women who did it. These were sometimes women I was also interviewing and hearing the same stories from about the others. Looking at this situation from the positivist point of view, it might seem important to deal with the issue of which women were telling the truth or lying. However, as Sandberg (2010) argues, from the narrative perspective it is not important whether the stories are true or false, but what kind of image the participants construct of themselves through these narratives. Looking at my data from this perspective, it is not crucial whether the described events really happened in that particular way, or not. Nevertheless, I could learn that, for instance, for women to describe themselves as getting involved in violent behaviour can be a source of high status, respectability and security within the drug scene. On the other hand, being caught committing a petty crime such as shoplifting is seen as a sign of not being very smart. Likewise, exchanging sexual services for drugs or other resources is not acceptable, highly stigmatizing, or can be interpreted as not having the drug use ‘under control’, since the person is ‘willing to do anything for it’.

2.5.4.2 Validity of the Analysis

As Riessman states, ‘narratives do not speak for themselves, offering a window into an “essential self”. When used for the research purposes, they require close interpretation’ (2008: 3).

As was already discussed, in the research we do not gain access ‘to another’s unmediated experience, we have instead materials that were constructed by socially situated individuals from a perspective and for an audience, issues made vivid in interview situations’ (Riessman 2008: 23). Therefore, the basic principle for the validity of the analysis is to provide a description of the context in which the narratives have been produced and a discussion about their own position and influence on the process. The description of the context along with reflection on my influence and the limits will be provided in the next chapter, 2.6.

Another principle that is important for the validity of the analysis is to be clear about the process of interpretation. Therefore, in chapter 2.5.3 I described how I employed narrative approaches to data analysis. In the empirical part, as a part of the interpretation, I use direct quotes of participants’ narratives to make clear what data I base my interpretations on. Where relevant, I also provide information about the particular interview situation, so the reader can better understand the context of the narrative production.

2.6 Reflection on the Research Context

In this chapter, I provide a description and discussion of the research context. I start with descriptions of locations where the interviews took place and ways in which I kept contact with the participants over the one year period. I also discuss the role of the financial incentive. In the second half of this subchapter, I critically reflect on the context of the interviews and focus groups, as well as the limits of the variability of the sample. All this information allows me to identify strong parts as well as the limits of the research.

2.6.1 The Place and Presence of Other People

The interview participants' children, partners, or friends were present as some of the sessions. The presence of other people was always the decision of the participants. Either the participant had children with her, or they were present because we were conducting the interview at her place; likewise for partners or friends. When some participants asked if other people could be present, I told them that it was up to them to decide; if they felt comfortable with it, I would not be against it.

Concerning the place where the interviews took place, one interview took place at a hostel, one in a pub and 6 at the apartment of the participant. All the other interviews (i.e. the 4 focus groups) took place in a room of the drop-in centre. It is in a separate building and no employees were present at the interviews. The place where the interviews took place was chosen by the participant. If they did not prefer another place, we met at the room of the drop-in centre.

2.6.2 Keeping Contact with Participants

At the end of the first interview, I told each participant that my aim was to conduct repeated interviews and asked if she was interested in meeting again. All of the participants agreed and we discussed ways to get in contact again. In all cases it was up to me to contact the participants; some of them preferred email, others gave me their telephone number and one suggested that I get in touch through the employees of the drop-in centre. Over the duration of the research, there were other means of contact: email, cell phone and letter/message left at the drop-in centre. A few times it was also the participants who contacted me first and ask if it was time to meet for another interview.

In some cases, we had to arrange the meetings several times. In one case, it took us almost three months to meet.

2.6.3 Financial Incentive

Each participant received a financial incentive of 70 CZK²¹ per interview. When planning the interview, I informed the participants that if they wanted to receive the financial incentive, I preferred them to have at least one hour of free time for the interview. It was not necessary to keep exactly to this length of interview; the purpose was that if we met, we would have an

²¹ Approximately 2.5€. The amount of money per interview is similar to the average hourly pay for non-qualified work.

allotted amount of time to spend together (e.g. so that they did not leave after 15 minutes). A few interviews lasted less than an hour (50 minutes); some much longer – from 1.5 to 2 hours.

At the end of the interview, I paid the participants in cash. One participant refused to be paid for the interview and suggested that instead of money, I bring something for her new-born baby in the value of 70 CZK (so I brought her baby food).

Because I was offering participants the financial incentive, I felt more comfortable asking them to spend a certain amount of time at the interview. I perceived it as a good way to express that I respected them and the time they decided to spend with me to share their experiences.

Although for a few participants the financial incentive was an obvious reason to contact me for the first time, several of them mentioned that the money was not important motivation for them to meet again. Some of them mentioned that it was interesting for them to do the repeated interviews. It is also clear that the financial motivation was not very strong, since the amount paid is equal to a pack of cigarettes, for instance. I would rather say that it played an important role before the meeting, when some of the participants were deciding whether to come to the meeting at all, or give preference to other activities. At that moment, the financial incentive could have been an important motivation.

There is also the question about whether it is appropriate or even ethical to pay research participants money for their participation. This issue is discussed especially with regards to paying participants who use drugs, because of the assumption that they will buy drugs with this money (Bell, Salomon 2011). I personally do not perceive that paying participants for their participation in the research as unethical. Their participation in the research had high value for me and the financial incentive is a value which I could offer in return. I regard it as their personal decision and right to decide how to spend the money.

2.6.4 Reflection on the Context of Individual Interviews

As was explained earlier, I planned the **interviews unstructured**, to create an atmosphere where participants' own themes could emerge. Keeping the interviews unstructured turned out to be quite easy. Most of the participants did not have a problem to start talking without me asking too many questions, especially in the case of repeated interviews where they often started looking back on what happened since our last meeting.

However, during the first few interviews, where I felt there was a good rapport established between me and the participant, I sometimes tried to ask some more structured questions in order to explore some topics which had not been mentioned. For instance, to learn more about the subjects in their environment, I asked if they were in contact with anyone who does not use drugs, or if they knew someone who is involved in prostitution. It was a very interesting experience to learn that by asking these questions I actually never got any comprehensive answers: they usually just said 'no', 'I do not know', or simply turned the discussion to a different topic. However, it was in the repeated interviews where I was able to find answers to some of these questions. For instance, one participant answered that there are no people around her who do not use drugs. Later she was talking about an important relationship with her neighbour, who was not using drugs.

After this experience, I kept the interviews unstructured and the main intention was to make the interview a pleasant and safe encounter where the participants could feel comfortable to talk about anything they wanted and at the same time did not feel that they were expected to talk about particular topics or 'serious issues'. When I asked questions, they were usually

general to start the interview, or to find out what they meant when they used a special word or expression (e.g. toxic bond).

This experience is well illustrated by what Riessman writes about the technique of unstructured interviews:

Creating possibilities in research interviews for extended narration requires investigators to give up control, which can generate anxiety. Although we have particular pathways we want to cover related to the substantive and theoretical foci of our studies, narrative interviewing necessitates following participants down *their* trails. Giving up the control of a fixed interview format – “methods” designed for “efficiency” – encourages greater equality (and uncertainty) in the conversation. Encouraging participants to speak in their own ways can, at times, shift power in interviews, although relations of power are never equal, the disparity can be diminished. Genuine discoveries about a phenomenon can come from power-sharing. (2008: 24)

As I already mentioned, it was not only the unstructured character of the interviews, but also the technique of repeated interviews which allowed me to gain deeper understanding, but also explore a wide variety of topics. These both have strong implications for the validity of the data. Some of the themes were repeatedly discussed and it was interesting to see how the situation and narratives about it changed over time.

The repeated interviews also allowed me to explore a wider variety of topics; this was due to the rapport I gained over time²². For instance, during interviews with one participant, the discussion developed from a general discussion about violence to narratives about one’s own experience with domestic violence in later interviews. On the other hand, there were some experiences which the participants were very reluctant to discuss and this did not change over time. This particularly concerned the topic of involvement in the sex-business and exchange of sexual services for drugs. When participants did mention this issue, they expressed their disrespect or even disgust of those people who are involved in this. Therefore, I suppose that even if some of them had experience with it, due to the high stigma, it would have been much more complicated for them to disclose this information, rather than speaking about their experience with violence, for instance. The possibility of meeting the participants repeatedly allowed me to ask questions about something from the previous interview which I realised I had not understood well.

Another reason for keeping the interviews unstructured, especially at the beginning, was to prevent the narratives from being too biased by my questions about topics which might not be important for the participants; they would discuss them because I had brought them up. However, it is clear that this aim can be fulfilled only to some extent, since all narratives are somehow biased, based on context, assumptions and expectations that people have when interacting with each other. Thus, the discussion is rather about reflecting on the character of the bias.

Although I intentionally avoided questions about drug use when talking about my research, I did not stress that I do interviews only with women, to avoid the bias that I am interested only in ‘women-specific issues’ or drug use. However, there were limits to this intention, since the participants knew that I was interested in people who have experience with methamphetamine use. It was clear as some of them were contacted through services for drug users. Therefore, participants might have been more likely to talk about drug-related issues, as they expected that it is what I was interested in. On the other hand, the narratives concerning drug use were not very dominant in the interviews.

Another source of bias might be that since I contacted some of the participants through a drop-in centre and some of the interviews took place in a room which, although spatially isolated, belonged to the drop-in centre. Because of this, participants might have been confused about our roles and perceived me as one of the drop-in centre workers. They may also have

²² With some research participants, I met 5 times over the course of one year.

been worried that I would disclose some information to the workers. I tried to prevent this bias by clearly stating that I was not related to the drop-in centre workers and all the information would be confidential.

2.6.5 Reflection on the Context of the Focus Groups

In my research, focus groups were used as a supplementary technique to the interviews. As Morgan states, focus groups in combination with qualitative interviews contribute with ‘something unique to the researcher’s understanding of the phenomenon under study’ (1997: 3). It has an important advantage in providing access to data that are not obtained easily through individual interviews or participant observation, for instance. In this subchapter, I will discuss the limits and benefits of focus groups as they were used in my research.

Firstly, it is important to reflect that the fact that the participants knew each other quite well is a factor which makes the situation slightly different from what could be perceived as a typical focus group setting. This situation had its benefits and limits. The advantage of friendship was that probably without the close connections between the participants, it might not have been possible to organize the meeting. Furthermore, the participants spent quite a lot of time together and all of them had done individual interviews with me previously. Therefore, at the focus group they spontaneously started to discuss what they were doing or what they had been doing in the last few days or weeks. A few times someone wanted reassurance about whether their discussion about daily matters (e.g. gossip, jokes) was what I was interested in. I confirmed that I was not focusing on any specific issue and that their discussion was interesting. Like the individual interviews, the focus groups were quite unstructured.

Focus groups served as a supplementary technique to the interviews in a way that they did not bring up any specifically new topic. On the other hand, through the group discussion of the topics, I gained a deeper understanding of them. For instance, there was a very intense discussion about overdosing when participants were sharing and comparing their own experiences and opinions.

Although the atmosphere during the focus groups was rather laid-back and informal, I suppose that there were issues that the participants did not feel comfortable talking about in front of others, even if they were very important to them. For instance, the friendship between them could have limited the extent to which they would express disagreement or different opinions from the others. Despite this limit, the focus groups brought abundant and valuable data, especially concerning a deeper understanding of previously discussed themes.

Morgan points out another limit to the situation when the interviewed people are not strangers to each other, but acquaintances. As a problematic situation, he states that although acquaintances can be more ready to be involved in discussion, ‘this is often due to their ability to rely on the kind of taken-for-granted assumptions that are exactly what the researcher is trying to investigate’ (1997: 37). I partially prevented this problem by being openly interested in all the various aspects of the participants’ lives. Assuming that I had no experience with methamphetamine use or homelessness, they took the position of someone who could explain everything to me in detail, so I could understand better.

It is possible to conclude that an important characteristic of the conducted focus groups was that it allowed me to understand the themes more profoundly through the interaction of the participants among each other. Such discussions could not be created in the one-to-one interviews. This situation also happened several times during the interview when some other people came in or were present. Many times they were children, but sometimes they were friends or partners who joined us for a while. In this way, a male friend, for instance, who came in and started to talk about a break-up with his girlfriend, was an important trigger to what was

almost an argument between him and the participant. In this discussion, she was describing her experiences with break-ups and her opinions about partnership.

Therefore, even some of the interviews had the character of focus group. However, if the people had not been present the whole time and were not defined as (potential) participants, I did not regard the situation as a focus group.

2.6.6 Positioning Myself as the Researcher

When reflecting my role and influence as the research in the context and interactions through which the narratives had been produced, intersectionality might be a useful concept.

Intersectionality allows me to identify the various characteristics which were at play in my contact with the participants. As was discussed in the chapter about intersectionality, I perceive the intersection of various social characteristics as a source of disadvantage as well as benefits, this being highly dependent on the context. Therefore, I also discuss the intersection of my characteristics as a possible source of advantage as well as disadvantage. I point this out to define my stance against the idea that as a researcher, or ‘outsider’ of the participants’ life, my presence can ‘contaminate the field’. The idea that the participants would speak differently to me from what they would ‘normally’ do assumes that there is something like a ‘normal’ or ‘natural environment’ for then that would be different from the research context. I do not deny that through the specific research setting, I had access to some narratives, but not others. I also agree that the narratives are ‘adjusted’ to the research context, but as they would be in many other contexts. Thus, being aware of the context and my role is essential in understanding the narratives and, at the same time, avoiding presenting them as true representations, or self-evident reports on reality, or facts about the participants’ behaviour. I wanted to avoid presenting my interpretations without indicating which narratives they were based on, or silencing the context in which they were generated.

While conducting my research, I can describe myself as coming to the field as white, middle class, highly educated, woman, without children, living in a big city, and perhaps I do not fulfil the stereotype about drug user either.

When it comes to ethnicity, I identify as white, and I am a Czech citizen. This would probably be the same for other participants, except for the one Slovak citizen and the one who identified with Roma ethnicity. This did not create any evident obstacle in communication, with either of them. When I did not understand a Slovak or Roma word, I simply asked about the meaning, as with the other participants, since I was in the position of a person who would not be familiar with the slang, particularly the drug slang. This relates to the role of me not being experienced with the use of methamphetamines. I was asked about my experience by several participants. In some way, this was similar to questions by some participants about whether I have children. Acknowledging that I did not have experience with meth or motherhood created several occasions where the participants took the stance of the ‘experienced, knowledgeable person’ and through their narratives they explained to me what it was all about. This was quite convenient for the purpose of the research.

This situation was similar in regards to the role of class. This had a twofold effect. The first was related to my education; as a doctoral student, I am perceived as highly educated. On occasion this created a problem for me – how to explain to the participants what it means that I am doing ‘research’. With regard to informed consent, it was not always easy for me to give a good explanation of what I would do with the data.

On the other hand, several participants felt appreciated by my research interest in their situation. This was especially so when I was making the effort to meet them repeatedly. The

participants might have also felt appreciated because I was offering them a financial incentive for the interviews. However, the situation with money was also a strong reminder of my privilege, especially when the participants were describing their struggle with having no money at all; to the extent that they cannot, for instance, buy a bus ticket to get home.

I also reflected on the fact that I have lived in a big city almost my whole life. Once time, a participant pointed this out to show me that I cannot understand what kind of shame she experiences when she goes back to the village where her family lives and literally everyone knows that she is using drugs. This participant's comment can be interpreted also as aimed towards my lack of experience with drug use and thus not understanding the shame related to drug use.

Last but not least, it was important that we all were identified with female gender. This also needs to be critically discussed here as to what this commonality means. I think that it has played an important role in feeling some level of comfort to talk about personal things, especially those related to discussions about romantic or sexual partners. For instance, when talking about their partners, some participants used expressions such as 'you know what I mean', indicating that as a women of similar age I share similar experience. This created a good rapport between us, although, on the other hand, it may have been limiting in that some assumptions could have been taken for granted and not discussed further.

Another role which I brought with me to the field concerns my experience as a social worker. When participants were asking me about the reasons why I am interested in them, I could refer to my previous experience as an outreach worker with drug users. I believe that this experience was beneficial when the participants were relating to the topic of drug use. As a former worker of a needle-exchange programme, it was easier to have a non-judgemental attitude towards intravenous use, and drug use in general.

2.6.7 Limits of the Variability of the Sample

If we consider the estimated number of 'problem users' of methamphetamine in the Czech Republic (i.e. 30,700) and that the estimate that a 'quarter of people who have developed serious problems related to illegal drug use are women' (EMCDDA 2009b: 3), then we can calculate that there could be about 8000 women on the Czech drug scene who fall into the target group of my thesis (i.e. women who have experience with long term methamphetamine use). In the Words of EMCDDA (2009b) definition, they are female problem users of amphetamine-type drugs.

However, the exact numbers of drug users in the general population are not very important, since the aim was not to create a representative sample. I use these numbers only to illustrate approximately how many women fall into the target group to indicate some of the limits of variability of my sample selection.

Once more, it is important to note that the aim of the sample selection was not to be representative and therefore the limits of the sample selection are not seen as necessarily negative. The aim was to create a sample which allows a deep understanding of the research topic. By commenting on some general characteristics of the sample selection, I believe I can shed some light on who was not included in the sample.

Through describing the common characteristics of the sample, I want to indicate how the findings are related to some specific group of women who are part of a larger group of women who have experience with long-term methamphetamine use.

As I have stated in the chapter about sample selection, the sample was rather variable with regards to age, housing situation, family and childcare situation, as well as the age of drug use initiation.

On the other hand, although the housing situations were rather variable, based on the ETHOS typology of homelessness (FEANTSA 2013), all the participants fall into the category of being homeless. I was not in contact with very young or with older women; the age range was 20 years (25-45). Another important characteristic of the sample is closely related to the snowball technique. Since the initial contact was through a drop-in centre and further contact through the snowball sample of the friends of the drop-in centre clients. All the participants were in some contact with a harm reduction programme for drug users (i.e. either a drop-in centre or outreach programme). Some of them were also in intense contact with other institutions such as the Employment Office or asylum for mothers and children. None of the participants have a legal or stable source of income.

Based on these common characteristics, I want to point out that women from the 'middle' or 'upper' class, for instance, were not represented. Neither were women with stable employment or higher than secondary level education. Women living in secure and stable housing conditions were not part of the sample, as was the case with those who are not in contact with harm reduction or other social services. Finally, there were no women who had lived outside of a big city for a longer time.

3 Narrative Data Analysis and Interpretation

In this chapter I discuss the main themes which have been identified in the narrative data analysis. It is important to note that it was not the aim, nor was it possible to cover all the themes which were identified in the thematic analysis in this part of the thesis. I have chosen only the themes which I have identified as the most relevant. That means they were the most often discussed as well as discussed by all (or almost all) of the participants. The themes are **drug use** (chapter 3.2), **motherhood** (chapter 3.3), **housing** (chapter 3.4) and **experiences with violence** (chapter 3.5).

Although the narrative analysis is presented through these themes, it does not mean that the narratives were simply fragmented into thematic segments. Each narrative interpretation is also placed into the individual context specific to the participant who was telling the narrative. Each thematic chapter also provides identification of the important subjects in the participant's environment and a detailed discussion of the interactions. For that reason, I also do not provide separate chapters about particular important subjects in the social environment (e.g. partners, or institutions), but the role of the subjects is discussed within the context of each theme.

Alongside my interpretation of the narratives, I also use quotes²³ from the participants' narratives so the reader can see my interpretation along with the original narrative.

In the following, the first chapter (3.1), I provide a brief introduction of the research environment.

The conclusion and discussion of the main findings of the data analysis presented in this chapter are provided in the subsequent chapter 4. Discussion.

3.1 Context of the Research Environment

In order to allow a better understanding of the data and their interpretation, I provide some brief information related to the research environment.

The research has been conducted in the Czech Republic, particularly in one city, which due to anonymity is referred to by the pseudonym 'Město'.

Firstly, I provide some basic information on methamphetamine and the context of its use in the Czech Republic. Secondly, I provide a brief summary of the types of social services aimed at the target group of 'problem drug users'. There is also some basic information about the Czech welfare system that is relevant to the research.

3.1.1 Methamphetamine / Pervitin

Methamphetamine belongs to a group of amphetamine-type synthetic stimulants, which are used for both medical and recreational purposes. Amphetamines are 'approved in several countries to treat a variety of disorders, including attention-deficit hyperactive disorder

²³ Direct quotes of participants' narratives are in *italics* and each quote starts with the capital letter which indicates the name of the participant. M stands for the researcher. Pauses in the speech are indicated by dots. Exclamation marks indicate participants' emphasis on the word or sentence. An interrupted quotation is indicated by this mark [...].

(ADHD), narcolepsy, and obesity.’ (Hart et al.: 5). For its stimulating and euphoria evoking effects, it is also used recreationally.

Methamphetamine (meth) can be fairly easily made from several precursors, the most important of which is the over-the-counter medication containing pseudoephedrine (Hart et al.).

Meth is most often manufactured in low-volume, in cooking labs which can be located in flats, as well as garden sheds or even outdoors. It is important for those who make it to move the meth production to places where it does not attract attention, as it gives off a rather characteristic chemical smell which is produced during the manufacturing process.

In the Czech Republic there is also large-volume production of meth, which is then sold and distributed in large amounts. However, for the context of this research, only the low-volume production is relevant; that is where the drug is manufactured by a few people and used by them or distributed through informal networks. This homemade production also influences the quality, which largely depends on the skills and experience of the person manufacturing the drug. The average price per gram of pervitin is estimated at around 49 € / 1220 CZK (Mravčík et al. 2013).

3.1.2 The Czech Welfare System and Services for Drug Users

The Czech social welfare system provides comprehensive assistance to people in material need. The basic social benefits which can be provided in the situation of material need are an allowance for living, a housing supplement, or extraordinary immediate assistance. The benefits are distributed thorough regional offices of the Employment Office. Besides these benefits, this office is responsible for distribution of state social support allowances. Those are especially child, housing and parental allowances. A decisive part of entitlements to state social support benefits includes, in particular, income from employment and income from other benefits.

Unemployed people are also entitled to unemployment support benefits if they meet the basic conditions, that is, over the previous three years they were employed for at least twelve months, or performed another gainful activity constituting the basic obligation to pay social insurance.

However, during the time of the research, none of the participants fulfilled the criteria to be entitled to unemployment support benefits. However, most of them were entitled to some other above-listed social benefit. The entitlement for these benefits requires registration and active cooperation with the Employment Office. That means especially attendance at regular meetings and a declaration of important documents. The basic document is a valid identification card. In the case of the entitlement for housing benefits, the recipient must also have a permanent address and legal contract at the place of dwelling (MPSV, [online]).

In the whole Czech Republic there is an extensive network of low-threshold harm-reduction services for people who use drugs. Harm-reduction services comprise of drop-in centres and outreach programmes. In 2012 there was a stable number of 103 harm-reduction services in the whole Czech Republic (Mravčík et al. 2013). The programmes provide counselling, HIV and hepatitis testing, needle and syringe exchange and other health and social services.

3.2 Drug Use

In this chapter, I discuss the interactions in which the exercise of agency is related to drug use. The whole chapter is divided into four main chapters.

In the first two chapters, I discuss the narratives in which participants describe agency as exercised through drug use. In the first chapter (3.2.1), I discuss various reasons for drug use. These reasons are weight loss (subchapter 3.2.1.1), rebellion against social expectations (3.2.1.2), need to gain energy for demanding child and household care (3.2.1.3), depressions (3.2.1.4) and emotional distress in crisis situations (3.2.1.5). I describe the context of their initiation into drug use and intravenous use (3.2.1.6) and the narratives in which drug use is explained as an important source of pleasure and pleasant experiences.

In the second chapter, I present the participants' reasons for abstinence (3.2.2), such as the need to avoid the company of other drug users (3.2.2.1) and the desire to lead a 'normal life' (3.2.2.2).

In the third and fourth chapters, I provide a discussion of the narratives in which participants describe their agency as exercised through activities which are closely related to drug use. In the third chapter (3.2.3), I focus on various health care and harm reduction strategies; for instance, the prevention of infectious diseases and problems with veins in relation to intravenous use (3.2.3.1) and the risk of using overly high doses of meth (3.2.3.2).

In the fourth chapter (3.2.4), I discuss topics related to the complexity of the drug economy (3.2.4). These are especially the manufacturing of meth (3.2.4.1), the context of receiving drugs 'for free' (3.2.4.2), the exchange of sexual services for drugs (3.2.4.3) and drug dealing (3.2.4.4).

3.2.1 Reasons for Drug Use

In this chapter, I analyse narratives in which agency is exercised in direct relation to drug use. These reasons are related to the initiation to the drug use as well as reasons for continuing using drugs.

3.2.1.1 Weight Loss – Being on a 'White Diet'

Several participants mentioned the relation between meth use and weight loss. For instance, when Diana talks about this topic she distances herself from the fact that she would be using meth with this intention. Nevertheless, she describes it as a common idea of women who use meth, for weight loss.

D: Everyone is always thinking yeah, a few times you get high and immediately you lose weight [...] Also Petra, she also goes yeeeah, I also want to lose weight. I have to do drugs! [laughing]

Aurelia describes that for her the weight loss was actually the main reason why she started to use meth. In her story she connects it to a situation when she was 22 years old and was troubled by not being 'slim enough'.

A: I say it's OK [laughing]! ... I lost weight. In three months I had 50 or 55 kilos! [proudly]

She describes that the only problem she perceived was that she did not know what to say when other people were asking her how she managed to lose so much weight in such a short time.

A: Hey! How did you?!!! Ehm [proudly], I'm on a white diet! I eat only bread! I didn't know what to say [laughing].

Weight loss as an important reason why women get involved in drugs is discussed rather extensively in literature concerned with women and drug use (e.g. Carbone-Lopez et al. 2012; Ettorre 1992, 2007; Stocco et al. 2000). This is also related to eating disorders (i.e. anorexia

nervosa and bulimia) as one of the dual diagnoses typical for women drug users (e.g. Mravčík et al. 2003; Vobořil 2003). From Aurelia's narrative it is not clear whether there were any important subjects in her environment who made her perceive herself as overweight. However, when looking at the situation from a structural perspective, a slim body is the desired female body image in contemporary western society. Thus we can identify certain social expectations of women which are related to intense care about their physical appearance and fulfilling beauty standards by dieting and weight control. In this context, it is understandable that by some women meth can be perceived as a suitable means to weight loss. Yet in the 1960s, amphetamines were legally prescribed as anti-depressants and drugs supporting weight loss (Ettorre 1992).

3.2.1.2 To (Be a) Rebel and Experience Extremes

Diana's narratives about the reasons for drug use also contained a description of her life prior to drug use. She describes this life as content, characterized by financial and material security, which she was enjoying but later rejected. In Diana's narrative, drug use is described as rebellion against her family and siblings, who were '*nice ordinary people*'. Part of her interest in drugs she describes also as a desire to experience new things and extreme situations.

D: Well, I also had a beautiful life! I had everything I wanted! ...a car!! When I was 18, I was the only one who was going to school by car! I was driving; I had a motorbike. I had everything! Simply a perfect life! Well! [laughing], when you think about it, you ask yourself: what was missing that I started with drugs?! But I found out that I was not missing anything. I was just bored from seeing my three siblings, being those nice, ordinary, decent people and behaving just as was expected from them! I was bored of being on the line, the line which also divides if you are perceived as a good or bad person!! I simply liked to do other things! And ... experience some extremes, you know!

This narrative about being a rebel against family expectations is similar to what Carbon-Lopez (et al. 2012) calls 'the freedom seekers'. Desire for freedom was part of Diana's story; however, it is also important to notice that in Diana's narration, the reasons for her initiation were not depicted as seeking 'freedom from something', but rather freedom to try new and extreme things. So we can see that Diana's rebellious narrative discourse is characterized by a strong emphasis on her agency to do what she wants and not caring about what others expect of her. The rebellious discourse is strengthened by pointing out that she was 'not missing anything' in the family, but anyways refused the comforting material support and parted from it.

Diana also uses the rebellious narrative discourse when depicting other interactions with various subjects in her environment. For instance, in her narrative about her initiation into drug use, she depicts how she managed to 'get what she wanted'.

Besides the three above-mentioned siblings, there was also Diana's older brother who was using heroin. Diana describes how she made him initiate her into drug use.

D: When I came to him with the demand that he gives it to me for the first time, my brother became completely furious, like no way. [...] and after he slapped me, I told him OK! I will ask somewhere else! And immediately he started to think, where and who would give me some shit. And then he backed down and gave it to me himself! [...] He simply realised that I was rightThat if I asked someone else, outside... he knew how this could end up. Who knows what they would sell to me. God knows what I would get.

Several times, Diana strongly emphasized that she wants 'to use forever', or that 'nothing can stop her'. Once, when I asked what would be her idea about the ideal future, she replied:

D: I see myself as an old granny, shaking, feeding pigeons in the park! But shaking because of

being high! [laughing]

The rebellious discourse is used also in a narrative in which she manifests her will to use drugs despite the health problems she was encountering. Diana describes that when she had to visit emergency at the hospital with serious vein inflammation, the doctors commented that she would probably have to stop, because her veins cannot take the drugs anymore, but she replied: *Well, I still have my other arm and my neck, don't I?!*

This story made it clear to me that unless it was impossible to use, she would not quit. *D: If it doesn't get me down on my knees, like health-wise, like I will be on my deathbed, but anyways I will jump out of the bed, I won't get scared! And I will never stop!*

The narratives represent Diana's interaction with various subjects from her environment and situations in which the subjects were setting some limits or constraints to what she wanted to do. When depicting these situations, Diana uses the rebellious narrative discourse to emphasise her will to use drugs and her ability to impose this will against the resistance or limitations of her surroundings. As it was in the situation when her brother was refusing to initiate her into drug use, or when the doctors were pointing to some health limitations of her drug use. Through the narrative performance, it was important for Diana to demonstrate that she would continue in use drugs, because that is what she wants (e.g. 'to experience extremes'). And that is what she will do, despite what other people think or might do against it.

It is possible to read Diana's narratives as a demonstration of her will to use drugs and rebellion against her family and social expectations that she become 'a nice ordinary person'. But the rebellious narrative discourse can also be interpreted as a strategy to gain respect for herself and her decisions. In the interaction with her brother, doctors and even me, Diana demonstrates that she is an autonomous person, ready to pursue her goals. Those in her surroundings may try to understand her, but they should not try to change her (i.e. they should respect her in what she says and does). This understanding of the exercise of agency goes beyond the simple interpretation of agency as exercised through drug use. In other words, the agency is in the narrative discourse exercised through being a rebel not because 'I use drugs, but because I use drugs despite what other people think, do or say'. Therefore I see it as a claim to be respected in the decision to use drugs, as well as in other decisions and behaviour.

3.2.1.3 Exhausting Care of Children and Household

Laura links her beginnings of drug use to the situation when she needed to gain more energy to be able to take care of three small children and the household. Until she was 25 years old, she and her husband were working in top management positions in a multinational company. However, after their three daughters were born, she stayed at home on parental leave and her husband continued working. As she describes, he was still very busy and often traveling abroad. During our interviews, there were several times when Laura described the demanding work she was doing at home. Although she described enjoying being a mother and spending time with the children, it was also demanding and exhausting to manage taking care of the three children and household.

L: And he was at work ... 20 hours per day! ..And me with three kids ... that's a strain!!! So I was not doing anything else!!

Laura describes how she got in contact with meth through other mothers who she knew from the children's playground close to the place where she was living.

L: I was quite taken by surprise when they started to discuss it at the children's playground [laughing]. So like this!! That's like how I got to it [...] from the mothers I was meeting at the kindergarten [laughing]. Really, she was my neighbour from the next building! [...]. She also had three children .. and I asked her: Tell me! How do you manage??!! ... You see??! So she advised me [laughing] how she did it!!

According to Laura, it is actually quite common that mothers who are at home with children use some substances to cope with the demanding work related to child and household care.

L: Well, it is strange, but most mums ... who have more than two kids ... going actively to work and their husband too ... well, even if they do not go, they simply do this!! [...] I know plenty of women like this! [...] Plenty of them do it, well, because, it's about... you are simply tired!!! And then you manage all the work, you use it !!! because of the things around, but simply to manage the work!.. Anyways, early in the morning you go to lie down!! But in the morning you do not feel that tired! In the morning you have coffee, a cold shower and you don't feel tired!!!! And all the work is done, for the whole next day!!! Simply, you have time to be with the kids! And in the evening you go to bed at the same time as them, so you catch up on your sleep! So it's do-able!!

Laura started to use meth by snorting, along with other mothers. She explains how it was helping her manage her care of the children and housework.

L: It was always when I was deadly tired!!! Deadly tired! And did not know what to do!!... It's ten in the evening, 'mother shift' is over and now you see a huge pile of work in front of you [...] Or I was using, sometimes, when the kids were ill! ... That was the worst! My husband was at work, the kids were ill, so the first three or four days you can manage things .. When you have to take one to the kindergarten, in the morning, then you have to pick her up; the second you carry the whole day in your arms, because she has fever... right!! You also have her in your arms the whole night! And the third day you can't manage anymore!! So the third day ... you kill it with this. ... and then you can make it again!

From Laura's narrative about her beginnings and reasons for using drugs, it is possible to interpret the drug use as an exercise of agency. She said that it allowed her to deal with the constraints represented by the demanding work of looking after her three children and household, for which she was alone, since her husband was not sharing these duties with her.

Laura describes that meth was important for her, because it gave her energy to do work during the long day and night 'shifts' and manage the care of her children. But another important characteristic of meth which she points out is that it was quite easy to hide that she was using a substance. She demonstrates this by comparing meth to alcohol. Laura expresses her opinion that many women who face the demanding task of being alone on parental leave with children deal with it, for instance, by drinking alcohol. But as Laura comments, '*it is not pleasant to see a drunken mother*'. Therefore she preferred meth, because it was easier to hide its use. She explains that the whole time she was taking care of her children and using meth, no one, including her husband, knew about it.

L: I was functioning completely normally! No one, absolutely no one!!! could recognize that I was snorting!!

M: Even your husband?

L: No one!!!!!!

M: He didn't know?

L: No one!!!! Never!!! [...] No one in my surroundings knew about it!! Not the neighbours!!!! Not at work!!! No one ever saw a junkie at our place!! Nothing!!

It was very important for her that no one knows about it, so she explains the discipline that she had so as to keep it secret.

L: I was going to go to bed!! With the kids! You see!! ... Really, like such self-discipline. Well, you learn self-discipline with meth! I would lie down with the girls, sing to them... lie down for an hour or so!! I was lying with them till they fell asleep!! And after they were sleeping, not before [!!], it was time to do something. My husband was used to, that in the night, for two or three hours, I'm cleaning, or I'm simply relaxing! ... Or I drive to the supermarket, do the shopping, and then I went to lie down. He did not know when I went to lie down, back in the

bedroom, you know?! It was around half past four and I was lying next to him in bed! ... Although it was just a while ago that I had come there [laughing].

M: And it was not strange to him, that you had so much energy?

L: No!! No!!! Because I've always been like that!! ... I have plenty of energy!

The only people who knew about it were the other women with who she was using. Laura describes other strategies of keeping it secret from the children, or other people who were not supposed to know about it.

L: We had a small storeroom [in the flat] there was a washing machine!!! .. Me and another mum, the one from the neighbouring building, I was, we were doing lines²⁴, so that no one could see it! So you make your line on the washing machine [laughing]!! And so that no one can recognize it, there were also some detergents, so when Lucie came, like ... she always did, and especially when there was someone at home!! 'Excuse me, can I borrow some detergent from you [!!!!], or something, simply some detergent?' [laughing] Because I had it [...] on the washing machine, on a mirror [laughing]... the lines [laughing]... you see [laughing]. So I took one [laughing], she took the second and we had to take turns being in that room, you know [laughing]. So the kids weren't left unattended. And especially when there was a third lady with us, who was not snorting or anything! So we had to take turns in the room with detergents. Each of us took some detergent, like [laughing] Yeeaaaaah! Mums knows some tricks [laughing]!

In the narratives about the meth use and keeping it secret, Laura does not describe her husband as a source of support. He might be an important source of financial support by keeping up the demands of his job, but not as a support when she felt exhausted from her work at home. Instead, Laura describes the other mothers as the source of support, and their use of meth. So as was already mentioned, the exercise of agency can be seen in the drug use which allowed her to fulfil her duties. But agency can also be recognized in the discipline and control which she was taking over the drug use.

