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# Families on the Edge

## Experiences of Homelessness and Care in Rural New England

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## 5 Shattered Families

In this chapter, I build on arguments presented in chapter 4 highlighting the challenges families in this study experienced while navigating complex systems of care in rural New England. This chapter elaborates on the frequent misalignment of the goals of health and social services and the lived reality of care by focusing on unintended consequences of the professional gaze. Specifically, this chapter traces the devastating subjective effects of losing children to state custody in the context of homelessness, mental illness, and substance use. Research on child welfare overwhelmingly focuses on child outcomes, and much less is known about the impact on parents of the involvement of child welfare professionals and the separations of families. Through ethnographic attention to the experiences of two families, I examine these traumatic separations to argue that a form of madness is produced at the nexus of state systems of power and that the rupture of intersubjective familial ties results in the gradual erosion and eventual loss of parental selves.

### Homelessness as Moral Failure in Rural New England

As earlier chapters highlight, the lack of anonymity, intense individualism, and expectations of self-reliance in rural New England create conditions in which the loss of housing is frequently cast as a personal failure within one's social network. This view is also, tragically, often internalized by the displaced themselves. Becoming homeless in this setting renders families as morally suspect (cf. Hopper, 2003). Under these conditions, parents must actively demonstrate their "moral worthiness" (Snell-Rood and Carpenter-Song, 2018) through efforts to prove their "virtue" as good enough parents.

It is against this harsh backdrop that we must understand experiences of losing children to state custody in Vermont. Previous anthropological

research on this topic has delineated how a cascade of crises—domestic violence, substance abuse, homelessness—eventuate in the separation of children from their mothers (Barrow & Lawinski, 2009). In Susan Barrow and Terese Lawinski's (2009) research among mothers experiencing homelessness and mental health and/or substance use challenges, most (71%) children went to live with extended kin in the context of family separations. In their sample of 61 families living in metropolitan New York State, most of whom were headed by women of color, family separations occurred largely outside of the child welfare system as "decisions about care were negotiated between parents and kin" (Barrow & Lawinski, 2009, p. 13). Informal, kin-based arrangements were "overwhelmingly preferred" over nonkin foster care by the mothers in the study, who "viewed child welfare agencies as capricious and punitive" (Barrow & Lawinski, 2009, pp. 13, 15). Barrow and Lawinski (2009) argue that separations of this kind point to the agency of disenfranchised mothers as they actively seek out respite for themselves or protection for their children; these strategies align with the sharing of resources and the responsibility of child-rearing documented among Black families in the seminal work of Carol Stack (1974).

The experiences of family separation that I examine in this chapter differ substantially from those documented by Barrow and Lawinski (2009). Most important, for the families I describe, their children were taken forcibly and unexpectedly into state custody. These separations were not acts of agentic parents striving to prevent or mitigate difficulties within their families by engaging kin networks to care for children. Rather, these separations were experienced as traumatic ruptures in the fabric of family life, involving the swift intervention of child welfare and law enforcement officials. As such, the family separations detailed in this chapter align closely with experiences described by legal scholar and activist, Dorothy Roberts (2021, 2022), who has documented the impact of the child welfare system within Black and low-income communities in the United States. Roberts (2021) describes the child welfare system as an "assemblage of public and private child protection agencies, foster care, and preventive services" that serve as a "crucial part of the carceral machinery" in marginalized communities (p. 67). Furthermore, Roberts (2022) argues that the "foundational logic" of the child welfare system, which she terms the family policing system, is "centered on threatening politically marginalized families with child removal" (p. 27).

While rates of child removal and termination of parental rights vary widely by state in the United States, Vermont consistently ranks among

the top states for rates of child removal and the termination of parental rights (Bech, 2015). Compared to all other New England states and most of the nation, Vermont terminates the parental rights of children ages birth to three at a higher rate (Bech, 2015). In Vermont, termination of parental rights (TPR) petitions increased 60% between 2012 and 2016, mirroring a dramatic rise in abuse and neglect case filings over the same period (State of Vermont Judiciary, 2017). Increases in abuse and neglect cases and TPR petitions are largely attributed to the opioid crisis in Vermont (Walsh, 2016).

Neighboring New England states have also experienced increases in reports of child abuse and neglect, but states respond to these reports differently. For example, New Hampshire and Vermont have similar rates of children subject to an investigated report of abuse or neglect (43 and 42 per 1,000, respectively). Yet Vermont confirms maltreatment in 8 per 1,000 cases compared to 3 per 1,000 cases in New Hampshire (a rate 2.6 times higher) (Annie E. Casey Foundation, 2017). Out-of-home placements also differ between the states, with 4 per 1,000 children ages birth to 17 in foster care in New Hampshire compared to 11 per 1,000 in Vermont (Annie E. Casey Foundation, 2017). Such differences underscore the contested ground of child welfare involvement. Some argue that New Hampshire rates are too low, reflecting inadequate resources for the Department of Children and Families (Wallner, 2017). On the other hand, Matt Valerio, the Vermont defender general who oversees the court-appointed attorneys representing parents in TPR cases, acknowledged a shift toward removal of children in drug-related cases that previously may not have resulted in removal. Furthermore, he acknowledged the role of poverty in these cases: “To be perfectly frank, this isn’t a legal problem at all. This is a poverty problem. A treatment problem, a housing problem, a jobs problem, all arising out of poverty” (Walsh, 2016). Furthermore, in the vast majority of TPR cases, the court rules in favor of the state such that, as reported by one local press article, “the state breaks up a Vermont family almost every day” (Walsh, 2016).

### **The Moral Threat of Parenting on the Margins: The Impact of Mental Illness and Poverty**

Families surviving in poverty in rural New England face stigma and social rejection associated with not having the signifiers of the “good life” in the United States (see chapter 3). Moreover, lacking a stable home is often experienced as a personal failure in the context of the New England bootstrap

culture, leading to intense shame and concern about what it means to be a “good parent” under conditions of economic precarity alongside mental health and substance use challenges. Custody decisions in the context of mental illness provide a site for empirical investigation at the intersection of state intervention, social policy, and mental health. Parents with mental illnesses are at high risk for the involvement of the child welfare system and the loss of child custody. While there remains limited data on this issue, some studies have reported custody loss rates as high as 75% (Mowbray, Oyserman, Zemencuk, & Ross, 1995). Experiencing an inpatient psychiatric episode (regardless of diagnosis) independently conferred a twofold higher risk of child welfare system involvement and a nearly threefold higher risk of having a child placed in out-of-home care (Park et al., 2006).

At a broader policy level, the federal Adoption and Safe Families Act (ASFA, Public Law 105-89) has implications for parents with mental illnesses. The ASFA was passed with bipartisan support to become law on November 19, 1997, and was designed to limit foster care drift and promote permanency in children’s living situations. The ASFA mandated expedited timelines for permanency hearings and termination of parental rights proceedings. If a child has been in an out-of-home placement for 15 out of the past 22 months, the ASFA requires states to move to terminate parental rights to free children for adoption (ASFA, Public Law 105-89). Yet 15 months may be inadequate for parents with mental health or substance use problems to access and meaningfully engage with services, as Joanne Nicholson and colleagues (2001) note:

While the intent of the ASFA is to protect the health and safety of children, the implementation of the law also seems, in many instances, to be detrimental to the interests of parents with mental illness . . . [and] may have unintended consequences in its implementation. The incentives for permanency planning may motivate child welfare agencies to focus on out-of-home placement and planning for children in the allotted timeframe, rather than to tackle the oftentimes complex needs of parents with mental illness. (p. 27)

The high risk of child welfare system involvement among parents with mental illness is compounded by the moral threat of parenting in poverty. Child welfare agencies are involved disproportionately in families with low incomes (Fong, 2017), and poverty is the most consistent characteristic among families with disabilities in which neglect is found (Kay, 2009). Although some research disputes class bias in the overrepresentation of

poor children in the child welfare system (Jonson-Reid et al., 2009), other research supports reporting bias in finding that class and race are powerful predictors of whether an incident was reported to a child welfare agency (Hampton & Newberger, 1985). Black, Latinx, and Indigenous populations are overrepresented in the U.S. child welfare system (Roberts, 2022). Families with low incomes and those that have a parent with a disability become visible to health and social service agencies as they seek needed resources for their families, but they risk having poverty or mental illness call into question their capacities as parents (Appell, 1998; National Council on Disability, 2012).

For several reasons, in this chapter, I do not take a definitive stance regarding the rightness or wrongness of the legal decisions to involuntarily remove children in the specific cases described. I could make an appeal to ethnographic neutrality, although this admittedly feels thin when so much is at stake. In addition, I am not an expert on family law. My reservations are rooted in an ethical pragmatism that recognizes the limits of ethnographic knowledge and my understanding of these families. As an ethnographer, this work has entailed continuous negotiation of my ambiguous positionality. The immediacy of bearing witness to profound suffering exists in fraught tension with my commitment as an engaged scholar striving for impact. This has involved tempering appeals for direct advocacy by cultivating mutual understandings of the responsibilities and limits of our relationships.<sup>1</sup>

My ethnographic attention focuses on an emergent understanding of the devastating subjective effects of losing custody of children to the state. I have chosen to foreground the experiences of two families to underscore that these experiences are not singular. Presenting ethnographic material from two families also highlights distinctive contours, including an emphasis on drug use in Tara's case and mental illness in Jim and Hannah's experience. Through this work, I hope to raise critical questions about practices surrounding child separations, particularly in the context of homelessness and mental illness. Again, as Nicholson and her colleagues (2001) have written:

Ultimately, the costs of severing family ties must be empirically documented and weighed against the benefits of out-of-home placement and permanency planning on a case-by-case basis for families in which parents have mental illness. Research is needed to evaluate the costs and benefits of one choice over the other. (p. 28)

### Shattered Families, Loss of Parental Selves

Attention to the lived experience of family separations reveals crucial points of vulnerability and also of opportunity. Building on themes from the previous chapter, the experiences of Tara, Jim, and Hannah illuminate the high stakes involved in the misalignment of marginalized families and systems of care. In tracing the subjective effects of the removal of children and termination of parental rights by the state, I examine the consequences for parents as they endure profound loss and engage in ongoing efforts to be reunited with their children.

I use the vocabulary of *loss of self* to conceptualize the subjective effects of losing children to state custody.<sup>2</sup> The gradual unraveling of life for these two families in the wake of traumatic separations from their children threatens their identities and capacities as mothers and fathers striving to care for their children. Over time, some wounds cut so deep as to fundamentally alter self-processes to a point of devastation.<sup>3</sup> In the years following the removal of their children, Tara, Jim, and Hannah had their weaknesses amplified as the separations upended daily routines and rituals of caregiving that gave both structure and meaning to family life. Despite ongoing efforts to meet formal conditions of reunification, separations were prolonged, leaving these parents in a state of “existential limbo” (Haas, 2017) that incrementally eroded their capacities to care for their children. As the possibility that their children would return home receded, parental selves were lost amid the shattering of their families.