It is interesting to notice how Laura twists the stereotype of female drug user. In relation to women drug use, scholars discuss the existence and effects of double standards which are set for men and women (e.g. Ettore 1992; Stocco 2000, 2002; Vobořil 2002). Since drug use in many ways contradicts what is seen as the social ideal of feminine behaviour, the negative moral judgements and stereotypes are more likely in the case of drug-using women than men. For instance, in situations where drunkenness can define a 'real man', for women this does not apply. Ettore (1992) argues that women are expected to be under control, including drinking or drug use. They are expected not to get drunk, or at least not in public spaces. Because of the double standards, women who use drugs are stigmatized to a greater extent than their male counterparts. This is also described as double stigmatization; firstly, for being a drug user and, secondly, for failing in the roles traditionally ascribed to the female gender. The negative stereotypes become even more punitive when women who use drugs have children, because they are presumed to be incapable of fulfilling the mother role (Carter 1997, 2002; Friedman and Alicea 1995). Of what we can understand from the narratives, Laura does not fulfil the stereotype of female drug user: she is not failing in her role of carer or homemaker as a consequence of the drug use. The opposite is true, since in her narratives she explains that using meth allows her to perform all these demanding roles, including household chores like cleaning, cooking, shopping and child care; she also enjoys the time spent with her children. She presents herself as a competent, responsible, disciplined and perfect mother.

At the same time, recognizing that she does not fulfil the negative stereotype about drug user does not mean that we should deny the structural constraints, or ignore the fact that she is still affected by the stereotypes. For instance, it is possible to recognize agency exercised

²⁴ Referring to a line of meth, prepared to be used by snorting.

through control and self-discipline, which she develops in order to hide her drug use. At the same time, it is important to place this behaviour in the context of social expectations. Laura is aware that as a mother she is expected to not use any substances, or at least not in a way that is visible in public, or that interferes with her caring role – *‘It is not pleasant to see a drunken mother’*. Furthermore, she keeps it secret not only from the public, but also from her closest surroundings, which consists of people who do not offer support to deal with the demands.

Interpreting meth use as an exercise of agency needs to be seen in the wider social context. Laura does not exercise agency through meth use, because it simply makes her a better mother or housewife; she exercises agency by meth use, because it helps her to fulfil her mother role and household duties, despite the constraints represented by the lack of support in these activities. In her narrative discourse, she exercise agency by pointing out that despite the demanding and difficult situation, she has managed to find a way to deal with it. At the same time, it reveals what she perceives as the social expectations of her as a woman, wife and mother. These expectations are not questioned in anyway.

3.2.1.4 Drugs as Anti-depressant

Sara describes her initiation into drug use as quite late. Prior to that, she was married and raised three children. She came in contact with meth after her divorce. When she speaks about her motivations and reasons to start using drugs, she says she was *‘always somehow interested in drugs’* and that she is *‘exactly the kind of person who would, sooner or later, start with drugs anyways’*. Being *‘that kind of person’* is for her connected with the fact that she had a lot of personal problems, already at vocational school.

S: I had so many troubles with myself, really a lot, so I’m surprised that I actually finished the vocational training! And that I fell into drugs so late! Everything has some meaning!

Sara explains that since her childhood, she suffered from depressions; in the past, she had also been hospitalized several times in a psychiatric hospital and treated with depression. When she started to use meth, she says that all the heavy and dark moods which she was experiencing before disappeared.

S: I am a person who suffers from depression and things like that! Like if life has some meaning! And since I was small, like eight years old, I thought about killing myself, because, if there is any meaning in life, and if it is like this or that .. you know, and now I don’t have any... depressions! And that is really important for me! I am the most content, since I’ve been using. It’s basically the most content period, because it dissolved those horrible states!

She describes meth as bringing her psychological relief, because it helped her to *‘think less’*.

S: Well, to me... everyone was telling me that I think... too much! ... So I stopped thinking! Like, those nagging, serious, dark thoughts, they ... like, I stopped thinking!

The encounter with meth was an important change in Sara’s life, since, as she explained, she felt great relief from her psychological strains, which she had been experiencing almost her whole life. But Sara also reflected on other changes in her life: she describes that together with meth use, her living standards deteriorated. When we met for the first time, she was living with her partner and a new-born child in one small room in a hostel. Nonetheless, when she describes their bad housing situation, she claims that she is well aware of it, but that it is *‘worth it’*, because to feel psychologically better is the most important thing for her.

S: Sorry, but it really is worth it!! .. Like it’s really ... it’s the states when ... you go to sleep ... and you are falling asleep with depressions ... and in the morning you wake up with the same ... and the life is really about nothing! Like, when I was talking with someone, somewhere, things like why we live, and if it has some meaning, and whether to kill myself or not. Then everyone would tell me: ‘You think too much! Like, don’t think ... so much, OK?’ ... So now, I

don't have those thoughts anymore and that's really important for me! For me, it really doesn't matter if I'm living or not living in a hostel! What matters to me is to be content, with myself! And that's what I am now!!!

Sara explains that meth use helped her to tackle severe depressions, which is a very important change in her life. I interpret drug use as an exercise of agency, because meth is described as a source which brought benefit to Sara's life.

To place this narrative into a broader structural context, it is important to notice that Sara refers to her housing situation. She states that she is well aware that living in a hostel room, especially with a new-born child, is not perceived as good. It was perceived as problematic by the doctors of the maternity hospital before they released her, as well as by Child Welfare workers. It is possible to interpret, as she is aware, that it is perceived as stigmatizing in the wider social context, since living in a hostel is related to very low social status. This might also be relevant in that prior to her drug use, Sara was living, as she describes, *'in a normal family, with a husband, house and children'*. So her living standards have deteriorated compared to her previous living standard. What I see as an important exercise of agency is well expressed in her comment: *'Sorry, but it's really worth it!'* She states that despite the fact that some people do look down on her, she continues doing it, because the most important thing is to feel good and *'content with herself'*, which is what meth brings her.

The structural context of this narrative can also be discussed in the context of self-medication (i.e. use of drugs as a relief from health problems of various kind), which is in the case of many women described as very common, especially in relation to legally obtained drugs like alcohol or tranquillizers. Inciardi et al. (1993) comment that the more legal the drug, the more likely it will be used by women, due to the double stigma connected to female illicit drug use.

Sara's narrative discourse expresses the attitude that she will continue using meth despite what others think about it. This is related to the stigma of living in a hostel; nevertheless. But can be also interpreted in context of expectations that to deal with depressions she should use legal drugs such as antidepressants.

3.2.1.5 Binging Using as an 'Emotional Pain-Killer'

In the previous subchapter, I have discussed narratives in which meth was used to deal with long-term depression, as something that helped, in Sara's words, to 'supress thinking' and improve her mood. In this chapter, I discuss situations in which meth is also used as a means of self-medication, although the narratives are related to serious life events, crises or 'rock bottom' experiences. 'Rock bottom' experience is a term used, for instance, by McInosh and McKeganey (2000) to refer to situations which have the character of a crisis, but also of turning points at which important decisions are made.

This chapter presents narratives about two cases in which the participants lost the custody of their children. This also meant, that they were denied the possibility to be in any contact with them. One of the cases is a crisis situation connected to the break-up with a partner. In these crisis situations, meth is described as an 'emotional pain killer'. Therefore self-medication with meth does not have the character of making the mood better, but rather of 'cutting off' emotions and thinking.

In the previous chapter about various trajectories into drug use initiation, I discussed Laura's narratives, which were related to intensive childcare and household management. After several years of marriage and being on parental leave, Laura was going through a divorce initiated by her husband. Laura explains that this was due to her husband's long-term love affair with a colleague from work and their decision to start living together. Due to a serious chronic illness, Laura lost custody of all three children, who started to live with their father and his new

partner. Laura describes the day when her husband moved away their daughters as the start of a long binge using period. The binge use period meant daily use of high doses of meth, lasting for several months in a row. Laura describes herself as resuming the binge use when her daughters had birthdays, because every time she was reminded of being denied contact with them, she felt depressed.

L: So I gave the daughters to him, and from then on I don't remember anything at all!! Absolutely nothing !!! [...]and then only the intensive care unit, twice ... so it's crazyOnce I realised I'm using like half a gram per daysix lines, seven!! Intravenously right, ...but I wanted it!!!

Laura explains that the binge use of meth helped her 'cut off painful emotions', and that she was using it in a self-destructive way. This in her narratives was related to the feelings that 'nothing mattered to her anymore and she lost the sense of life'.

L: It was total destruction!! I also lost interest in completely everything during that time!! Nothing mattered to me! Whether I paid the rent, whether I should eat something - at that time completely everything lost sense!!! Completely, really everything like even getting dressed in the morning, you know?! It meant absolutely nothing to me!! Why I should take care of how I look, or go somewhere, ... or listen to someone!!!

M: So it was that the meth cut off the emotions, the thinking?

L: Yes!! Exactly!!! Otherwise, I would have drowned in depression!! Completely in everything! It would not have mattered to me!

Laura also said that later she continued with the daily use of meth, and also in high doses, but that it started to help her to function and manage everyday duties. She describes how using meth did not mean 'escaping' anymore.

L: It was not about wanting to escape somewhere, like from something, or to my own world! Definitely not!! When I was shooting-up myself, I was functioning normally, because I did not have to think about anything!!! ... Like I was normally taking care of my everyday things, normally! But on incredible doses!!! [...] So I at least got dressed ... went shopping, like, or was interested in someone ... or something.

Here we can see when talking about a crisis situation, Laura describes the use of meth as a 'pain killer' or 'escape' from painful emotions and thoughts. After the crisis, the description of meth is closer to Sara's description of meth as 'anti-depressant', as something that helps her function better, manage everyday duties and 'suppress thinking'.

Besides the use of meth in relation to psychological problems, Laura describes her use of meth as self-medication in relation to her physical health problems. Due to her problems with immune system deficiency, she was suffering, besides other symptoms, from chronic fatigue, therefore meth was perceived as an important source of energy.

To place the narrative into a wider social context, we can see that Laura describes emotional pain caused by her surroundings: namely, her former husband, who got their children into his custody and was not supportive in allowing any further contact between Laura and their daughters. Laura was also facing physical health problems, especially fatigue. When describing this situation, Laura very often uses the expression 'nothing mattered to me', which is possible to read as complete apathy. Furthermore, she could not see anything, or anyone in her surroundings who could help or support her in what she was going through. The only source of support in the narrative she describes is the meth, which allowed her to get through the worst period by 'cutting off' or numbing the painful emotions. Later, she states that it helped her to 'function', to manage her everyday duties. Here I interpret the agency as being exercised in the narrative by emphasizing that in the situation when nothing 'mattered to her', she was taking something which, at least in that moment, felt like support. Without judging whether it was good or bad, Laura explains the important role that meth had for her in the times when she was going through serious crisis.

Through the narrative discourse in interaction with me, Laura exercised her agency by pointing out that she managed to do something for herself despite the desperate situation. This is well illustrated by her comment ‘*I wanted it!!!*’ She reports that as a consequence of the binge use, she ended up at the intensive care unit twice. Nevertheless, she stressed to me that despite this negative effect, the binge use was something she wanted, something that was her intention.

Similar to Laura, Petra went through a crisis in relation to the loss of the custody of her daughter.

P: From that the moment they took her away from me, half of me is not alive anymore [...] It is simply like something has died in me [...] It's horrible what I will say, but I was almost ready to jump! It really did not matter to me! In that moment, like, I can't take it anymore.

For five years, Petra actually abstained from using illegal drugs when she was living in a different city. After she returned to Město, where she started to meet old friends and acquaintances with who she used to use and manufacture drugs, she gradually started to use again. However, the breaking point that she says drove her to return to intensive drug use was related to her divorce and the loss of the custody of her daughter. When she parted from her husband, their daughter stayed with him and he and his family prevented Petra from contacting her. Also in her case, the binge using was connected to everyday intravenous use of high doses.

P: After five years I simply fell into it again!! .. It was because they took my little girl from me! So it didn't matter to me anymore! ... So immediately and everything! Like a gram per day, a gram and a half! It really didn't matter to me! Nothing mattered!! Nothing!! The longest break I would have was three days and then I had to do it again!

She describes the situation in the same words as Laura, ‘*nothing mattered to me anymore*’, ‘*I had no reason to live, or at least live decently*’. Also for Laura, one of the hardest times came when her daughter had a birthday but she could not get in contact with her.

P: For instance, when my daughter had a birthday, [...] they did not let her even talk to me on the phone! They did not let me to see her! They did not let her visit my grandpa! ... I didn't know anything about her!! So I said 'enough!!!!!! ... fuck it!!! I can't take it anymore!!! I don't care !!! I don't care one bit!!'

In Petra's case, the situation had a different development. After some period of binge use of meth, she realized she was ‘only escaping’, literally escaping from the garden colony shack where she was living with other people. She says she could not stand the situation anymore, including the meth use. She also could not stand the other drug users around her, because this was a strong reminder of how much her whole life was deteriorating.

P: I was escaping from the shack, for three, four days [...] either high or not high. It didn't matter!! ... I just had to escape to have peace from these people.

Petra was experiencing what McIntosh and McKeganey (2000) describe as the ‘rock bottom’ experience: a serious existential crisis, but at a moment of making an important decision. Petra explains that it was a very important experience when she realized that she had nowhere to escape anymore; that the only reason for using was to escape from reality – the reality that she had lost her daughter. It was this realization that led her to abstinence from meth.

P: Then I slowly started to realize that I have nowhere to escape anymore!!! [...] Like, I have nowhere to escape from reality. So I stopped doing drugs. [...] I realized that I really wanted to escape! Escape from the reality that they had taken my daughter away! And I was ... somewhere!! In deep shit! So again I fell into something ... I should not have done that!!

In Petra's narrative, the ‘rock bottom’ experience is not described as leading to a clear-cut decision to quit taking drugs from one day to the next. Rather, she describes that she was slowly realizing that actually she had no craving to use. Repeatedly, she experienced that she did not feel good after taking it and that it did not help her with her problems anymore, not even as an ‘emotional pain killer’.

She describes that she was experiencing situations which she had never experienced before, such as being offered drugs, but refusing them. Similarly, she was no longer enjoying the company of other drug users.

P: Sure, I will take some and be in even bigger shit than I am now!!!! [...] That happened to me for the very first time in my life!!! Never in my life did I take ten minutes to decide if I would take it or not!! I simply knew that if I took it, I would feel even worse!! Mood-wise, I felt disgust. I felt like everyone was sucking energy out of me. ... Hey, I don't want it!! [...] I used to use it for fun, for the initial rush! Like, enjoy it! Not to get depressed even more than I already am! I will take it and you will pull me down into even worse depressions! You will simply make it worse! ... So I threw it away and said, 'That's enough! I can't take it anymore!! It's not what it used to be.'

Similarly to Laura, Petra also describes periods of binge using related to the loss of custody of and contact with her daughter. In her narrative she also describes the unbearable emotional pain caused especially by her former husband and his family, who were not allowing her to be in contact with her daughter. Petra stated that she also used drugs as a means of support for herself, because it allowed her to suppress the overwhelmingly painful emotions, or escape from them. In her case, the crisis was also a kind of 'rock bottom' experience through which she realized that the drugs did not serve as the same support for her anymore. In this situation, her surroundings, particularly the other drug users, played an important role, because she realized she did not want to be in their company, or feel any support from them. In Petra's narrative, agency is exercised through the active refusal of drug use, when it did not bring her relief anymore. The refusal was further expressed towards her surroundings, the other drug users, to whom she was telling that she was not going to use with them anymore. Agency is also expressed in Petra's emphasis on the fact that she was able to refuse drugs, despite the fact that they were all around her. This was something she had never done before, and now it would support her in abstinence. The narrative discourse is expressed through showing the ability to 'refuse what is not doing me good', or 'having the capacity to decide and control what I want and what I do not want'.

Similarly to Laura and Petra, Diana also describes her period of binge use as related to self-destruction, or as she called it '*self-destructive binging*'.

In Diana's case, the trigger for binge use was a break up. After repeated violent attacks from her partner, Diana escaped from their apartment and was staying in various places in garden colony shacks, or random flats with other drug users. Meth was usually manufactured in these places, which meant almost continuous access to drugs, but also a concentration of many people. These insecure housing conditions were also characterized by constant fear that her partner would find her and try to convince her to return, and beat her again. This happened several times and Diana returned several times to their apartment. But after experiencing more violence, she escaped again. In Diana's narratives, the binge use was not related only to the violent break-up, but also to an argument and parting from her best friend, Petra. It was to Petra in her garden shack where Diana first went when she was fleeing from her partner. For some time, she was living with her, but then they had some serious arguments after which they stopped talking to each other for several months. Diana explains that it was horrible to experience two of the closest people having '*failed her*' at the same time, leaving her with nowhere to go, no one to '*lean on*'. What happened after this '*ultimate experience of failure*' Diana describes in her narratives as '*declaring war against everyone*', or a '*policy of evil little brat*', or '*no mercy policy*'. Diana describes herself as being selfish and caring only about her interests, which enabled her to indulge in intensive drug use at the expense of other people. This meant that she was playing various tricks on other people in order to obtain drugs. She concludes that this '*policy*' was successful, because she stopped feeling hurt by other people and could fully indulge in binge use, which '*cut off*' her emotions as well as her perception of

the problems.

In Diana's case, the binge using also meant everyday intravenous use of meth, lasting for a period of several months. As she described in one of our interviews, she interrupts the binge use only with short periods of rest, at which time she sleeps, smokes marijuana and eats a lot, to gain back some weight.

D: Now it has been two weeks of only food and weed! No meth!! So now I look good! I wish you could have seen me two weeks ago! [indicating how skinny she is] Well, it is also about nerves!! I was doing it in self-destructive style A self-destructive binge.

When Diana talks about the binge as self-destructive, she refers to it as something pleasant, as something she completely devoted herself to. It was related to her desire to experience extremes, which she mentions in relation to her drug use initiation.

The motive of 'cutting off emotions and thoughts' and 'escaping from reality' through drug use is demonstrated also in Diana's narrative about the situation when she learned that her grandfather had died. She received an email from her family, informing her about the death and funeral of her grandfather. Unfortunately, she read the email several weeks later, so she deeply regretted missing the funeral. What made the situation worse was her own lack of communication: her family blamed her in the following emails for being insensitive and selfish. She describes the binge use as an escape from this emotionally overwhelming situation.

D: There were simply too many bad things happening in too short a time for me... and my head couldn't take it all in, you know!! So I always flee to drugs ... and I always get high... but it's quite fun.....pathetic, but so what! I just laugh about it, because I can't even imagine anymore being normal. Sober. And then my head starts to spin around it! Ahhh! and then I can't take it anymore [laughing] and I have to fly away again [laughing].

In Diana's narratives about binge using periods, the surroundings are described as problematic and unsupportive in various ways. Firstly, she describes oppression from her partner in the form of domestic violence. Even when she tries to escape the situation, she describes another lack of support from her best friend. Although Diana receives some support from other people, in that she can stay with them in garden shacks or flats, it is very insecure housing and she is still exposed to the potential violence of her partner. Despite the oppression and lack of support, it is possible to recognize agency when Diana is protecting herself from the violence by escaping from her partner, and also by constantly moving and searching for a place where she could stay and be safe. I met Diana for an interview and focus groups several times when she was having the binge use period. Often she was on the move from one place to another; once she was also seriously beaten after being attacked by her partner. The situation was also overwhelming for me, since I vividly perceived the oppression that Diana was encountering. Nevertheless, the more Diana was describing various forms of oppression, the more she was using the narrative discourse through which she was positioning herself as a survivor, not a victim of the violence and hardships that she was going through. When she describes the '*no mercy selfish policy*', which according to her was successful, in the narrative performance she demonstrates her ability to adapt to the harsh circumstances. Since no one had any mercy on her, she decided to return the attitude, therefore, she would also take advantage of other people (e.g. by securing supplies of drugs for herself, at the expense of other people). To interpret this behaviour as an important exercise of agency is to not judge whether this strategy is 'successful' or not, nor is it to relativize the oppression and harm that Diana was experiencing. The '*selfish and no mercy policy*' is also presented as a response or act of revenge rather than having her own initial strategy. It is important to look at the agency exercised through Diana's survival narrative discourse. When presenting the stories, Diana claims to be seen as a survivor – a person with agency, not a victim. This can be linked to the intention to provoke respect and understanding rather than pity but also simple condemnation of her behaviour.

3.2.1.6 Initiation into Intravenous Drug Use

In the case of Aurelia and Laura, a crisis situation was also related to the initiation into intravenous drug use²⁵, something that they described as the next step towards more intense and intensive drug use.

Aurelia describes a situation where she and her partner had nowhere to live and no money. She describes this as a hard and desperate situation when she asked her partner to initiate her into i.v. use. Till that time she was only snorting, but her partner was already an i.v. user. When said that her partner was opposed to it and did not want her to start with i.v. use, but in the end she convinced him.

Laura's partner was also an i.v. user. She describes a situation where it was a time close to her children's birthdays and shortly before Christmas. She was sinking into depression and begged her partner to do something to help her not to think about or feel the emotional pain. She said that she even put it as a threat, that if he did not help her, she would commit suicide. Her partner called her ex-husband and tried to arrange a possibility for her to see her daughters, but he did not succeed. In this crisis situation, the partner agreed to initiate her into i.v. use. Laura reports that it helped her calm down and in two days she felt much better. Therefore, after those two days her partner was again strongly opposed to her continuing using meth intravenously.

The reason why both Laura and Aurelia asked to be initiated into intravenous use was because of the expectation that meth administered this way has a stronger effect than when snorted, therefore having a stronger effect as a 'pain killer'. These narratives provide insight to a situation which has already been discussed: the relation between a crisis situation and the desire to use meth, which seems to be the only support. Although it is possible to identify Aurelia and Laura's partners as important subjects in their environment, both participants describe them as a source of support, but in direct relation with meth administration.

Nonetheless, the reason why I mention this situation again is that it contradicts the common assumption about women's involvement in drug use, which we can know from the literature on this topic.

The commonly discussed assumption is that women are more likely to be introduced to drug use by their romantic or sexual partner (e.g. Ettore 1992; Inciardi et al.; Lalander 2003). According to some authors, this introduction is related to a certain level of pressure from the partners. For instance, for Ettore (1992) the initiation is directly linked to the dominance and oppression of women by their male counterparts. However, there are also authors who question this direct linkage, which denies women's agency and regards this simplification as a stereotypical perception of women as only passive (e.g. Maher 1997; Carbone-Lopez et al. 2012).

In my research, the participants talked about the men, more experienced drug users, who initiated them to i.v. use. Besides Aurelia and Laura, Diana's initiation narrative told of a situation where her brother injected her for the first time. However, what these initiation narratives have in common is that all three participants describe that they pressured the men, not the other way around. The participants describe their exercise of agency by making various threats (e.g. threatening to ask strangers rather than the brother, threatening to commit suicide), thus they had to overcome the resistance of the men and convince them to initiate them.

In the following narratives about going through crisis situations, the participants describe how they exercised agency by taking drugs as an available source of support, which helped them deal with emotional distress and trauma. Some participant add the narrative about i.v. initiation, in which they express that although drugs were an available resource to them, they deliberately chose more intensive intravenous use, which was not as 'available' to them

²⁵ The term 'i.v.' stands for intravenous use.

since they needed someone to initiate them. Thus we can recognize a strong emphasis on the exercise of agency in these narratives. The participants describe not only using available resources to their benefit, but also overcoming constraints represented by their partners, or brother, in order to get what they wanted. These narratives also represent the narrative discourse of the interaction with me, through which the participants emphasized their deliberate decision to use drugs and their readiness to overcome obstacles to achieve this goal. None of the participants mentioned any 'peer pressure' applied to them to start with their i.v. use or get involved in drugs to 'fit in' a group. It is important to notice that in their interaction with me, the participants' narrative discourse about their initiation stressed the exercise of agency and refusal of the passive role. This can be seen in sharp contrast with the traditional assumptions about the context of women's involvement in drug use. These assumptions about women's passive role are also challenged by Diana's narrative, where she describes how she was initiated into i.v. use by a younger man.

This difference in the findings does not mean that, contrary to the authors who describe women's role in the initiation of drug use as more passive, I claim that they are active. This would preserve the 'victim-agent' dichotomy. In my view, it is more important to see it as a reflection of the research context. The interaction between me and the participants created a space where the 'active' or 'strong-agent' narratives could be told. This is not to judge whether these narratives are true or false, especially if they were, for instance, told in a way to impress me. What I find more interesting about them is that they were presented this way that the 'strong agent' narrative discourse was recognized as legitimate. To present oneself as an active agent of initiation can be an acceptable, favoured or even desired image, but not a stigmatizing one. Such research contexts then influence the research accounts, therefore, it is important to bear in mind that it is not only the behaviour of the participants, but also the research context which might cause different findings.

3.2.1.7 Drug Use as a Pleasurable and Joyful Experience

Diana describes that what she likes most about using meth is getting '*into a different sphere, to some distant places*'. This experience is connected to '*tripping alone*', so she does not pay attention to others and is not bothered by them; she just enjoys herself. Aurelia also has experience with using meth alone, even as a means to fall asleep. She explains that when she takes meth, she feels like her body and mind can relax, and from that state slowly falls asleep.

Diana describes that she really likes to enjoy drugs in the company of other people. Laura describes the good times she experienced with her female friends with whom she was living in the same garden colony, and manufacturing and using drugs together. She describes for instance, that they would get dressed up, which could take several hours when under the influence of drugs, and then '*go out*'. This usually meant adventurous trips in the surroundings of the gardening colony, for instance, discovering new empty garden shacks, or possibly trips to parts of Město where none of them had ever been before.

L: Or we went exploring. For example, we would choose a destination ... like, for example, where we knew that there are abandoned houses, or gardens – large ones, or parts of the city which we had not explored yet. So we had it as a discovery trip! And so we went to discover! ...That was cool!

She continued to describe that when they got back home from these adventure trips, they were usually all dirty from mud, etc., but what was important was the feeling of group belonging, that they were not planning anything. Things happened spontaneously in very joyful mood.

Aurelia also describes the fact that for many years she used with a group of friends and it was fun and enjoyable to do drugs together. She states, '*I enjoy it in the way that it should*

be', meaning in good spirits and without having any worries.

The pleasant experiences of drugs are also connected to sexuality. Several participants mentioned that having sexual intercourse on drugs is one of the most important reasons to do it. For instance, Iveta said that one of the things she misses when she is not using meth is the way she was using it with her partner.

L: I miss it. I will say it like it is, simply, that I miss using it together with a guy!! Go outside 'to nature', as we used to go!! Simply for a stroll to chat a little, then eat something, and then have sex!!! ... Because Marek has sex only when he is coming down [laughing].

Laura also describes her relation to a lover with who she was meeting occasionally, only for sex. They used meth together and had many hours of intercourse.

Aurelia talked about the effect of meth on enhanced sexual activity and endurance. During our interviews, she told several stories in which she offered meth to a man who she wanted to have sex with. In these stories, she always pictures herself as sexually very active and very lustful. She expresses how sex is important to her, also as the basis of a good relationship.

In these narratives, participants describe a very important aspect of drug use, the times when they can really enjoy it in a pleasant atmosphere and with joyful feelings. As we can recognize from the narratives, the setting of such an enjoyable experience is very important. These narratives were closely related to narratives about friendship, group belonging and relationships with a partner.

As Svensson (2000) demonstrates on example from his own research, to gain a deeper understanding of drug use, we need to stop asking questions such as 'Why do people not give up drugs?' Instead, we need to focus more on why people actually continue to use drugs. Svensson (2000) argues that in order to understand why someone uses drugs, it is important to focus on everyday lives, rather than the pathology or deficits. In my research, taking this point of view allowed me to recognize important positive aspects of the life connected to drug use. The narratives are not only about marginalization, solitude and hardships. The participants in the narratives describe a complex web of relations which are also supportive and bring joy, pleasure and some 'lightness' to their everyday lives. Acquaintances, friends and partners are important subjects in the narratives and the interaction with them is described in the narrative discourse of strong group belonging and bonds with partners.

The narratives about the pleasurable context of drug use are very important for a complex understanding of agency. It allows me to see agency as exercised through drug use not only to overcome or escape problems, but also to enjoy a pleasant time with other people. In these narratives both the drug and the people were described as an important source of benefit.

3.2.2 Reasons for Abstinence

During the one year when I was conducting the interviews, some participants were also going through periods when they were either abstaining, or considerably reducing their drug use. The length of these periods was different, as were the reasons for it. In some cases, it was more about gaining more control over the use; in other cases, it was a decision to quit completely. The intensity of drug use was closely related to housing conditions and pregnancy, or care of new-born babies, therefore, I also discuss the topic of reduced drug use in other chapters. In this subchapter, I present the narratives of Petra and Iveta, who were at some point decided for total abstinence from methamphetamine.

3.2.2.1 Avoiding Contact with Other Drug Users

As was already mentioned, after a period of binge using, Petra realized that drugs do not help her feel good anymore and she started to encounter unpleasant feelings and depressions even when intoxicated. These uncomfortable experiences were in her narratives closely also connected to the people she was using the drugs with. They became something of a mirror for her, showing her the down sides of life on drugs. She said that suddenly she saw that everyone was interested only in drugs and she did not feel any support when she felt miserable.

P: When I saw the people around, how ravenous they were! [...] I wondered, 'did I also look like that?! Was I also like that?! Maybe yes!! ...For sure I was like this, in some way.' So I thought to myself, 'this is really disgusting!!'

This realization led her to avoid contact with drug users, but also the places where the drugs were produced and distributed, because part of this uncomfortable feeling was that she was being constantly contacted by people who were trying to obtain drugs from her.

P: This guy who was here, that's the one who really fucked me up!! ..Within ten minutes! Five minutes!! He would contact me seven times even at the drop-in centre!! Asking me to give it to him! To give him some! Because I had given him something before ... During this short time, he managed to fuck me up completely!! ...I tell to myself: 'I know why I'm looking at it now, whether I want to use it or not!'

During that time, Petra was living in a garden colony shack. Therefore, the decision to avoid drug users and places where drugs were manufactured and distributed was inevitably connected with the need to move somewhere else. Living at a place which everyone knew, she could not avoid contact with them. Petra moved to a friend's flat and was abstaining from meth for about three months. She said that during this period, she tried to use meth again once. Partly she regrets this 'slip', but at the same time she explains that it was useful for her. It showed her that she was still not enjoying it and feels bad. So this experience actually strengthened her decision to abstain.

Even after she moved out from the garden shack, she would meet other drug users and faced some pressure to use with them. However, she said that since she lost interest in drugs, which did not bring her any positive effect, it was quite easy to insist on abstinence.

P: Several times someone askedme: 'Do you want some? I have some!'

And I said, 'No,.... I don't want any!'

'You don't wanna????!!!'

'I don't! I don't want it! Because I know how it would end up!! I don't want it!! .. I'd better buy some food, cigarettes so it's not tempting me!!! [...] As it was before .. like when I saw it I went: 'Gimme, gimme!' But now, they prepare it in front of me; they shoot it.

And I say, 'So what? Is it good?'

He: 'Yeah! Great!'

Me: 'OK, can we go now?'

He: 'Wait a sec!!!'

Me: '[bored] OK, I will give you 10 more minutes.'

This narrative of abstinence shows the interaction between Petra and her surroundings, which is described as 'ravenous' and making pressure on her to use drugs, or at least deal drugs, thus being part of the drug business. It is also possible to see Petra as exercising agency through resistance towards the pressure and refusal of the drugs, because they do not bring any benefit. It is also possible to interpret the moving to the flat as an important exercise of agency. Since through this she wanted to protect herself from contact with people she did not want to meet.

3.2.2.2 Desire for a ‘Normal Life’

In Iveta’s case the decision for abstinence was in her narratives closely related to what she was describing as having a ‘normal life’. Her idea about the ‘normal life’ was connected to living with her partner in stable housing, having a job and children. Iveta also explained that she was optimistic about the possible development towards this idea.

I: Yeah! It’s getting better! Well, I think we still have a chance in our life. That we are not so affected yet that we wouldn’t be able to live normally!! Going to work! Having kids, maybe! I think it’s not a problem.

This desire for a ‘normal life’ got even stronger when Iveta got pregnant and started planning a life for the child with her partner. But she had talked about the ‘normal life’ before, describing it as a part of her personal development, or maturing, and focusing on other things, which she might not have appreciated as a teenager.

I: Maybe the brain develops somehow... to some stage, I don’t know, like that it becomes normal. Like that the brain ... like that it’s intelligent finally?! .. And people should ask themselves, like what it gives and what it takes. And then, simply, I don’t know. For instance, I like to play table tennis, you know?! I simply like other things to do, you know?! Like, before I was thinking, hmmm, today we will watch TV again!! In the evening and now?! What I would give for the possibility to do it, you know?! Now I would be happy to do it again! So I don’t know, but I think it is a development, in time.

She also explains that in her view to be part of society and lead a ‘normal life’, it is important not to have a criminal record, especially because it causes problems when searching for a job. In one narrative, she said that she realized that most of her friends, including female friends, were in prison, that is, with a criminal record.

I: So I told myself, ‘I never want to end up like this! And I managed!!! .. I think it is not going down! But I’m approaching the system ...or something like this, something normal, [...] but it’s really cruel, because everywhere they ask you about your criminal record! It’s not possible to erase it, just like that!

To approach this dream of having a ‘normal life’, Iveta and her partner started to organize many things in their life. They started to be in contact with several institutions to apply for new identification cards, they registered at the Employment Office to receive housing benefits, etc. While trying to be more organized, Iveta states that they also needed to quit using drugs, because these two activities did not go together. As she and her partner explain, on drugs, time passes without noticing it and it is not good to talk to officials after lacking sleep for several days.

I: You know what?... It’s difficult to solve problems when you are on it! .. Like when you get high, things don’t get done any faster.

Partner: You postpone everything!

I: Everything is postponed.

Partner: And it gets worse!

I: And before you wake up from it...

Partner: You have another dose!

I: [...] We just had three days like that [laughing], or I don’t know, a week?! ... It was simply a week-long binge! ...Then we had a pause for three days ... and then againso ... I don’t know. You see, I didn’t want to go to the Employment Office, like when you are tweaking!!!! Like it’s difficult to talk to them ... and they also talk to you differently.

When I met Iveta again, after half a year, she reported that she was enjoying the positive outcomes of abstinence, because she felt that she had her life more under control and was more organized. She explained that it meant especially coming for arranged meetings and keeping promises. When she was 15 minutes late for our meeting, she apologized and explained what had happened to her. She said it was important for her that I do not get the impression that she

is ‘stuck *again somewhere*’. Because now she is not ‘*getting stuck*’ like other people on drugs who ‘*call you to say that they will come in 10 minutes, but then never show up*’. It was important for her to distance herself from that behaviour, which she sees as typical for drug users.

During our interviews, Iveta was continuously describing her progress towards her goal of having a ‘normal life’, which is where I see her agency as being exercised very strongly. She and her partner plan to organize stable housing and a job for themselves. Later, when Iveta was pregnant, her desire for secure stable living conditions and an income got even stronger.

It is interesting to notice that in Iveta’s narratives, agency is expressed through her effort to reach her goals and abstinence is described as a kind of ‘side effect’, which came along with the changes necessary to achieve the goal. Iveta did not describe the need to declare or explain her abstinence to other drug users in her surroundings. She described her surroundings as a source of support, represented by the Employment Office and social benefits, and her agency was an activity to use these resources to her benefit. Where she exercised her agency to distance herself from drug users was in interaction with me and the ‘normal society’ to which she wants to belong. Again, it was not through declaring abstinence, but by explaining why she was late for our meeting, because she does not want me to connect it with the behaviour of a ‘typical drug user’, avoiding a criminal record was a priority, because that would mean long-lasting stigma in society.

3.2.3 Health Care and Harm Reduction Strategies

One of the topics mentioned by several participants related to drug use was the care about one’s own health and various harm reduction²⁶ strategies related to it.

In this chapter, I present harm reduction strategies related to drug use. In the first subchapter, there is prevention of infectious diseases and problems with veins. The second chapter deals with the risk of using overly high doses of meth. The third chapter summarizes other harm reduction strategies which are not directly related to i.v. use.

3.2.3.1 Problems with Veins and Infectious Diseases

The main problems related to intravenous drug use can be seen in health problems related to veins (such as inflammation and abscesses), the transmission of infectious diseases such as HIV or hepatitis, and a higher risk of overdose. In separated chapter I discuss the difference between overdose and the risk of using too high dose of meth.

Iveta describes that it is very important for her to use all the harm reduction material she can get at the drop-in centre. Thus, it is not only the use of clean needles, but also disinfection, sterile water etc. Iveta points out that taking care of her veins is an inseparable part of i.v. use. Something it ‘pays off’ since due to this care she did not encounter any serious problems with her veins.

M: When you were injecting, did you always try to have clean...?

I: My own! Sure! .. Of course! .. Well, here you have no problem going to the exchange²⁷!! If you can, you take the dirty ones and go to the exchange! ... It’s free! So what more can people expect?!You can take disinfection, water, everything! [...] You also have to think about

²⁶ ‘Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of drugs for people unable or unwilling to stop. The defining features are focus on the prevention of harm, rather than the prevention of the drug use itself, and the focus on people who continue to use drugs.’ (IHRA 2010: 1).