### Family Portraits of Moral Striving and Loss

Tara was in her late 20s and White. She had a high school education and worked intermittently in service-sector jobs. She and her husband, Chris, had an on-again-off-again relationship. Tara had filed restraining orders against Chris at various points and later, filed for divorce. Tara reported having received psychiatric diagnoses including attention deficit disorder, bipolar disorder, and PTSD. When I met Tara in 2009 she had one toddler son and was working hard to maintain her sobriety after having started using opiates and other drugs as an adolescent. After spending nine months in the family shelter, Tara moved into a subsidized apartment in her hometown in

Vermont. She attributed her move to the support of the staff at Safe Harbor and also to her own persistence:

I called on this apartment every single day. *Every single day*. I was persistent. I was very persistent. I did something for my son. I needed it. It's something that I needed to do, that I *had* to do. You know what I mean? I'm not just gonna sit back and relax. . . . Life is what you make it, and if you don't make it, you ain't gonna have one. [Another shelter resident] was outside crying the other day, "I'm gonna be here forever!" It's your own fault, you know? If I can do it, anybody can.

Tara was relieved to be out the shelter, where she had faced stigma from other residents for being in methadone treatment: "I'm in treatment. I get swabbed every week. If I used [drugs], I'd be screwed. So don't call me an addict." She enjoyed settling into her new apartment and felt that "people have been treating me different since I got a place. I just feel so much better about myself not being in the shelter anymore." Though sparsely decorated, she had taken care to place framed photographs on the bookshelf. The rooms were tidy and bright. Lacy sheer curtains hung delicately in her kitchen window. Shortly after Tara moved in, I complimented her on the apartment, and she beamed, "Oh, do you like it? I redecorated since you were here."

I looked forward to my visits with Tara. After picking up iced coffees from the Cumberland Farms convenience store, we would often drive to local thrift stores, where Tara would browse through the latest offerings. Along the way, we would talk about the things that were happening in her life. One afternoon, as we wound our way through town, she pointed to a small clapboard house: "That's where I grew up." She went on to share that her father had introduced her to heroin when she was in high school. Although she was grateful for her subsidized apartment, being in her hometown and near her family brought with it a map of memories—parking lots where she had bought drugs, houses where she had used—that made charting a new course a challenge from the start. During the time that I knew her, she oscillated between periods of sobriety and use.

When Tara first moved into the apartment, she was confident in her ability to pay the rent: "\$198 a month, I'll be there forever. That's it, yeah. Yep, I can pay \$198 dollars a month. And everything's included."<sup>4</sup> She articulated her sense that "things are coming together" and her desires for stability for her young family: "I mean, we are stable now with the apartment. I just want [my son] to be stable with me." As the months passed, Tara's narrative



of stability shifted to one of loneliness and boredom: “It’s been very lonely. There’s nothing to do here. I just stay at home all day.” At one point, Tara thanked me for coming over and added, “You’re, like, my only friend.” She elaborated her frustration with her neighbors, who “drink all day.” Speaking about one of the women, Tara noted that “she wakes up and cracks open a beer. It’s, like, I’m bored, but I’m not *that* bored.” She shared her usual routine and her decision to start going to church:

**Tara:** Stressful. I sit at home every day, all day. It gets so old. I walk to [town] and back. And then I bring [my son] to the park. But other than that, I’m home 24/7.

**ECS:** Are you still writing in your journal?

**Tara:** Yes! Every day. Yeah, that’s one thing I do. I write in my journal. I used to have more hobbies.

**ECS:** What about—do you think you’ll meet anybody through church?

**Tara:** I don’t know. I just started about four weeks ago. And I feel good! Like, when I go. You know? I mean, I’m not a huge churchgoer, you know what I mean? But it feels good to go, you know what I mean? Just to be associated with good people.

Living in her hometown, Tara continued to make efforts to meet new people but also struggled to distance herself from her old friends and family members, including her husband, with whom she maintained a complicated relationship. In the fall of 2010, about six months after moving into her apartment, she was pregnant with her second child. During this time, she had little support from her husband, the baby’s father (see chapter 3). Still, Tara was eagerly anticipating the birth of her daughter. During our drives together, Tara would often thumb through her dog-eared copy of *What to Expect When You’re Expecting*, sharing passages with me along the way. She worked for months to carefully decorate the nursery with serendipitous finds from secondhand stores. Her use of marijuana to soothe the vicious morning sickness had been, if not officially sanctioned, tolerated by her healthcare providers. As she distanced herself from others, she was enjoying more time with her toddler-age son:

He has been really, really good. I haven’t been talking to people. I just exclude myself from people. I think that it is better. You know, it’s just better to stay away from all of those people. So I have been spending more time with [my son]. And

we read at nighttime a lot. He is excited about coloring. And he seems calm. He hasn't been running back and forth like he usually does.

Yet Tara's trajectory of stability was again challenged a few months later. She relied on Medicaid-funded rides to transport her to her daily methadone treatment. After a driver complained that her son was "too loud" and "distracting" in the car, he was no longer allowed to join her on these 90-minute round-trip rides. Still needing to engage in daily treatment, Tara was left scrambling to find childcare. Her efforts to distance herself from her old friends and associates came to an abrupt halt as the immediate need for childcare for her young son took priority. She reengaged with an old family friend who arranged a babysitter. Initially, this friend provided much needed support, including pitching in for a used car. Yet, as I would learn in the coming months, reengaging with this friend also drew Tara back into her old networks and patterns of drug use.

"The state took my kids." Tara's words, delivered on my cell phone as I drove home from work one early summer evening, were urgent. Her anguish was palpable even at a distance. I was shocked. Just a month earlier, Tara had given birth to her daughter. Yet the newborn baby tested positive for drugs in the hospital, and this catalyzed Tara's involvement with child welfare officials. The involvement of the child welfare system escalated when Tara and a friend were arrested for drug possession, prompting the removal of her children by the state. In the immediate aftermath of the separation, Tara adamantly maintained that she was a "good mom." As she reflected on the circumstances of the state intervention, she did not skirt responsibility, "It was really bad judgment." But, she hastened to add, "*I'm not a bad mom.*"

Two months later, Tara was granted conditional custody by agreeing to enter a residential substance abuse treatment facility. She was "willing to do anything" to get her kids back, including moving into a place that was "like a prison." When we spoke on the phone a week after the family moved into the facility, Tara was having a difficult time: her three-year-old son was "plowing" through safety gates and running into the hallways, her newborn daughter was "up, like, ten times a night," and the family had been placed in a "freezing corner room" leaving both children sick. Feeling overwhelmed, Tara asked for help. According to her account, she was rebuffed by staff: "There is nothing that we can do [about your room]." The staff also advised her to put her toddler son in day care a few days a week, to which Tara

responded, “No, I don’t want him to go to day care for at least two weeks, or a week, or something. . . . He doesn’t know where he is. He is lost. The kids are friggin’ lost.”