²⁷ ‘Exchange’ participants refer to a harm reduction needle exchange program provided either by a drop-in centre or outreach programme.

yourself a bit, when you use! And don't shoot up after everyone! You know?! I always took care of myself!

Not all participants described the use of harm reduction material and care practice about their health as something very important. Nevertheless, all of them mentioned that they were in contact with a drop-in centre or outreach program in order to use the needle exchange service. Most of the participants also mentioned that they use the possibility of HIV and hepatitis testing in the centre or in the outreach program. This contact with the harm reduction services is an important source of support. It offers clean needles, syringes and other harm reduction material free of charge, therefore, enabling or supporting drug users' agency exercised through care for their health.

Aurelia also mentions that an important source of support for her is that she can use the harm reduction service through the outreach workers who come to the part of the city where she lives. She would not go to the drop-in centre, because she wants to use only the needle exchange program and testing, but not more intensive contact. This is expressed in her narrative in her comment that in the drop-in centre they 'help' people, but she wants 'only exchange'.

M: Do you go somewhere for a needle exchange? Are you in contact

A: Not like in contact, or like this. I just go to exchange[...]

M: Do you know the drop-in?

A: Yes, I've been there! But I was there just for exchange [...] I don't know, the drop-in, there they help, don't they? They help those....

However, the needle exchange is not always done directly through the harm reduction services. Friends and other drug users are important sources of support. Several participants mentioned that it is common to exchange big amounts of needles and distribute them to the people who use together. So the agency exercised through looking after one's own health is supported by the harm reduction service, as well as by other people who exchange the needles and distribute them in wider networks. For instance, it is done in situations where they do not have time to visit the service, or do not want to go there for other reasons, such as pregnancy or fear of stigma.

Diana describes the drop-in centre as an important support of her healthcare after a worker from the centre accompanied her to the hospital. She said that she had vein inflammation. Since it was obvious that it was from drug use and the fact that she does not pay health insurance, she was afraid that she would be refused at the hospital, even though it was an emergency situation. She reports that the doctors agreed to give her emergency care since she came there with a social worker. The reason why Diana was afraid of a negative response from the doctors was due to her previous experience, when she was refused help at the hospital.

D: The doctor simply looked at my arm and then stated that it was my own fault, because he saw the needle marks. So he told me to think about myself and that he had more urgent patients than me.

Contrary to Diana, Iveta had a very positive experience with a doctor. Iveta stated that she realized she had a bad rash on her skin and was scared that it was scabies. Therefore, despite the fact that it was Friday afternoon, she went to a dermatology clinic to get help. She describes the doctor and nurse as being very kind to her and that it was possible to openly acknowledge that she was a drug user, because the doctor was not judgemental; she expressed understanding about the fact that she was probably homeless.

I: So, the doctor looked at it and said, 'It has been there for a long time. Obviously, you are living in some unsatisfactory conditions, maybe on the street. But I don't blame you for that or something! You use drugs, don't you?'

I said yes, and that I take it intravenously and that I use rather often, sometimes every day [...] She prescribed antibiotics for me, and a cream that simply healed it.

As follows from the discussed narratives, taking care of one's health is one of the most

important exercises of agency. It can be identified through visiting harm reduction services in order to have access to clean needles and other material. It is also through seeking health care in cases of emergency as, for instance, with vein inflammation or infectious skin disease. The important subjects in the surroundings can be an important support in this, such as the harm reduction service person in offering the needle exchange and accompanying the client to the hospital. Hospitals and medical staff can serve as an important source of support, or, conversely, can crucially hinder the care of the drug user's health. In Diana's narrative, we can recognize agency being exercised through the care of her own health and her effort in seeking help, as well as in not giving up after the first refusal she encountered, but going to the drop-in centre and using the possibility of assistance of the workers.

3.2.3.2 The Risk of Using Overly High Doses of Meth

Another important topic related to drug use was the risk of using overly high doses of meth. At this point, it is important to explain that the use of overly high doses of meth relates to a specific term, used by almost all participant to refer to a situation in which a person uses a higher dose of meth than usual, or than planned, with the effect being perceived as too strong. The term used by participants can be translated into English as an 'over-kick'²⁸ and the meaning is related but different from overdose. Although it implies that using too high a dose leads to an overdose, the meaning of the term 'over-kick' does not refer to serious, life-threatening health problems. The effect of 'over-kick' relates rather to an effect which is perceived as too strong and therefore unpleasant. In the interviews, the use of too high a dose was mentioned basically in two main contexts: either in relation to the initiation to intravenous use, or as something done on purpose in relation to sexual violence.

The use of too high a dose in relation to initiation means that someone who is experienced with intravenous drug use injects someone else for the first time. This situation is described for instance by Diana. She reports that too high a dose of meth can be used by accident, usually because the person injecting the other person cannot estimate the right amount of drug. Diana describes her experience from both sides: she was injected with too high a dose of meth by accident by her brother when he initiated her into drug use, and she also once injected too high a dose to a girl she was initiating.

Diana describes two strategies she uses to prevent the administration of too high a dose. Firstly, she regards it as crucial to learn how to inject oneself, to avoid the need to ask other people to inject her. Secondly, her rule is also that she refuses to inject other people, to avoid the situation of administering too high a dose to someone else. Finally, she says that injecting others is best avoided, as administering drugs to someone else is a more serious criminal offence than the distribution of drugs. Hence, she does not want to take this risk. Aurelia described an incident where she refused to inject other people, because she had been in prison in relation to this kind of offence.

At one focus group, Diana, Petra and Laura discussed the administration of too high a dose as something which can also be done on purpose by someone to take advantage of someone else. They described it as a situation of typically a man in possession of drugs administering a drug intravenously to a woman. Through this activity he injects too high a dose of meth on purpose to have sex with her. At the same time, they all agreed that to become involved in this activity is silly and naïve from the perspective of the woman. In this discussion, their narrative discourse was intended to show me that this could not happen to them, because they are experienced, able to predict such situations and avoid them. On the other hand, they mentioned

²⁸ In Czech the term used by the participants was 'překopnutí'.

that the act of injecting each other can also be a part of sexual foreplay, which creates a 'toxic bond' between two people and that it is an activity they like to get involved in.

In giving these seemingly contradictory descriptions of what it means when one person injects another ('toxic bond' vs. administration of too high a dose to someone else in order to take advantage of them), they exercise their agency through narrative discourse which demonstrates how important it is to be 'experienced and smart'. They concluded that because they are 'experienced and smart', they carefully choose who they use with. Furthermore, they are always ready to inject themselves, so there is no need to ask someone else. If they allowed someone else to inject them, it would be someone they knew, so they could better predict what would happen. These strategies allow them to prevent or lower the risk of using too high a dose.

These narratives about the risk of being injected with too high a dose on purpose by male drug users can be related to what has already been discussed about the dominance and oppression of women users by male users, be it dealers, pimps, friends or partners (e.g.; Denton 2001; Ettore 1992; Inciardi et al. 1993; Maher 1997). However, it is important to note that both Aurelia and Diana tell stories in which they were the ones who initiated a man into i.v. use. Diana even describes a case whereby she injected a higher dose to a man in order to have control and manipulate him. Diana described how she enjoyed playing with a man who was younger than her and how he was overwhelmed by that experience with her.

D: I got that 22-year-old, who till then had only snorted, to start to shoot up [in an amused tone]!! I told him: 'I will fuck you up within a few days!!! [...] Well, in the very beginning, I tried to protect him from it, but by the end of the day, he fell into my claws.....He was a kind of filter for me!! Like, I felt really fucked up, so I told myself, 'I will go for him to see that he is fucked up as well [laughing]?! And suddenly I felt better [laughing]!!! [...] I knew I would over-kick him [laughing]... but I didn't let him go to the forest or anywhere. I got him high for myself so I was with him the whole time! [...] I was really mean to him, putting him down [...] and in bed he must have felt really humiliated [laughing] [...]

He said: 'I feel like a little misused whore!!!!'

I said: 'Well, that's what you are!!!' [laughing]

Diana's friend Vít, who joined our interview for a while, shares his experience. He was initiated to intravenous use by an older, more experienced female friend who convinced him to take it although he was rather hesitant.

In the above-mentioned narrative in interaction with me, Diana described her agency in the form of power which she was exercising over a younger and less experienced man. She also explained that she was putting the man down and humiliating him not to be the only one who feels bad. I found it important to place this story in the wider context of Diana's experiences and narratives. Prior to the time when Diana told me this story, she was describing experiences of severe physical violence and humiliation from her former partner. In the previous story, Diana presents herself as a perpetrator of violence. Therefore, placing it in the context of previous narratives about victimization, it is possible to interpret this one as a narrative discourse through which Diana rejects being only in the position of someone who is victimized, but emphasises that she can also do harm to other people. Through this she denies the passive victimized position.

3.2.3.3 Other Harm Reduction Strategies

Besides the harm reduction strategies directly related to the risks of intravenous use, the participants described some other strategies they used to reduce the harm of drug use.

Diana stated that she buys drugs only from people she knows, or actually only from people with whom she has some level of trust. This strategy concerns not only obtaining good quality drugs, because the quality of meth can be very variable, but avoiding dangerous

substances, which can be mixed to the drugs and lead to serious health problems.

D: I would never buy something from someone, Like, in the city, anymore. Because it really doesn't pay off. [...] Like the young guy who came and was showing me the stuff, and I could see the white Paralen²⁹ in it and I tell him, 'you can be happy if it is only Paralen!' ... Junkies, you know junkies, even here at the drop-in, rip each other off. They know they will meet each other here again, but still sell each other junk!

Laura describes her harm reduction strategies for meth use as relating to taking care of herself. Although the intoxication on methamphetamine lasts for several hours, it is common to use more doses after another. So the intoxication can last for days. Therefore, Laura explains that she learned, in order to prevent health problems, to remember to drink plenty of fluids regularly (e.g. water), to force herself to eat before, but also during the intoxication, and to get enough sleep afterwards.

L: When I use, I keep in mind that I have to drink a lot!! That I have to eat a lot before!! Like, the beginnings were hard. [...] But I've learnt! [...] And nowadays, even before I'm going to take something, I drink! I eat something! I eat some fruit! And after that I can!!!! After that I go, ok?! But not before I do this! And then I can take, because I know that the body has enough supplies for eight or ten hours! [...] I guess if I didn't have these rules, it would be bad,....but I ... never use more than two days anyways! Simply no! And then I go to sleep! ..Because I know ... like, the third day what a mess you have in your head!! [laughing]

Similar to the risk of using too high a dose, other harm reduction strategies were intensively discussed at the focus groups. The participants shared and explained the rules and strategies they use to prevent harm related to drug use. The exercise of agency in these narratives can be interpreted as the ability to take care of oneself, but also to learn from one's own or other's bad experiences and develop strategies to prevent serious health problems.

3.2.4 The Complexity of the Drug Economy

Another topic closely related to drug use is the drug economy, the means through which drugs are obtained. The participants basically described two main ways of how they obtain drugs for their own use. The first way is related to the production of meth, which mainly meant they were manufacturing it themselves, usually with other people. The other way is obtaining it from friends, acquaintances, other drug users they know, without directly participating in the manufacturing. These two ways are, however, closely interrelated since they are part of the complex relations within the drug economy. The complexity of relations is described by the participants as, for instance, a situation where they get some drugs for free from a friend at one moment, but this is actually related to the fact that in the past, the person contributed to manufacturing by some chemical precursors, money etc. It is important to note that the complexity of the drug economy is much wider than will be discussed in this chapter, as it might involve, for instance, smuggling, selling the drugs in large amounts, or various ways through which chemical precursors are obtained. The drug economy is also related to other criminal activities such as car theft. However, I address only the themes which were discussed by the participants, without trying to provide an overview of the whole complexity of the drug economy.

3.2.4.1 Meth Manufacturing

As was already mentioned, meth manufacturing is a kind of collective activity to which people

²⁹ These white pills are similar to aspirin. Ground into a powder they can be used to dilute meth to earn more money on selling it.

who are involved contribute with various tasks. There might be one person responsible for the whole manufacturing process (referred to as the ‘cook’), and others who contribute, for instance, by obtaining the chemical precursors necessary for production.

The participants often talked about other people as being those who are responsible for the drug production: the ‘cooks’. These were usually friends, acquaintances or their partners. However, most of them mentioned that they are experienced in meth manufacturing as well. Four of them talked about active participation in manufacturing recently. This participation ranged from being the ‘cook’ to contributing with some precursors, or assisting during production.

As was discussed at one of the focus groups, the complexity of the drug economy and meth manufacturing is characterized not only by the role one plays in the process, but also the quality of the drug that one is able to produce. Since the quality is variable and highly dependent on the skills and experience one has with the manufacturing, it is also a source of status and reputation within the drug scene. This status belongs especially to the ‘cook’, but can be transferred also to the romantic partner or good friend of that person.

For instance, Diana describes her ‘affair’ with the younger man she first initiated into intravenous use and then manufactured meth with him. She clearly assigns her role as the one who produces the drug and the man as someone who was doing lower status activities such as shoplifting to obtain money for precursors.

D: Well, he was running with me for some time; he was shoplifting. And you know, I had money from him [laughing]. He was buying boxes³⁰ and I was cooking the stuff, like we were high all the time! [...] And I can tell you, I was cooking up excellent stuff!

As was already mentioned in the context with initiation, by occupying the status of drug manufacturer and exercising power over male users, Diana challenges some assumptions about the role of women in the drug economy. Most of the participants presented a similar story to Diana’s. In these narratives they were exercising their agency by depicting themselves as experienced and independent. When necessary, they could produce meth for themselves and did not have to rely on other people, particularly men who were sometimes asking them for unacceptable things in return, as will be discussed in the following chapter.

On the other hand, in several cases, the main drug manufacturer was a partner. Diana and Petra state that although they can both manufacture it themselves, the fact that their former partners were producing high quality meth was sometimes a reason to return to them, or at least keep good relations with them.

3.2.4.2 The Price of Drugs ‘For Free’

The drug economy in the participants’ narratives was characterized especially by the complexity of relations and transactions within the drug scene which allowed access to drugs. Some participants often stated that they ‘get drugs for free’, but this narrative usually included explanations of what exactly ‘free’ means.

For instance, Diana’s narrative about giving drugs for free to her best friend revealed that, at the same time, it does not mean it is free from expectations of getting some drugs in return in future.

D: Well, I was always giving her stuff for free. We always got her high! After all that she asks me: ‘And when did you give me something last?’ And I tell her: ‘You little bitch!!’ ...Well, some junkies are like that, like when you give, they take, but from their side, you can never expect anything, not even if they have plenty.

³⁰ ‘Boxes’ refer to boxes of medication which contain pseudoephedrine. It is one of the precursors for methamphetamine production and is available over the counter.

Another of Diana's narratives is related to 'getting drugs for free' from people who were helping her when she was leaving her violent partner and had nowhere to live. These people offered her a place to stay and supplied her with abundant drug consumption, in relation to the crisis situation she was going through. In her narrative about the situation, Diana values the free drug supply as an important source of support.

D: They saw me at my worst, in my craziest states! And they started with uninterrupted meth supply! And did not want anything from me! You see?!!! Like they treated me really nicely!!! And they helped me really!! They were the only ones who helped me right at that moment!!! By offering me at least the escape! That they were giving me means to get high [...] And I didn't pay for it [laughing] [...] Like, these people, when they saw me in this disastrous state, they did not want anything from me! No demands! No hassles!

However, this narrative continues with the explanation that Diana could offer something in return. Although she usually does not have money, when she gets hold of drugs or precursors, she shares them with those people. She explains that this behaviour contributes to building relationships based on trust, which create the basis for giving someone 'free' drugs, because one can trust that they will get something in return later.

D: But most of them know I don't have money to pay for it.... But when I have something good, I always share it with them I simply give them back something! Like when I get hold of some chemicals [precursors], they get the chemicals, or when I have some meth, I come and get them high! [...] If they are worth it!!!! If the people are worth it, you know what I mean? Like they treated me well, or they helped me, then yes! [...] And then you see how they change their view about you! They say to themselves: 'OK! She didn't have to come with something but...' ... Like, sometimes they are really astonished!!!! Like that they didn't expect it!

Once when I gave Diana the 70 CZK for the interview, she commented that it was great that she could bring the money to some people who had helped her previously. Although it was a small amount, she said it would be important to show that she was willing to share when she has something. Similar transactions were described with food and marijuana.

From another of Diana's narratives, it followed that another way to 'pay back' for drugs is based on her social capital. She described a story in which she was staying in a flat with more people and getting drugs for free from them. In return, she was protecting them from a debt collector. Because she was a good friend of the debt collector, the others had a vested interest in having her stay in the flat. The means to keep her there was to offer her drugs for free.

D: I only show up there and they [...] if there is some meth, first of all, they get me high, because ... it seems to me that they want to get me on their side, you know what I mean? [...] There is a guy who comes there every now and then and puts pressure on them.. I can say, he's actually one of my good friends!! ... He likes me!!! And I like him! ... And they owe him something, so when he is goes there to ask for it [...] they can't do anything about it. They always give him everything he asks for [...] But the fact that I was there now maybe saved them as he did not take the TV.

As was discussed, the offers of 'drugs for free' are usually not free of the expectations of something in return; at least not when these offers are repeated or long-term. It is evident that repayment can be made with more than just money. The payment can also be postponed, but that requires relations based on trust and a previous positive experience. The possibility to get drugs and other advantages such as housing 'for free' is also based on one's social status and social capital. These complex transactions may concern an exchange of sexual services in return for drugs or other benefits. This topic will be discussed in the following subchapter.

3.2.4.3 Sexual Services in Exchange for Drugs

Another expectation which can be included in the offer of drugs ‘for free’ is the expectation of sexual services in return. Petra talks about this practice as something that is rather common among drug users, but expresses her strong disagreement with it.

P: I hate it! To sleep with someone for drugs! These are things which ... I never liked and never will!!! I will never think it's OK!!!

In another interview Petra again expressed her strong disagreement with this practice. However, it was in the context of a situation where her flat-mate was expecting sex from her for drugs and the possibility to live at his place. She expressed anger towards him and the attitude that she would never agree with such a transaction.

P: Well, he is making some claims on me!! Horrible, it is! I have never misused anyone!! I never slept with anyone for drugs!!! I never lived with someone because he had drugs!!! First of all, I can make it myself!! Second, I find it really disgusting when someone sleeps with someone for... one line... I hate it!!!

Petra also tells two stories in which she describes herself as someone who ‘saved’ other girls from doing it.

P: I also saved a few friends from it, or I went somewhere with them, where they were expected to do it ... and they didn't do it, because I was there! ...Everyone knows this about me that I don't approve of it!! I don't like it!!

In the following narrative, Petra explains that the way she prevented her friend from being involved in an exchange of sex for drugs was that she talked about it with her, but also with the man who was demanding the sexual services.

P: Once we came to the friend's flat, he immediately abused the girl who was with me! And I say: 'No way!!! I don't like that! She's my friend. Leave her alone!!! All right!!!'... Not that he abused her, but he wanted her to turn a trick for him and so on! And I say no way! That's not why we are here!!!

It is an important question, whether such a situation could be interpreted and labelled as prostitution. If we define prostitution, or involvement in the sex-business as not only the exchange of sexual services for money, but also for housing, food, clothing, drugs or other material goods (Maher 1997), we can interpret all the relations described by Petra as prostitution. When considering that the customers of the sexual services are not necessarily strangers or anonymous people, but very often acquaintances or friends (Inciardi et al. 1993), it is another argument to look at this transaction as prostitution.

On the other hand, none of the participants used the term prostitution for the activity which was somehow concerning them personally. We can see Petra naming the fact that the man was expecting prostitution (‘turning tricks for him’), but this was concerning the situation of her friend, not Petra personally. The common way to name such transactions was to refer to them as ‘to sleep with someone for drugs’. To become involved in these transactions, especially when it concerned friends, was not regarded as prostitution or involvement in the sex-business. This might be a valid reason not to label it as prostitution.

Another serious argument against labelling this activity as prostitution is that this term can be perceived as stigmatizing and evoking negative stereotypes, particularly when talking about ‘prostitutes’. Therefore, some scholars as well as practitioners suggest using the term ‘sex work’ and ‘sex worker’, or ‘person involved in the sex-business’. These are perceived as non-judgemental terms which are often preferred by the people involved. This is especially because they highlight labour and income generation and recognise consent and agency exercised through the decision to participate in the sex-business (Ditmore 2013).

I agree that probably one of the reasons why the participants did not refer to these activities as prostitution was that this term has a negative connotation. Therefore, they did not want to label something they or their friends might have had personal experience with. This

would bring the stigma of the word onto themselves.

However, I think it is also important to notice that when participants talked about the exchange of sexual services for drugs, they also distanced themselves from it, for instance, by claims that it is rather common, but they never do it; or they expressed disrespect to the women who are involved in it.

It is interesting to look at it from the point of view of agency exercised through the narratives. The participants stated that sex for drug transactions is rather common, even in their close surroundings, and there are narratives about their own behaviour which might be interpreted as sex work. On the other hand, most of the participants used narrative discourse through which they expressed their disagreement with such transactions strongly distancing themselves from it. For instance, Petra and Aurelia claim that it is something they would not tolerate, something that is disgusting for them.

A: It doesn't matter what people think but you need to have the stomach for it!! Really!!! You have to have the stomach and personality for it!!! Me personally, I'd rather steal a car or something!! ... You know what I mean?But not turn tricks.

The terms 'sex work' or 'involvement in the sex-business' might be seen as more appropriate since they endow the person involved with agency and consent. Nonetheless, I decided not to use these terms in my interpretation to label 'sex for drugs' transactions described by the participants. This is because, for instance, Petra and Aurelia were using narrative discourse in which they were rejecting involvement in this activity as such. It does not matter what level of agency one might exercise in it.

One exception from the narrative discourse in regards to rejecting sex work as such is Diana's point of view. She explains that it is acceptable for her to have sex with someone in exchange for drugs, but emphasises that it has to be someone who she deliberately chooses and likes.

D: Well, I know where to go!! Like knowing, OK, this could be fine! [...] Like, I know he has good quality meth and I also know that the guy is also good for, you know what I mean, like we already had a fling or something like this before.

Contrary to Petra, Aurelia and Laura, Diana says that she does not have a problem with what is clearly a 'sex for drugs' exchange. At the same time, she expresses this attitude in a way which endows her with strong agency. She indicates that it is she who chooses the man and suggests that she would probably be interested in having sex with him even without the drugs. So she places herself in a situation where she has as if nothing to lose and the drugs are a bonus rather than the only interest. Therefore, Diana's description of this activity need not be labelled as sex work. Although she agrees to be involved in a 'sex for drugs' transaction, she distances herself from what might be seen as 'typical' sex work – providing sexual services but not necessarily liking the person.

The discussion about the contexts of drug use in which drugs are offered seemingly 'for free' or in exchange for sexual services will be concluded with a quote by Diana. She defines her basic rule of creating space for herself in which she can exercise agency through choosing what she is willing to do in exchange for drugs.

D: That's always what I make clear at the very first moment!!! When I get the syringe in my hand I ask: 'What do you want for it??!!!' How should I understand it? I always make this clear!! [...] When they say something and I know it's not gonna work, then I return the stuff [...] I don't have a problem with this!! ... I go crazy because of how much I want it, but no way!!

In this narrative, Diana presents her agency as exercised by creating a space in which she can have control over the transactions, but the narrative also implies that those in her surroundings are prepared to accept her decisions.

3.2.4.4 Drug Dealing

An important part of the complexity of relations within the drug economy is drug dealing. Participants talked about drug dealing within two main contexts. Firstly, it was a topic about which they could demonstrate their competence and power within the drug scene. Secondly, drug dealing was mentioned several times as very good, and almost the only way to earn money.

Aurelia told several stories about meth manufacturing and dealing through which she was demonstrating her ability to produce high quality meth and at the same time have control over the distribution and selling. Through the narrative performance, Aurelia repeatedly demonstrated how the position of meth manufacturer and dealer allows her to exercise power over other people. In these narratives, she distanced herself from other drug users, but explained strategies through which she gains respect on the drug scene. In one narrative, this was described through demonstrating her control over the situation, as well as over herself not craving meth as others do.

A: Like for example, someone comes and asks: 'You have something?'

And I say: 'I do, but not for you! You are on the black list!' [laughing] ... I have no problem taking 10 grams and throwing it into the sewer! You know, it's just white powder for me! Nothing more! It doesn't have any value! [...] And the guy starts to jump around, and me, maybe after the fifteenth time: 'I'd rather throw it away than give it to you!' [laughing] And you see the guy go nuts!

As another strategy to gain respect on the drug scene, Aurelia describes her involvement in violence: she can demonstrate that she can defend herself; furthermore, she is not afraid to attack someone else.

A: Once there was this guy, he did not care that I was a woman!!

He said, 'You behave like a man, you get it like a man!!'

But I always stand up for myself!! ... I think that was the advantage for me [laughing]. Like, I was down on the ground and say: 'No way! This can't be!!' And I attack him again!!! .. And this way, I can say, you build respect! You know, like they see that the guy really beats you down on the ground, but you still don't give up! You go for it! And then you get the respect! Like you build it! .. And you need that, especially when you deal with stuff like that [drug dealing]!

There is, however, more to this story than only the need to build respect and defend one's position on the drug scene. This narrative very well reflects the gendered character of the drug scene. The position of women within the drug economy is the focus of many scholars (e.g. Denton 2001; Grundetjern and Sandberg 2002; Inciardi et al. 1993; Maher 1997). Some studies portray women as subordinated and at the periphery of the drug economy. However, more recent studies challenge this view. Although the drug economy is perceived as male-dominated, many authors recognize the strategies that women develop to deal with their disadvantaged position to become successful dealers. Thus, the violent behaviour can be interpreted as an inseparable part of involvement in the drug economy (e.g. to prevent being robbed of drugs and money); as Aurelia comments, *'you need that, especially when you deal with stuff like that'*. It can also be interpreted as one of the strategies that Aurelia uses to build respect for herself on the drug scene as a woman. She said that it was necessary to behave *'like a man'*; she had to prove that as a woman she is *'as good as a man'*. She describes in the narrative that when she occupies the traditionally masculine position: *'you behave like a man'*; she cannot expect special treatment because she is a woman: *'you get it like a man'*.

Diana also talks about her strategies for successful drug dealing. She describes how she exercises power over other drug users, but her narrative discourse in this situation is more about *'being smart'* or *'tricky'* to be a successful dealer. She described the various tricks she uses to make the price of the drugs higher. For instance, when she knows that she is the only person

who is in possession of drugs somewhere, she can set the price much higher than is common and people will buy it anyways. She also described a situation where she was intentionally injecting someone in front of people who did not want to buy drugs from her because of the high price. As Diana explains, she uses this trick, because she knows it is difficult for buyers to resist the craving when they see another person using drugs.

Aurelia and Diana also depicted how the possession of drugs gives them power which they can exercise over other people. In the narrative discourse, the strong power dominance is expressed by distancing themselves from these people and putting them into a lower position. In her narratives, Aurelia placed emphasis on the fact that the important subjects in her environment towards whom she was exercising power were men. Her narrative discourse, through which she was presenting herself as a violent but respected person was important in defending her role as a woman in an environment dominated by men. Diana's narratives about her involvement in drug dealing did not emphasise whether the transactions were with men or women. This is similar to what Grundetjern and Sandberg (2002) describe in their research on female drug dealers. They explain that some female drug users adopt strategies such as desexualisation, a violent posture, or emotional detachment to become 'one of the guys'. These strategies, similar to Aurelia's violent strategy, are used to show that women can be equal competition of men in the drug economy. Besides these three, Grundetjern and Sandberg (2002) also recognize a fourth strategy – service mindedness; this does not compete, or compensate for the lack of masculinity, but is perceiving the drug-business in a more gender neutral way. Although Diana's strategy was not service-mindedness, but rather a strategy of 'being smart and tricky', her narrative discourse does not reflect the gendered roles within the drug economy.

Besides the narratives in which drug dealing has been described as a source of power and dominance, there were also stories about drug dealing through which participants described it as a good and sometimes only way to earn money. Therefore, these stories differ quite substantially in how the participants describe their exercise of agency in them, as well as in the narrative discourse. Drug production and dealing were presented not as something they deliberately chose from a variety of options, but rather as the only option left open to them.

Both Petra and Laura mention that they do not want their partners to be involved in meth manufacturing or dealing. However, at the same time, they see it at some point as the only way for them to earn money.

P: I don't know... I want to help him, because I know that he can really work hard, and the cooking [manufacturing meth] ... he also hates it!! .. But how else do you want to earn some money?! So, like, someone calls him, 'Will you make some?!'

So he says yes, because there is nothing else he can do! You know what I mean?! He gets his share from it!! He can sell it, or stuff like that, you know?! And gets money! But he really hates it!! He wants to have a job! Earn money!! ... Like to have a job and live in a decent place. [...]

L: We can have money and everything, but for the price that Marek cooks up the meth, you see?! Because then people give you everything! Of course! .. Because they want meth! And that's like something I don't want, [...] or he can search for a job, but that's hard. He had a job for seven years, but lost it!!!

The crucial obstacle mentioned to finding a legal job was a criminal record, because employers often reject applicants with criminal records for most positions. The criminal record was mentioned by Aurelia as an obstacle to finding a job, therefore, she states that meth manufacture, dealing and other criminal activities are the only sources available to her for earning money.

A: I was doing completely everything. It doesn't matter if it was flats, cars [burglary and stealing], and so on. Like a bit of everything! It is necessary! When you are on the street and the like ... they don't want you in a normal job.

Aurelia also expressed anger towards her family, who want money from her, without understanding that she cannot find a legal job. In her narrative, Aurelia lists sources of money which she sees as the only ones available to her.

A: They still can't understand it, that I can't find work!!! I can tell them whatever I want, but they just don't get it!

They say: 'Go get a job!'

Where should I get a job?! I say: 'You don't get it?! You are like dummies!'

They make me so angry that I tell them: 'You want money? Alright, so during the day, I will babysit your daughter!... In the evening I will ask if I can stand on the corner! If he has five whores there, I will be the sixth!!! And on top of it all, in the night, if I have time and don't feel too tired, I will cook up some meth, so you have enough money!!'

When we look at the narratives from the point of how of how agency is exercised in them, it is very interesting to see how the topic of drug dealing is represented in two rather opposing ways. In one way, drug production and drug dealing are described by Aurelia and Diana as activities they are highly competent in and can exercise power over other people through them. These are stories told with a 'strong agent' narrative discourse. They depict themselves as being violent and smart, thus successful in the drug economy. However, there are also narratives about drug production and dealing where the participants put themselves or their partners in positions of victims of exclusion from legal work. They describe the exclusion from the labour market as a reason for being involved in drug production and dealing. In these narratives, the important subjects are represented by the employers, who are perceived as a source of oppression, because they discriminate against people with criminal records. The other important sources in the environment are the people who are willing to buy drugs. The participants describe themselves and their partners as exercising agency through meth manufacturing, because through this they use to their benefit the only sources which they see as available to them. The narrative discourse through which these stories are told is about victimization through exclusion from the legal economy, therefore a necessity to participate in the illegal one. On the other hand, this narrative discourse can be very useful in showing the interaction with, for instance, police or social workers. It allows us to position the perpetrator of the criminal activity as a victim of structural constraints rather than a villain.

However, the stories which are presented in the 'strong agent' narrative discourse, do not indicate that the participants are freed from oppression. They explain how they exercise agency through being competent, smart female dealers who can also defend themselves. Nevertheless, these narratives are clearly embedded in an environment which is violent, unreliable and potentially dangerous. Otherwise, these competences would not be important. Exercising agency in the interaction with other drug users by selling drugs to them does not rule out that the participants are not experiencing oppression and discrimination in other spheres of interaction. This is very visible in Aurelia's situation. To explain her situation, she uses both 'victim' and 'violent-strong agent' narrative discourse. This does not mean that one of them is less valid, but the opposite: it very well illustrates that these are the different dimensions in which she interacts with various subjects in her environment. These subjects (e.g. male drug users, family members, potential employees, pimps) represent various sources of support and oppression.

3.3 Motherhood

Except for Aurelia and Diana, all the other participants had experience with motherhood. Nonetheless, most participants also had experience with losing the custody of their children. For instance, Hedvika and Iveta, whose children were in the custody of their grandparents, or Sara, Laura and Petra, whose children were in the custody of their former husbands.

At the same time, several participants were going through intense motherhood experiences during the year I was meeting with them for the interviews. For instance, there was Hedvika, who was taking care of two children of preschool age, Laura and Sara, who both had a new-born baby, and Iveta, who was pregnant.

As follows from the above-mentioned information, motherhood was a very important and vivid topic for most of the participants. The presence of the children during the interview resulted in the children somehow being an inseparable part of the narratives. The longitudinal character of the study allowed me to obtain abundant data concerning the mother role and gain insight into their important life events, such as getting to know about their pregnancy or having a new-born baby.

In this chapter, I discuss various topics related to motherhood, capturing different stages of motherhood, from the moment of getting to know about the pregnancy (chapter 3.3.1) and having a new-born baby (chapters 3.3.2 and 3.3.3) to the situation of having two pre-school children (chapter 3.3.4). However, the common theme running through these chapters is the negotiation of the role of mother.

Becoming a parent can be perceived as a rather challenging period of life for many women as well as their partners. Except the crucial change that it usually means for the everyday life, it is challenging also due to the expectations that the social environment has from a woman who is becoming a mother. Some of these expectations might be related to what by some scholars is described as the idealisation of motherhood and the stereotype of the perfect mother (Klee 2002; Baker and Carson 1999).

The critique of the idealisation of motherhood points out that mothers are seen as being naturally caring, nurturing, self-sacrificing and wise; generally there is a kind of ‘denial that they may feel any ambivalence about their role’ (Klee 2002: 39), or that they might not want to become mothers at all.

Concerning the stereotype of ‘perfect mother’, what is questioned, for instance, for being based on white, middle-class, heterosexual ideas is about the biological mother as natural and automatically the best carer of the child (Baker and Carson 1999). However, as Klee points out, the stereotype of perfect mother is ‘one that is impossible to live up to, even in the most privileged of circumstances. Last but not least, because these expectations are in many ways conflicting, too demanding and simply unattainable’ (2002: 39). Therefore, it is possible to perceive the ‘perfect mother’ as an idea that one is being compared with and one that women compare themselves with, but it is hardly possible to reach.

Some authors point out that the idea of ‘perfect mother’ and what Thompson (2006) calls the idea of ‘wonderful child’, which concentrates only on the positive aspects of bringing up children, creates even greater pressure on those mothers who use drugs. Thompson (2006) states that women with the stigma of being a drug user usually already feel guilty and incompetent in their care of children. This pressure and feelings of guilt reinforce their fear of failure and low self-confidence.

However, it is important to point out that doubts about one’s own competence, or rather readiness to have children or feelings of guilt for possibly harming the child by drug use, were present in the narratives of some participants, but not very dominant. The participants in their

narratives did not compare themselves to the idea of ‘perfect mother’, but rather to the idea of ‘normal mother’, or ‘good enough mother’. These notions about motherhood need to be seen as socially constructed stereotypes, not objective labels; therefore, it is also not possible to distinguish a clear-cut difference between the ideas of ‘perfect’, ‘normal’ and ‘good enough’ mother. Since all of them can be expected to be natural carers or better carers than their male counterparts. The difference and also the meaning of these ideas is constructed through interaction. In this chapter, I discuss how participants negotiate the meanings of the ideas about motherhood in interaction with important subjects in their environment. Due to their drug use and insecure housing situation, participants had to negotiate particularly with institutions such as the Child Welfare Office, or asylums for mothers and children. The participants describe the need to convince the workers that they are ‘normal’ or ‘good enough mothers’ to be allowed, for instance, to move out of institutional housing, or keep custody of their children. In such situations, when their mothering competences were seriously questioned, the negotiating was far from aiming to prove that they were ‘perfect’ mothers, but rather ‘good enough’ mothers.

In the following four chapters, I will discuss what participants describe in their narratives as sources of support and constraint in their mother role and how they exercise their agency by using the sources to their benefit and deal with the constraints or oppression. I will also discuss the narrative discourse that the participants use to respond to the expectations of them as mothers from subjects in their social environment.

3.3.1 Unplanned Pregnancy

To our second interview, Iveta came with the news that she recently found out that she was pregnant. The pregnancy was not planned and during almost the whole interview Iveta was considering various reasons for keeping the baby, or having an abortion. In the first subchapter, I describe the complexity of the situation and the various pressures and expectations Iveta presented at the interview. In the second subchapter, I discuss the reasons why she decided to keep the child, which were discussed at an interview a half year later, when Iveta was already far into her pregnancy.

3.3.1.1 Considering Abortion

In the following paragraphs, I present important subjects which were mentioned in Iveta’s narratives in which she was considering abortion. She described her interaction with them mainly by describing the expectations she thought they had of her, or were directly expressing to her.

Iveta described that the situation was difficult for her, especially because of the pressure to keep the child that she felt from her partner Ota, who is also the father of the child. Iveta herself was not decided about whether she wants to keep the child or not, but she felt that Ota was angry with her, just for considering abortion.

I: Ota is angry with me, you know?! Because I want to give it away!!! But I’m not a hundred percent sure, I simply don’t know! [...] Ota maybe feels bad about it [...] and then he gets angry, or something, but he can’t be angry with me for something like this!

Iveta described that she perceived these expectations to keep the child as a restriction to her exercising agency. The exercise of agency is represented by the possibility of considering

and discussing with her partner all the options, pros and cons of keeping the child or not. Iveta also said that one of the reasons why she was not sure about keeping the child was that she perceived Ota's ideas about parenthood as naïve and unrealistic. She was not sure if she even wanted to stay with him.

I: For example, he thinks it's fun! Or he thinks it's cool when you become a parent! [...] His opinion is that it would be cool. ... But you know, I have different experiences with it.

More than the insecurities as such, Iveta explained that she perceived the main constraint to be the impossibility to discuss these things with her partner openly, to express all her thoughts and doubts. Being honest about her feelings became a priority.

I: I don't know. I guess he won't be super happy about it, [...] but I'm not the kind of person who would not talk about it, who would be silent about it. You know what I mean?! Maybe, I know, that sometimes it's really harsh! When I say it as it is. But what should I do?! Should I lie?! ... Or should I not talk about it?!

Another important source of insecurity and doubts was the housing situation of Iveta and Ota: at that time they were living together in a garden shack. On the other hand, this is also where Iveta's partner can be identified as an important source of support. Because they were both very unsatisfied with their housing situation, they both registered at the Employment Office to obtain housing benefits. As a result, they managed to find a place in a hostel and were about to move there.

Another important subject in Iveta's environment was her good friend Hedvika, who was described as a source of support in two main ways. Firstly, Iveta expressed great relief when she described how with Hedvika she could openly talk about considering abortion. She pointed out that it was important that Hedvika did not expect her to keep the child.

Iveta also described Hedvika as an important source of support because she offered to help Iveta financially if she decided to have the abortion. Based on the experience of her friends, Iveta was considering that she would have to pay around 4000 CZK for the abortion, or at least 700 CZK for the medical exam before the abortion. She was facing the problem of not knowing how to amass such a large amount of money. Hedvika expressed support by assuring Iveta that if she decided to have the abortion, she would lend her the money, since it was such a crucial decision that could not wait and it would not be right to keep the baby simply because she lacked the money for the abortion.

I: Like, if I didn't have enough money, she would give me some, for sure. [...] She said: 'Iveta! You know you can count on me!'

Like, that I could count on money from her!

On the other hand, the strong support of Hedvika can also be interpreted as expressing Hedvika's expectations to have the abortion. This is expressed, for instance, when Hedvika was teasing Iveta with the idea that she would be a mother living with the child at the hostel, thus supporting the idea that Iveta could not provide a good environment for the child.

I: Hedvika asks me: 'Don't they mind at the hostel you having a baby there?'

And I say: 'You are really stupid!! You are crazy!! Hedvika you know very well that I don't want to have it!!!'

She says: 'Well I know, I was just asking!!'

I say: 'You are really stupid!!'

Hedvika would be an important source of support if Iveta decided to have the abortion; not only financial support, but also for not judging her for doing it. At the same time, if Iveta decided to keep the baby, Hedvika would maybe support her doubts about whether being a competent mother when living in a hostel and using drugs.

When Iveta was discussing her thoughts about keeping the child or having an abortion, her own perceptions of herself as a mother played an important role. In this context, Iveta expressed

a lot of insecurities and doubts, giving several reasons why she thought it would be better to have the abortion.

The fact that Iveta was using meth played an important role: she perceived it as not right to have a child when using drugs. She also described herself as someone who is not able to take care of herself, therefore she should not have children.

This feeling of incompetence was heightened by the fact that partly due to her drug use she had already lost custody of her daughter. She also did not feel competent as a mother because she does not pay alimony to her mother, who takes care of Iveta's daughter. For this reason, Iveta is not allowed to be in contact with the daughter. For Iveta this is a vivid and painful problem that reinforces her doubts about herself.

I: I don't know ... I think I can't make it, to have ... a baby. [...] It's such a serious thing. Although it doesn't look like. You know, because of [the situation with] my daughter... it's not so easy getting up every morning with the thought. I think about it all the time. [...] That I haven't even resolved one ... and the second one is coming. You know, I don't want to be like that. I don't want to be stupid and bring into this world people who will be unhappy!

Iveta's situation is represented by various sources of support as well as constraint, especially in the forms of expectation of what Iveta should or should not do. The situation is even more difficult since the expectations of important subjects such as her partner or good friend are contradictory. Iveta described her agency as being restricted especially by her partner's expectations that she keep their child and the fact that he is not open to discussing Iveta's thoughts and doubts about it. As such, Iveta's narrative discourse expressed much doubt and insecurity. This is particularly noticeable when she talked about her own perception of herself as a mother.

On the other hand, through the discussion of the various expectations that the different subjects have off her, Iveta became more confident about expressing how she thinks and feels about it. Over the course of the interviews, her narrative discourse changed from being rather puzzled by all the expectations and insecurities to being clearer about what she thinks and feels.

I: Because I don't feel it as right, you know?! Like, it would help me, or make things easier! Or that something would get better! I absolutely don't feel it this way! [...] The fact that you are pregnant doesn't automatically mean you have to deliver it, does it?!

She also changed the narrative discourse in which she was planning what to say to different subjects about this matter. For instance, she decided that she would talk openly to her partner about wanting to have an abortion.

I: Like, I'm not gonna lie to him, right?! And I will not do things which I don't want to... That would make things even worse for everyone involved, wouldn't it?! Like, if I would be saying 'no, no, no' and then all of a sudden went there!

Iveta decided to see a gynaecologist. However, when expressing her decision to see the doctor, she expected the gynaecologist to pressure her, to try to convince her to keep the baby, so she tried to prepare what to say to her.

I: I'm gonna do it!! [visit the doctor] ... I will say, like, simply I can't. But maybe she will want me to change my mind?! ... But I will simply tell her that I don't feel like having it!

After this, Iveta stated that she would go directly to the drop-in centre and try to make an appointment with the doctor.

I: I'll tell her what's going on. So maybe she will give me an early date, maybe already next week, or maybe she will be free already this week! ... I have to go there and solve it! The medical check-up! [...] I have to go there! Magda, you know, I really have to go there!!! So I will go to the drop-in, ask Adam to help me find the telephone number and call there from the drop-in. [...] That's what I'm gonna do! I'll go and ask Adam! Now! He will help me with it!!

In this narrative I identify the drop-in centre as another source of support. Iveta planned to go there to ask for help to find a contact for the gynaecologist and call there. It was also with the pregnancy tests that Iveta got for free from the drop-in centre that she discovered she was pregnant and not just having a delay in her period. She also planned to go there to have a shower before going to the doctor, since she did not have the facilities to wash at the shack where she was living.

The subjects in Iveta's environment were offering support, but it was often not free from expectations of what Iveta should or should not do about her pregnancy. This in my interpretation represents constraint since because of this it was difficult for Iveta to discuss all her ideas and feelings about the situation. However, I see Iveta as exercising her agency during our interview when she openly expresses what she thinks and feels about the situation and plans how to communicate her opinion to others (e.g. her partner, gynaecologist). When she decides to visit the gynaecologist, she exercises agency by identifying the drop-in centre as a possible source of support and plans to use the support.

3.3.1.2 Decision to Keep the Child

The next time I met with Iveta was a half year later and she was far into her pregnancy. She explained that she had decided to keep the child, because of the overall improvements in her life and with her partner, Ota. This was related to approaching their common aim of leading a 'normal life'. She reported that although they did not see it as a perfect solution, they were happy to have stable living conditions in a hostel. Ota had found a job in construction; therefore, they were planning to save money and move to an apartment. Iveta was abstaining from drugs and looked very satisfied and happy.

From one point of view, this development could be understood as the consequence of the pregnancy, which served as strong motivation to make important changes. Children certainly might play an important role in the motivation for changes in life, such as abstinence from drugs, for both men and women.

What I find interesting in Iveta's narrative about her pregnancy and decision to keep the baby is that this decision for change was already made before the pregnancy. Even before becoming pregnant, Iveta was talking about the 'desire to have a normal life'. As a part of fulfilling this aim, she and her partner registered at the Employment Office to obtain money to move from the garden shack. At the same time, they reduced the intensity of drug use (as described in the chapter about reasons for abstinence). Iveta explains that the main reason for the changes to a 'normal life' was that she was not enjoying drug use anymore. Nevertheless, it was also important that she and her partner had a common goal together and a reason to support each other.

I: I think it has changed because I wanted to change it. [...] I was living like that for two or three years ... and I didn't like it anymore. .. You stop doing the normal things, you know? Like to take care of yourself and so on. [...] Also, Ota didn't like it anymore, you know?! Like, both of us!

A crucial factor for Iveta for successfully approaching a 'normal life' was the stable housing. She described it as important security and a stabilising factor.

I: It's great! You have a bathroom! Heating! You can cook! [...] It's more secure, you know?! Like when you have your own keys and you can go there. ... Even if you don't have anything to eat sometimes, but you can always manage somehow, when you live at least a little bit normally! When you make an effort! And it pays off for everyone! When you make an effort! There is always a way! And the more you make the effort, the better it goes!

Iveta's narrative expresses her opinion that the most important factor is one's own

decision and the will to change. In her narratives she described what they were actively doing to make the change (e.g. applying for social benefits, actively searching for housing). However, she also expressed their ability to use the resources available to them, such as Ota's opportunity to work, or visiting the drop-in centre where the social worker helped them find accommodation, but also supported them by constantly appreciating their effort.

Thus it is not possible to say whether it was the housing which led to the work and the work to abstinence, or whether it was the pregnancy which led to abstinence and this to housing, or whether it was just a matter of strong will to change. Instead, we can recognize how one thing was strengthened by another in a context of the availability of support and resources in their environment and their ability to use them. As reflected by Anderson, motherhood might not be the only strong motivation for abstinence, but motherhood identity is what can connect women drug users 'into mainstream society and can provide them with a source of empowerment outside of drugs' (2008: 27).

3.3.2 Negotiating 'Normal' and 'Good Enough' Motherhood

In this chapter with two sub-sections, I present the narratives of Sara and Laura, who both had new-born babies during the time I was conducting interviews with them. There are several things they had in common with each other and Iveta; for instance, the transition from unstable to more secure housing conditions and living in a fairly stable relationship with their partners. Another point they have in common with Iveta is that Sara and Laura were using meth during pregnancy and after the birth of the child. I will discuss their different views on their drug use and the various forms of motivation that caused them to either quit using drugs or continue.

Due to the fact that they were all in the mother role and at the same time using drugs, one could expect that they were confronted with the expectation to quit using drugs since these two roles conflict or do not align. This expectation of abstinence is related to the idea that the pregnancy will be strong and sufficient motivation to quit immediately (Anderson 2008; Klee 2002). However, in their narratives the participants do not talk much about the expectations of quitting using drugs, but rather about the confrontation and questioning of their mothering competencies. Two possible ways of how to deal with the questioning of mothering competences and the exercising of agency will be discussed in the following two sub-chapters.

3.3.2.1 The 'Drug User-Mother' Ambiguity

When I met Sara for the first time, she had a three month old son, Daniel, and was living with him and her partner Martin, who she was just about to marry. They were living in a hostel, and later moved to a rented apartment.

Sara had been using methamphetamine during pregnancy and also after the child was born. As was already discussed in the chapter about reasons for drug use, Sara was using meth as a means to overcome depression. Furthermore, she explained that it is an important source of psychological relaxation which helps her deal with or prevent depression, but also solve the tension in the relationship with her partner.

S: I relax! Like, not physically, but psychologically I relax! [...]The relationship and all the emotions are difficult for me! So when I use it, I can chill, I can relax! I have peace of mind and can reset my brain! Without it, I could hardly make it!

These benefits of meth are very important to Sara as she described them as a source of

support to feel well and deal with demanding situations and problems, thus functioning well in the role of mother, or as she says, *'This is what I believe: content mother, content child!'* However, it was very important for Sara to emphasise that her need for the psychological relaxation that she attains with meth is not related to her child; on the contrary it concerns her psychological problems (i.e. the relationship with her partner). As she says, *'It is not that we handle the situation [of having a child] better, it is that we handle each other better!'*

Her argumentation is interesting to compare to Laura's, who described her initial reasons for drug use as a way to deal with the demanding care of children and household. On the contrary, Sara strongly opposed the idea that the baby would be the reason for her drug use, but stressed that it was the psychological strain caused by her relationship with her partner.

S: You have to look it like this: Daniel is the one who is the most normal of the three of us! Like, he behaves like a normal average Six-month-old baby! It's me and Martin who are not normal! It's us who don't fit in! So when you look at it like this, he has it harder with us, then we do with him!

Although Sara had these important reasons to continue in her drug use, which were in her view helping her fulfil the mother role better, she also expressed the fear that the drug use could be a threat to their parenthood. She explained that she is aware that drug use could have a negative impact on their child; therefore, she also developed several rules for her drug use through which she aims to protect the child from any possible negative effects. For instance, she explained that they always use meth in night when Daniel is asleep.

S: Like the highest peak, when you get really high, when it's really on, during that time he has to be sleeping ... so he doesn't see it.

Besides using only during the night, she described the rule that they never go outside when they are intoxicated, or when she feels tired the day after, so that no one sees her when she is not completely fit.

S: Like, I don't go out with Daniel, like, I don't do it when I don't feel fit. ... Everyone has some rules for that, and so do I! [...] So one rule is that I don't go out with Daniel when I am high! I simply do not!!

Another rule concerns the amount of used drugs.

S: You are not high for several days. Like, you have it once in the night and that's it.

Sara also describes how even during intoxication, she learned to be in *'constant control'*, or *'even in the highest point of the intoxication to keep an eye on the baby'*. This is something that she said her partner does not do.

Here I recognize Sara's agency as exercised through the control she is taking over her drug use and the situation. She explains that she has decided to use meth, because she identifies it as an important source of support; however, at the same time, she exercises control over the amount she uses, as well as the length or type of activities done when intoxicated. Thus, she is able to fulfil her role of mother.

When Sara was talking about the reasons for drug use as well as the strategies that she has developed to combine drug use with her mother role in order to protect her child, I saw her agency as also exercised in the narrative discourse she uses: she explained to me, but potentially to everyone who would see her drug use as only negative, that she knows very well why she is doing it. It was important for her to emphasise that there are both positive and negative effects, but by considering both, she deliberately chooses to use drugs. This is well illustrated in the following narrative.

S: So, that's my view on drug use!! Of course, the experts on drugs and abstinence would say it's completely stupid! But tell me, how do you know what's right and what's wrong?! Like, I think that everyone should find out for themselves. If someone wants to do it, and it works...and you can see it works!! We were at a hostel! Now we are here [rented apartment]! ... We can make it somehow! We pay our rent, everything ... And Daniel is taken care of! ... So where is

the border between what's right and what's wrong?! !

It is, however, possible to interpret certain ambiguity that is contained in this narrative. On the one hand, it is important for Sara to point out that she knows very well why she is using drugs. On the other hand, there is a strong need to explain or defend this opinion to others. This narrative discourse is related to the expectations of the subjects in her social environment. In the following sub-chapter, I will discuss Sara's narratives about the expectations of several subjects in her environment and how she responds to them.

Negotiating what 'Normal Motherhood' is

In this sub-chapter, I focus on the important subjects in Sara's environment with whom she was negotiating her role of mother. These subjects were particularly those at the maternity hospital, Child Welfare Office, harm reduction services and Employment Office. However, it is important to point out that in this chapter I am not presenting the interactions with all the important subjects in Sara's environment, but focus on those where the double role of drug user and mother was perceived as somehow problematic, and thus had to be negotiated. These were also the interactions about which Sara talked the most. However, there were also interactions with subjects such as Sara's good friend who was not described as questioning Sara's mothering competences, therefore, there was no need to negotiate or defend them.

The subjects in Sara's social environment who were perceived as the most important sources of constraint were the doctors in the maternity hospital and the Child Welfare workers. Sara said that what she found to be the most difficult was that they were critically questioning her mothering competences. Although Sara did not say whether this was directly expressed by the subjects themselves, in her narratives she connects their negative and suspicious attitude towards her as a mother to the fact that they knew that she was using drugs and living in a hostel.

Sara describes her experience at the maternity hospital as the first situation where she encountered problems and had to negotiate her competence as a mother. A few days after she gave birth, when it had been decided that she would be released from hospital, the doctors decided that she should stay longer, because Daniel had not put on enough weight. Sara tried to convince them that she knew what to do, because she already had three children and was experienced. Nevertheless, she described a situation where despite her argumentation, the doctors overtly doubted her competence.

S: The doctor was trying to convince me that it would end badly!! That he would lose even more weight!! That he would be dehydrated!! And by the end of the day we would end up in a hospital again!! [...]

And I tell her: 'If I don't have [breast] milk, I will buy it! Because I am competent to assess the situation to the extent that if it is needed, I will buy him milk!'

She says: 'Well, so far you haven't been able to assess the situation correctly!!!' But you know, the whole thing was about that we had written in our documentation that we are junkies, homeless, and therefore not able to take care of Daniel!

Sara also commented that she could actually understand that the doctors might have been worried. However, she described herself as being angry, because they did not value the experience she has or the knowledge she was demonstrating to them; instead, they judged her on the basis of her using drugs.

S: Like, on the one hand, I understand it, of course. But I really tried to talk to her in a way that she could see that I know what to do!!! [...] I tried to talk to her in a way ... that she could understand that I'm not stupid! But obviously it didn't work! [...] It seemed to me that she was talking with me, excuse me, but like with some fucking junkie who has a child and can't take care of it! ... I was hoping that from the way I was talking to her, she would understand that maybe I am a fucking junkie, but not so stupid that I wouldn't know what to do!!

The mistrustful behaviour of the doctors at the hospital was contrasted by Sara to the behaviour of another doctor who came to check the baby after they were released from the hospital. Sara describes her behaviour as supportive, because she did not imply any negative stereotype, even though she knew they were using drugs and was visiting them in a hostel room. *S: So the doctor came for the check-up ... the same day we were released from the hospital. She looked at him, weighed him, read the report from the hospital and asked: 'What was the matter with them?! Why didn't they want to release you?! He's a beautiful, healthy boy! He will put on some weight, don't worry!' And she also had all the information [about the drug use]!!!*

Sara explained that because of the problems in the hospital, and the fact that they are living in the hostel, they are also intensely scrutinized by the Child Welfare Institution.

When Sara later moved with her family from the hostel to a rented apartment, she described the social workers from Child Welfare continuing to make random unannounced calls at their home. Sara stated again that she understood that they were coming for regular checks because it was after the baby was born and they had been living in a hostel. She also stated that she was never informed about any reason for these control visits; therefore, she started to perceive them rather as a form of 'bullying'. Sara explained that she wanted to know the reason for these visits and was planning to ask the Child Welfare workers about it. In order to be able to negotiate her rights better, she wanted to learn some information about it in advance. Therefore, she described that she searched for the information on the internet.

S: I just went online and typed 'Child Welfare – what they can and cannot do, duties and rights', or something like that! There was loads of information, so I read it and found out that they have to come if they have a suspicion. It was described there what and how it exactly is according to the law! I learnt it by heart so I could tell them if I needed to!

Sara comments that later when the Child Welfare worker came for a control visit again, she used this knowledge and asked them to tell her why they had come and that she would like them to announce the visits in advance, since she would like her husband, the father of the child, to be present too. Sara concluded that from this time, the workers did not come again.

Both interactions, with the doctors in the hospital and the Child Welfare workers, are described in a similar way. Sara identified them as a source of constraint, because she perceived them as only exercising control over her. In both cases she admitted that she understood that they had some reasons to do it, but in both cases she explains that what she found oppressive was the mistrust they expressed towards her and that they did not consider her experience and knowledge. Therefore, in her interaction with institutions which she perceived as oppressive or even 'bullying', Sara exercised her agency through defending herself as being a competent and good mother. In her interaction with doctors and workers who were suspicious of her competences, she pointed out that she had already brought up three children, therefore is an experienced mother and knows what to do. In contact with the welfare workers, she also exercised her agency by firstly learning about her rights and then enforcing these rights in communication with them. Finally, she also exercised her agency by pointing out that she was not the only parent, therefore her husband, the father of the child, should also be involved in the interaction. The narrative discourse which Sara uses to explain her position in the situation is to present herself as experienced and knowledgeable – not only in childcare, but also as a person who does not want to accept practices which she perceives as intrusive and possibly even violating her rights.

In this context it is important to notice that Sara points to an example of interaction which she perceives as supportive: giving an example of the other doctor who was not questioning her mothering role based on the fact that she is a drug user.

Sara described a different negotiation of her role of mother in her interaction with the drop-in centre. She said that she and her partner were used to going to the drop-in centre for many years. Furthermore, she explained that they go there not only for needle exchange, but that it is also an important source of social contacts; she likes to go there just to talk with the workers who she perceives almost as friends. On the other hand, Sara reported that since she became pregnant and after the birth of their child, they both stopped using the exchange service in the drop-in centre and very rarely go there. Although they both continued to use drugs, also intravenously, she explained that they started to buy needles in a pharmacy, do the exchange through friends, or use the exchange service in the outreach program. Sara explained that the reason why she does not want to go there is because she would not feel comfortable to openly admit that they continue to use drugs when they have the baby.

S: Like, I don't have any negative experience, but it's because we have Daniel. Neither of us wants to go there! Like, to show that we need exchange! When they know that we have Daniel! Simply we don't want it like this!!! [...] I wouldn't feel comfortable! I don't care about what they think!! But I wouldn't feel good about it! That's all!!

In further discussion, Sara considered that it is not that she would feel uncomfortable in front of the workers, but namely in front of these who she knows better. That is also why they started to prefer an outreach program which allows them, in their view, more anonymous contact.

M: And if there were someone you didn't know?

S: Then it would be ok! That's right! It's about the relationship, for sure.

The narratives about interaction with workers from the drop-in centre also relate to the negotiation of the mother role, or in the case of Sara and her partner the parent – drug user role. On the other hand, contrary to the interaction with doctors and Child Welfare workers which Sara described as oppressive, the interaction with drop-in centre workers is described as uncomfortable but not oppressive. Sara states that the contact is uncomfortable for her, but not due to some negative behaviour from the workers, but rather her own feelings about the situation, where she feels confronted with her role of drug user and mother at the same time.

The narrative does not provide enough information to understand whether the uncomfortable feeling was caused by her perceived expectations that she should be abstaining because she is a mother, or whether there were other reasons at play. However, it well illustrates that the expectations and negotiation about them is a mutual process between the person and subjects in the environment. In her narrative, Sara indicates that she does not feel uncomfortable because someone would directly confront her with some stigmatizing expectations. Rather, it is her own perception of a certain clash in her roles which causes the discomfort and leads her to avoid contact with certain subjects, to avoid the uncomfortable feeling.

The presented examples of interactions between Sara and the subjects in her environment represented by doctors, Child Welfare workers and drop-in centre workers provide some insight into the context in which the negotiation about the mother role, drug use and the bad housing situation happen. I interpret that the interactions are perceived by Sara as uncomfortable and even oppressive, because they represent the expectations that she is not a competent mother, which Sara does not agree with; there is also the expectation that she will abstain from drugs, which she does not want to. On the other hand, Sara exercised agency using several narrative discourses through which she negotiated her mother role in the context of drug use.

When describing the interaction with the drop-in centre, Sara reported that she prefers to silence the drug use, when talking with the workers and also when using different sources of needle exchange. In this situation it is also possible to perceive that Sara and Martin exercise

agency in finding different ways to reach harm reduction services which they need, by exchanging needles somewhere else, or through other people.

Nevertheless, there are contacts with institutions where Sara cannot silence her drug use, nor can she simply avoid them. This especially concerns the Child Welfare workers and doctors. Sara explained that although she does not openly admit to using drugs, she perceives that the workers and doctors apply their negative stereotypes on her. These are related not only to drug use, but also living in substandard conditions. In her interactions with these subjects, Sara used the narrative discourse through which she presents herself as 'normal', 'experienced' and 'knowledgeable'.

Normalizing narrative discourse is used in narratives through which Sara pointed out that in many respects she is a normal mother, or that they are a normal family and do not differ from 'average mainstream people'. For instance, Sara discussed that she knows about the higher risk that children of methamphetamine users can be diagnosed with ADHD syndrome, but she points out that this can happen to any other family as well.

S: Daniel contradicts all that they say, like, about children of drug users. I know it could have ended up differently, but there are so many variables at play! Those things, you never know what's gonna happen! Like even the baby of macrobiotic, university educated people can have ADHD! [laughing]

The 'normality' was pointed out by Sara when she was stressing that the story she was telling me was not perceived by her as being in any way specific to someone who uses drugs. For instance, she described a situation of having arguments with her partner about how to bring up their child.

S: Sure, when we are at home together for too long a time we have quarrels! ... But this, particularly this, I find to be absolutely normal!! This has nothing to do with the fact of whether people are junkies or not!!

She also depicts herself as a 'normal mother', when explaining that sometimes she is nervous when the baby is crying for a long time, but comparing it to the experience of any other 'mainstream mum'.

S: At the moment you get furious, it gets on your nerves! And the baby is still crying! You feel like throwing it out of the window, because you can't stand it anymore! But of course you don't do it! You don't show it, because you know that's wrong! You just need to learn to deal with it! ... And that's the same for a person who is OK [not using drugs]! Even the mainstream mum can't stand the kids sometimes, you know.

In this narrative, she not only presents herself as 'the normal mother', but also contesting the ideal of 'perfect mother'. If 'perfect mother' is defined as someone who never gets furious with her kids, then it does not exist. Sara is not trying to compare herself with his ideal, but she is affirming to be a 'normal mother'.

Sara's narrative discourse in which she relates to the 'normal mother' also challenges or redefines the whole idea of what it means to be a 'normal mother'. For instance, she challenges what it means to have sufficient material support for the child, by pointing out that although they do not have much money, they secure for the child everything that is needed.

S: For Daniel, we always have milk and diapers! That's something we always have! If we didn't have money for anything else... even if Martin had to go and collect [scrap] metal [to sell]! We would have milk and diapers!

Sara also explains that to challenge or redefine the ideal of what it actually means to be a 'normal mother' is for her an important part of argumentation in her interaction with institutions such as the Child Welfare Office. However, she adds that placing the idea of 'normal' mother into a different, wider perspective is important for her personally. It not only provides her with the confidence that she is good enough, but also helps her appreciate what she has and feel more satisfied with her situation.

S: That's how I always comfort myself, or defend myself. Like, of course, it could be better, or different! But if you want to be psychologically ok, you should be satisfied with what you already have. Because the worst thing is when you have something, but you want something else and you think something else! Like, if these three things are not in accord, it's bad. Like, we are part of the smaller half of humanity who have a good life! Can you imagine the life of more than fifty percent of people on this Earth? They don't even have drinkable water. You know what I mean?! ... And for me, you know it's not just idle talk! I really think this way!

To negotiate her role of mother role, Sara also uses narrative discourse in which she presents herself as experienced and knowledgeable; for instance, by pointing out her experience in bringing up three children. This is contained in her narrative about the doctor who does not mind if Sara comes with Daniel for a vaccination one week later than planned. Sara explains that she appreciates that the doctor does not judge her as a bad mother because of this; also because she knows that if there were something serious, Sara would not neglect it.

S: Especially I don't have to feel like a bad mother, because I'm one week late for a vaccination. I know it's not ok, but it's so much easier for me when I know I don't have to pretend anything! ... Simply, that's how it is! Daniel is alright and she knows it! When there is something serious, I really do take care of it!

Another narrative discourse used by Sara was one in which she was emphasising her knowledge and ability to find important sources of knowledge if needed.

During our interviews, Sara very often discussed, for instance, various approaches to bringing up children, or knowledge about the mental development of children. In these discussions she often referred to respected experts in the field as well as to their books. Several times Sara also referred to the internet as a very important source of support for her, when it comes to searching for information. For instance, she described how she was searching for information about the possible harm of methamphetamine use during pregnancy. She mentioned several scientific studies on this topic, which she had found and studied in order to learn more about it. As was already discussed, the internet was also a resource for learning about her rights as a client of the Child Welfare Office.

3.3.2.2 The 'Good Enough' Mother

When I met Laura for the first time, she was pregnant and during that time living with her partner in random places, usually in a garden shack. When I last met Laura, she was living with her new-born son Luke and partner Marek in a rented apartment in a village outside of Město.

Laura's narratives, which will be presented in this chapter, are closely related to both housing conditions and motherhood. I will describe two housing transitions which she went through during the time I was meeting with her. Therefore, this section will also be about housing. However, the reason I decided to put it here is that during the housing transitions, she was in intense contact with various institutions with which she had to negotiate their trust in her abilities to take care of the child. In a wider context, this was important negotiation about her mothering with the stigma of drug use.

Development towards Abstinence related to Child Birth

When I was meeting Laura during her pregnancy, she commented that she continues to use meth and that this is especially due to the very bad housing conditions she was currently living in. While pregnant, she was staying with her partner in a garden shack with many other people. It was common to move from one place to another, or to hear arguments among the people

living in those places. She explained that sometimes she was using meth just to relax from such demanding situations.

L: When I can't take it anymore, when I feel exhausted, also psychologically! ... And when I just needed to rest and not think about anything.

After Laura gave birth to her son, she quit using drugs. This was mainly due to the fact that directly from the maternity hospital she went to an asylum for mothers, where she was under scrutiny of the asylum workers and the Child Welfare workers who organized the stay in the asylum home as the only chance for Laura not to lose custody of the child.

Despite the surveillance, Laura describes one incident when she was outside of the asylum for a whole day and used meth; however, she saw it as a rather bad experience, since she did not enjoy it. When she returned to the asylum, she was also stressed about someone noticing her intoxication.

After two months she moved with her partner to a small apartment and started to use meth again. She said that even in this more relaxed setting, she could not enjoy it as she used to before. This was mainly due to the need to take care of the child.

L: Anyways, you can't enjoy it! You have to be ready to take care of Luke all the time. [...] You can't enjoy sex either, because you have to take care of Luke! Or even going for a walk or something is out of the question, because someone has to be with him, of course! And since at least one of us has to be with him, the only thing you can do is to do something on your own, at home. And I'm not interested in that!

This change is interesting in contrast with the previous reasons for meth use. As I have discussed in the chapter about reasons for drug use, Laura started to use meth to gain energy when she was exhausted from the demands of taking care of her three daughters and household. Now she does not feel the need to do it for this reason. She explained that looking after one small baby who is entirely breastfed is much less demanding. She also now knows that in the long run it is not possible to escape the tiredness.

L: Back then I had three children! And I did it only because I needed the stamina! [...] And nowadays it's been quite some time since I've used, so I already know that in the long run it does not help you to have more energy! Sooner or later it gets you! So it's true, I do not escape into using it so often anymore.

It is interesting to notice that similar to the narratives of Iveta and Petra about their reasons and development towards abstinence, Laura also said that it was not based on any strict decision to quit using drugs. It was more related to the other important changes in her living situation. It follows from Laura's narrative that just the fact that she got pregnant was not a reason to abstain. After the child was born and she moved with her partner into an apartment, she stated that she did not have a strong urge to use drugs despite the opportunity to use them. This was partly because she could not enjoy it as she had before and partly because she did not need it as support to deal with stressful situations; she was living in a fairly comfortable apartment and looking after one child was not too demanding. So it is possible to look at it from the point of view that, similar to Iveta, Laura also stopped using drugs as a partial result of having a baby. However, in both cases, it was not the pregnancy as such which provided the only reason, but the other changes, particularly the stable housing, which was an important factor.

Negotiating 'Good Enough Motherhood'

As was already noted, due to homelessness and drug use, Laura was in the later months of her pregnancy and after the birth of the baby under the scrutiny of several institutions. This was namely the Child Welfare Office, the workers of the asylum home for mothers and children, and doctors. All these subjects played a very important role in Laura's narratives as sources of support and constraints, especially in the transitions from one housing facility to another.

Laura's description of the interactions with these subjects is very important in that she emphasizes how she had to negotiate and defend her mother role and competences. In the following paragraphs, I will discuss the interaction with these important subjects and interpret Laura's exercise of agency in this context.

Similar to Sara, Laura stated that she understands that the Child Welfare Office has reasons to get involved in her situation, since her situation prior to the child birth was not good. However, what Laura saw as very negative about the relation with the Child Welfare Office was the particular behaviour of Mrs. Novotná, the worker responsible for her case. Firstly, Laura depicted her as a source of oppression based on the stigmatizing and domineering way in which Mrs. Novotná communicated with Laura. Secondly, Laura describes her as a source of constraint to Laura's effort to acquire standard housing, where she could live with her partner.

Laura described various forms of behaviour of Mrs. Novotná which she found highly uncomfortable and intrusive. She said that Mrs. Novotná visited the drop-in centre several times and tried to get information about Laura and her drug use. There was also a time when she accompanied Laura to her visit of the gynaecologist to get information about Laura's state of health directly from the doctor rather than her.

L: She was with me even at the gynaecologist! No kidding! Can you believe it?! ... She wanted to know if I wasn't lying to her! And if I wasn't neglecting something! And whether I went for check-ups regularly!

However, it is important to note that in one way, Laura described the Child Welfare Office as a source of possible support. This is related to the situation when Mrs. Novotná came up with the idea that Laura should contact a psychiatrist. Laura described the situation as one that initially did not sound like too strange or bad an idea. As Laura said, 'when you consider what all I've been through', referring to experiences of domestic violence and several suicide attempts, 'there was clearly a reason to visit a psychiatrist'. Laura agreed with the idea of visiting the psychiatrist, not only to fulfil what Mrs. Novotná was asking of her, but also in the belief that the psychiatrist would help her.

L: I went there because Novotná wanted to be sure that after the baby is born I don't go mad or something bad happens! ... And I quite agreed with that. I said it's wise, because even myself, I didn't know what's gonna happen.

However, Laura's view on the situation changed when she realized that contact with the psychiatrist, although compulsory, demanded regular visits every three months as a formality and form of control, rather than as a source of support for her.

This was already expressed in Laura's description of an argument with Mrs. Novotná about how the psychiatrist would be chosen. When Laura realized that Mrs. Novotná found the psychiatrist through a random search on the internet and did not know her, Laura became opposed to going.

L: I tell her: 'What do we know about her?! I don't want to go just to anyone! Especially if even you don't know her!' And I also tell her: 'I have my doctor, Mrs. Procházková, so if you want I can visit her! But I definitely don't want to go to someone who you just randomly found on the internet!' [...] I also sent her some links which showed that 7 out of 10 people had complained about her, that she was not interested in the people who come to her. And I tell her: 'Based on the opinion of this lady, you want to decide if you will let me keep my son or not?!' I say no way!

Furthermore, after the first visit to the psychiatrist (suggested by Mrs. Novotná), Laura said that he felt that the psychiatrist was not interested in her, or in helping her; she was just doing it out of duty.

L: She never asks how I'm doing. She just writes in the report that I don't seem to be making attempts to kill myself. Depressions so far yes. And I don't seem to be using any addictive substances or the like. That I seem to be calm and feeling good. She always writes this shit and

asks me to come in three months. In 20 minutes it's done!! Do you understand it?! And this is the person who gives me the stamp saying that I'm normal and can have my baby!

Laura perceived the behaviour of Mrs. Novotná as oppressive and derogating; she described an example of this when Mrs. Novotná was treating her unprofessionally in front of the psychiatrist when she asked Laura to leave the office so that she could talk about her with the psychiatrist alone.

L: After half an hour, I had to leave the office so that the girls could talk. Novotná asks me if I can wait in the hall, because she needs to talk to the doctor about what to do next and so on.

However, Laura also described her response to their behaviour.

L: And I asked why?! Are you intending to talk about me! I would also like to be present!

And then she tells me again: 'But we need to discuss something'.

So I say: 'OK! So it was not that you were actually asking me! It is not that I have a choice. So next time, don't pretend to ask me, just order me to go away! To wait outside for a decision made by you!'

So that was it. I waited outside! In ten minutes I was allowed to return and they told me that they decided that I have to come to meet the doctor every three months.

I see Laura exercising her agency in this context, firstly, by making an effort to use the contact with the Child Welfare Office to her benefit. This is represented by her agreement and willingness to meet with a professional with whom she could discuss her situation and traumatic experiences. However, this source turns out not to be available to her, since the meetings are of only a formal character. Furthermore, Laura describes the Child Welfare worker and the psychiatrist as a source of oppression, since they do not allow her to participate in a decision, or even a discussion about the rules or content of the visits with the psychiatrist or Child Welfare Office. In this context, Laura exercises agency by at least verbally expressing her disagreement and opinion.