Over the next few days, her son continued to “act up real bad” and told his mother, “I don’t want to be here.” Tara again reached out to the staff: “Would someone sit with me and the kids, you know, for a little while and help me out?” Tara recounted that instead of providing support, “They decided to call the state.” Tara refused to sign the paperwork for this process: “I was like, ‘Fuck you, guys,’ and I left [the treatment facility]. And now, [they say that] I am abandoning the kids because I left and I didn’t sign the papers.” Tara reflected on her situation:

I am literally fucked. I have nothing. Everything that I have worked for—they are saying that I have abandoned the kids. Why would I go through all of this to walk away? I wouldn’t. And it makes me sick to my stomach that there are people that think that I have abandoned my children. Yeah. “You left.” Of course, I did. You told me that you are taking my kids for the second time, I am gone. I ain’t going to sit around and sign the fucking paper. I mean, honestly, if you lost your kid—and you lost him for the second time because you asked for help. Just because I wanted somebody to talk to [voice trails off]. Of course, they didn’t say it, but, of course, they are thinking that I am not mentally stable. I am perfectly fine. I just needed a hand. That is what they are there for. [My husband was] like, “Just talk to them. Just talk to them.” I talked to them. And they called DCF [Department of Children and Families].

After leaving the treatment facility, Tara lived out of her car, having been evicted following her arrest:

I’ve lost my apartment. I’ve lost everything. I’m definitely homeless again. . . . I have no clothes. I have nothing. Nothing. I just want to start over. I don’t care anymore. I don’t care about possessions. I don’t fuckin’ care. I have worn the same clothes for like, two days. I just—I give up. What more can I do? I am not using drugs. That was their biggest thing. Why did you guys take my kids? Why can’t you guys help me? . . . I mean, [the treatment facility] was not safe. It is not a fuckin’ safe atmosphere. And I talked to [my caseworker] for a good forty-five minutes. And, she is like, “I understand. These are all really, really, really good points. And we will try to fix it, and this and that.” Well, that is their way of fixing it: taking the fuckin’ kids.

When I visited Tara in the spring of 2012—nearing the one-year anniversary of the separation from her children—she had made great strides toward “starting over.” With the assistance of a private, faith-based philanthropic

organization, she was living in a new apartment and had use of a car. Smiling, she told me, "I've been doing really good. I'm going to AA and NA, church every Sunday, church dinners every Friday." She said that her husband "is out of my life now," adding that, "He always enabled me. When I got out of rehab, he was there with methadone in his pocket." She described how, when she had first moved into this new apartment, he "beat the shit out of me for five hours." She obtained a restraining order against him, anticipating that "he'll be going to jail for like eight to sixteen years, 'cause this is his third offense."

Tara gave me a tour of her new apartment, which occupied the second story of a nineteenth-century house. As we made our way through the spacious rooms, I remarked that she had made it "so homey." She smiled knowingly, "I always do." Whether living in a shelter, a motel room, or her own apartment, Tara had a talent for making these spaces *home*. Particularly poignant were the care and attention given to her children's rooms. With the beds made up in colorful linens and toys and books at the ready, one would never guess that these rooms remained empty but for brief visits. Tara was, as ever, expecting the imminent return of her children, explaining: "The issue was [my husband]. Now that he's out of my life, I can have my kids back." For the first year after being separated from her children, it seemed that she was forever on the cusp of getting her kids back.

Two months later, the children remained in state custody, and Tara was like a different person when I picked her up outside of her apartment. Her eyes were heavily rimmed in black eyeliner and mascara, accentuating the flatness of her expression. She asked me to take her to pick up a prescription. As we drove along the winding Vermont road past farmhouses and trailers to the pharmacy, Tara stared straight ahead. The sense of hope and possibility that had infused our visit just two months earlier had vanished. A few weeks later, Tara had "quit the [philanthropic] program" and was living in a homeless shelter. She looked thin and tired when I picked her up outside the shelter. She told me that she was struggling to stay "clean" in this environment. She was hoping to find a job to have "something to do during the day," but her caseworker advised her to "Just concentrate on herself and getting the kids back now." I asked her what she does during the day, and she shook her head, "Just try to keep to myself." Having been alienated from the basic tasks of caring for her young children, Tara struggled with

boredom and a lack of routine. With boredom, the gravitational pull of drugs grew stronger. So it did not surprise me when I heard a rumor around the shelter a few weeks later that “Tara was *out of her mind*” on drugs.

When we saw each other next, Tara had just completed a 28-day rehab program and had moved into a motel room. She looked rested. We folded laundry together as she set up house yet again. She told me that she “found God” in rehab, and even though she had no money (and, in fact, did not know how she would pay the bill for her room that night), she was confident that “He’ll provide.” She proceeded to vent about “*those people*” at the shelter and her need to get away from all the “losers” and “takers” in her life. We spent the afternoon running errands—first a stop at a food pantry followed by a meeting with her parole officer. She was visibly buoyed when her parole officer did not make her “do a urine [test].” Proudly, Tara said, “This is the first time that’s ever happened!” We headed back to the motel and chatted as we put groceries away in the kitchenette. When she said that her husband was coming to see her later that night, my heart sank. I asked her how she felt about it, and her reply was nonchalant, “Oh, it’ll be fine.” Later that evening, my thoughts turned to Tara, and I sent her a text message: “Hey hun. Thinking of u. Take care of yourself.” I did not hear from her again for nearly another month.

Tara had moved again when I saw her next, this time into an apartment she was sharing with a roommate. Uncharacteristically, she did not invite me in. She asked if I could take her to the pawn shop: “I wanna sell my ring. I’m *broke*.” As we waited at a stoplight, she surprised me when she said that she had not been visiting the kids regularly. As her fingers worried the silver ring, she elaborated that the foster parents—two middle-class professionals—wanted to adopt the children. With exhaustion and resignation in her voice, she said simply, “I don’t want to confuse them anymore. I just want them to have a normal life.”

I lost contact with Tara when she was incarcerated for drug possession. Tara’s parental rights were ultimately terminated, and the children were adopted.

\* \* \*

Jim and Hannah were a married couple with a large, blended family<sup>5</sup> who were raising their four children. They were in their forties and White. Jim and Hannah had completed some college and had long work histories

in the restaurant industry prior to disabling injuries. Both struggled with chronic physical conditions and reported mental health conditions including depression, anxiety, and PTSD.

“It was just an accident.” This simple sentence encapsulates the event that would compel Hannah, her husband Jim, and their children to uproot from a southern state to Vermont in 2007. Jim’s accident resulted in a disability that left him unable to work at that time: “I went from the guy working seventy hours a week to basically . . . bedridden.” His condition stymied the medical community and, with deep cuts to Medicaid in this southern state, the family moved north to access medical care:

I couldn’t get the testing done there: nobody would pay for it. And I knew we could here. I also knew I’d met two of the neurologists up here that really had an idea of what was going on. They guided my doctor down in [southern state] as to what to do. And I said, “Well, we’re wasting our time. Let’s go to the source.” And, I mean, we were gonna end up homeless there—homeless with no medical insurance. I said, “We need to go.”

The family moved with the financial support of their church to access medical care for Jim and their children, several of whom were also contending with chronic health conditions:

And the church—someone within the church heard about what was going on with us. Someone with a lot of money. And they put up the money to get us up here and pay for a year of rent. And that’s why we moved up here more than anything else. . . . And, I mean, all we did was start throwing darts around [medical center] looking for places to live.

They described being advised to move to Vermont (rather than New Hampshire) to access more generous benefits:

And we finally got the woman from New Hampshire on the phone—one of the counselors. Hannah talked to her about what we were trying to do and what benefits were available. And the woman said, “What are you looking at [in terms of location]?” And Hannah said, “Well, we’re looking at Vermont, New Hampshire. . . .” And Hannah didn’t even finish the sentence and the counselor said, “Move to Vermont.” [laughs] She said just, “Move to Vermont.” She goes, “With what you’re going through, you’ll have better resources, you’ll have better support than you would in New Hampshire.”

As Hannah and Jim recounted their early months in Vermont, they described having forged new friendships, and this period was narrated as a time of possibility. Hannah said, “There was a point I remember, there was a point for about six months where I seriously thought and entertained the

idea and felt like I maybe really could have the ability to go back to school. You know? And I was really excited.”

This sense of possibility faded as the family’s finances “became a complete disaster.” By this time, they had exhausted the philanthropic resources that had enabled their move, and Jim had been advised not to seek employment while he applied for Social Security disability benefits. Their newfound friendships also quickly eroded as Hannah described how her friends had “evaporated.” Her voice was tinged with bitterness as she recounted the story: “As soon as the shit hit the fan,” when the family was evicted, her friends were unwilling to take them in. “I asked her, ‘Can we stay in a tent in the backyard?’ This is a person who was my best friend, talked to five times a day, and it’s, ‘Sorry, can’t help you.’ . . . They wouldn’t let their kids play with my kids. One girl’s husband wouldn’t let her talk to me anymore. They stopped answering their phones.” With nowhere to go and no money to move south, the family moved into Safe Harbor. Jim described this as an intentional choice: “We chose to stay at the [shelter] because the support we needed was finally happening. All of the pieces were coming together in one place.”

When shelter staff became concerned that the family was overwhelmed caring for the children, an advocate contacted the child welfare office to inquire about available services. Jim explained: “And they tell her to write a letter [to the Department of Children Youth and Families] describing some of the difficulty so that they can sit down and really get some support going for us. And they turn around and use it against us.” Shortly thereafter, their four children—ranging in age from three to eight years—were taken into state custody in Vermont. The separation involved the police and child welfare officials arriving to remove the children from the shelter. The evening is still remembered as “traumatic” among shelter staff. Several months later, Hannah reflected: “What else can we lose? We’ve already lost everything as far as I’m concerned. . . . My biggest fear is how much am I gonna lose of myself that’s never gonna come back?”

Jim and Hannah no longer qualified to stay at the family shelter after their children were taken into custody in the fall of 2009. They moved from the shelter into a pay-by-the-week motel, where they stayed for three months. Despite having a Section 8 subsidized housing voucher, they—like many others—found it difficult to find a landlord willing to “take a chance” on them. They attributed this to the stigma of having been homeless: “We were trying to find housing. And we got denied, and denied, and denied. . . .

They were afraid to put someone in there that was homeless because there is this fear like, ‘Oh, you are homeless. There must be something wrong.’” The stakes were especially high in their case given that stable housing was a condition of reunification with their children.