Laura describes a similar experience, characterized by surveillance, control and lack of support, when she talks about her stay in an asylum for mothers with children.

In an angry tone, Laura described most of the duties she had to do in the asylum home as only disciplining practices, since she could not see any other point in them. As she also explained, it was not the activities as such, but their intensity or the impossibility of negotiating about them. This concerned, for instance, the everyday thorough cleaning of all the rooms, or compulsory attendance at the free-time activities such as outdoor theatre, even when it was rainy cold weather and Iveta's son was only two months old.

However, Laura also describes some more serious reasons why she did not want to stay in the asylum home. The first reason is related to the negative experiences with living in the asylum home with other women. Laura told many stories in which she described an unpleasant atmosphere, because of jealousy, gossiping, arguments, fights, or thefts among the tenants. In general, Laura pointed out that she did not like to be forced to live with other women and children who had also experienced traumatic and hard situations, because it was making her feel even worse and more isolated. The discomfort she described was amplified by the fact that they were isolated in the country, with very little contact with the outside world or other people. Furthermore, she did not feel comfortable with the local people, because she felt like the 'black sheep from the asylum'.

L: It feels like it is written on my jacket [being from the asylum home]. Although my jacket looks far better than the jackets of the locals, it's me who has the stigma.

Another probably most important reason why Laura did not want to stay at the asylum home was that she was separated from her partner. Already when she was pregnant, she said she applied for a place in an asylum home. But the big disadvantage she perceived was the fact

that if she went there, it would not be possible to be there with Marek.

L: I don't know what we're gonna do! I'm on all the waiting lists, but don't know if they will accept me. Anyways, at earliest, it would be two months before giving birth, and I want to stay with Marek, of course!

Marek was present when she gave birth, but a few days after that, Laura was driven back to the asylum home and they were separated. Laura describes how she suffered from that.

L: From the maternity hospital they drove me here to the asylum home. ... Marek was present during my giving birth, but when they were driving me here I told him not to join us, that it would be too hard to part with him.

The policy at the asylum was not very open to visitors, including the fathers of the children or the partners of the women. Because the asylum is in a village where it is actually rather difficult to commute from Město, it also was not easy for Marek to visit Laura and stay for a longer time with her and their son, since there were only a few buses a day he could take.

After giving the long account about the constraints that Laura was facing in the asylum, she concludes that in some way it was an important experience for her, because it meant gaining very strong motivation to change her situation.

L: Like, those two months really gave me a lot! I can tell you! Like after one week I was going crazy [...] telling myself: 'This is not bearable! Not bearable!'

M: So it is good that it looks like you don't have to go there anymore.

L: [In a sad tone] If it goes well, then no.

In some way the situation in the asylum in which she did not want to stay anymore was a strong reason and impulse to exercise agency through searching for different housing where she could live with her partner and son as a family and without surveillance. After a few weeks of searching, Laura found an apartment in the neighbouring village, where they could all move. However, she said it took more than a month before they could actually move in.

Laura explains that the reason why it took such a long time was that, firstly, she had to negotiate the moving with all the institutions involved in her living situation. This meant she had to contact the Employment Office on this matter, because it is responsible for the housing benefits which would cover the rent. The most notable, negotiation was that of Mrs. Novotná, the worker from the Child Welfare Office, who was responsible for Laura's case. The negotiation about moving from the asylum home to an apartment was another situation in which Laura described the practices of Mrs. Novotná as oppressive. Laura stated that from the very beginning, Mrs. Novotná expressed deep mistrust of her and remained opposed to the idea of Laura moving outside the asylum home.

L: For a month I was communicating with Novotná and all the other institutions! To ensure that everything happened in the right order: the money, payments and so on! So that no one could say a word! I was also sending her [Mrs. Novotná] the contract, with list of all the furnishings of the apartment, so she could see! But nothing! Anyways she told me that I should not give notice of termination at the asylum! That I should stay there some more months! That that would be better. But I told her: 'No way! Don't count on that!'

However, after more than a month, Laura succeeded in arranging all the documentation, etc. and in cooperation with a social worker from the Employment Office and landlord of the apartment, they signed the contract and she could move in.

When talking about negotiating the possibility of moving out from the asylum home, Laura uses narrative discourse in which she describes herself as someone who had to present and defend herself as a 'good enough mother'. 'Good enough' in the sense that she would be allowed to live on her own with her family, without the direct assistance and control of institutions. This discourse was even more often used when describing the situation after she moved into the new apartment. Laura did not describe it as the end of a stressful situation, but

rather as the beginning of even greater stress. She explained that she perceived that particularly Mrs. Novotná expects her to fail in living on her own and taking care of her child. Therefore, Laura felt under pressure to prove that she is 'good enough' to overcome the expectations of failure.

Laura described that after they moved, there were several people coming to check on her and the situation, namely, a doctor, a worker from the Employment Office, Mrs. Novotná and another worker from the Child Welfare Office. Laura explained that she became very nervous and stressed in the expectation of all the visits. In some way, these checks were perceived as verification of Laura's abilities to provide a good and safe environment for her baby, thus a kind of test of her mothering role. She said that she was afraid that if they did not like something about the apartment or about her, they would see her as failing in the mother role and force her to move back to the asylum.

In order to do her best to prove that she could provide a sufficient or 'good enough' environment for the baby, Laura described how she and her partner were painting the walls in the apartment. As the worst source of stress Laura described the insecurity she felt about the condition of the apartment needing to be sufficient to be assessed as 'good enough' for living there with a baby.

L: I didn't know what I need to have! I was worried she would come and simply say: 'Not good'! You know what I mean?! Or that she would tell me that I have neglected something! That would be crazy! I was so stressed out! The night before the doctor was supposed to come I was puking! Sick from being so stressed! When she came I was all pale! [...] I was so worried that she would find a mistake! Doesn't matter what, like a humid wall! Or she could come and say: 'I don't like the stove! Or the heating! Or that the bathroom is too cold! You know what I mean?! Like she could find anything! And she has the stamp! If she says it is not sufficient for the child, then that's it! You can't do anything about it! [...] And I would have to go back to the asylum! It wouldn't matter that I'd paid for the rent already!

The same insecurity concerned the things she was supposed to have for the child.

L: What if it's not gonna be all right?! What if I show her the things I have for the baby and she tells me it's not enough? Not enough according to a list which you can't find anywhere! But you have to have it! But no one tells you what's all on the list! But those social workers they check you according to that list! You know?! So then it's just up to them, if they think you are ok, or not!

I would like to contrast this situation in which Laura describes the interaction with the Child Welfare Office as a source of stress and causing great doubts about herself with a narrative from a much earlier interview, before the baby was born, in which Laura talks about herself as a mother of three children.

L: Because as a mother I was always perfect!! I was great and that's true! Even my husband was defending me at court when we were divorcing. When it came to motherhood, no one said a single bad word about me! No drugs, nothing!! Really! I was also enjoying it! [...] When my daughters wanted to bake a cake, we baked a cake! If I didn't know the recipe, we just found one on the internet! If we didn't know something, we went to ask our neighbour, how to prepare pancakes or something. [...] I never tried to brush them off by simply saying that I didn't know how to do it, or that I wasn't interested. [...] I would play with them, read to them. I did not try to get rid of them by making them sit in front of the TV for two hours!

I interpret her ability to exercise agency through the way she convinces those in her surroundings about her being a good mother, in the strong conviction she has about herself as a competent or even 'perfect' mother. The fact that she is proud of how she brought up her three daughters is an important resource, which she uses in negotiation. On the other hand, I find it important to point out how insecure she felt in her mother role when she was under the scrutiny of the Child Welfare workers and perceived by them with the expectation of failure. The

narrative discourse which she uses also expresses her aim of being considered ‘good enough’ by the welfare workers, not necessarily ‘perfect’.

However, Laura stated that despite all the stress, the checks went well and were even a source of support for her, since she was appreciated by the doctor for creating very good conditions for her child and taking very good care of him.

L: So when the doctor came, she brought us some Christmas cookies, looked around and said: ‘Oh, it’s absolutely perfect!’ And that I have done a really great job!! And that I should stop worrying, that there is no reason for that [laughing]! [...] She also likes Luke a lot, because he is fully breastfed. She always says that he is absolutely fine and putting on weight nicely! And, especially, she says, it’s because, as she can see, I take care of him very well!

She had a similar response from the workers of the Employment and Child Care offices.

L: When they came, one of them went to check the bathroom with me! And she told me that it’s very nice! Because we painted it blue! And that it is nice and clean! And then she asked me about the furnishings, so I showed her the dishes and everything we have here. [...] And then she wanted to see the baby’s stuff. Because they want to see that you have it in order: clothes, diapers, and how many you have. [...] And then I ask them: ‘So, how is everything?’

And they say: ‘Don’t worry! We will call Mrs. Novotná and tell her everything is all right here!’ And I say: ‘Ohhhhhh thank you!!’

In these narratives Laura describes not only being recognized as a ‘good enough’ mother, but actually being praised for doing very well. This she describes as a great relief and important support for her self-confidence. This regained self-esteem is well expressed in what she said to Mrs. Novotná, who called her to say that she had received positive reports about the control visits.

L: She says: ‘I hear only good things about you! Everyone is just praising you!’

I say: ‘What did you expect?! What did you expect?! Tell me!’

She says: ‘No, nothing, it’s just good that you managed everything!’

I say: ‘I was just planning to visit you, to show you Luke and so on. But I have been quite busy now, before Christmas, because the social workers come here almost every day.’

She just says: ‘Ohh, I’d just like to wish you a Merry Christmas! Have a nice time!’

I think myself: ‘Stupid cow! Wanted to rid me of custody even before the baby was born! She was never any help to us! She never made it easier!’

Due to the initial mistrust and constraints, compared to the praise from the other social workers and doctor, the compliment from Mrs. Novotná is not seen by Laura as such, but rather as a sign of her stereotypical judgement.

3.3.2.3 The Role of Partners, Friends and Family

In the previous two sub-chapters, I discussed the negotiation of Sara and Laura with their surroundings about being ‘normal’ or ‘good enough’ mothers, particularly institutions such as the Child Welfare Office. As I already mentioned, for these interactions it was characteristic that Sara and Laura’s mother role was somehow questioned or problematized. That is why its meaning needed to be negotiated. The discussion of these interactions provided a good possibility to understand the exercising of agency, especially through various forms of resistance towards negative stereotypes or oppression. On the other hand, the role of other subjects in the participant’s environment, such as partners, friends or family members, also represented important sources of support. It is probable that since these relationships were not seen as problematic or threatening, they were less talked about. However, I want to focus on them in this sub-chapter, since participants exercise their agency in these interactions, mainly by using these important subjects as a source of benefits.

Klee (2002) points out that informal sources of help can be a very important form of social and emotional support, as well as of instrumental support such as practical and financial help.

Both Sara and Laura, as well as Iveta, who was expecting a child, were living in a stable relationship with their partner. They all describe their relationships as an important source of support in their mothering role, although the situation for Sara and Laura was specific: they both already had three children from a previous marriage. For their partners it was their first child. This different experience had an impact on their negotiation of their parental roles. Sara, for instance, reports that she is aware that she has the tendency to behave as the only one who is right. At the same time, she says she is aware of it and therefore tries to keep in mind to leave more space to her partner and let him find his way and develop a relationship with their baby. Laura said that it is very important for her to let fathers develop a strong bond with their children, which is something she did in her previous marriage and now.

Sara explained that she thinks it might be annoying for her partner when she has the tendency to explain everything about the care of their child. During the interviews at which her partner was present, they both agreed that it would be good if they had more people in their surroundings who they would perceive as good parents and thus learn from. Sara mentioned that the parents they have in their surroundings do not serve as a source of knowledge, experience or mutual help. This is either due to their excessive and uncontrolled drug or alcohol use, or, on the other hand, because they are former drug users who now do not want to have anything in common with people who use drugs.

Laura described how she misses some support from a wider social network. She explained that although they managed to make some important steps towards a more stable life, like moving into an apartment, she still feels vulnerable having to rely only on herself and her partner.

L: Well, things happen and because we don't have family around... No network, you know?! Like people who could help you when you need it, or you could ask for help, or have someone just to have a coffee with, you know?! So it's harder!

As was mentioned by Laura, family can be an important source of support. In later interviews she reports that although she and her partner had not been in contact with their parents or extended family for many years, they initiated contact with Marek's mother. Laura talked about it as a potential source of material support, and as their child's 'right to have not only parents but also grandparents'.

In the case of Sara and her partner, she explained that since the baby was born, Martin's parents have been of very important support. This was especially concerning financial help which allowed them to move from hostel to apartment, and other material support like food they bring from their farm in the countryside, or household appliances such as a washing machine.

Sara points out that important subjects in her environment are her friend Monika and her partner. Because they are not drug users, Sara relates to them as potentially important support with helping to look after her child. She explained that if she needed to ask someone to babysit, it would be them, since they are reliable. Sara also explained that she perceives this friend as a kind of 'indicator'. Sara describes herself admitting that even if one tries to have drug use under control, it might happen that things 'get out of hand'. She trusts that this friend would tell her if she perceived something was wrong concerning the care of her child. It would be more acceptable to hear about a problem from this friend than, for instance, from a Child Welfare worker.

3.3.3 Kindergarten and School as Support in Parental Roles

Of all the participants, only Hedvika had in her custody two children, Simon and Tina, who were of preschool age; Tina later started first grade. This allowed me a good opportunity to gain some insight in the role that kindergartens and schools played in Hedvika's life.

3.3.3.1 Kindergarten

Hedvika was talking about the possibility of putting her kids in kindergarten as an important source of support for several reasons.

The most often mentioned reason was that putting kids in kindergarten brings her some free time for herself. This she can use for resting, meeting with other people, or running errands. She adds that the kids themselves like to go there.

However, it was required to pay for their tuition, which was not always easy for Hedvika. Some months Hedvika simply did not manage to pay the fees, which was why several times the kids were present at the interviews. Because of the benefits, it has been possible for her to have both children in kindergarten. Hedvika describes how it was always a priority for her to pay the fee.

H: So I paid it, but it was from the food money. ... So now it's ... But at least I have peace at home! You know, I had to do it! Because, anyways, they would be at home the whole time! So I would spend the money anyways! This way they are at least in kindergarten! It's better, and they were also looking forward to going there again!

At some point Hedvika found a solution to the financial problems with kindergarten fees by taking the children to a free kindergarten. It was run by a non-governmental organization and provided for children from socially excluded areas, mainly Roma kids. Hedvika was very happy with this solution. Not only was it a great advantage that it was free, but the care and attention from the teachers was greater than in the standard kindergarten where she had been going before. She feels that it is important that the teachers prepare the children for school, because she does not feel very competent in this.

H: Yeah! It's great there! The best kindergarten I've been to! There are four teachers and five kids! But sometimes there can also be ten or fifteen, but usually there are around five kids! It's from eight till twelve o'clock. And they also teach them numbers and letters! Writing and so on! They really care about them! And it also doesn't cost much. It's great there! And they also like me!

But it is not only about the children: Hedvika also talks about how she feels in relation to the teachers at the kindergarten, or other parents. In both kindergartens, the standard one where she was going previously and the free one, she reports having a good relationship with the teachers. She also appreciated the various activities they were doing with the children. She expressed that she felt comfortable when she met with other parents there.

What I see as important to add is how the activities in the kindergarten and the good relations with the teachers served as support of Hedvika's parental role and as inspiration for activities she could do with the children. She described that in spring the children went for a trip to observe flowers in a small natural reserve inside of Město.

H: I didn't know about those special flowers, but Simon told me about them. That they were there and that it's very beautiful! He wants to show them to me, so we went there [...] and he showed them to me. It really was beautiful! [...] So we went there more times and spent the whole day there!

Before Christmas the kindergarten organized a workshop for children and their parents,

where they could make some Christmas cookies and decorations.

H: Like, no one knew how to do it [Christmas decorations], but I did because we did it at the asylum once. So it went well! I think it's nice, what do you think?! [showing me the Christmas decoration] I'm really satisfied with it [proudly].

Besides these inspirational activities, Hedvika also describes the situation when one of the teachers directly influenced her by telling her that it is very important that she comes for a party that they were preparing for the children. Although Hedvika did not plan to come, after the teacher asked her, she realized that it was important to come. She also commented that she actually appreciated that the teacher told her this.

H: She is great! [...] Once I did not show up there, or something. I don't remember what it was, but they were giving a party for the kids and parents. Later she took me aside and told me that they would have a party again, for the kids. I told her that I'm gonna skip that. But she told me that Tina is looking forward to it very much and that she would be very sorry if I don't come. So I told her: 'Ok, I see. I will come'. She said that I should surely come, that it will be great for Tina! So the teacher pushed me like this a little! Why not?!

M: Is it ok for you that she pushed you like this?

H: Yes! Sure!

3.3.3.2 School

Unlike in kindergarten, where Hedvika did not have to worry about school attendance, the onset of regular schooling was connected with doubts and insecurities for her. The time for Hedvika's daughter to start first grade was drawing near. Because I met Hedvika when Tina was already going to school, I could compare whether some of the worries were justified.

Although Hedvika expressed insecurity several times about being able to bring the children to school regularly, it was interesting for me to see the practice afterwards. For instance, during our meeting, which was at 10 am, Hedvika reported about her morning and how she managed to do her duties.

H: We overslept in the morning. At a quarter past we got up and one minute to eight we were at school! So we made it! And half past nine we were at the kindergarten!

M: So in the morning you go from the hostel to the school and then to kindergarten? And then you have free time?!

H: Yes! Till twelve.

Later Hedvika described how she actually manages to bring her daughter to school regularly and does not have a problem with too many absences. She explained that it is very important to avoid too many absences at school not to have problems with the Child Welfare Office. At the same time, she concluded that so far she does not have a problem with that at all.

Similar to the activities in kindergarten, Hedvika explained that she sees school as very supportive for her daughter, since it offers many free time activities which she can attend and also likes very much. It is important that if some of these activities need to be paid, Hedvika can cover it with social benefits.

H: On Monday she goes to choir, on Tuesday she has English, Wednesday is free. ... And on Tuesday she also has some science class. And on Thursday she goes to singing class. [...] And some of it is for free and some of it is covered by social benefits.

Similar to the activities in kindergarten, these activities of her daughter at school support Hedvika in her parental role. For instance, when she was deciding whether she would go to the Christmas party at the drop-in centre, it was a difficult decision, as there was also the Christmas concert of her daughter's choir. Hedvika explains that it was more important to go to the concert because she knows how important it is for her daughter. Similarly, like the teacher in the kindergarten, the teacher at school reminded Hedvika that it is important to attend these

activities. Furthermore, Hedvika said that the teachers communicate with the parents through email; for instance, they write what the children were doing at school, so the parents can ask them about it. Hedvika commented that she likes that possibility to communicate with the teachers.

3.4 Housing

According to ETHOS³¹ typology of homelessness and housing exclusion, ‘there are three domains which constitute a ‘home’, the absence of which can be taken to delineate homelessness’ (FEANTSA 2013).

They are the physical, social and legal domains. The physical domain means having an adequate dwelling (or space) over which a person and his/her family can exercise exclusive possession. Social domain is characterized by being able to maintain privacy and enjoy relations. The legal domain is represented by having a legal title to occupation (FEANTSA 2013). Fulfilling these three domains is understood as having a home. Based on the absence of one or more of the domains, ETHOS recognizes four main concepts which are rooflessness, houselessness, insecure housing and inadequate housing, all of which represent the absence of home.

The ETHOS definition of homelessness offers a very good tool for a deep understanding of the housing situation of people who are living in various forms of insecure and inadequate housing conditions. In the recognition of the physical, social and legal domains, it includes to the common perception of homelessness, which is often equated with rooflessness, a much wider spectrum of living situations. This detailed definition allows me to recognize various types of homelessness that the participants were experiencing. They experienced rooflessness, by ‘sleeping rough’ or in abandoned shacks in garden colonies, and houselessness, by living in women’s shelters, which were usually asylums for mothers and children, or asylums for victims of domestic violence, or asylum homes which were temporary accommodation for homeless people. They also experienced insecure housing when living temporarily with friends or family, which was characterized by lack of legal (sub)tenancy and often with the threat of violence. They also experienced living in inadequate housing, characterized by hostels. Despite being originally designed as temporary accommodation (not even as occupational dwellings), due to inadequacies in social housing policy, hostels have become a rather common accommodation option for low income families, or people living in socially excluded areas (e.g. Koncepce 2014).

Looking at the housing situation through the perspective of the ETHOS definition allows me to recognize that all the participant were at least for some time during the one year of my research experiencing homelessness. Despite the fact that the living situations of participants were quite different and variable, the majority of them, for most of the time, did not have a home which would fulfil the physical, social and legal domains.

This serious housing situation indicates that the topic of housing was one of the crucial characteristics strongly influencing the living situation of the participants and their partners and children. This was reflected in the fact that the narratives about housing constitute a substantial part of all the data. It was a topic which concerned every participant; all of them went through at least one change of accommodation in that one year. In most of the cases, the housing situation was different almost every time we met. Since there was a total of 25 interviews and focus groups, there were narratives about almost 20 different housing trajectories. This fact reveals not only the importance, but the dynamic of the theme.

In the following text, I describe various housing conditions and discuss the reasons and consequences of the transitions between them, as they were explained by the participants. Furthermore, I discuss the participants’ exercise of agency in the context of the various forms of housing, as with the agency exercised in the transitions. These transitions between different forms of housing were in some cases based on the initiative of the participants, usually to

³¹ Typology developed by FEANTSA – European federation of organizations working with people who are homeless.

improve their housing situation (e.g. moving from hostel to an apartment). In some other cases, the transition was rather a result of restrictions or oppression from various subjects in the social environment (e.g. fleeing from violence). Nonetheless, all the narratives concerning housing provided a very good opportunity to gain a deeper understanding of the participants' exercise of agency in the context of dynamic changes in their living conditions.

The exercise of agency in the context of housing is discussed in four main chapters, in which the various housing situations are based on some common characteristics.

In the first chapter (3.4.1), I discuss the link between insecure housing conditions and exposure to violence. In the second chapter (3.4.2), I describe housing trajectories for which there was constant moving between asylum homes for mother and children and hostels. In the third chapter (3.4.3), I discuss the role of family and relationships as a source of support in housing transitions and some situations of homelessness. In the fourth chapter (3.4.4), I discuss the lack of physical, social and/or legal domain as significant characteristics of the participants' housing situation, therefore, the need to understand their living situation in the context of homelessness.

3.4.1 Insecure Housing Conditions and Exposure to Violence

In this chapter I discuss the housing situation of Petra and Diana. They were both living in rather insecure conditions, often moving between different places, usually garden shacks and apartments, where they were staying with other people. Another common and very significant characteristic of their situations is their experience with violence, to which they were exposed in relation to the housing conditions they were living in. At the same time, I explain that it is not possible to draw a one way causal link between a homeless situation and violence. The relations between homelessness and exposure to violence are very dynamic. As is evident in both situations, fleeing from domestic violence can lead to homelessness, but homelessness can also lead to further exposure to violence.

3.4.1.1 Insecure Living in the Garden Colony Shacks

When I met Petra for the first interview, she was living in a shack situated in a garden colony. This form of housing was common for the other participants: Laura, Hedvika, Iveta and Diana were also at some time living in similar housing conditions.

The garden shacks were usually located in an abandoned part of the gardening colonies, which were in the centre, or not too far from the central parts of Město. The term shack represents a small wooden dwelling. The comfort level is variable, depending on whether the shack is equipped with a small stove, for example, or how remote the source of potable water is (usually located outside in the garden, but in winter the water source is usually closed). The comfort also depends on the number of people occupying the space. The housing conditions are also characterized by a legal status of usually no legal rights to occupy the place. The participants usually moved there when they found the shack abandoned or easily accessible (low level of security). Therefore, the participants sometimes relate to the garden shack as a squat (illegally occupied dwelling), or hut (if it has better facilities). Since the abandoned parts of the garden colony could be larger, it was also described by the participants as more people living in the same place, occupying neighbouring shacks and gardens.

This living of more people in one place was in some narratives described as a very positive part of the living situation, since it allowed them to establish a community kind of living. At one focus group, Petra, Laura and Diana, who were living at that time in the same

garden colony together, describe a division of roles and participation: different people were responsible for securing and cooking food; others for collecting and chopping wood; carrying water, etc.

However, parts of the narratives about common living were also complaints about arguments or even fights which sometimes took place.

L: Like, each of us has some duties, someone is responsible for food, someone for water, this and that [...] But sometimes it's hard. But I tell myself: 'You live with three girls, why are you surprised?!' [...] In the morning Hedvika is terribly moody, so sometimes she's yelling and is mean! [...] But each of us has something.

The garden colonies are also places where meth manufacturing can take place. As Petra explains, the meth manufacturing is something that causes a negative aspect of living in a garden colony, since the possibility of obtaining meth makes more people come to the place; after using the drugs, they also stay, sometimes for several days.

P: When I was living close to the Park, everyone was coming to me, constantly asking: 'Do you have some stuff? Do you have any?! I need to get some!'

This was happening all the time! [...] Of course, we know it! Typical junkies never have credit to call you! It's better for them to come directly! So, you are constantly bothered by someone coming to your place.

This presence of other people, once the place become known for its meth manufacturing also makes the place much less safe, since the flow of people cannot be controlled or effectively restricted. This concerns personal safety, but also the security of personal belongings which are stored in the shack.

Petra describes a situation where she returned to her shack after a few days and found that other people had moved into the place and had damaged or stolen her personal belongings.

P: So, basically, in this shack I had all my belongings from the last two years of my life. [...] Actually, when I look at it like this, I had my whole life there! [...] And they threw it all away! All my stuff! [...] I don't have my shoes! My brand new Nike sneakers! They are so precious to me! I got them as a birthday present! And fuck, now I don't have them! I miss my leather jacket too! And I don't have any pictures of my daughter!!! ...Or pictures of me neither! My documents, my papers! All gone! Thrown away!

Diana shares a similar experience.

D: I come there and realize my hut had been burgled! But I think to myself: 'fuck it!!' ... So I have only a few things left and those I have on me and in the washing machine right now [at the drop-in centre] [laughing]. [...] It's impossible to guard it, or keep it safe, the hut, you know?! If I manage to get in, everyone can do it too!

Although Petra mentioned several times that she likes the freedom and living with other people in the garden colony, she very much minded the presence of too many people which she could not have under control and the lack of privacy and safety. The fact that she could not persuade others to obey the rules about cleaning also bothered her.

P: I had a hut!!! ... And now it's just a squat full of rubbish. A few times, when I was cleaning there I was crying. They didn't care that I was taking care of the place, cleaning there. So, sometimes I came back, in an hour ... and everything was even more messy than before. [...] I simply don't want to live in such a mess! I hate mess! Even though I was a squatter, I care about order and hygiene! Those are my priorities, really!!

This narrative shows that although Petra was exercising her agency related to the ideas she had about living in the colony, by maintaining and cleaning the place, the disturbance from other people was so serious and unacceptable for her that she started considering moving somewhere else, where she could be safe from other people, mainly other drug users.

Although Petra was already concerned by the lack of safety for her things, as well as herself, the last drop which made her leave the place was some physical violence which she experienced from an acquaintance, who was also a drug dealer, who came to her place to demanding precursors and drugs.

P: Like, they are really behaving like big bosses. For example, they force people to cook up meth for them! Or force people to bring them precursors for manufacture, or they take things which don't belong to them!! They simply come, take what they want and leave! And if you don't give it to them, they beat you up! One of those guys is even capable of killing somebody! [...] He beat up everyone. He also destroyed my hut! [...] He almost killed a guy, or throw an axe at him, screwdriver, knife. He was chasing him all around the place. A real psycho!

After the violent incident, when the acquaintance also moved to her shack and she could not do anything about it, Petra described how she left the place and just roamed the streets for a few days wondering what to do.

P: One day, I simply left the place. [...] I was on the street, for two days. ... I was just roaming. ... Not on drugs! Clean and thinking! [...] I would rather roam for two days in the streets than be sinking down in that place.

Looking back to this incident, Petra concluded that she can actually be grateful to the man who occupied her shack, because it was finally the 'kick' needed for her to move out of the place, which she had already been dissatisfied with for a long time.

P: He really pissed me off! [...] Like everything was pissing me off!! That's why I said: 'Enough!!! I can't take it anymore!' ... And I left! By myself! ... From one day to the next!! [...] But I'm actually grateful to him!! Because of him I moved to the apartment! Because on the one hand, I needed that kick! Like go away from the place! From the hut!

In this narrative Petra stated that the possibility to exercise her agency in the situation was very low. She could not control the people who were coming to the place; in the end, it became impossible to protect herself from the violence. The personal space in her shack was occupied, so her possibilities to make decisions about this space were restricted; therefore, she decided to leave. This can be seen as an important exercise of agency, Petra emphasises in her narrative that it was her decision to leave, to prevent even worse things from happening to her.

After two days of roaming the streets, Petra met a friend who offered to let her move in to his place. Her friend was a former heroin user, currently living alone in a rented apartment and regularly going to work. Petra described their initial contract: the friend let her move in to his place, because he wanted to help her from the hopeless situation she was in. During the first two interviews, Petra said that she was doing some household chores, like cleaning, shopping and cooking in return for the possibility to live in the apartment.

But later on, Petra started to complain that the friend redefined their relationship to a partnership and, because she was living with him, he expected her to have sex with him. Gradually, he started controlling her – where she was going, or who she was meeting.

P: Now he is pretending to be my boyfriend and he's making some claims on me! So I don't like it there anymore!!! Today I stayed at my friend's place!! [...] And he's making claims like how is it possible that I was sleeping somewhere else?! Why did I do it?! [...] And he calls me and says: 'We will talk about that when you return!'

And I say: 'What????!!!! Who do you think I am????! What's that????!' I like to have a certain amount of freedom!! And nobody is gonna take it from me!!!

Petra's main plan was to find a job, in order to earn money to find her own housing. The friend used his contacts and helped her find a job as a waitress in a restaurant, but Petra said that she decided to turn down the offer since she realized it would be another way for him to control her, because he wanted to start work at the same place.

Despite all these things, which Petra described as bad, she talked about it as the only

possibility she had at the moment.

P: So I should, not that I have to, but I probably should subordinate to him! Although I was always against it! Being dependent on someone! But right now I have no other option than to live with him! .. And subordinate to him a bit!

At the next interview Petra described a situation where her flatmate had locked her up in the apartment; he also physically attacked her several times. The physical and psychological violence consisting of threats and humiliation were again the last straw that persuaded Petra to move out. She made a plan to move out when he was at work and then returned to a garden shack.

P: He's gonna go to work today, so I have time to pack my stuff and leave. ... because I would rather live in the hut again and go through all that stuff again! I know I will find a job! Because I know that I really want it!! I do want it!!! Than to be with him!! ... That's terrible! I'm not in the mood for that! [...]It's not worth it! To live there and go through what's happening there! Fuck that!

Although Petra perceived that her possibility to exercise agency is restricted by the control and inappropriate expectations of the flatmate, she did negotiate her position, for instance, by verbally making it clear that he has no right to control her activities or demand sexual practices from her. She was doing it, because she still perceived it as an important advantage to live in an apartment. This is similar to the first situation in the garden colony, when Petra was exercising her agency by searching for options of how to protect herself from violence. Here also the physical attack is described as the last straw prompting her to move, despite the fact that it meant moving back to a garden shack. Again, she exercises agency by stressing that she left the flat in order to protect herself from more violence, based on previous bad experience with domestic violence.

P: I've already experienced that! Before it was even worse than now, but since that time I promised myself that nobody is gonna do that to me again! [...] And you can predict it! Like it would be enough to leave it like that just a little longer. Like I wouldn't do anything about it! It would end up the same way as I already know! ... And I don't want that!!!

Petra's housing situation was strongly characterized by lack of safety and privacy. Although some of the people in her surroundings were friends with whom she preferred to live and were supporting each other (e.g. by sharing duties in community living), there were also people who she did not want to be in contact with, but could not avoid it. It was also the interaction with this environment where Petra exercised agency when negotiating the conditions of living. She described that as insisting on keeping the place clean and maintaining the shack as her private place. However, gradually it became less and less possible to have control over the people and use the place, including her shack; thus after experiencing physical violence and threats, she left. Therefore, the other way how Petra described her exercise of agency is that she made decisions and moved, using the sources represented by comfortable housing offered by a friend. However, also at this place she experienced oppression in various forms of violence from her flatmate. Although she was exercising her agency through negotiating her rights, after repeated physical attacks, she decided to move again. When describing the difficulties related to insecure housing conditions and experiences of violence, Petra used narrative discourse in which she expressed strong decisions and the ability to protect herself from violence, explaining that safety from violence is the most important priority for her. In the narratives, she describes herself as victimized by violence, but also as always able to protect herself.

Petra's narratives illustrate the relation between unstable housing conditions and experiences of violence. Although she described herself as a strong agent who can move from one place to another to protect herself from escalating violence, the real possibility to really be safe from the violence was rather limited. The structural constraints represented by the lack of

available safe space were limiting her agency to exercise an escape from the violence. I return to this topic once more in the chapter about violence, where I discuss why she did not perceive asylums for victims of domestic violence as a possible source of protection for herself.

3.4.1.2 Insecure Housing and Domestic Violence

Diana's housing trajectory is also related to domestic violence. During the one year we were in contact, she was moving between different places, usually garden shacks but also friends' flats in an effort to escape from her violent partner.

Initially, Diana was living with her partner in an apartment. He was working in construction and was earning enough money to cover all the expenses for the rent, as well as to buy all the supplies for meth manufacture. Diana explained that for this reason they were not dependent on anybody else and were manufacturing meth basically for their own use or for close friends.

At the first two interviews, Diana described her life with the partner as comfortable, although sometimes a bit boring, since she was not very interested or expected to take care of the household or have a job; neither did she have any hobbies.

However, later Diana also started to talk about control and physical violence from her partner. At our third meeting, Diana came with dark bruises on her face and a broken nose, which was the result of a violent attack from her partner just a few days before. After this incident, Diana left him and moved to a garden shack to stay with her best friend. This she described as an important source of support, to have a place to stay and a good friend. However, after a few days they had a serious argument and stopped talking to each other; Diana had to look for another place to live. Diana said that it was at the drop-in centre where she met a man who offered her to stay at his place in a garden shack.

D: I had nowhere to go!!! So I went to drop-in ... and there I met a guy I knew from before, but not very well. [...] But when he saw me, with all the bruises, you remember?! [...] He just looked at me and had tears in his eyes! [...] He told me I looked really fucked up! So what's going on?! [...] I told him the whole story and that I have nowhere to go, that I don't know anyone else. He told me that if anything happens, I can come to him. That till I find another place, I can stay at his place.

In the time after Diana left her violent partner she started binge drug use and it was a period of time when she was staying in different places, like garden shacks and apartments which were usually connected to meth manufacture. Although Diana was staying in all these different places, in her narratives she referred to the place in the shack offered by the friend from the drop-in centre as her 'base' or 'safety net', where she could come whenever she needed. She often went there to have a rest after several days of binge using.

D: At the same time, I don't live anywhere at all!! But I always have a place to stay, that's for sure! At least at his place I can show up anytime! ... That's guaranteed! [...] Just a few days ago I was there...for three or four days. ... I don't know exactly. I was sleeping the whole time!! [laughing] [...] He just woke me up when the meal was ready and told me to eat something.

It was also important support for her that she could leave her dog there, since he was big and sometimes mean to other people, so she could not have him with her all the time. Later Diana explained why she was glad that she had this supportive safety net from the friend, but at the same time why she did not want to move there. One of the reasons was that the friend was expecting her to have sex with him when she was staying with him in the shack. Once Diana described the negotiation about it with him.

D: He also expected that he would get me into bed and that I would be with him. ... But very soon I showed him the way, that there was no way!!! [laughing] ... I could do it – sleep with him – but I know that would hurt him, and he doesn't deserve it. Because he's really the only

one who helped me. More or less, I can say I actually tried to protect him, so he wouldn't be too fucked up from it. [...] Take it or leave it! Accept it as it is! [laughing]. He does not like it, but he has to!! Because that's my will! So he has to!

Diana explained that she made it clear that she would not get involved in a sexual relationship with him, also by wording it in a way that actually made it seem like she was protecting him from herself. She said she did not want to emotionally hurt him by only misusing his kindness. Another way that Diana clarified the boundaries between them was that she explained to him that she perceives him as a father figure rather than a partner and that this was the relationship she expected to have with him. She also started to call him 'daddy'; he accepted this role and actually started to perform the father role.