From the motel, they eventually moved into a rental house. As the couple settled into the house, they described the aftershocks of the family upheaval manifesting in disorientation to time and the obliteration of routines of caregiving:

Well, being a parent now under this circumstance has gotta be the most frustrating thing in the world. We walk around—there’s so much we need to do. But you don’t have your own little cues, you know? And I mean, maybe that sounds silly but when the kids are there, you have a better schedule. (Jim)

Without the children present to anchor their daily experiences, their actions took on a phantom-like quality. Efforts to organize possessions and set up house were oriented toward children who were not there, revealing a razor’s edge between the insistent hope of reunification and the amplification of their absence:

**Jim:** With just the two of us here, we find ourselves walking around . . . and when we do have free time, doing stuff that really doesn’t have to be done. Hannah started organizing toys. And we’re both, like, “Why are we doing this?”

**Hannah:** Everything’s just totally insane—

**Jim:** Finding the drive, finding the drive. The kids, the kids were my drive. . . . And with them gone, you just feel alone. . . . There’s a huge piece of you that doesn’t know what to do—like, “What am going to do with this right now?” . . . I know I had the fear if I go around and I start setting everything else up and making it nice and neat and organized that the other shoe’s gonna drop and something’s gonna go wrong. But we’re hoping this weekend that we think we both decided we’re gonna really start. Just going ahead and making the assumption and setting up like we’re gonna get ready and have the kids back here.

The lower level of the house brimmed with black trash bags full of their family’s belongings, having been shuttled across their various moves. Yet week after week, the bags sat unpacked.

During this time, their days were subsumed by appointments with lawyers, vocational rehabilitation specialists, case managers, and a bevy of



medical and mental healthcare providers (see chapter 4) as they made efforts to meet court mandates for reunification. Despite these efforts, the family remained separated. Yet the couple was hopeful: “[Our primary care physician] goes, ‘These are two good people that I think once they get through this, they’re gonna come out on the other side of it.’ . . . A good part of me knows that it’s gonna be okay somehow or another and we’ll get through it” (Jim).

But this sense of hope faded a few months later when the reunification was further undermined when they again lost housing. In this case, their landlord refused to make repairs to the rental property to comply with Section 8 regulations, upending the fragile security they had achieved, along with the promise of their children returning. Without housing, it was impossible to bring their children home. The couple felt that the “cards were stacked against them” and described being treated by the court “like criminals”: “We’ve got people questioning every move I make, everything I do” (Jim).

Unable to find housing, they spent the next five months squatting on a wooded hillside, surviving on food stamps and \$98 in monthly cash assistance. They continued to engage with countless health, social, and legal services in an ongoing effort to be reunited with their children. Initially, they slept in a tent, where they had regular encounters with mice and a black bear in their camp. During this time, they bathed in a brook, which also served as a makeshift refrigerator. Lacking a car, they walked miles every day to attend appointments with social service providers and to run errands. As the weather turned colder, they moved into an abandoned bus on the property, and Jim fashioned a wood-fired heater. Reflecting on this time, Jim said tenderly to Hannah, “I wasn’t going to let you freeze. You know that.” Yet the strain of sleeping outside, contending with harsh weather and wildlife, and walking miles every day to attend appointments took its toll on their marriage (see chapter 3).

With the approach of the New England winter, they were grateful to find a rental house and a landlord willing to accept their Section 8 voucher. After moving into the house, Jim and Hannah proudly gave me a tour. Our conversation turned to canopy beds as they described how they planned to set up the children’s bedrooms. As they anticipated the nearing court date for the termination of their parental rights, they were confident that the outcome would be in their favor given that they had secured housing: “They [moved to terminate parental rights] before we had the house. . . .

And so my lawyer said that she wouldn't be surprised if they would back off of it." With their housing subsidy capping rent at 30% of income and Jim's return to work, the couple was finally on more stable financial footing. Following the proceeding to terminate their parental rights, they were again confident that the judge's ruling would result in reunification as they described how their lawyers "took charge" and "got in the zone."

Jim and Hannah waited for five months for the judge's ruling and were devastated by the news that their parental rights had been terminated. Hannah's mental health was a key element of the official case reports presented during the hearing. According to Jim, these reports described Hannah as a "sociopath." She was devastated by the descriptions of her "withdrawal" from her children during visitations: "I've been so depressed. It basically said that I'm just a horrible mother." Jim was quick to counter that Hannah's therapist had said that such a response was a "normal defense" given the circumstances. Earlier in their experience, they had described the toll wrought by homelessness as leading to withdrawal and the extinguishment of motivation (see chapter 2). In addition, the case report raised the issue of their financial situation: "It said that Jim and I can't take care of our basic needs." Jim stood up for his legal rights: "You cannot legally discriminate on financial grounds in custody cases. The law is very clear." Yet in the official record, Hannah's withdrawn behavior and their limited resources were used as evidence to cast doubt on their ability to parent.

Jim and Hannah held onto their Section 8 rental house for nearly two years following the termination of their parental rights. When a social service provider pointed out this success and asked them how they had accomplished this, Hannah was adamant: "My home is my top priority. . . . Utilities come last, heat comes last. . . . I do not allow myself—I do not let anything else happen unless my home is taken care of." Jim echoed this: "Being without propane, without hot water, that's just an inconvenience. Keepin' that roof up there is the priority." During this time, Jim landed a job at a local restaurant, which further stabilized their financial situation. Despite the pain of losing the children, it seemed that their situation was improving, a view they shared: "So far, we've been able to succeed, to move on."

When they were subsequently evicted from this property for hoarding, they lost their Section 8 voucher and moved to a market-rate rental in a more remote town. The house was situated off a rutted dirt road and was little more than a cabin, yet it commanded \$1,100 for the monthly rent,

reflecting the high cost of living in this rural community. They had no cellular service in this location, and even their landline was susceptible to outages. Despite these challenges, Jim and Hannah enjoyed being surrounded by nature and established a vast vegetable garden. They were beginning to feel more financially comfortable with the prospect of combining the income from Jim's job with Hannah's new disability benefits for a chronic condition.