D: So now I stay at random places. Among others, I also stay at my step-father's place. [...] He even got so familiar with the role that when he saw me with someone somewhere, he said: 'Hey! You! Who are you?! That's my girl!' I was staring at him and thought: OK! [...] On one hand, I'm thinking: 'Hey man! Take a break! What do you want from me?!' [laughing] But on the other hand, I think it's fine! ... I'm making jokes about it all the time. But then he really stands up for me, like 'I'm your father!' and I say all right!! [laughing]

These narratives express how important a source of support this friend was; later called 'daddy', since he offered Diana a place to go if she had nowhere else, a place to rest and leave her dog. However, Diana also describes how she was exercising her agency by using this source of support and, at the same time, constantly clarifying the boundaries against his initiatives to shift the friendship to a sexual relationship. This she claims to be one of the reasons why she did not want to move there completely, but was staying at other places with other people as well.

For some time she was staying in an apartment with several other people, also drug users. Diana said that she was living there, because for some time she was involved in some kind of romantic relationship with the owner of the apartment. He also offered to let her have her own keys to the apartment and allowed her to stay there without contributing to the rent.

However, the relationship and her stay in the flat did not last very long due to a violent incident with her former partner. He found out that she was living there and went there to convince her to return to him. Diana described how they were talking outside the apartment and then he violently attacked her. No one from inside came to help or defend her, although she is sure they knew about it. Diana described this as the last straw when she realized she did not trust the flatmates and did not want to be involved in a romantic relationship with a man who cannot defend her.

During Diana's stays in various places, she also returned few times to the flat of her former partner. This was also mainly to have a rest; she knew it was crucial not to use drugs together, because the risk of violence would be higher. Diana said that after a few days he usually started with threats of violence and at that point she left the flat and went to another place.

D: After two days he tells me: 'You wanna end up like last time??!! Two black eyes and a scar under your eyebrow??!!' I started to cry and tell him: 'You're such a dick!' And I went away!

3.4.1.3 Lack of Security and Safety

Petra and Diana's narratives about housing conditions and transitions have several things in common. It is especially the violence they were experiencing: Petra from an acquaintance and later from her friend and flat mate; Diana from her former partner. For both of them, the experience of violence was the reason to move away. In both cases, it is possible to identify it as an important exercise of agency, since they did it in order to protect themselves from the violence. In both cases, it actually led to a worsening of housing conditions and failed to protect them from further exposure to violence; therefore, the need to move again. When

analysing the role of important subjects, it is possible to identify the important role of men who were the source of oppression as perpetrators of the violence. At the same time, it was other male friends who offered them support in the form of accommodation. However, in both cases, it turned out that this offer also included the expectation of sexual services in return, which made the situation for Diana and Petra uncomfortable and was one of the reasons why they did not stay. It is possible to see that despite the strong agency they were both exercising through escaping from violence and the effort to find different housing, their situations were significantly influenced by a serious lack of support from their surroundings (i.e. safe and stable housing). Safety can be characterized not only as safety from violence, but generally as a safe place where they can exercise control over people who enter, maintaining privacy and avoiding contact with drugs, if they decide to do so.

3.4.2 Drifting between Asylum Homes and Hostels

In this chapter I will discuss the narratives of Hedvika, who was living already for several years with her two children in various asylum homes for mothers and children. During the one year I was meeting with her, she went through many transitions between several asylum homes and hostels.

3.4.2.1 Pros and Cons of Life in Asylums for Mothers and Children

Contrary to Laura, who described the living conditions in asylum homes as almost solely oppressive, Hedvika's narratives showed both negative and important positive aspects of living in asylum homes.

Similar to Laura, Hedvika said that what she does not like about life in asylum homes are the other women who live there. Hedvika described it as difficult, because they are not people she would choose to live with, but in the asylum home, there is no other option. When talking about the other tenants, Hedvika used narrative discourse in which she put strong emphasis on distancing herself from the other women living in the asylum. Besides that fact that she felt that she did not have anything in common with them, Hedvika also reveals that a part of the reason she wants to distance herself from them is her mistrust based on previous bad experience. Therefore, Hedvika did not like to talk too much about herself with the other women, because she is afraid they could use the information against her in some way, or tell the staff things which Hedvika wants to keep secret. This is concerning especially the issues related to drug use. Although Hedvika agrees that some of the people in the asylum probably know that she uses drugs (meth and marijuana) and drinks alcohol, she explained that not taking part in conversations helps her keep the information secret and makes it easier to hide if she is in a state of acute intoxication.

H: So I'm there with the other women! Some of them are really wackos! It's not possible, or I don't know. I'm not able... I don't know what to talk about with them! [...] I don't have anything in common with them! [...] I don't like to talk to them. Maybe they are not bad, but I have nothing to talk about with them. What if I let slip something. They can use it against me!

M: Like, they get to know something about you?

H: Yes, and they are really able to use it against me! I think it could really make a lot of trouble for me! [...] You know, some of them are really ... you better watch out.

For the same reasons, she does not like to join the free-time activities organized by the asylum workers, although sometimes she does them, mainly because of her children, who like

to take part.

Like Laura, Hedvika mentioned that she minds the lack of privacy at the asylum home. Although her partner can come to visits her, they do not have privacy, so cannot be alone together.

On the other hand, contrary to Laura, Hedvika mentioned several advantages of life in the asylum home. She mentioned the 'luxury' of the facilities as important. Hedvika also stayed with her children in hostels, which usually meant one room, a shared bathroom and access to washing machines for a fee. Therefore, in contrast with that experience, the asylum facilities, which usually offer a room with kitchenette, their own bathroom and free access to a washing machine, were perceived as 'real luxury'.

H: It's great! We have a washing machine finally! Bathroom! Toilet! It's really great! I have a washing machine! I washed four huge bags of laundry! Luxury! Pure luxury!

A very important issue concerning life in the asylum is related to the level and type of control which is exercised over the tenants. Hedvika explains that she sees the control as both positive and negative.

The negative character of control for her are the rules regarding curfew, that she has to be back in the hostel by a certain time in the evening, and the rules that forbid being under the influence of drugs or alcohol. She describes them as sometimes difficult to keep, but admits that she sometimes finds a way to get around them, or decrease the disciplinary problems. This means, for instance, to prefer moderate use of meth rather than excessive drinking of alcohol, because that is more visible and would be perceived as a serious transgression of the rules.

H: I try not to use too much. I really try, and I don't drink! Of course! Well I do have a small glass of wine per day, or beer. Beer they don't mind. And the drugs – they don't know about it! You know, they don't recognize it! But still I try to limit it.

M: So if you are not too much, they don't recognize it?

H: Then it's ok. The problem is if I came in wasted! That would be a problem! [...] If I come wasted, it's a problem, but if I come stoned, they probably won't make an issue of it.

Another strategy related to the rules which Hedvika sees as restrictive is that during weekends when she is free to leave the asylum, she spends the time outdoors. She said that during summer months, when she was allowed to leave for longer periods, she and her children moved into a tent in a garden colony, where Hedvika's friends were living. Although Hedvika was officially living in the asylum home and paying rent there, most of the time she spent living outdoors, because, as she says, this was offering her more freedom compared to the control in the asylum home.

M: How is it during the weekends? Can you leave?

H: I can! I can leave even like for two weeks, if I tell them in advance. Actually, when I was there for the first time, I was hardly there the whole time! It was summer and the whole summer holidays I was out. I came there only to do laundry, or when I needed to bake some cakes for the kids or something like that. Otherwise, almost the whole time I was not there! I had a tent ... and we were in the tent [laughing].

However, in the narrative Hedvika described the asylum as a kind of 'base' where she could always go, for instance, to cook or wash. Although, as Hedvika explains, she did not stay there much of the time, the role of the 'base', where she could have all her personal belongings was very important.

Furthermore, in some narratives Hedvika referred to the asylum as a preferable place to stay, because she saw some level of control over her as positive, even 'necessary'. This attitude is demonstrated in a narrative concerning a situation where Hedvika was considering an opportunity to move to an apartment. Hedvika expressed worries that if she moved to an

apartment she would not be able to handle the situation on her own. As Hedvika explained, this worry that things will get ‘out of hand’ if she was not under control concern especially financial matters. She stated that the rent could be covered by the housing benefits, but she feared she would fail to transfer the benefits to the landlord. This she connects to her previous experiences, when she spent the housing benefit money in slot machines and created a huge rental debt at the asylum home. The huge debts were actually the reason she had to move from several asylum homes, as will be discussed later.

H: You know, I’m absolutely not sure if I wouldn’t do it again [slot machines]. [...] I really need it! To be tamed at the asylum house again. Really start to pay the debt I have. ... That’s also what I told them, because I could get an apartment. For 7000! Immediately! But somehow, I’m afraid of it. [...] and it’s cool like they would pay it all for me [Employment Office with housing benefits], but somehow I’m afraid of it. Seriously, I really need to be under surveillance for some time again.

M: What does it mean, the surveillance?

H: I need surveillance from someone [laughing]! I need to get back on track! Where I used to be!

M: What kind of track were you on?

H: Like, to live a completely normal life! Like, normally pay everything. Well, get high from time to time. Like, I don’t know, three or four times per month. But not like now. Not like I would take the money and go gamble.

Hedvika’s ideas about the control she says she wants from the asylum concern especially financial matters, for someone to help her balance the budget. But this also means having control over drug use. This she does not equate with abstinence, but with exercising more control over the intensity of use; for instance, using meth, but moderately so nobody can recognize it, or not using too often.

Hedvika also mentions as support one social worker from the asylum home who was according to her very enthusiastic about her work, but also motivating.

H: The social worker at the asylum, she’s a really cool woman! She, like, forces you!! But, like, she has some personal trick for it or what! Like she really manages to force the person to... at least try.

For instance, when she got to the problems; when she spent the rent money on the slot machines, she went to her to talk about it. Although she did not tell her the real reason she did not have the money, she had enough trust to tell her that she was having financial problems. Hedvika also explained that she is glad that she did not have to say openly why she did not have the money. Hedvika also said that the possibility of keeping some things secret was an important precondition for her to cooperate with the asylum home workers.

H: So, like, I went to talk to her, to tell her what happened. Of course, I did not tell her the whole thing. I told her that I lost my purse. Not that I spent it on slot machines. Like, they don’t need to know everything, right?!

M: If you told them that you spent it on slot machines, do you think they wouldn’t accept it?

H: They would! They would! But I don’t want them to know it! [...] I don’t know, like I don’t want to explain things like that to them.

M: Sure.

HP: They would start to be cautious with me! That would be bad! Then I would run away from there!

M: But you were also talking about some control that you want? How would that look?

H: Well, it’s enough that I’m there, you know! Because then I don’t dare do certain things, you know.

It is important to note that in the narrative Hedvika identifies just her presence, or living

in the asylum home as a source of support to exercise more control over herself. Therefore, the surveillance or control that Hedvika described as a desired effect of living in an asylum home can be interpreted as not necessarily exercised by someone over her. It is enough for Hedvika to live in an environment where there are certain rules which are expected to be kept.

Hedvika's narratives concerning her life in asylums for mothers and children reveal several characteristics which she perceives as negative or restrictive, such as some rules through which the staff of the asylum exercise control over the tenants. At the same time, Hedvika discusses the positive effects of the rules and controls, which she perceives as helping her gain more control over her life. This concerns particularly the intensity of drug use and management of her budget. In this example, the important subjects in the environment were represented by the asylum home as an institution as well as its workers, the social workers. In this example, it is evident how a subject from the environment works as a set of rules and resources. In her narrative discourse Hedvika states that both the rules and resources support her in her exercise of agency. For instance, she appreciates the material support of the asylum facilities, which she uses to her advantage and for her children. Hedvika considered the control or assistance of financial management as an important source of support. On the other hand, the subjects which are not described as sources of support are the other mothers who live in the asylum home. To some extent, they may be the reason why Hedvika does not want to get involved in the common activities organized by the asylum staff.

When talking about the asylum rules, Hedvika uses narrative discourse in which, on the one hand, she labels the rules as controlling; on the other hand, she positions herself as someone who actually should be under some level of control or surveillance in order to 'live a normal life'. Hedvika also stated that she wants to live the 'normal life', which she described as represented especially by not having debts, paying all her obligations regularly and on time and avoiding gambling. As a part of the 'normal life', however, she also described meth use, but in controlled way, three or four times per month. In her narrative discourse, Hedvika demonstrates that her goal of leading a 'normal life' is in fairly good accord with the asylum setting. By 'setting' I do not refer to the formal rules or expectations of the workers, but rather to what is 'possible to do there'. This means, for instance, continuing with using meth, but in a moderate way, so it does not cause the loss of the accommodation. I interpret the asylum home setting as supporting Hedvika's exercise of agency, not only by providing sources of support for her and the children, but through the certain flexibility that allows her to modify the rules to her own preferences. I interpret Hedvika's exercise of agency in setting her 'own rules' within the official rules of the asylum home, for instance, by continuing to use meth, but in a more controlled way, or by continuing living outdoors; but at the same time, using the asylum as an important supportive 'base'.

3.4.2.2 Vicious Circle of Life in Asylum Homes

In the forthcoming narratives, Hedvika describes the asylum home as a good or even preferred place to live. However, the repeated interviews allowed me to capture some fairly dynamic changes and housing transitions which Hedvika and her two children were going through during the one year. The reasons and conditions under which the dynamic transitions happened reveal that life in asylum homes can become, in some cases, something like a vicious circle.

During my research, I met with Hedvika three times; however, I was also in telephone contact with her several times when we were trying to arrange a meeting. During the year I have on record that Hedvika was living in an asylum, then moved to a hostel for a month and a half, then back to an asylum for mothers, then another asylum for mothers, two different apartments

and for the last four months of the year she was living back at the hostel. According to these records, Hedvika moved with her children six times within one year.

These transitions allowed me to gain rich data about the various reasons for the transitions and the strategies that Hedvika was using when solving the situation of having to move. In response to the dynamic changes, Hedvika's opinions about what are preferred and acceptable forms of housing were changing. Initially, to stay in a hostel for a longer time was for Hedvika unacceptable. After moving five times, living in a hostel was acceptable, if only she did not have to move again. The doubts that Hedvika had about living on her own in an apartment also changed. After changing her place so many times, when living in a hostel, Hedvika claimed that the only place she was willing to move is an apartment with her own contract. This was because that she perceived it as the only option which would prevent the need to move again.

In this subchapter, I discuss some of the conditions and situations that Hedvika presented as reasons for the necessary housing transitions.

As was already mentioned, only during the one year of my research, Hedvika moved three times from an asylum home for mother and children to different places, either another asylum home, hostel, or apartment.

The most often stated reason for moving from the asylum home was that Hedvika had rental debts, which she did not pay regularly. She said that usually when there was a debt for rent for several months, she had to move. Hedvika described a kind of 'chain of debts', in which she was often trapped. For instance, she did not pay two rents because she spent the money on slot machines. When she received housing benefits the following month, she did not pay the debt, because it was not enough money, so she used it to pay rent on a new place. Therefore, she had to move and leave unpaid debts in the asylum home.

M: How did it happen that you have ended up at the hostel? Some complications?

H: I'm the complication [laughing]. I gambled the money in slot machines! That's it!

M: You were at the asylum and then you gambled the money away?

H: Well they kicked me out of the asylum, as I hadn't paid rent for three months. ... I could have paid the rent for the third month, but I already knew that I could pay the one rent, but I would not have money to cover the whole debt. Instead I invested the money into moving to a new place. ... These are the complications I face almost all the time.

The transition usually meant moving to another asylum home, but later moving to a hostel became inevitable. Gradually, it became more and more complicated to move to another asylum home, since Hedvika had already been at least once in all the asylum homes for mothers and children in Město and its surroundings. In some of these asylum homes, she had debts on rent so they did not want to accept her. There is usually a policy that the client can stay in the asylum for only one year, or one and a half, and it takes some time till they can move there again.

M: Is the length of your stay at the asylum somehow limited?

H: Yes, for a year ... but some people are there longer, one and a half years or even two. After some time you have to move out,...but after half a year you can return. So you go for half a year to another asylum home and then you return. But I don't want this anymore! I want an apartment!

For the above-mentioned reasons, Hedvika was switching between different asylum homes and other housing options. Because there was no possibility to move to another asylum home, Hedvika moved with her children to a hostel. This situation lasted for one and a half months till Hedvika managed to find a place and move back to an asylum home. Retrospectively, she was talking about her stay at a hostel as very bad, and a kind of warning experience, since the living conditions in the hostel were horrible. But she was also very happy

that she managed to return to the asylum and solve the situation quite fast.

M: How long did it last, this in-between time?

H: Only one month and a half! [...] That was lucky! I managed to return to the asylum pretty fast [laughing]! Like I've been constantly calling them! That I can't make it at the hostel! Whether they have something for me, even a place in the crisis centre!

She also mentions that maybe this experience was good for her as a warning that she has to do something about her life, to prevent this situation from happening again.

M: So it was a kind of slip-up which did not pay off?

H: It was! But maybe it did pay off! Maybe I woke up finally! [...] Maybe it will take me half a year to recover from this experience, but I will make it! I know it!

As Hedvika explained, she needed to 'pull herself together', which meant especially to pay the debts and not create new ones as the only chance to stay at the asylum home.

H: I really have to pay my debts at the asylum! Pull myself together! Seriously! [...] But it seriously means to save every single crown! To pay the debts that I have!

Hedvika said that she also realized that the situation is very serious, because if she does not pay the debts and creates new ones, she will not have any place to go except a hostel, which for her is an option to be avoided at all costs.

H: Now I know that if I don't pay the debts, I have nowhere to go! Except the hostel and that's definitely not where I'm going! Never again! That was enough! Totally enough!

However, when I met Hedvika next after several months, she was living in a hostel and explained that she did not manage to pay the debts, and was moving to another asylum home, then two different apartments and ended up at the hostel.

Hedvika said that the housing in an apartment was offered to her by an acquaintance. They agreed on the rent, but did not sign a contract. Immediately after she moved in and paid the rent, the owner changed the lock and Hedvika and her two children were practically roofless.

P: Then I got an offer to move into an apartment! So I paid the rent – 4000. The apartment was beautiful! Everything was all right and in the evening I went there and the lock was changed! So I lost 4000!

To solve this crisis situation Hedvika moved to another apartment, which belonged to a friend. Again she paid the rent and moved there, but without a contract. She was living there for some time, but then the friend asked her to pay more money for the rent and when she refused, he threatened to change the lock and call the Child Welfare Office and announce that she is roofless with the children. Hedvika explained that after that incident she called the owner of the hostel to ask if she could move in since it was the only option she saw.

3.4.2.3 Transition to a Hostel

When summarizing all the housing transitions that Hedvika and her children went through, she concluded that to stay in the 'hostel is the best'.

H: After the asylum I was living in a hostel, and then in an asylum again, , ... then two apartments, and now I'm back at the hostel! And that's the best!

M: The hostel is the best?

H: Yes! It's fine! It's OK! [...] Really! I'm fine with that!

M: Better than the asylums where you were before?

H: I can tell you I'm really fed up with asylums! What are they good for?!

However, this claim needs to be interpreted in the context of all her experiences and whole development of the situation in which Hedvika was gradually losing housing options. In the end, the housing in the hostel became most acceptable for her, or even desired, but also the only option.

One of the important reasons why Hedvika accepted staying in the hostel was that she was exhausted from the constant moving and changes.

H: We're gonna stay at the hostel! ... I'm not gonna think about it again and again! [...] I really don't care where I'm gonna live anymore! I don't care! ... The only thing I know is that I'm not gonna move again! No way! [...] I'm satisfied here! I've simply decided that I'm gonna stay there till they give me an apartment!

M: I see, well, you were moving all the time, weren't you?

H: Yes, I was! I'm so tired of it! All the time you have to pack and unpack your things. And now the kids, also all the time moving with me! I think they are also pretty fed up with it!

Another reason why the hostel became an acceptable place is the relative safety from eviction that it offers. In the light of Hedvika's recent experiences with losing quite a large amount of money for paying rent to acquaintances without contract, thus the legal right to the apartment, the contract for one month and one room in the hostel was to some extent safe. It was also very important that Hedvika was allowed to change her permanent address to the hostel, which is one of the preconditions for receiving housing benefits to cover the rent. Besides threats, the problem with the rented apartment was that although the owner promised to allow Hedvika to let her register her permanent address there, it did not happen; therefore, she could not cover the rent with housing benefits to which she would otherwise be entitled.

H: I gave him 8000! And he promised me that I could have my permanent address there! And of course, by the end of the day, he did not allow me to put my permanent address there! So the Employment Office refused to give me housing benefits for it! The money I paid him were my savings! And again I lost it!

Another aspect which was perceived as security was that the housing benefits were sent from the Employment Office directly to the owner of the hostel and Hedvika did not get it in cash. This was different from the asylum, which Hedvika was paying cash with the money she got from the Employment Office. Therefore it happened several times that she spent it on something else.

In the narrative where Hedvika describes the 'hostel as the best', it is possible to recognize a shift from the previous narrative discourse. During the first interviews, when she managed to move from the hostel back to an asylum, she refers to the experience of living in a hostel as experience which helped her 'wake up' and 'pull herself together' so as to prevent herself from ending up there again. During our interview almost one year later, Hedvika talked about the same hostel as 'the best place' and that she is fine with staying there. The reason why Hedvika at first exercises her agency by depicting the experience of the hostel as a useful and important 'wake-up call', and, then later, as a place from which she is not going to move back to any asylum are the experiences in between. Hedvika's options to exercise agency are limited by more constraints than before. She said that it is not feasible to move to an asylum home, since there are not many left which would be willing to accept her. Staying there did not prevent her from ending up in a hostel in the end. On the other hand, experiences with much worse housing situations (paying money but being moved out, and becoming roofless from one day to another) also expand the space for exercising agency through the narrative discourse. The bad experiences with moving to the apartments allowed her to think and talk about the hostel as actually a good place with regards to the legal contract and the advantage of rent being covered by housing benefits. This example is a very good illustration of the important role of context for the narrative interpretation. At some point, Hedvika described the exercise of agency as important for avoiding returning to the hostel. She did this by using the asylum homes as an important source of support. However, when the situation changed (e.g. lack of resources, asylum homes not being available), Hedvika's ability to secure housing for herself and her children in the hostel became an important exercise of agency; it is placed into the context of the structural resources which Hedvika sees as available to her.

In the following paragraphs I provide some examples and a discussion of the narrative discourse which Hedvika uses to exercise agency in relation to the housing conditions in the hostel.

When Hedvika described the housing conditions in the hostel after living there for the first time, she used narrative discourse in which she pointed out how horrible and unacceptable the conditions were. This allowed her to emphasise her ability to move back to the asylum home shortly after and to stress her decision to do her best to prevent this situation from happening again.

H: It's a room of 3x4 meters, not more. ... You have one wardrobe, two beds. So you can't really move there. My things are always on one big pile. [...] And you live there in a constant mess! It's so small that it's basically impossible to clean up. The kids did not have any place to unpack their toys. Not even a table at which they could sit and eat. So they were eating on a bucket or a chair, or on the bed. Simply a disaster! It's a disaster when even your kids have no place to sit and eat normally!

When Hedvika described the housing conditions in the hostel, after she moved there second time, it is possible to recognize the difference in her narrative discourse since, instead of pointing out the negatives, she explains how she exercised her agency by 'mastering living in a small space'.

H: I have all my things packed under the bed! I managed to fix a small table and cupboard in which I have my dishes. ... And then I fixed another cupboard where I have more stuff. I also got a fridge! So it's fine! You can come for a visit! Well, after I clean there a bit!

Furthermore, as a part of the narratives after the first hostel experience, Hedvika describes the showers, bathrooms and kitchen as shared by more inhabitants of the hostel. For an extra fee of 300 CZK, there is access once a week to a common washing machine. She also explains that having this common washing machine causes problems, because it is usually not sufficient for her to wash clothes for the three of them only once a week. Another important disadvantage described by Hedvika is that there is no fridge available at the hostel. This fact is quite crucial especially when it comes to saving money. When it is not possible to put food in a fridge, one has to buy food every day in small amounts, which is more expensive than buying larger amounts which can be rationed for more days. If there are some leftovers from cooked meals, they are usually thrown away, because they do not last until the next day.

H: There is no fridge! So you can't buy food not even for two days in advance! You have to buy food only for the day! And some of it goes off anyways, or they do not finish it, so you constantly throw away food! So you also throw away money!

After Hedvika moved there for the second time, she pointed out how she managed to solve the problem with washing by using the washing machines at the drop-in centre. And she got a fridge from a friend. She also emphasised how the possession of a fridge and access to a kitchen allows her to save money, because cooking your own food is an important and convenient way to save money.

In the upcoming narratives, Hedvika uses a different narrative discourse when talking about the same housing, but at a different time. First, she exercises her agency in the narratives by pointing out her ability to move away from the place; later, she exercises agency by pointing out her ability to function well despite the difficult conditions. What I find to be important about this shift of narrative discourse is that it allows one to see that even conditions which were initially perceived as completely insufficient and oppressive can still provide some space for exercising agency. At the same time, this is not to deny or relativize the conditions that were unsatisfactory and oppressive in many ways, but to understand that even there agency can be exercised.

Referring to the Child Welfare Office is another argument which Hedvika uses to explain that although the housing conditions at the hostel are not very good, they are sufficient.

Hedvika said that around the year 2003, when she lost custody of her first three children, it would have been unthinkable to live with them in a hostel; it would clearly have been a reason to take them from her custody.

M: Was it not possible to stay at a hostel before?

H: No! Only an asylum! Never a hostel!

But now the situation, according to Hedvika, is substantially different. She explained that it became somehow normal, because everybody in the hostel is there with children.

H: But now, it's different. ... Almost everyone is there with kids! There is actually no one without kids!

So the fact that the Child Welfare Office does not intervene and more people are living in hostels is an important argument for her to defend the hostel as an acceptable form of housing. She strengthens this argument by saying that actually the police and the Child Welfare Office, including her Child Welfare worker, go for regular checks at the hostel and never find a problem or comment on her case.

H: There are kind of controls! On all hostels! ... Like police and Child Welfare together. ... It was a quarter to eight in the evening and they wanted ID from everyone who was there! There was the worker with them [from child welfare], who I normally go to, you know. So she actually could see for herself that I'm fine!

M: So they come and check how you live and so on?

H: Sure ... the child welfare, they go there all the time!

These regular checks and no intervention can be interpreted as an important source of approval from the authorities; although Hedvika is living in substandard conditions, her parental practice is not questioned. Nor is she in danger of losing custody of her children.

On the other hand, it is important to include the structural context by pointing out that although Hedvika exercised her agency by pointing out that it is all right for her to live in the hostel, this narrative is embedded in a context which does not seem to provide her with any other support. This is also related to Hedvika's claim that if she does not get an apartment, she is not going to move anywhere from the hostel. It is not possible to perceive a hostel is the preferred place to live; nevertheless, it is preferred in the context of only available resources.

The possible lack of understanding of the structural constraints that Hedvika was facing is expressed in the narrative about the communication with the worker from the Employment Office who was asking Hedvika if she really wanted to live in the hostel.

H: They knew at the Employment Office that I had already once been living in that hostel and that I ran away from there [due to the bad housing conditions]. ... So when I applied for the social benefits to pay the hostel again, they called me to come there and asked me if I really wanted to go there! And I said: 'Sure! Why wouldn't I?'

3.4.3 Family as a Support in Housing Trajectories

In this chapter I discuss several narratives in which relations with family, as well as a stable relationship with partner, were identified as an important source of support in situations of various forms of homelessness. Extended family was described as an important provider of short and long-term housing in the case of rooflessness. In the situation of living in an inadequate form of housing (represented by a hostel), the family was an important source of support for the transition to a standard form of living.

3.4.3.1 Extended Family as a Network of Places to Stay

I met with Aurelia three times, during which time she was in a rather difficult and insecure housing situation. When I met her for the first and second time, she was living in an apartment which originally belonged to her parents. They had moved out, because there was an eviction notice due to a debt on rental payments. Aurelia was living in the apartment, but expecting to be evicted any moment.

When I met Aurelia for the third time, she was already living somewhere else. After being evicted from the previous apartment, she moved to a small one-room apartment with her cousin. However, in addition to her cousin, there were also his two friends and Aurelia's new partner living there. So there were basically five people sharing a small room, which was not bearable in the long term; it was used by Aurelia only as emergency accommodation before she found an alternative.

During our interview, Aurelia considered several options about how to solve the situation. In the long-term perspective she was planning to rent an apartment, but at the same time, she was thinking about strategies for what to do in the moment when she did not want to live in the small room with so many people anymore. In the narratives she pointed out that she was not afraid to be roofless 'on the street', because she has her family, which always has to provide her with accommodation. Aurelia also pointed out that the rule of her family is that they have the duty to help each other, so, for instance, her sister would 'have to help her even if she does not want to'.

A: I have places to go!! If I want, I can always go to my sister's. When I want I will just come there and go in! And she can't do anything about it! That's how it is!

The closeness of family relations and responsibility for family members could also be interpreted in the context of ethnicity, since Aurelia identified as Roma. However, Aurelia herself pointed out that she does not see it as specific for Roma.

It was important for Aurelia to emphasise that she has this security represented by family relations, so she does not have to worry about being roofless. On the other hand, she also described many family conflicts related to living together. Aurelia did not talk about the family as being able to provide her with long-term support in housing, but rather as 'emergency shelter'.

3.4.3.2 Immediate Family as Support in Housing Transition

Sara's narrative about her housing situation offers good insight into the transition from hostel to an apartment with contract. In her story, I identify constraints and needs which were characteristic not only for her, but for other participants who got into a similar situation.

When I met Sara for the first time, she was living with her husband Martin and their new-born baby in a hostel. When I visited her after two months, they were living in a two-room apartment with a contract.

Sara said that they found the flat through an advertisement. Martin called there and although Sara had many doubts, they were able to rent it quickly.

The rent was 8000 CZK without utilities, which according to Sara is a good price compared to a hostel, where they were paying 7200 CZK per month for three people in a single room.

Especially if there are more people living in the room in the hostel, the price for this substandard form of accommodation can be rather high. Therefore, it seems to be clear that living in an apartment with a long-term contract for almost the same price is a better option.

However, one of the difficult obstacles, also reported by other participants, of the

transition from a substandard form of housing to a rented apartment is that usually it is required to pay a deposit in the amount of up to 3 month's rent. In the case of Sara and Martin's contract, this meant paying 24,000 CZK at the start to be able to move in to the apartment.

In this situation, Martin's parents were a crucial source of support, because they paid the deposit; without this financial help, Sara and Martin would not have been able to pay this amount. Martin's parents also helped in buying furnishings for the apartment.

Another crucial source of support was the Employment Office, by providing housing benefits which represented, along with maternity benefits, a substantial contribution to the family budget. This made the transition from hostel to apartment a feasible and sustainable long-term solution.

3.4.3.3 Stable Relationship as Support for Stable Housing Conditions

In this subchapter I identify sources of support in Iveta and Ota's housing situation. One of the important sources of support was Ota's uncle. I also identify as an important source of support the fact that they were living together in a stable relationship, which as they say, helped them work together towards their common goal, particularly better housing.

Just to outline Iveta's housing experiences, I will briefly describe her situation before she started to live with Ota. Iveta explained that before she met Ota, she was living for around two years 'on the street'. To live 'on the street' meant she was living in garden colonies, but she said she does not want to talk about it, because it brings back very bad memories, related to poor housing conditions and people who were living there and the impossibility to control who comes to the place.

I: Like here, at the Park, that was a horror! I don't even wanna think about it! It was something horrible to sleep in those conditions! At these squats, and the people ... You never knew when and who would come! Simply horrible! I never want to experience it again! To end up like that! It's not easy to live on the street!

After a period of living in a garden shack, she met a man at the drop-in centre who offered her to live in his flat with him. Iveta reported that she did not have to pay for accommodation. The man had two children, who were in institutional care, but they often spent weekends or afternoons at his place and Iveta explained that in return for the accommodation, she helped him look after them. For instance, she helped them do homework, or went shopping with his teenage daughter. After one year, the man moved out of the flat; therefore Iveta had to move. Then she moved in to a house with another man. She found this place through other drug users, because there was more people living in this house and manufacturing meth for him, in return for the accommodation. During that period, Iveta started to date her current partner, Ota, and after some time they moved in together to a garden shack which belonged to Ota's uncle. Iveta said that they were paying him some small amount of money for the accommodation and taking care of the garden. The uncle would also go there for regular checks.

I: We were paying the uncle like 2000 per month or so. We hoed the garden, because the uncle would come to plant some tomatoes there and so on.

This place was different compared to the garden shacks where, for instance, Petra and Diana were living. There were only the two of them there; they had privacy and it never turned into a place where more people would be staying or manufacturing meth. However, they did not want to be living in such bad housing conditions and the topic became even more important after Iveta got pregnant.

I: Well now in summer, it's good there. Soon they will switch on the water in the garden colony. [...] But for sure we will be looking for something else! Because no one wants to live in a shack,

right?! It's too complicated! Also with wood and so on.

When I met Iveta and Ota the next time, they had already found a place at a hostel. It happened in relation to other changes in their life, namely, registering at the Employment Office, thus becoming eligible for social benefits.

Iveta and Ota's narratives about planning the transition from hostel to an apartment were in many ways similar to Sara and Martin's situation, as described in the previous subchapter. Iveta commented that they lack the support of family, or someone who could help them, to pay the deposit for the rent if they wanted to move to an apartment. This was perceived by them as the biggest obstacle to their plan to move into standard housing.

As Iveta explained in detail, in a hostel they pay 8000 CZK altogether per month for a small room; of this, 7000 CZK is covered by housing benefits. They already found several offers of small apartments for the same money, but were asked to pay rent and deposit in a total amount of 16,000 CZK. For that reason, they had to turn the offer down. In relation to these financial expenses, Iveta reported that Ota was considering taking a loan, but she was convincing him not to do it. Since without a stable income, she does not see how they could repay it.

3.5 Experiences with Violence

In this chapter I discuss narratives which concern the theme of violence. In the first chapter (3.5.1), I discuss experiences with domestic violence in relation to seeking professional help as a source of protection from the violence. In the second chapter (3.5.2), I discuss the relation between experiences of violence and homelessness. In the third chapter (3.5.3), I discuss the narratives which describe the aggressive behaviour of the participants themselves and how it relates to their experiences of violence.

3.5.1 Domestic Violence and the Failure of Professional Support

In this chapter I present the narratives of Laura and Petra, who both experienced domestic violence. They stated that at some point, as one of the strategies to protect themselves from the violence, they searched for institutional help. In both cases they describe that the professionals failed to support them.

After Laura split up with her husband and children, she started to live with her new partner David, who was also using meth. As was already mentioned, he introduced her to intravenous use. To understand the context of the situations described in Laura's narratives about her relationship with David, it is important to explain that David was part of a larger group involved in organized crime. The criminal activities mainly involved car theft and trafficking in stolen cars, as well as fraud and other cons. Laura stated that it was also characteristic for this group of people to have tight connections, which were partly based on family relations.

During our interviews, there were several occasions where Laura described her experience with domestic violence at the hands of David. Once she explained, for instance, that she was watching a movie depicting domestic violence between partners and that she could not finish watching it, because it brought back so many vivid memories of the times she was with David. Talking about the content of the movie, Laura described her own experiences. She particularly stressed the moments of the movie where the woman, although tormented by her partner, was begging him on her knees not to leave her alone and to return to her. Despite the fact that initially she had been a strong independent woman, the man manipulated her to such an extent that he convinced her of the opposite and she gradually started to believe it. Laura explained that she fully identified with the woman. Furthermore, she said that in her relationship with David, she also suffered from social isolation. And that it was difficult to admit to herself that something like this was happening to her, especially because it was so important for her to perceive herself as strong and independent.

L: All of a sudden, you realize you have nowhere to go. Because of that person you don't have money, people are afraid of you, don't want to talk to you! Family, friends, it's all gone! Because of the life you were leading! And after he beats you up, you don't want to tell anyone, because you feel like you don't want to bother anyone. You don't want to show that you, such a brave and strong person, let it get that far!

The psychological and physical violence in the relationship was also related to David's involvement in organized crime. Laura explained that, for instance, when somebody was trying to blackmail David, she was kidnapped and exposed to even more violence from other people. Furthermore, she described how the threats of violence combined with excessive meth use contributed to David's escalating jealousy and paranoid thoughts, which lead to even more

violence towards Laura.

L: Because if you are the partner of such a person, you are his weak point! ... After they kidnapped me, he went mad! [...] After that I was not even allowed to go shopping on my own. [...] He said he loves me so much, that he would rather kill me than let and then it all went wrong. I have seven broken ribs, this bone [indicating a place on her skull], scissors stabbed in my leg ... Here I have twelve stitches [indicating her arm]. Twice in the intensive care unit. ... and yes, I was also hanging thirty centimetres above the ground by my necklace. That's why I do not wear necklaces since then. [...] All that was done by him! It was enough if someone just passed by! He went crazy with jealousy!

After being exposed to all this violence and constant stress, Laura described how she attempted to commit suicide.

L: I went to wait for a train, on the train track! ... Because I'm not a coward! I'm not gonna kill myself with pills! That seems to me so degrading! Before that I checked where the train goes the fastest and what angle they can't see you from!