A point of inflection came when Jim lost his job, sparking a cycle of falling behind on rent. When their old car broke down, they were stranded. Quotidian tasks of getting groceries, doing laundry, and going to doctor's appointments became outsized hurdles in daily life. The longer Jim and Hannah stayed in the remote cabin, the more isolated they became. This isolation was both physical and existential as they became increasingly alienated from the routines and norms of community life. Hannah's appearance became unkempt. The woman who, years before, had preened in the mirror and fussed with frosted pink lipstick now wore the same dirty jeans, baggy sweatshirt, and trucker cap each time we met. We took to meeting outside as the house became impassable with piles of their possessions. The isolation seemed to further fuel depression and heavy alcohol use as beer cans piled up in the field next to the house. I sat with Jim one late summer afternoon as he described their situation:

We're looking at possibly losing the house at the end of the month because our lease is up and we owe the landlord money. . . . It feels like after four years of finally getting somewhere and feeling more comfortable, and then moving here and feeling even more comfortable—boom. Here it goes again. . . . The last few weeks have just been fighting depression. I'm terrified of heading back into a place I've already been. As much as we've been through, I'm like, "I don't think I can do it this time around."

When I asked him if they had considered moving back to the South to access cheaper housing, he explained that they did not want to move so far from the children (despite the fact that legally they could have no contact).

Hannah was gripped by a constellation of fear and inertia at the prospect of losing yet another home. As I sat with her on a late summer afternoon, she wept. "What are we going to do? I'm lost. Stuck. Numb. Like watching myself in a movie. You know it's reality, but it's like you're watching yourself." Hannah's despair was embodied in her increasingly disheveled appearance. In my fieldnotes from this time, I wrote: *She seemed really out of it today. As Hannah was talking, there would be long pauses during which her mouth gaped*

*open and she seemed very far away.* I wondered at the impact of alcohol and the medications she was prescribed for pain management.

As detailed in the opening scene of the book, Jim and Hannah lost their housing when the landlord refused to renew their lease. They were months behind on rent, they had spiraled deeply into alcohol use, and their hoarding behaviors had escalated. Lacking other options, they moved to a motel in a distant town where they rented a tiny efficiency room for \$220 per week. Hannah spent long days alone as Jim commuted an hour each way to work shifts at a convenience store. She grew ever more isolated: "I don't want to be in the country. I'm suffocating. . . . Do you know what I would give for human connection?"

Jim returned home from a long shift and found Hannah dead. I still do not know the exact cause. As of this writing, Jim and I have fallen out of touch despite my continued efforts to reach out. Our last communication before he fell silent was on January 15, 2015, when I received a text message at 3 a.m. In the black and white photo, a 20-something Hannah looks directly into the camera, her eyes piercing, her brow furrowed, her mouth slightly open. I'm struck by her gorgeous curly hair, her porcelain skin. Only the eyes are recognizable. Jim captioned the photo: "My baby when I married her. Vermont destroyed her. I'm leaving. Please call."

### **Madness at the Interface of Loss and Systems of Power**

Families in the study interfaced with countless institutions and organizations as they made efforts to meet their survival needs. Engaging with support services is usefully considered as a form of moral engagement through which parents strive to fulfill basic responsibilities of "good" parenthood by accessing needed resources, thus repairing (at least partially) the "failure" of homelessness. Yet by seeking services, parents also sacrifice autonomy and privacy (Tischler et al., 2007). Parents are placed in a double bind as they "parent in public" (Friedman, 2000), and, consequently, "Their parenting is more visible to government and public agencies than that of their middle class counterparts" (Appell, 1998, p. 356; Kay, 2009). In the glare of the professional gaze, parental actions and inactions are titrated out from the flow of daily experience and are recast as evidence of parental fitness. Homeless mothers, like Tara and Hannah, are particularly vulnerable to being stigmatized as inadequate parents (Barrow & Laborde, 2008). This stigma

is compounded among parents who experience psychiatric disabilities (National Council on Disability, 2012).

After the initial shock dissipated, the early weeks and months of separation were a time of resolve and optimism for families. There was a sense that a horrible error has been made but that the egregious wrong would soon be righted. At this point, parents had no reason to doubt that the state bureaucracy operated rationally and that regaining custody of their children was assured so long as they complied with the conditions set forth by child welfare officials in their official case plan. Parents made good-faith efforts to comply with these conditions—participating in counseling, consenting to urine screens and staying “clean,” securing housing, severing ties with violent partners. In setting up bedrooms for children who were not present, parents sought to reground themselves to domestic rhythms as they awaited the imminent return of their children. As parents navigated systems of power to regain parental rights, they occupied spaces of moral experimentation and striving (Mattingly, 2014), propelled by the hope of reunification with their children. These efforts underscore the “struggle” (Jenkins, 2015b) of lives marked by precarity.

Yet over time, their efforts to “do everything they’re asking” were not rewarded; their children never came home. In the eyes of the child welfare system, there was always a need for “further evaluation” or “more clean time,” thus prolonging the separations. This is due in large part to the fact that case plans lay out specific activities for parents to do but do not define the goal or outcome measure such that, “Workers don’t know what they’re asking of families, so families can never achieve it” (S. Kobylenski, personal communication, August 18, 2017). In such experiences, we hear echoes of the “institutionally and politically engendered double binds” identified by Janis Jenkins (1991, p. 157) in her discussion of the state construction of affect among Salvadoran refugees.

Similar to the political asylum seekers described by Bridget Haas (2017), parents separated from their children spent their days and weeks *waiting*. Haas argues that a life subsumed by waiting provokes a subjective and temporal state of “existential limbo” that perpetuates suffering and generates new forms of trauma (2017, p. 88). In my time with Tara, Hannah, and Jim, I observed how the loss of children produced tectonic shifts in parents’ ways of being in the world as life lost coherence and structure. Under these conditions, the existential moorings of family life were shattered as

everyday life was reoriented away from caregiving. As the state prolonged separations, parents were stripped of a principal grounding and motivating force in their lives.