At the last moment she changed her mind and got off the train track. She describes this event as a clear sign that she had to leave her partner.

L: I say, 'Thank God!' I went away from the track, sat down and started to cry. Then I told myself: 'If it pushed you that far, it's about time to do something about it!'

Laura said that after the escalating violence and attempted suicide, she managed to escape from the partner. However, she had no place to go, since everyone she knew also knew him and was afraid to help her, because of his power. She also mentioned her family, but in the sense that it was also impossible to go there.

L: Simply no one was talking to me! They did not even want to give me anything to eat! I didn't know where to go! [...] And I also knew he [David] was searching for me everywhere! I didn't know what to do and doubted if I had actually freed myself by leaving him, whether I wasn't in even bigger troubles! [...] And going to my family was also not possible. Because he was threatening them as well and really badly! So they are afraid and also don't care about me at all.

Laura reported that later David found her and severely beat her up again, but in a public place and left her there. Laura said that after this incident, she went to a police station and a crisis centre for victims of domestic violence. However, Laura described this experience as not helpful in her situation.

L: He met me in a park and beat me so severely. It was horrible... The last thing I remember was that there were some people around us, but no one did anything!! And I woke up several hours later on a bench, without my shoes, without my things. No one was around. ... Then I went to a police station and from there to a crisis intervention centre for victims of violence. [...] But I could stay there for only seven days! [...] It's a huge building, full of psychologists, psychiatrists and specialists of various kinds who are supposed to be specialized in violence of various types! [...] But during the whole time, there was only one person who came to talk to me! A psychologist; so we were talking about it a bit. After two and a half hours, he told me: 'I'm sorry, but I can't take it anymore. I don't know what to tell you. I have absolutely no idea how I could help you!'

M: That was after you told him what happened?

L: Yes! But we were talking only about the events of the last month. I did not get any farther. And then he tells you this! So what do you want to tell him after that? [...] And he was the only one. Otherwise, in the morning I got breakfast, then lunch and then dinner and that was it! No one cared!

As Laura explained, the police officers who were responsible for her case knew that she was somehow related to a group involved in organized crime, therefore, suggested keeping her in an asylum with a secret address. It was very likely that her partner would search for her to

prevent her from revealing information she had about him and his activities. When the police took her to this asylum, they refused to accept her there, because of her connection to this group suspected of organized crime. Her presence could be a threat to the other women in the asylum. *L: So the police officer drove me there, but the director of the asylum says: 'I'm sorry, but we once had troubles here with these people and we don't want to risk it again, so we are not going to accept this lady!' Can you imagine how I felt??!!! [...] So the police officer drove me back to Město ... and released me on the street. ... There was no other solution! [...] So I ended up on the street. Without anyone to advise me what to do.*

Laura described another experience related to violence and a situation where she felt failed by the institutions that were supposed to help her, particularly police. She described how her ex-partner kidnapped her and locked her in a hotel room, where he overdosed her with meth and raped her. After she escaped, she went directly to a gynaecologist and then a police station to report that she had been raped. But she described it as useless, since the authorities said they could not do anything about it, because according to her blood test she was so highly under the influence of drugs that no one could prove whether she had had the sexual intercourse by consent or not.

L: The policeman told me to report the rape, or whatever I want, but that there is no evidence. [...] She said [policewoman]: 'Your blood tests for drugs are positive, highly positive! ... Obviously you were overdosed and because you don't remember anything, it's only indirect evidence.'

Laura told several narratives about various experiences of violence that she experienced from her former partner, as well as other people during the times when she was kidnapped. Some of these stories include her experience with institutions, which she expected would provide support; however, she explained that she perceives them as failing. That includes particularly the police, the intervention centre and asylum for victims of domestic violence. When describing her experiences, Laura also pointed out that there were no other subjects in her environment to whom she could turn for help, like friends, acquaintances or family. On the other hand, she also stated that even under such hard oppressive circumstances, she could exercise agency by escaping from the violence and searching for ways to protect herself from it. She also exercised agency by announcing to the police that she had been raped. By going to the gynaecologist, she had hoped to have some evidence against her perpetrator.

When talking about the very harsh experiences of violence, Laura used a narrative discourse in which she depicted herself as a victim of violence, as well as a victim of the system which is supposed to help people with experiences with violence; but it failed to help her and left her without support.

At the same time, since Laura was still sometimes encountering David in Město; according to her, there was a constant threat that he could attack or kidnap her again. When talking about the current threat of violence from him, she used a narrative discourse in which she depicts herself as a survivor. The meaning of survivor is in Laura's narratives related to not being afraid of the person anymore, since she has 'nothing to lose'; and that 'he cannot do anything worse to her than what she had already survived'. Laura also claimed that she will not give him a chance to hurt her again:

L: I would rather kill him than, you know! [...] If I have to stand up to him, I will stand up to him! Of course! I'm not afraid of him! That's absolutely clear to me! If I meet him, I'm not gonna run away from him! I never run away in front of him! Because that's my pride!!!! ... I know he could beat me severely, but anyways! It doesn't matter! When you look at it like this, what more could he do than he already did to me?! Greater pain does not exist! There is no way he can hurt me physically more than he already did! And psychologically? He's already done it all to me! There is nothing left! ... So I have nothing to be afraid of! He should be afraid!

That I am able to stand up to him! Look him in the eye and tell him: 'You have no way to hurt me! You have already done everything to me!'

Petra experienced domestic violence from her husband, with whom she was together for 5 years. Petra stated that initially she had decided to tolerate the violence. Because her husband was Roma, they were living all together with his family and she knew she would have very difficult access to her daughter if she got divorced from him. Her mother-in-law also pressured her to stay in the relationship. Nevertheless, when her daughter started to have health problems related to the violent incidents she was witnessing, it finally caused Petra to decide to split from her partner.

As one of the solutions of the violent situation, Petra applied to stay in an asylum home for mothers and children. However, she described her bad experience with them, because it looked like her situation was not 'serious enough': even after more than one and a half years she was not accepted. Although she was in regular contact with them, she remained on the waiting list.

P: I've had my application there for a year and a half. ... Then the lady called to tell me I'd have to wait more. So I say to her: 'You know what? Go to hell!' I was still living with my husband and he was beating me!! Eva [the daughter] was having seizures and things were just getting worse!! I said I wouldn't take it anymore!! I want to go to the asylum home! And that cow [asylum home worker] asks me: 'What conditions are you living in?' Bla bla bla bla bla andnd that other women were worse off, so they had priority, you see?! ...A month later I had to reapply and say if the situation was better or worse; whether I really need help or not!

After this experience, when despite her effort she was still not accepted to the asylum when she needed it, Petra concluded that she became bitter and changed her mind about going to the asylum.

P: You know what, I don't approve of asylums!! Fuck that!! I'll rent an apartment!! Like I had all my life!! .. Forget about these asylums!! I don't want them!! No asylums!! ... I've just given up on them after having to wait so long! Some of my friends managed to get a place in two months, three months max!! They always got a place in the asylum home!! A year and a half!! .. Almost two! I waited and waited and I'm still waiting. ... Is this worth it?!!!

Petra was telling this story about the bad experience with asylum home when she was actually describing that her flatmate started to be violent to her. She was considering going back to the garden shack where she had been living before, and she wanted to make clear to me that she was not going to seek help from any asylum, due to her bad experience.

Petra described two ways in which she was resisting violence. When her partner was physically aggressive towards her, she said that she tried to defend herself, because she used to train in self-defence as a sport. Unfortunately, she realized she was not very good at it anymore.

M: When he acts aggressively towards you, beats you, can you defend yourself somehow?

P: Yes, I hit him back! ... But I don't know, before I used to be better in it. [...] Last time he grabbed me by the arm. I realized I'm really useless! I'm not at all what I used to be! Like, before, I'd handle the situation completely differently! So I wouldn't get it [the beating] as much as I do now.

The second way she resisted the violence was to verbally defend herself, especially in the moments when he tried to control her. She explained to him that he has no right to control her as, for instance, in the following narrative.

P: He says: 'I'm not keeping you from doing anything! You know?! Just go to your friends!'

I say: 'You remember that I'm not gonna ask you anything either about whether I can leave or not! And you are not gonna restrict me! It's none of your business who I'm meeting or not!'

Both Laura and Petra's narratives about domestic violence have in common the

exercising of agency through efforts to leave the violent partner and also turning to institutional help, which they had identified as a possible source of support. However, they both described their experience with the asylum homes for victims of violence as failing to support them in their effort to protect themselves from violence. At the same time, they both used narrative discourse in which they were pointing out that they resisted the violence both verbally and physically.

The experience of domestic violence and the impossibility to find shelter in an asylum home exposed both Laura and Petra to homelessness. This experience, which was common to other participants, will be discussed in the following chapter.

3.5.2 Relation between Violence and Homelessness

As was already discussed in the chapter on housing in insecure conditions, it was particularly living in a garden shack, as well as apartments with many other people that were in the experience of Petra and Diana a source of permanent threat and exposure to violence from the partner, flat-mate, or other people who were staying at the place. Therefore, it is important to discuss the experiences of violence in the context of experiences with homelessness.

At the same time, it was not only the situation of homelessness in the form of living in insecure housing conditions that participants were exposed to violence. It was also the experience of violence which was the reason why several participants become homeless. This experience is described, for instance, by Aurelia, who stated that due to domestic violence from her partner, she escaped from Město and was living for several months at her friend's place.

Iveta also described experiencing domestic violence from her previous partner with whom she also has a daughter. She explained that she moved to an asylum home for victims of domestic violence, and during the whole following year she was actually moving to different places with her four-year-old daughter. This period of time is also described as a period of excessive drug use, which led to the loss of custody of her daughter. In Iveta's narratives it is possible to identify the loss of home after escaping from domestic violence as an important source of insecurity and one of the triggers to worsening the whole situation.

Homelessness in direct relation to escaping from domestic violence was also described in the narratives of Petra and Laura in the previous chapter. Diana's experience with loss of home after fleeing from domestic violence was described in the chapter about housing.

As follows from the content of the narratives which were common to almost all the participants, the issue of experience with violence and homelessness are closely interrelated in escalating the negative effects of one another.

Besides the close relation between experiences of violence and homelessness, it is important to point out another characteristic of the situation in which one is experiencing violence as described in the participants' narratives.

It is the relation between the people who are identified as perpetrators and those who are identified, at least at some point, as sources of support or protection from violence.

What is characteristic for the narratives about fleeing from domestic violence, as described by Petra and Diana, is that it was the male friends who were initially identified as a source of support by offering at least temporary accommodation and who were later identified as potential or real perpetrators of violence.

Petra explained that although already living in insecure housing in a garden shack, she became roofless when she decided to leave her shack to avoid experiencing escalating violence from an acquaintance who had moved into the place. In this situation she was offered help in

the form of accommodation by a male friend, who later also become a perpetrator of violence towards her. Thus Petra had to move again in order to stay safe from violence.

Diana, when fleeing from her violent partner, became homeless and was staying in insecure conditions in garden shacks or at friends' apartments. She also considered it an important source of support when a friend offered her accommodation at his garden shack. In the narrative he was identified as an important source of support by taking care of her dog and providing a safety 'net', where Diana could go when she could not find a place to stay anywhere else. At the same time, she explained that she did not want to move to his place completely, because living at the same place with this friend also represented the need for constant negotiation of her position, especially in term of whether she would have sex with him in exchange for the provided accommodation. Another friend who provided support by way of accommodation in his flat was later described as failing to provide protection from violence. This was related to a narrative where Diana explained that her former partner found her in the flat, beat her up and none of the male friends who were in the flat helped her or protected her from the violence.

This deeper understanding of male partners and friends as potential sources of support and perpetrators of violence is important for the understanding of the dynamic of interactions. Both Petra and Diana were facing situations where the same person was an important source of support by providing at least some form of accommodation in comparison to facing rooflessness; however, at the same time he represented a threat of violence. Although all the participants claimed that protecting themselves from violence is the highest priority, at the same time, they were facing situations in which they had to make hard choices.

This is represented, for instance, in Petra's comment in which she explains that despite the threat of violence from her flat-mate, she does not plan to leave, because she has nowhere to go: '*Right now I have no other option than to live with him! .. And subordinate to him a bit!*'

It is also well expressed in Laura's comment: '*I didn't know what to do and doubted if I had actually freed myself by leaving him, or whether I wasn't in even bigger trouble*'. In this narrative Laura was doubting whether it was actually a good solution to flee from her violent partner when she had to face a situation in which she did not have anyone who she could turn to for help, thus also becoming roofless.

Diana also explained that although her partner was a perpetrator of violence against her (he was also infamous for his violent behaviour towards other people), he worked to some extent as protection against violence from other people.

D: When someone tells me that he is gonna take it from me by force [meaning obtaining drugs from her when she was dealing], I tell him: 'Do you know my boyfriend?'

And then he says: 'OK, I see'.

Diana described the aggressive behaviour of her partner as useful in contact with other people like doctors or employers who did not pay her the money she had earned. So when she was not able to stand up for her rights, her partner did.

D: I had some part-time jobs, but it was useless, because usually after some time they stopped paying me or they paid less. But that was in the times when I was not with my boyfriend. That was in the time when I was living in that garden shack with my friend. You know, as women, you don't have much chance. Like, we were not able to negotiate why they didn't pay us our money. They always hanged up the phone, or simply didn't talk to us. If this happened to me now, my boyfriend is gonna go there and beat the boss's head against a door and force him to talk! [...] And it really works! Sometimes I feel embarrassed for his behaviour, like people are looking at you, like she's here with him! He can be really rude! But on the other hand, it's good! ... Like you try to be polite, but when they fuck with you, then you also have to change your style! I can't do it, but he really can!

3.5.3 Aggression and Resistance towards Violence

In this chapter I discuss the narratives in which participants described their own violence. Basically, the narratives described the use of violence and aggression as a way to get rid of stress and pressure, as a means to build respect and as a response to the threat of violence.

For instance, Aurelia explained that aggression is a way for her to get rid of stress. During our interviews she told various stories in which she was starting fights in order to get rid of stress as well as to gain respect from people in her surroundings.

Laura described situations in which she was using violence or the threat of violence to gain respect. In a narrative in which she described an incident at the drop-in centre, she stressed that she was standing up to a man who was verbally aggressive towards her.

L: Someone told me something and it really started me! Because no one will talk to me like that! So I stand up to it! Immediately! and tell him: 'OK, come outside! Come and let's talk about it like men!!' the workers were standing there staring at me! [laughing] And I say: 'Come on, man!' [...] But then they calmed it down, he packed his stuff and left. But I say: 'Once again it's gonna happen that someone like this guy will raise his voice to me and I can guarantee that I don't care if you ban me access here for the rest of my life! I will smash him!'

The importance of building this fearless image of one who is able to defend herself became more obvious when Aurelia talked about situations related to drug dealing. She explained that in order to be a successful drug dealer, and to prevent violence or being robbed, a person needs to build respect in front of other drug users.

A: It took quite a long time to build it. Like, to show them that they cannot mess with me! Like, to show them that it doesn't matter if it's a man, woman, gipsy, or Czech, I will stand up to them! I won't let them mess with me!

In Petra's narratives it is evident how the threat of violence is used to show her readiness to defend herself against violence if needed. In the following narratives Petra used the threat against a male acquaintance who often behaves violently and several times even destroyed her garden shack when she was not at home. Although he came to apologize to her, Petra's threat was meant to warn him from doing it again.

P: He came to tell me that he wants to apologize and that he even wanted to send me a postcard [from prison]! And that he deeply respects me! And that I didn't deserve it. I tell him: 'Listen! You know very well that I'm not afraid of you! Because every time something happens there, everyone runs away, but I stayed! Because it was my place! And I will stand up for it whatever happens!'

This strategy was described in another narrative where an acquaintance stole her backpack.

P: I told him that if he is not gonna bring me my backpack I will beat him up! I told him: 'In half an hour I expect you to be here with the backpack! You understand?!' [...] In half an hour and five minutes he was there! With the backpack! Everyone was asking me: 'How did you manage that?!' I said: 'Well, I'm simply not afraid of him! I tell him what I think!'

In the previous text I discussed narratives which express the ability of self-defence and some examples when it was used towards other people, mainly against other drug users. The violence ranged from verbal offences to physical violence or threats of violence. However, there were also narratives about the ability or readiness to defend-oneself, particularly against sexual violence from strangers.

Laura described facing a situation in which she feared she could be raped, despite this fearless behaviour.

L: Once I had to hitch-hike and some guy gave me a ride. When I got in the car, he locked the

door!!!! He asks: 'What if I rape you now?!'

I tell him: 'Oh cool! I have my period, so it's gonna be a bit bloody, but if you have a tissue it's gonna be ok and we can go straight to it! I haven't had sex for a long time! So it's great you suggest it!' You can imagine that inside I was shivering with fear! I was thinking to myself, 'Oh God, he's gonna rape me now! Or he's gonna stab me or something!' But still I was ready to say this to him!

Aurelia also explained that in some situations she is afraid of being attacked, or raped, but that she is prepared to defend herself.

A: When I am going through a park at night, sometimes I have my headphones on, so I do not hear if there is someone walking behind me! But I sing loudly! But I always have my knife ready! I would be almost dead with fear if someone knocked me down! But the guy wouldn't like to see a pussy again! Do you believe me [laughing]!?!??

The previous quotes describing the fear and real dangers of sexual violence form a good basis for a deeper understanding of experiences with violence. In the first two chapters, I described situations in which the participants were victims of violence. In this chapter I have discussed narratives in which the participants described themselves as violent and aggressive against others. These seemingly separate narratives and narrative discourses are related to each other, since much of the participants' violent behaviour was a response or form of resistance to immediate or previously experienced violence towards them. The aggressive behaviour used to build respect on a drug scene is a form of resistance towards violence, as the fearless image is described as an important prevention of violent attacks.

In pointing out the connection between one's own experiences with victimization and the use of narrative discourse that presents fearlessness, aggression and the ability of self-defence, it is interesting to note that this discourse was used by all the participants who talked about their own experiences with violence. On the other hand, this strategy was not used by Petra and Diana, who did not mention experiencing violence.

4 Discussion

In this part of the thesis, based on the discussion of the main research findings, I provide answers for the six partial research questions.

The first partial question concerns the main themes in the female drug users' narratives about the interaction with important subjects in their social environment. Based on the data analysis and interpretation, the most relevant themes identified were related to drug use, motherhood, housing and experiences with violence.

In the first chapter, Important Subjects in Social Environment (4.1), I provide answers to the following two partial research questions:

2. 'Which are the important subjects in the female drug users' narratives about their interaction with the social environment?'
3. 'How do the important subjects work as a source of constraint and/or support in the female drug users' narratives about their interaction with the social environment?'

In the second chapter, Forms of Agency (4.2), I answer the following partial research question:

4. 'How do female drug users exercise agency in their narratives about their interaction with the important subjects in their social environment?'

In the third chapter, Narrative Discourse and Interdiscursivity (4.3), I provide answers to the last two partial research questions:

5. 'How do female drug users exercise agency through constructing narratives about their interaction with important subjects in their social environment?'
6. 'How do female drug users exercise agency in their narratives about their interaction with social structure?'

4.1 Important Subjects in the Social Environment

The important subjects in the participants' environment which I have identified through the narrative analysis were particularly partners, friends and acquaintances, of which most but not all were also meth users, and also children and family members. Several institutions and their workers were also identified as important subjects: particularly, harm-reduction services represented by the drop-in centre and outreach programme, the Child Welfare Office, the Employment Office, the asylum homes for mothers and children, hostels and maternity hospital, kindergarten and school.

All important subjects were described by the participants as sources of support as well as constraint or oppression. Whether the subjects were perceived as a source of support or oppression was dependent on context and changed over time. Partners or male friends were often perceived as important sources of support for providing housing or protection from violence, but later they could become perpetrators of violence themselves. Institutions like asylum homes were at one time perceived as supportive, but later were identified as failing in providing the expected help. In the following subchapter, I provide a more detailed discussion on various forms in which agency has been exercised in the interaction with the important subjects, allowing a better understanding as to how these various subjects work as sources of support or constraint.

4.2 Forms of Agency

In the theoretical framework of this thesis, I suggested as a definition of agency the capacity to act to overcome structural constraints, as well as the capacity to use structural resources and support to the benefit of self and/or others. I also provided a definition of social structure whereby it is not only restricting and oppressing, but also enabling and empowering.

Based on the data analysis, in the following paragraphs I discuss the various forms in which agency has been exercised in the narratives given by the participants.

Use of Resources to Overcome Constraints

In the narratives in which the participants were talking about the constraints they encountered, they often described their exercise of agency by identifying various sources of support which they could use to overcome the constraints. These sources could be represented by emotional as well as financial or material support. In order to gain a deeper understanding of agency exercise through using the sources of support, it is important to focus on the interactions with the subjects who were providing or mediating the support.

In the narratives related to the topic of drug use, methamphetamine was often identified as a source of support when encountering various constraints. It was identified as an important source of support, for instance, by a participant who was facing a difficult situation resulting from the exhaustion she felt from the demanding care of three children and household. In her situation, one of the important subjects was her husband, who was providing material and financial support. However, there was a lack of support for managing the household work and parental role, which were depicted as physically demanding. Other subjects were other mothers from the participant's surroundings who initiated her into meth use as a source of energy. These women became important subjects by providing meth as a support to overcome the constraints represented by the lack of energy for child care and household management.

Several participants identified meth as an important source of support to overcome constraints represented by psychological problems of various kinds, such as severe depression; furthermore, it was a means which allowed relaxation in stressful situations like insecure housing conditions or quarrels with a partner. Meth was described as a source of support serving as a kind of 'emotional painkiller' or 'means to escape' from stressful situations. Meth as an 'emotional painkiller' and 'escape' was usually described in narratives concerning crisis situations such as loss of custody of children, or exposure to domestic violence. What was typical for these narratives was that they depicted situations where the participants did not recognize any other available sources of support. Often the crisis situation was actually caused by the failure of the sources of support on which they relied. The important subjects in their environment through which the meth was obtained were partners, friends and acquaintances.

However, meth was not identified as a source of support only for its pharmacological effects, but also as a means to earn money, or have access to other material resources. Several participants spoke about meth manufacturing and dealing as one of the few means available to them to earn money. Meth manufacturing and selling as a source of financial support was usually mentioned in the context of structural constraints represented by exclusion from the legal labour market (e.g. due to a criminal record).

In the narratives, institutions were often identified as an important source of support to overcome constraints. For instance, doctors, hospitals and drop-in centres were described as important subjects for providing support, represented by care when the participants encountered health problems.

However, it is also important to reflect on situations in which the sources of support were identified but turned out to be unavailable, thus could not be used to overcome the constraints. Nonetheless, I find it important to identify the exercise of agency through the

participants' ability to identify these sources of support and the subjects who could mediate or provide it. For this reason, it could then lead to the exercising of agency by enforcing their claims or rights if the sources were not available to them. This was the case when, despite serious health problems, medical care in the hospital was denied; nevertheless, the participant searched for help at the drop-in centre and with the support of workers from there claimed her rights to health care in the hospital.

The narratives concerning situations where institutional help was not available or denied concerned experiences with asylum homes for victims of domestic violence. Participants described situations where they identified the asylum homes as a source of support when they were exposed to domestic violence; however, the support was denied or failed to fulfil the needs and expectations of professional help or long-term accommodation.

Another situation in which the identified source of support was not available, as it did not meet the expectations or needs perceived by the participant, was described in a narrative about compulsory regular visits to a psychiatrist, which were required by the Child Welfare Office. Although the contact with the psychiatrist was initially perceived as a potential source of help to deal with psychological constraints, it did not fulfil this expectation due to the merely formal character of the meetings.

Another important way through which agency was exercised was the use of knowledge and skills to overcome or prevent constraints. The participants described, for instance, the internet as an important source of information which helped them gain or broaden their knowledge about various topics. One participant described the internet as an important source of information about topics such as the effects of methamphetamine on a foetus, postpartum depression and the competences and limits of the Child Welfare Office. This information was identified as important for making decisions, as well as for negotiating with important subjects such as doctors of Child Welfare workers. The exercising of agency can also be recognized through the gaining and developing of skills such as learning how to inject oneself, which was described as an important skill with regards to safety and harm-reduction. The development of skills related to meth manufacturing and dealing were described as an important source of finances, social capital and status, which could be used to gain other benefits such as housing.

Furthermore, there were also narratives where institutions such as the Employment Office, drop-in centre, or asylum homes were identified as important sources of support by providing information, social benefits and material support such as clothes or access to facilities like showers or washing machines.

Use of Resources to the Benefit of Self and/or Others

Similar to the previously defined form of agency, in this case agency is exercised by identifying sources of support in the social environment, although it is not necessarily connected with using these sources in order to overcome constraints. As was mentioned in the previous sub-chapter, I find the exercise of agency through the ability to identify available resources as very important. It allows one to recognize the exercise of agency in situations which may not be related to oppressive or restrictive circumstances; however, it is still important because it brings benefit to oneself or others.

This form of agency is related to the use of meth, for example, but not necessarily to deal or 'escape' from problems as was described in the previous sub-chapter, but as a means to pleasant and joyful experiences such as enhanced sexual activity, or spending a good time with friends or partner.

The agency exercised through using resources to one's own benefit was strongly present in the narratives about various forms of care about one's own health and body. In these narratives, the harm-reduction services were identified as an important source of support, not necessarily connected to acute problems, but as an important means to the prevention of health

problems. The exercise of agency through using the support of harm-reduction services was strengthened by spatial accessibility and the possibility of using the services anonymously and free of charge. Another important subject supporting the exercise of agency through care of one's own health were also friends, who could also be a source of harm-reduction material.

Another important source of support that was identified was kindergarten and school. They worked as a source of support by enabling some free time and rest from child care. The teachers were also described as important subjects who provide inspiration and support in the exercising of the parental role.

Resistance to Expectations

Another form in which exercise of agency was described in the narratives was through resistance towards expectations which the participants perceived from the side of important subjects in their environment, but were related also to the more general social expectations towards them as women, mothers, or drug users.

In some narratives the drug use itself was presented as a form of rebellion or resistance towards the expectations of, for instance, family, that one would lead a 'normal life'. In this case, drugs represented an adventurous life and the possibility to experience extreme situations, which were put in contrast to the expected 'calm, secure and boring normal life'.

Those participants who were taking care of children, especially very young ones, were exercising agency through negotiation or resistance towards the expectations which were problematizing the clash of their roles of mother and drug user. These expectations were related especially to interactions with institutions such as the Child Welfare Office, asylum homes for mothers and children, as well as the Employment Office or drop-in centre. However, the expectation about the role of mother differed for each participant and the particular institution, therefore, the strategies used as resistance also differed.

Several participants described their perception of the Child Welfare workers and doctors as applying negative stereotypes to them due to their drug use and insecure housing situation, thus automatically assessing them as incompetent mothers. The participants' resistance towards these negative and stigmatizing expectations was expressed, for instance, by pointing out their knowledge and experience with child care. They also negotiated or redefined what it means to be a 'normal' or 'good' mother, for example, by pointing out the higher importance of emotional support and care which they provide rather than the necessity for material support in the form of expensive food and toys, etc. At the same time, it is important to note that in the context of situations where the participants expected to be challenged or stigmatized for being mothers and drug users, conforming strategies were used in addition to only resisting: that included remaining quiet about active drug use, or refraining from these interactions.

Agency through resistance towards expectations was also exercised in interactions with other drug users by, for instance, resisting the use of drugs in times when one had decided to abstain.

The exercising of agency through resistance was strongly emphasised in the narratives about situations in which the participants were expected to provide sexual services in exchange for drugs, accommodation, or other benefits. The resistance was expressed through the rejection of the commodity which was to be exchanged for the sexual services.

Equally strong resistance was expressed in the narratives concerning experiences with violence, where agency was described as exercised either through active physical self-defence, or the verbal enforcement of one's own rights.

Withdrawing from Interaction

Several narratives describe situations in which agency was exercised through withdrawing from interactions which were perceived as oppressive and/or not bringing any support or benefit.

Agency was exercised in this way in situations like when participants withdraw or avoided contact with other drug users, because they had decided to quit using meth, or simply did not feel good in the presence of other drug users. One participant described herself as refraining from contact with the drop-in centre workers, because she did not feel comfortable in interactions where she would be asking for harm-reduction services while pregnant and having a child; for this reason, she started to go to an outreach programme where she felt more anonymous.

Exercising Control

The exercising of agency in some narratives was related to the exercise of control. The participant described how they took control over various situations.

The exercise of control was often described in relation to drug use. Participants who were taking care of babies often depicted various forms of control, as well as self-discipline, which they learned to exercise to protect the baby from the negative effects of their drug use. This concerned especially the amount of drug used; thus the intoxication is not too high and does not last too long. Furthermore, they spoke about using meth only during the night when the child was asleep. They also mentioned controlling their own behaviour and patterns of drug use, so that those in the surroundings do not recognize the drug use. This involved not leaving home when intoxicated and keeping the meth use secret from other tenants of the asylum home or from the husband/partner. Several participants also mentioned that they prefer to use meth because they perceive it as easier to hide the intoxication from others, in contrast to substances like alcohol.

The exercise of control related to drug use also concerned control over the quality of the drug by obtaining it only from reliable sources, usually people they personally know.

For the participants, a very important form of exercising control was the ability to inject oneself, so there is no need to depend on someone else. This ability was put in the context of preventing accidents such as using too high a dose of meth which typically happens by accident, but also possibly on purpose when person is injected by someone else. Taking too high a dose is perceived as an unpleasant experience thus better avoided. The administration of too high a dose was also described as a practice of some men who want to take advantage of women. For these reasons, the ability to inject oneself was directly related to the exercising of agency through control over the amount of used drug and, consequently, the state of intoxication.

Another situation in which control was described as an important issue was related to housing. Particularly unstable housing conditions, such as living in garden colony shacks, or apartments with many other people, represented situations where the exercising of agency through control over people invading the living space was highly restricted. This was a serious problem of personal safety, since several participants described being exposed to violence while living in such conditions; there were also incidents of theft and loss of practically all personal belongings like clothes and personal documents. These situations were described as leading to a need to search for different housing to gain more control over people entering the living space.

Exercise of Power over Other People / Revenge

Another form of agency is related to the exercise of control, but in the sense of control or power over other people. This form of agency is to some extent related to the exercise of agency described through using resources to one's own benefit. However, in this case the benefits are gained through taking advantage of other people, by using them as a source of money, drugs, or other resources. When being involved in these kinds of activities, some participants described themselves as being selfish, inconsiderate or spoiled. At the same time, this behaviour was usually set in the context of other oppressive circumstances which forced the participant to act this way. Therefore, this form of agency can mean a kind of revenge against someone who is a

source of oppression.

Agency in the form of exercise of power over other people was sometimes described in relation to perpetrating violence or humiliating a male friend in order to feel superior. This narrative was part of a story about an experience of violence and humiliation; therefore, can be interpreted as an exercise of agency through revenge for the previous victimizing experience.

This form of agency was described in the narratives in connection with drug dealing: some participants described committing various frauds, or putting pressure on other people through violence or threats in order to establish respect and to increase profit. In general, this form of agency was exercised in other situations by forcing one's will on other people through the use of threats.

4.3 Narrative Discourses and Interdiscursivity

In this chapter I provide an answer to the fifth and sixth partial research questions which concern the exercising of agency through constructing the narratives in interaction with me as the researcher and also their meaning in a wider structural context. This exercise of agency is referred to as narrative discourse.

When telling the narratives about their interactions with important subjects in their social environment, the participants used various narrative discourses through which they positioned themselves in the stories. When the participants exercise their agency through the narrative discourse, they are in interaction with me as the researcher, but the interaction is placed in their individual as well as the wider structural context, which needs to be taken into account when interpreting the narratives.

Throughout the data analysis and interpretation, I have identified narrative discourses in which the participants presented themselves for example as rebellious, smart, tricky, or selfish in relation to meth use, manufacturing and dealing. In relation to motherhood, they presented themselves as experienced and knowledgeable, but also for instance insecure. In relation to housing, they described themselves also as for instance vulnerable or resigned. They expressed feelings of victimization and danger as well as aggression when it came to issues of violence.

However, the reason I identify and discuss these discourses is not to use them as a label for the experience or position of the participant as such. Instead, I find them important to gain a deeper understanding of the exercise of agency in interaction with social structure, which is seen as both supportive and oppressive. The important subjects in the participants' environment were working as sources of support as well as constraint. The approach, which focuses on the interaction between agency and structure, has allowed me to identify a wide variety of forms in which agency can be exercised. It also allows the recognition of the exercising of agency in oppressive situations as well as identifying the structural characteristics that may limit the exercise of agency. This approach has been developed to avoid the victim-agent dichotomy through which people are perceived as either oppressed or free of structural constraints.

When telling the narratives related to drug use, the participants depicted themselves as strong agents by emphasising that to use meth is their deliberate choice, since it is important as a source of benefit for them. Meth was thus described as a source of energy, relaxation, pleasure and joy. At the same time, it is important to understand this narrative discourse in a wider context. The participants also described using meth to overcome structural constraints, such as having to deal with bad housing situations, exposure to violence, or requesting childcare when there was no support from their surroundings. In these contexts, the use of meth as a source of support is an important exercise of agency; however, it is embedded in a wider structural context which represents the constraints which the participants had to face. In some narratives meth is

described as a deliberately chosen but sometimes also the only option to deal with the oppressive circumstances.

On the other hand, the emphasis on meth use as a deliberate choice and source of benefits can be interpreted as a form of resistance to the pathological view of drug use as only negative or dangerous. In interaction with me, the participants explained the benefits and pleasures related to drug use and the important positive reasons for its use. The emphasis on their own deliberate choice might be understood as a form of resistance towards the expectations that women are seen as more passive and are often introduced or even forced into drug use by men.

The narratives in which participants depicted themselves as experienced, competent or smart in relation to meth manufacturing and dealing need to be placed into a wider context as well. This is especially related to the structural constraints, which were also part of some of the narratives: for instance, the constraints related to participation on the legal labour market. Furthermore, the narrative discourse emphasising the exercising of control or violence towards other people needs to be understood in the wider context of the drug economy, where this behaviour might be an important source of respect providing protection against violence from other people. It is all the more important for a woman to present herself as dangerous or fearless in a field dominated by men.

The narrative discourse in which participants present themselves as competent, normal, good enough or perfect mothers needs to be understood in the context of their role of mother particularly due to the stigma of their drug use. The poor living conditions of the participants and their children were one of the main reasons why they had to negotiate that the quality of care of the children is sufficient.

The themes in which the participants depicted themselves as victimized were related especially to housing and experiences of violence. These two topics were very closely interrelated.

It is very important to note that despite the fact that participants described many narratives in which they were victimized through exposure to violence from their partners, friends or acquaintances, they use narrative discourse through which they described themselves as survivors of the violence rather than victims. In many narratives there was strong emphasis on their resistance to the violence, which was done through self-defence or the verbal negotiations of one's rights. There was also stress on one's own ability to protect oneself from the violence.

Similarly, when telling the narratives about victimization in relation to insecure housing or the victimizing practices of the institutions, the participants used narrative discourse through which they interpreted these oppressive circumstances as strong motivation to find better housing for themselves where they could be safer and free of violence, control and surveillance.

However, it is also important to point out that despite their effort to secure better quality and safer housing conditions, most of the participants experienced homelessness. This was not only being roofless or living in insecure housing conditions, for instance, in the garden colony shacks, but also by living in inadequate housing conditions provided in hostels. Only two of the participants were living in rented apartments which provided standard housing conditions. All the participants (most of them for the whole duration of the research), experienced various forms of homelessness, as their housing conditions did not fulfil the physical, legal or social domain that would qualify it as standard housing (ETHOS typology, FEANTSAs 2013).

The narrative discourse in which the participants depicted themselves as aggressive and violent, but independent, need to be understood in the context of experiences with violence, particularly from their partners, but also friends, often in the role of flat-mates. The emphasis on the ability to defend oneself could be interpreted in the context of oppression, as the narratives about the violent behaviour of the participants were usually depicted as a more or less direct response to violence. At the same time, I find it very important to note that it was

important for the participants to be perceived as able to defend themselves and for their pride and resourcefulness when they were faced with having to confront violent offences.

The narratives presented by the participants challenge various assumptions about female drug use as it is described by other authors. For instance, the narratives in which the participants describe how they were demanding something from others, particularly men to be initiated into drug use, challenge the view of women as rather passive and often forced into drugs by their partner or under peer pressure (e.g. Ettore 1992; Inciardi et al. 1993). The narratives also challenge the idea of being dependent on their partners and/or drug dealers to obtain drugs, since several participants were actively involved in drug production and dealing themselves. On the other hand, the active participation of women in the drug economy, has been addressed also by some scholars (e.g. Anderson 2008; Denton 2001; Grundetjern and Sandberg 2010).

However, the aim of the research was not to identify the position of women drug users in the drug economy or the wider social context. The aim was to gain deeper understanding of how women who have experience with long-term drug use exercise their agency. Employing an approach which defines agency through its interaction with important subjects in their social environment has allowed me to understand more profoundly the various forms in which agency is exercised. At the same time, it has allowed me to explore how the exercise of agency is supported or restricted by the wider structural context.

The focus on not only the exercising of agency in the narratives of the participants, but also on the narrative discourse that the participants were using to tell their stories has allowed me to comprehend various dimensions of the experiences described by the participants. This is what Sandberg (2009) refers to as interdiscursivity, that is, the shifts between different discourses used by one person depending on who they are speaking to, or which parts of the story they want to emphasise or silence.

Interdiscursivity, therefore, refers to situations in which, for example, control as exercised by asylum home workers was in some narratives described as a source of support and in others a source of oppression. This depended on the actual experience of the participant with the asylum homes, which was changing over time; it also depended on what purpose it served in each story. The narrative where control was described as supportive was part of the explanation of why the participant wanted to stay in the asylum; conversely, the control was depicted as oppressive in a narrative in which the participant was explaining why she was living outdoors during the summer. Understanding the variability of narrative discourses through interdiscursivity was thus useful for recognising how various subjects serve as sources of support and oppression over time, as well as in relation to what the participant wanted to emphasise. Therefore, talking about a friend as a source of oppression, because he was expecting sexual services in exchange for accommodation and, at the same time, as a source of support by providing drug supplies or taking care of her dog, is not perceived as inconsistency in the description of the relation to the friend, but as different dimensions of the relationship. As follows from this analysis, interactions between the individuals and important subjects in their environment cannot be interpreted as simply either oppressive or supportive. This understanding of the interactions does not deny the oppressive circumstances, such as exposure to violence, but provides space for recognising the exercising of agency in the interactions as well as through the narrative discourse.

I believe that the focus on narrative discourse and interdiscursivity enabled me to avoid depicting the participants as either 'villains' or 'rebels' who are over-endowed with agency and free will, or merely as 'victims' of oppressive circumstances. The main aim was to explore the various dimensions and observe how they changed over time.

This theoretical framework and the research findings have important implications for the practice of social work, which will be discussed in the following chapter.

5 Implications for the Social Work Practice

The main research question of the thesis concerns women who have experiences with long-term drug use. As I have explained in the theoretical framework of this thesis, this means that they are not necessarily perceived as clients of social work and the implications for social work are not part of the research question. The aim was to choose a broader perspective which would allow the exploration of the living situation of women drug users in a wide variety of roles in which they describe themselves. This approach, which did not focus on the interventions of social work, but primarily on a deep understanding of the living situations, supported me as a researcher to explore and be more open to a broader view than I might have been if trying to frame the situation and experiences into a context of social work practice, or social services provided for drug users.

At the same time, all the participants, due to their long-term drug use, insecure housing conditions, or experience with domestic violence, were in contact with various institutions of social work or other helping professionals. Therefore, to separate the topic from the practice of social work would be somewhat illusory. Social workers were identified as important subjects with which the participants were in interaction and played important roles as sources or mediators of both support and constraint. Therefore, in this chapter I discuss the research findings and their implications for social work practice.

In the theoretical framework of this thesis I have set the topic in an environmental context from the perspective of critical social work theory. These are suitable especially because they regard the interaction between the individual and social environment as crucial, therefore aligning with the main theoretical approach of the thesis, which is concerned with the exercising of individual agency in interaction with the subjects in the social environment.

Furthermore, the emphasis of critical social work on the individual as well as the structural dimension, empowerment and critical reflection is in good accordance with the grounding of the thesis in postmodern feminism and the narrative approach.

In the first chapter (5.1.), I discuss the findings of the research in relation to the debate about the crisis of knowledge and crisis of identity of social work. In the second chapter (5.2), I discuss the implications of the research findings for empowering social work practice.

5.1 Sources of Knowledge and Power Relations

In the chapter about the social work context in the theoretical part of the thesis, I have discussed the crisis of knowledge and the crisis of identity as important topics which have been brought into the discussion in social work by postmodern and feminist scholars.

The crisis of knowledge and identity address the issues closely related to the power structures and power relations in social work practice. The theoretical approach of the thesis as well as the research findings have important implications for the exercise of power within the social work context.

What is meant by the claim of a crisis of knowledge is especially the call for critical examination of what are the sources of knowledge in social work. This does not concern only, for example, the recognition of sources of knowledge which come from different disciplines (e.g. psychology, pedagogy, criminology, or medicine), but a critical discussion of the sources

of understanding social work clients' lives and definition of problems (Rossiter 2000; Payne 2005).

In the thesis I have addressed the issue of the source of knowledge by focusing on the experiences and views of women who use drugs themselves. At the same time, it is important to point out that the findings of this thesis are my interpretations of the participants' narratives, which were also generated in the specific context of research interviews, therefore, cannot be seen as direct representations of their experiences, nor the whole complexity of their life situation. On the other hand, the technique of repeated unstructured interviews and focus groups supported the possibility of gaining a good insight to their life situation.

The approach of the thesis allowed me to explore the themes and subjects in the social environment that were identified as the most important by the participants themselves; understanding of agency in their interaction with these subjects allowed me to recognize their exercising of agency in various forms, thus bringing findings which are relevant also for social work.

The findings are interesting with regards to the discussion about the source of knowledge about the clients' situation and critical reflection of what is seen as a problem and by whom. As a researcher, I defined the target group as women who have experience with long-term drug use. Although I deliberately avoided potentially stigmatizing definitions of the target group (such as 'addicts'), the drug use was a common characteristic seen as one of the crucial factors of their living situation. I find it interesting how the approach, which allowed unstructured discussion and focus on their experiences in a broad context, allowed me to understand their situation through more characteristics. This was the initial intention, but at the same time, it was very important to realize through the data analysis that the life situations could also be defined particularly through experiences with homelessness. In my view, this is not to add another problematic dimension to their experience, but rather to critically reflect how the definitions of the problems were made and ascribed to the clients.

Looking at the participants' living situation through the perspective of the subjects in their environment which they identify as important, and understanding the reasons why they are perceived as sources of support and/or constraint allowed me to see that their definition of problems in the situation was in many ways different from those in their environment, including, importantly, social workers.

For instance in the participants' narratives, the meth use was described in various ways as a source of support. The participants' used narrative discourse through which they pointed out their exercise of agency through using meth to overcome structural constraints which they were encountering; for instance, exhaustion related to demanding childcare, insecure housing situations, experiences with violence and as a means to deal with depressions and traumatic experiences. At the same time, the exercise of agency through meth use was sometimes also described as simply beneficial and not necessarily related to constraints: pleasure and joy were described in relation to meth use with friends and partners.

Such an understanding is important to see the individual dimension of why someone uses drugs. Comprehending the various benefits of drug use puts into question the pathological perception of drug use as only negative or self-destructive. At the same time, the understanding of the contextual reasons, such as using meth to overcome structural constraints like insecure housing, lack of support in childcare and exposure to violence, places the individual situation into the structural dimension. In the social work context, this has serious implications for social change. Therefore, to understand drug use in the context of, for example, housing, position on the labour market, or access to childcare facilities does not mean to overload the individual with more levels of problems, but to point out that there are structural problems which need to be addressed. In the research findings, this is well illustrated in the experiences with homelessness

and violence, which were serious reasons for more intense drug use; in the view of the participants, these problems were not adequately addressed by the social work institutions.

As also follows from the research findings, crucial changes in housing conditions influenced also changes in drug use patterns, supported capacity to take care of children, or supported relationship with a partner.

The application of these findings into the practice of social work does not only challenge the individualized definition of problems, but also has serious implications for the very practical dimensions of social work practice. When we look at the structure of how social work services are provided, it is possible to recognize how they contribute to this individualization of problems by defining target groups (e.g. drug users, homeless people, people with mental health problems, or victims of domestic violence). Although the participants usually experienced all these problems, they were not in contact with an institution which would address these multiple needs. This inability was also identified by several participants as a source of constraint or at least as a lack of support. For instance, the accommodation in asylums for mothers and children does not prevent repeated experiences of homelessness, nor does it provide support for both parents in their parenting role.

On the other hand, it is important to point out that various institutions were also identified as important sources of support. The broad definition of agency allowed me to understand how important subjects served as a source of support even in a context which might be described as oppressive. This was, for instance, a participant's experiences from an asylum home which was in some narratives described as oppressive particularly due to control and surveillance. In some other narratives, the control was conversely described as a source of support (e.g. in helping achieve a participant's aim of more controlled meth and alcohol use). In another situation, the Child Welfare Office, which was often perceived as a significant source of constraint due to stigmatizing and controlling practices, was also identified as a potential source of support. The participant explained that she perceived the cooperation with the psychiatrist suggested by the Child Welfare worker as a source of help which could address her psychological problems. On the other hand, this expectation was not fulfilled due to the purely formal character of the visits.

As in the approach in the previous parts of the thesis, the aim is not to provide conclusions concerning assumptions about which subjects in the social environment are supportive or oppressive, victimizing or empowering. The aim of the thesis and the recommendations is to provide a framework through which the relations between individuals and subjects in the social environment can be understood through dynamic interactions in which the subjects are a source of support as well as constraint, and individuals exercise their agency in various ways. For instance, they use the sources of support to their benefit, but also resist oppression and assert their own claims on the subjects.

In the following chapter I discuss some recommendations for social work practice which can support empowerment.

5.2 Empowering Social Work Practice

It is important to point out that I do not understand empowerment as a method but rather as a desired outcome of social work interventions.

I define empowerment as an individual psychological quality that provides the feeling that one can control the direction of his/her life, as well as the development of a sense of collective influence over the social conditions of one's life.

As follows from the definition, empowerment is closely related to the exercising of agency. In this part I use the findings about the various forms of how agency can be exercised in interaction with the subjects in the social environment to draw several recommendations for social work practice which supports clients' empowerment.

Defining the exercising of agency through narrative discourse, which is used to talk about interactions, allows one to understand that the way some experience is interpreted, but also mediated to others, is highly context-dependent. As was described in the previous chapter, with the use of the concept of interdiscursivity, it is possible to recognize how the same experience is described in different ways depending on whom the story is told to and how the narrator wants to position themselves in the story. Therefore, whether drug use is explained through a narrative discourse of pathology, rebellion or victimization also depends on who it is told to. Thus we can understand that as researchers, social workers, policemen, or friends, we would hear the story told in a different way, to some extent. This is also what Svensson (2006) calls the 'subversive and adjusted narratives' to point out that the stories which clients tell social workers, for instance, are different from those they would tell someone else.

In this context I would argue that every narrative is 'adjusted', which need not have a negative connotation. In my view, this only implies the need to reflect on the context in which the narrative is told and pay attention to how it is 'adjusted'. For instance, as the research setting is characterized by some level of anonymity, I had the opportunity to hear stories which I would not hear as a social worker and vice versa. By critically reflecting the context in which clients tell the stories allows me to better understand the stories and provide a possibility to create space for different stories. Critical reflection must concern own stereotypes, the setting of the service as well as the limits at the structural level. In my own experience as a social worker and researcher, it was very interesting to experience and reflect why as a social worker for drug users I had not heard much about the skills that clients develop and use to earn money or gain other resources. This was probably to a large extent caused by the illegal character of the activities. There were some rules of the programme which might have forbidden speaking about these things and the clients themselves might not have felt comfortable to disclose such information about themselves. There is also the question of one's own stereotypes and social expectations of how one will understand, for instance, women involved in drug production and dealing. Interpreting the activity through the concept of agency exercised in interaction with social structure allows one to possibly understand this activity as an exercise of agency through gaining benefits to overcome constraints related to a disadvantaged position on the labour market. Similarly, involvement in violent practices can be interpreted as an exercising of agency through resistance to violence and protection from threats of violence from other people.

Such a view on the exercising of agency can be transformed to empowering social work practice through recognizing clients not only as a victim, but also an agent; recognizing their exercise of agency can be transformed into other activities.

A further important reason for empowering social work is that it helps the people involved understand the structural and political context of their individual problems and recognize that they are not the only ones experiencing them (Carter, 2002, Thompson, 2006, Young, 1994). This signifies the important notion that it is not only the client but also society that needs to change or adjust when problems occur.

One example of such a change may be found in the shifting of attitudes in wider society towards women who use drugs. Social workers can contribute to this change by challenging

negative stereotypes and problematizing the concept of 'female drug use' itself. This means that, first of all, the social workers themselves have to 'challenge their own assumptions and expectations of [...] what being female means' (Crinall, 1999: 80). Crinall (1999) also warns that rigid adherence to any singular, prescribed or defined code for being a woman has the potential to be strongly oppressive. Therefore social workers also need to critically reflect upon their own stereotypical assumptions (e.g. a drug using and/or homeless woman cannot be a competent mother) and support a variety of choices of gender identity.

By describing the life situation of drug using women in a wide variety of relations and roles and giving examples of individual cases, social workers may call into doubt the taken-for-granted, often stigmatising assumptions about the 'typical female drug user', her 'typical problems', or her 'typical behaviour'.

The framework suggested in the thesis has practical implications for social work. The broadened definitions of agency and structure, together with the attention paid to their mutual interaction, may lead the social worker to ask questions such as: 'Who are the important people and institutions with whom the female drug users interact?' or 'How do these people and institutions work as sources of constraint and/or support?'

Asking these questions helps the social worker gain a deeper understanding of the life situation of women drug users and avoid a purely dichotomous view where the client is seen as either a powerless victim or volitional agent. It leads us to pay attention to the conditions that the clients themselves define as oppressive or supportive and to various ways in which agency is exercised.

Conclusion

Based on a critical review of social science research into female drug use, I have identified the tendency to put emphasis upon either the role of social structure and structural constraints or the role of individual agency. To avoid further contributing this dichotomous view, in which women who use drugs tend to be depicted as rather powerless victims of structural oppressions or as volitional agents, I have suggested theoretical frameworks which broaden the definition of social structure and agency and place strong emphasis on their mutual interaction.

I have defined agency as the capacity to act to overcome structural constraints, as well as the capacity to use structural resources and support to the benefit of self and/or others. Social structure was defined as not only restricting and oppressing, but as enabling and empowering. Thus, agency and structural conditions are seen as inseparably bound and in constant interaction. The exercise of agency is shaped by and at the same time shapes social structure, and vice versa.

This framework was used in empirical research to gain deeper understanding of the living situation of women who have experience with long-term drug use.

The suggested theoretical framework and narrative analysis and interpretation of data which was generated through repeated in-depth interviews and focus groups with seven women who have experience with the long-term use of methamphetamines allows me to answer the main research question: **‘How do women who have experience with long-term drug use exercise agency in their narratives about interaction with important subjects in their social environment?’**

Through narrative analysis and interpretation I have identified four themes which were the most relevant in participants’ narratives. That means they were the most often discussed as well as discussed by all (or almost all) of the participants. The themes were drug use, motherhood, housing and experiences with violence.

Furthermore I have identified various forms in which agency was exercised in the narratives about interactions provided by the participants. Particularly agency was exercised in the narratives through their ability to identify the available sources of support and use them to their own benefit and/or the benefit of others and to overcome constraints. Furthermore, through resistance towards negative or stigmatizing expectations from their social environment, as well as by withdrawing from interactions when they were not found to be supportive or were perceived as harmful. Other forms of agency were the exercise of control and the exercise of power over other people, which can also take the meaning of revenge in relation to oppressive experiences.

The exercise of agency in the various above-mentioned forms took place in the interactions with their important subjects, that is, especially partners, friends and acquaintances (of which most but not all were also meth users), children and family members. Very important subjects were also various institutions and their workers, particularly, the drop-in centre, asylum homes, hostels, maternity hospital, the Child Welfare Office and the Employment Office, school and kindergarten.

All the important subjects were described by the participants as sources of support as well as constraints. Whether the subjects were perceived as a source of support or oppression depended on the context and also changed over time.

References

- Adams, Robert 1996. *Social Work and Empowerment*. London: Macmillan Press.
- Ahearn, Laura M. 2001. Language and Agency. *Annual Review of Anthropology*. Vol. 30, pp. 109-137.
- Anderson, Tammy 2008. Dimensions of Women's Power in the Illicit Drug Economy. In Anderson, Tammy (ed.), *Neither Villain nor Victim: Empowerment and Agency among Women Substance Abusers*. New Brunswick: Rutgers University Press.
- Baker, Phyllis L., Amy Carson 1999. 'I Take Care of My Kids': Mothering Practices of Substance-Abusing Women. *Gender and Society*. Vol. 13, No.3, pp. 347-363.
- Baskin, Deborah R., Ira Sommers 2008. Demonstrating a Female-Specific Agency and Empowerment in Drug Selling. In Anderson, Tammy (ed.), *Neither Villain nor Victim: Empowerment and Agency among Women Substance Abusers*. New Brunswick: Rutgers University Press.
- Bell, Kirsten, Amy Salmon 2011. What Women Who use Drugs Have to Say about Ethical Research: Findings of an Explanatory Qualitative Study. *Journal of Empirical Research on Human Research Ethics*. pp. 84-98.
- Bourdieu, Pierre 1977. *Outline of a Theory of Practice*. Cambridge: Cambridge University Press.
- Bourdieu, Pierre, Loïc Wacquant 1992. *An invitation to Reflexive Sociology*. Chicago: The University of Chicago.
- Butler, Judith 1990. *Gender Trouble. Feminism and the Subversion of Identity*. New York: Routledge.
- Carbone-Lopez, Kristin, Jennifer Gatewood Owens, Jody Miller 2012. Women's 'Storylines' of Methamphetamine Initiation in the Midwest. *Journal of Drug Issues*. Vol. 42, No. 3, pp 226-246.
- Carter, S. Carolyn 1997. Ladies Don't: A Historical Perspective on Attitudes Toward Alcoholic Women. *Affilia*. Vol. 12, pp. 471-485.
- Carter, S. Carolyn 2002. Prenatal Care for Women Who Are Addicted: Implications for Gender-Sensitive Practice. *Affilia*. Vol. 17, pp. 299 – 313.
- Crenshaw, Kimberley 1991. Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*. Vol. 43, No. 6, pp. 1241-1299.
- Crinall Karen 1999. Challenging Victimisation in Practice with young Women. In Pease Bob, Jan Fook (eds.). *Transforming Social Work Practice. Postmodern Critical Perspectives*. London: Routledge.

- Denton, Barbara 2001. *Dealing: Women in the Drug Economy*. Sydney: University of New South Wales Press.
- Ditmore, Melissa Hope 2013. *When Sex Work and Drug Use Overlap. Considerations for Advocacy and Practice*. London: Harm Reduction International.
- Dominelli, Lena 2002. *Feminist Social Work Theory and Practice*. New York: Palgrave.
- Emirbayer, Mustafa, Ann Mische 1998. What Is Agency? *American Journal of Sociology*. Vol. 103, No. 4, pp. 962-1023.
- Ettorre, Elizabeth 1992. *Women and Substance Use*. London: Palgrave Macmillan.
- Ettorre, Elizabeth 2007. *Revisioning Women and Drug Use*. New York: Palgrave Macmillan.
- European Monitoring Centre for Drugs and Drug Addictions 2000. *Problems Facing Women Drug Users and their Children*. Lisbon: EMCDDA.
- European Monitoring Centre for Drugs and Drug Addictions 2005. *Differences in Patterns of Drug Use between Women and Men*. Lisbon: EMCDDA.
- European Monitoring Centre for Drugs and Drug Addictions 2006. *A Gender Perspective on Drug Use and Responding to Drug Problems*. Lisbon: EMCDDA.
- European Monitoring Centre for Drugs and Drug Addictions 2009a. *An overview of the problem drug use (PDU) key indicator*. Lisbon: EMCDDA.
- European Monitoring Centre for Drugs and Drug Addictions 2009b. *Women's Voices. Experiences and Perceptions of Women who Face Drug-related Problems in Europe*. Lisbon: EMCDDA.
- Fawcett, Barbra 2000. Researching Disability: Meanings, Interpretations and Analysis. In Fawcett, Barbara (ed.). *Practice and Research in Social Work. Postmodern Feminist Perspectives*, London: Routledge.
- Fook, Jan 1999. Critical reflectivity in education and practice. In: Pease Bob, Jan Fook (eds.), *Transforming Social Work Practice. Postmodern Critical Perspectives*. London: Routledge.
- Fook, Jan, Bob Pease 1999. Postmodern Critical Theory and Emancipatory Social Work. In Pease Bob, Jan Fook (eds.), *Transforming Social Work Practice. Postmodern Critical Perspectives*, London: Routledge.
- Fook, Jan. 2002. *Social Work: Critical Theory and Practice*. London: Sage.
- Frank, Kathrine 2006. Agency. *Anthropological Theory*. Vol. 6, No. 3, pp. 281–302.
- Friedman Jennifer, Marixsa Alicea 1995. Women and Heroin. The Path of Resistance and Its Consequences, *Gender and Society*. Vol. 9, No.4, pp. 432-449.
- Friedman Jennifer, Marixsa Alicea 2001. *Surviving Heroin: Interviews with Women in Methadone Clinics*. Gainesville: Univeristy of Florida Press.

- Frišaufová, Magda 2014. Research Accounts of Female Drug Use and their Implications for Social Work. *Czech and Slovak Social Work*. Vol. 15, No. 4, pp. 35 – 45.
- Fry, C. L., W. Hall, A. Ritter, R. Jenkinson 2006. The Ethics of Paying Drug Users Who Participate in Research: A Review and Practical Recommendations. *Journal of Empirical Research on Human Research Ethics*. Vol. 1, No. 4, pp. 21-36.
- Giddens, Anthony 1984. *The Constitution of Society. Outline of the Theory of Structuration*. Berkley: University of California Press.
- Grundetjern, Heidi, Sveinung Sandberg 2012. Dealing with a gendered economy: Female drug dealers and street capital. *European Journal of Criminology*. Vol. 9, pp. 621-635.
- Gubrium, Jaber. F., James. A. Holstein 2009. *Analyzing Narrative Reality*. Thousand Oaks: Sage Publications.
- Hart, L. Carl, Joanne Csete, Don Habibi. *Methamphetamine. Facts vs. Fiction and Lessons from the Crack Hysteria*. Open Society Foundation.
- Hartnoll, Richard (et al.) 1997. *Příručka k provádění výběru metodou sněhové koule (snowball sampling)*. Praha: Council of Europe.
- Healy, Karen. 2000. *Social Work Practices*. London: Sage.
- Healy, Karen 2014. *Social Work Theories in Context: Creating Framework for Practice*. New York: Pelgrave Macmillan.
- Hudson, Annie 2008. ‘Troublesome girls’: towards alternative definitions and policies. In Evans, Karen, Janet Jamieson (eds.). *Gender and Crime: A Reader*. Berkshire: Open University Press.
- Inciardi, James A., Dorothy Lockwood, Anne E. Pottieger 1993. *Women and Crack-Cocaine*. New York: Macmillan Publishing Company.
- International Harm Reduction Association 2010. *What is Harm Reduction? A position statement from the International Harm Reduction Association*. London: IHRA.
- Jackson, Carolyn, Penny Tinkler 2007. ‘Ladettes’ and ‘Modern Girls’: ‘Troublesome’ Young Femininities. *The Sociological Review*. Vol. 55, pp. 251-272.
- Jackson, Michael 2002. *The Politics of Storytelling. Violence, Transgression and Intersubjectivity*. Copenhagen: Museum Tusulanum press.
- Janebová, Radka 2012. O atmosféře strachu v sociální práci. *Sociální práce, sociálna práca*. Vol. 12, No. 1, pp 38-41.
- Kelley, Margaret 2008. Negotiating Gender for Couples in Methadone Maintenance Treatment. In Anderson, Tammy (ed.), *Neither Villain nor Victim: Empowerment and Agency among Women Substance Abusers*. New Brunswick: Rutgers University Press.

- Kemp, Susan P. 2001. Environment through a Gendered Lens: From Person-in-Environment to Woman-in-Environment. *Affilia*. Vol. 16, No. 1, pp. 7-30.
- Klee, Hilary, Marcia Jackson, Suzan Lewis (eds.) 2002. *Drug Misuse and Motherhood*, London: Routledge.
- Kolářová, Marta 2009. Na křižovatkách nerovností: gender, třída a rasa/etnicita. *Genderonline*.
- Koncepce sociálního bydlení v ČR*. [online]. 2014. Praha: Ministerstvo práce a sociálních věcí, Ministerstvo pro místní rozvoj [cit. 3. 11. 2014].
- Konopásek, Zdeněk 1997. Co si počít s počítačem v kvalitativním výzkumu. *Biograf*, Vol. 12, pp. 71-110.
- Lalander, Philip 2003. *Hooked on Heroin: drugs and drifters in a globalized world*. Oxford: Berg.
- Lykke, Nina 2010. *Feminist studies. A guide to Intersectional Theory, Methodology and Writing*. London: Routledge.
- Maher, Lisa 1997. *Sexed Work. Gender, Race and resistance in a Brooklyn Drug Market*. New York: Oxford University Press.
- Mahoney, R. Martha 1994. Victimization or Oppression? Women's Lives, Violence, and Agency. In Fineman, Martha Albertson and Roxanne Mykitiuk (eds). *The Public Nature of Private Violence*. New York: Routledge.
- Mattsson, Tinna 2014. Intersectionality as a Useful Tool: Anti-Oppressive Social Work and Critical Reflection. *Affilia*. Vol. 29, No. 1, pp. 8-17.
- McIntosh, James, Neil McKeganey 2000. Addicts' Narratives of Recovery from Drug Use: Constructing a Non-Addict Identity. *Social Science and Medicine*. Vol. 50, No. 10, pp. 1501-1510.
- McNay, Lois 2000. *Gender and Agency. Reconfiguring the Subject in Feminist and Social Theory*. Cambridge: Polity Press.
- McNay, Lois 2004. Agency and Experience: Gender as a Lived Relation. *Sociological Review*. Vol 52, pp.: 175-190.
- Measham, Fiona 2002. 'Doing Gender' – 'Doing Drugs': Conceptualizing the Gendering of Drugs Cultures. *Contemporary Drug Problems*. Vol. 29, pp. 335-373.
- Ministerstvo práce a sociálních věcí. Assistance in Material Need. [online, 02.05.2015]
 Accessible at: <http://www.mpsv.cz/en/1608>
- Morgan, David, L. 1997. *Focus Groups as Qualitative Research*. London: Sage Publications.
- Mravčík (et al.) 2003. *Výroční zpráva o stavu ve věcech drog v ČR v roce 2002*. Praha: Úřad vlády ČR.

- Mravčik, Viktor (et al.) 2013. *Annual Report: The Czech Republic – 2012 Drug Situation*. Prague: Office of the Government of the Czech Republic.
- Musil, Libor 2013a. Interakce. In Matoušek, Oldřich (ed.). *Encyklopedie sociální práce*. Praha: Portál.
- Musil, Libor 2013b. Sociální prostředí. In Matoušek, Oldřich (ed.). *Encyklopedie sociální práce*. Praha: Portál.
- Nash, Jennifer C. 2008. “Re-Thinking Intersectionality”. *Feminist Review* Vol. 89, pp. 1-15.
- O’Reilly, Karen 2009. *Key Concepts in ethnography*. London: Sage.
- Palm, Jessica 2007. Women and Men – Same Problems, Different Treatment. *International Journal of Social Welfare*. Vol. 16, pp. 18-31.
- Payne, Malcolm 2005: *Modern Social Work Theory*. London: Palgrave Macmillan.
- Payne, Malcolm 2006. *What is Professional Social Work?* Bristol: The Policy Press.
- Pollack, Shoshana 2000. Reconceptualizing Women’s Agency and Empowerment: Challenges to Self-Esteem Discourse and Women’s Lawbreaking. *Women and Criminal Justice*. Vol. 12, No. 1, pp. 75-89
- Ramazanoğlu, Caroline, Janet Holland 2002. *Feminist Methodology: Challenges and Choices*. London: Thousand Oaks.
- Riessman, Catherine Kohler 2008. *Narrative Methods for the Human Sciences*. London: Sage Publications.
- Rossiter, Amy 2000. The postmodern feminist condition. New conditions for social work. In: Fawcett, Barbara (eds.). *Practice and Research in Social Work. Postmodern Feminist Perspectives*. London: Routledge.
- Sandberg, Sveinung 2009. Gangster, Victim, or Both? Street Drug Dealers’ Interdiscursive Construction of Sameness and Difference in Self-Presentations. *British Journal of Sociology*. Vol. 60, No. 33, pp. 523-542.
- Sandberg, Sveinung. 2010. What Can ‘Lies’ Tell us about Life? Notes towards a Framework of Narrative Criminology. *Journal of Criminal Justice Education*. Vol. 21, No. 4, pp. 447-465.
- Sewell, William H. A 1992. Theory of Structure: Duality, Agency, and Transformation. *American Journal of Sociology*. Vol. 98, No. 1, pp.: 1-29.
- Scheper-Hughes, Nancy 1992. *Death without Weeping: The Violence of Everyday Life in Brazil*. Berkeley: University of California Press.
- Silverman, David 1997. *Interpreting Qualitative Data: Methods for Analysing Talk, Texts and Interaction*. London: Sage Publication.

- Staunæs, Dorthe, Mrie, D. Søndergaard, 2011. Intersectionality – A Theoretical Adjustment, In *Researching differently Handbook for Postgraduate Research in Women's/Gender/Feminist Studies*, (eds). R. Buikema, G. Griffin, & N. Lykke, London, Routledge.
- Staunæs, Dorthe 2003. Where Have all the Subjects Gone? Bringing together the Concepts of Subjectification and Intersectionality. In *NORA - Nordic Journal of Women Studies*. Vol. 11, No. 2, pp. 101-110.
- Stocco, Paolo (et al.) 2000. *Women and Drug abuse in Europe: Gender Identity*. Venezia: IREFREA.
- Stocco, Paolo (eds.) 2002. *Women and Opiate Addiction: A European Perspective*. Valebcia: IREFREA.
- Svensson, Bengt 2000. 'Speed Freaks, Junkies and Others – with Drug as Companions.' In: Greenwood, Gloria, Kathy Robertson (eds.): *Understanding and Responding to Drug Use: the Role of Qualitative Research*. MCDDA: Luxemburg.
- Svensson, Bengt 2006: Why Do Men and Women Continue to Use Drugs? In: Kappl, Miroslav, Martin Smutek (eds.). *Proměny klienta služeb sociální práce*. Gaudeamus: Hradec Králové.
- Šveřepa, Milan: 2008. Česká sociální práce obvykle neplní úlohu vyvažujícího elementu mezi člověkem a společností. In: *Sociální práce*, Vol. 2, pp. 5-8.
- Thompson, Neil 2006. *Anti-discriminatory Practice*. New York: Palgrave Macmillan.
- Trinder, Liz 2000. Reading the Texts. Postmodern Feminism and the 'Doing' of Research. In: Fawcett, Barbara (ed.), *Practice and Research in Social Work. Postmodern Feminist Perspectives*, London: Routledge.
- Vobořil, Jindřich 2002. Gender differences - ženy jako zvláštní skupina zasluhující pozornost - review anglicky psané literatury. *Adiktologie* No. 2, pp. 33-39.
- Worrall, Anne 2008. Twisted Sisters, Ladettes, and the New Penology: the Social Construction of 'Violent Girls'. In Evans, Karen, Janet Jamieson (eds.). *Gender and Crime: A Reader*. Berkshire: Open University Press.
- Young, Iris Marion 1994. Punishment, Treatment, Empowerment: Three Approaches to Policy for Pregnant Addicts. *Feminist Studies*, Vol. 20, No. 1, pp. 32-57.

Abstract

The author of the thesis answers the research question: ‘How do women who have experience with long-term drug use exercise agency in their narratives about interaction with important subjects in their social environment?’

In the first part of the thesis, the author provides a theoretical framework which grounds the topic in postmodern feminism and critical social work theory. Furthermore, the author suggests a definition of agency and social structure and approach through which agency can be researched by focusing on the interaction between individuals and subjects in their social environment.

In the second part of the thesis, the research question is answered through the narrative analysis of data, which has been generated from repeated in-depth interviews and focus groups with seven women who have experience with long-term use of methamphetamine. Based on the data interpretation, the author discusses how the participants exercised their agency in interaction with important subjects in their environment related to four main themes: drug use, motherhood, the housing situation and experiences with violence. In the data interpretation, the author focuses not only on the exercise of agency as it is described by the participants in the narratives, but also identifies the exercise of agency through the narrative discourse performed in the interactions during the individual and group interviews. This approach allows to understand the various forms in which agency is exercised in interaction with social environment, such as the ability to identify available sources of support and use them to one’s own benefit and to overcome constraints, resistance to social expectations, withdrawing from interactions, exercising control and exercise of power over other people.

The author also provides a discussion of the research findings and their implications for social work practice.

Key words: agency, critical social work, drug use, gender, methamphetamine, narrative approach

Abstrakt

Autorka v práci odpovídá na hlavní výzkumnou otázku „Jak ženy, které mají zkušenost s dlouhodobým užíváním drog, projevují sílu k jednání ve svých naracích o interakcích s důležitými subjekty ve svém sociální prostředí?“

Autorka vymezuje teoretický rámec, jenž ukotvuje téma práce v postmoderním feminizmu a kritické sociální práci. Dále autorka vymezuje definici osobní síly k jednání (agency) a sociální struktury, které ji umožňují zkoumat projevování osobní síly k jednání v interakcích mezi jednotlivci a důležitými subjekty v jejich sociálním prostředí.

Výzkumnou otázku autorka zodpovídá na základě narativní analýzy opakovaných hloubkových rozhovorů a fokusních skupin se sedmi ženami, které mají zkušenost s dlouhodobým užíváním metamfetaminu/pervitinu. Na základě interpretace dat autorka diskutuje jakým způsobem je projevována síla k jednání v interakcích s důležitými subjekty prostředí v rámci hlavních témat, kterými jsou užívání drog, mateřství, bydlení a zkušenosti s násilím. Při interpretaci dat se autorka nezaměřuje pouze na sílu k jednání tak jak je popisována participantkami v jednotlivých naracích, ale zaměřuje se i na sílu k jednání tak jak je projevována skrze narativní diskurz v interakcích během individuálních a skupinových rozhovorů. Tento přístup umožňuje identifikovat různé způsoby projevu síly k jednání jako je například schopnost identifikovat zdroje podpory a využívání těchto zdrojů k překonání problémů, rezistence vůči očekáváním prostředí, vyhýbání se některým interakcím, přebírání zodpovědnosti a kontroly, vykonávání moci nad jinými lidmi.

Na základě výzkumných zjištění autorka také diskutuje doporučení pro sociální práci.

Klíčová slova: gender, kritická sociální práce, metamfetamin/pervitin, narativní přístup, síla k jednání/agency, užívání drog,

Name Index

- Adams, 27, 28
Ahearn, 17
Anderson, 10, 12, 13, 17, 87, 139
Baker, 11, 82
Baskin, 11
Bell, 44
Bourdieu, 21
Butler, 9
Carbone-Lopez, 53, 65
Carter, 9, 10, 11, 57, 144
Crenshaw, 19
Crinall, 16, 28, 144
Denton, 72, 79, 139
Ditmore, 77
Dominelli, 17, 25, 28
Emirbayer, 21
Ettorre, 10, 11, 54, 57, 64, 72, 139
Fawcett, 15
Fook, 26, 27, 28, 29, 37, 38
Frank, 17
Friedman, 11, 57
Giddens, 17, 19, 21
Grundetjern, 79, 80, 139
Gubrium and Holstein, 39
Hart et al., 51
Healy, 27
Hudson, 13
Inciardi, 10, 11, 18, 59, 64, 72, 77, 79, 139
Jackson and Tinkler, 13
Janebová, 26
Kemp, 20, 23
Klee, 11, 82, 87, 100
Konopásek, 31
Lalander, 11, 65
Lykke, 20
Maher, 11, 13, 18, 31, 65, 72, 77, 79
Mahoney, 17
Mattsson, 6, 19, 28, 29
McIntosh and McKeganey, 61
McNay, 17, 21
Measham, 12
Morgan, 32, 46
Mravčík, 14, 19, 51, 54
Musil, 1, 6, 20, 22
Nash, 19
O'Reilly, 30, 33
Palm, 8
Payne, 23, 24, 25, 26, 27, 28, 141
Pollack, 27, 28
Ramazanoğlu and Holland, 9
Riessman, 31, 37, 39, 40, 41, 42, 45
Rossiter, 24, 25, 26, 141
Sandberg, 42, 79, 80, 139
Scheper-Hughes, 18
Sewell, 17, 19
Silverman, 30, 31, 41
Staunæs and Søndergaard, 20
Stocco, 10, 11, 54, 57
Svensson, 66, 143
Šveřepa, 26
Thompson, 19, 27, 28, 29, 82, 144
Trinder, 9
Vobořil, 11, 54, 57
Worrall, 13
Young, 11, 27, 144