This state of existential limbo for the families in the study had dire consequences for their capacities as parents. The traumatic rupture of intersubjective familial ties resulted in the gradual erosion and eventual loss of parental selves. As the weeks of separation stretched into months and the months into years, Hannah's "biggest fear" was realized: "How much am I gonna lose of myself that's never gonna come back?" Tara came to embody the stereotype of the "homeless addict." The experiences of the families in this chapter thus call attention to unintended consequences of intervention.

Such devastation would likely be interpreted within the child welfare system as confirmation of the status of these individuals as "unfit" parents. I argue instead that these subjective effects point to a form of madness induced by navigating state systems of power in the wake of traumatic loss. I am not asserting that mental health or substance use disorders were caused by engagement with the child welfare system. For both of the families described in this chapter, mental health vulnerabilities and addiction were present prior to the removal of their children. Instead, I seek to call attention to how institutional systems, including state child welfare agencies, potentially worsen the course and outcome of mental illness and substance abuse and, through demoralization, erode parental capacities. The loss of parental selves and transformation into "bad" parents occurred within the context of a state system that amplified these families' vulnerabilities. The system not only failed to address cycles of trauma (Liu et al., 2021) and conditions of structural violence (Farmer, 1996) among families experiencing homelessness, mental health, and substance use challenges but may, in fact, be "traumatic reenactments masquerading as benign practice" (Harris & Fallot, 2001, p. 9). The time apart from children did not "fix" these parents (Appell, 1998).<sup>6</sup> When parental rights were ultimately terminated, hope reveals itself as a form of delusion. Hope "in the face of structural violence and foreclosed opportunity . . . may not always be a positive thing" (Jenkins & Csordas, 2020, p. 221) just as "imagining a certain future [can] be emotionally and psychically dangerous" (Haas, 2017, p. 91). After losing responsibility for the care of their children<sup>7</sup> and experiencing the contradictions and broken promises of a punitive child welfare system,<sup>8</sup> these parents see life itself unravel.

Systemic constraints within the child welfare system manifest in limited funding and caseloads far exceeding recommended standards (Crist & Bech, 2018). Lacking time and funding, child welfare offices in Vermont have few resources beyond the removal of children and thus err on the side of “not taking chances” (S. Kobylenski, personal communication, August 18, 2017; see also Walsh, 2016). As Michael Lipsky (1980/2010) has argued in relation to “street-level bureaucrats” such as child welfare caseworkers, “high caseloads, episodic encounters, and the constant press of decisions force them to act without even being able to consider whether an investment in searching for more information would be profitable” (p. 29). Constraints within the child welfare system place overworked and underpaid caseworkers in paradoxical roles, as this legal aid lawyer observed:

Listening to them talk about people, it does seem odd—like they’re both in a prosecutorial and supportive role. And it seems like these nice-enough people get put into this role of being super judgmental. Like, “Oh, this person is doing well, and we’re supporting her. This person isn’t doing well, and we’re taking her kids.” I just think it’s hard to play both sides effectively.

Building from the lawyer’s observation, case workers are operating within institutional structures that blur the line between the work of family support and the work of family surveillance and separation. Moreover, child welfare investigations “interpret conditions of poverty—lack of food, insecure housing, inadequate medical care—as evidence of parental unfitness” (Roberts, 2022, p. 21). The risk-averse stance of the Vermont child welfare system arguably misapprehends harm in the case of neglect and so-called risk of harm cases given compelling evidence that children “on the margin of care” fare better over time if they remain with parents rather than enter the foster system (Doyle, 2007, p. 1584). This compels attention to the “foundational logic” of the child welfare system that emphasizes removal of children over support of families amid a “façade of benevolence” (Roberts, 2022, p. 23).

### Reimagining Alternate Endings

I came to know Tara, Jim, and Hannah as deeply human—flawed, loving, and striving for their families. Winding back the clock as I poured over years of field notes and transcripts of conversations, I was jolted by the lucidity and functionality of these parents at earlier points in time. My own memories of them as worn down and difficult to follow and my suspicions of alcohol

or drug use represented an endpoint of a process years in the making. The traumatic losses endured by these families set in motion a trajectory that left them ultimately embodying the “unfit” parents that they were accused of being, compelling consideration of the impact of custody losses on the course and outcome of mental health experiences. Their downward trajectories were not predetermined.

Close attention to the experiences of families unfolding over time reveals critical junctures where it might have been possible to alter the course of these families’ experiences. In considering alternate endings, the specific form of ethnographic engagement that I term an *anthropology of the intimate* provides unique opportunities to bear witness to strengths that might otherwise be invisible to formal institutions. It also raises questions regarding the conditions of possibility for recovery for families marginalized by the systems of care in place for mental illness, substance abuse, homelessness, and poverty. What if Hannah’s friends had offered shelter instead of “evaporating”? What if evictions had been avoided? What if intensive mental health and substance use services had nourished and upheld these families instead of being mobilized punitively? What if parents’ moral striving had been recognized and supported by health, legal, and social service professionals instead of eroded?

These questions counter the primacy of individualism in mental health recovery (cf. Myers, 2015) and compel recognition of the role of systems and communities in cultivating conditions more (or less) conducive to recovery. Periods of stability and strength were not acknowledged and seized upon by the range of service professionals in these families’ lives. For example, when Tara was engaged in peer recovery efforts, had secured stable housing, and had a supportive community assisting her, child welfare professionals did not build on her efforts. Similarly, when Jim and Hannah had found affordable housing and were more financially stable following Jim’s return to work, these significant changes in their circumstances did not lead to reunification with their children. Even when, as is possible in these cases, termination of parental rights may be warranted, the experiences of these two families raise the question: are there ways to engage compassionately with parents to recognize profound loss and lessen the trauma of dismantling families?





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