

## 10 Mobilizing for recognition and redistribution on behalf of others? The case of mothers against drugs in Spain

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Disadvantaged groups in the very process of mobilization against their marginalization and devaluation can achieve respect and self-esteem. According to Axel Honneth (1992), this is the essence of the politics of recognition, in which individuals realize that their injury and degradation are shared by others. Paralleling this assumption is its corollary, that being able to speak on one's own behalf as a member of a mis-recognized group in political arenas is crucial for overcoming marginalization and exclusion of the group (Phillips in this volume; Young, 1990). In this essay, I am presenting a case in which groups speak on behalf of others: motherist movements on behalf of their drug addict children. This is a very complex example since mothers are seeking to remove the stigma and disrespect from their children as well as seeking to gain validation of themselves as those best able to represent their children. One can see the struggle of mothers against drugs as a response to the blame and shame that they experience as mothers of "failed children."

Perhaps, the greatest problems about a case in which groups speak for others are the issues of authenticity and efficacy (who are best able to speak for the group and get the best results). For example, many of the claims against the medical profession in the AIDS movement were made by their relatives and friends. I would argue that, in the case of mothers against drugs in Spain, we have a case in which people who suffer maldistribution and disrespect are not in a position to speak for themselves. Those who mobilize on their behalf, mothers, have access to discursive resources to plead their case in the political arena, to remove the stigma against drug addicts, and to obtain state resources for their rehabilitation. Taking Fraser's status model of recognition justice (Fraser, 1995), one could make a case that in order to become a full member of society, these groups need to be represented by others.

The case of mothers against drugs poses interesting questions not only regarding the issues around authenticity, who represents whom and on what basis, but it also provides a case in which recognition struggles are

muttilayered. These groups are mothers struggling for the dignity of their children, as well as for the validation of themselves: both as caretakers of social needs in society and as mothers who have suffered and have gained knowledge from their contact with drug addicts.

Within the framework of this book, mothers against drugs represent a paradigm case of the interconnectedness of claims against misrecognition and claims for redistribution of resources. Without support and resources, these drug addicts are forced to go out on the street and rob others and thus become stigmatized and marginalized. Yet unless the extreme prejudice and disrespect against them is challenged, there is no possibility of gaining resources for rehabilitation and for their re-entering society.

In this chapter, I examine a movement of mothers against drugs in Spain which began in the 1980s. This chapter is mainly based on semi-structured personal interviews with members from various mothers-against-drugs groups and with two social workers in the city of Madrid and in a working-class suburb near Madrid, Fuenlabrada. In their neighborhoods, the mass media, and society in general, members of the groups and/or the groups under study here are usually called "mothers against drugs" (*madres contra la droga*), which is the term I use. However, the formal names of the particular groups often do not use the word "mother(s)."

The chapter is separated into five parts. First, I discuss research on motherist and maternalist movements. Second, I examine the basis of mobilization of mothers' associations against drugs. I look at them within the context of the politicization of motherhood and reveal that motherhood is not synonymous with parenthood; and motherhood is not merely a biological condition. Moreover, in this case of mothers against drugs, mother identity is linked to issues of economic inequality – these mothers cannot support their children because they are working-class mothers. Third, I focus on the construction of motherhood as frame of claims-making on behalf of others (drug addicts), paying particular attention to mothers' agency in affecting claims made upon the state and society. Fourth, following this discussion, I turn to mothers' claims for recognition and respect for themselves as mothers. In the last section, I take up the sensitive question of their speaking for others, and the infantilization of their sons and daughters that may be implicit in the process.

### Motherist movements

Mothers' movements often take part in collective action not on behalf of themselves but on behalf of others, usually their relatives. Social

science researchers have recently turned their attention to motherist groups in Latin America (Alvarez, 1990; Jaquette, 1994; Jaquette and Wolchik, 1998; Molyneaux, 1985; Schirmer, 1993). There, groups of mothers and female relatives of victims of human rights violations have existed since the 1970s. The best-known group of this type is the *Mothers of the Plaza de Mayo* in Argentina, although similar groups have also been established in other countries. Another strand of motherist movements in Latin America comprises women who have mobilized in poor neighborhoods and shantytowns in order to improve the conditions in which they and their families and communities live. Motherist movements have also developed in contemporary societies in other places (Miles, 1996) as far apart as North America and South Africa (Christiansen-Ruffman, 1995; Temma Kaplan, 1997; Pardo, 1995). Historians have also researched movements of women who have used their position as mothers to advance demands in historical periods in different geographical locations including Spain (Temma Kaplan, 1982; 1999). In other Western countries in the formative period of their welfare states, historians have also studied groups of women who have demanded the formulation of social policies for mothers and children using the maternalist argument that women take care of children and have special needs in order to fulfill their duties as mothers (Linda Gordon, 1994; Koven and Michel, 1990; 1993; Muncy, 1991; Pedersen, 1993; Skocpol, 1992; Skocpol et al., 1993).

Motherist movements can be analyzed within the conceptual landscape of "practical gender interests" and "strategic gender interests" developed in the 1980s. While analyzing women's mobilization in Sandinista, Nicaragua, Maxine Molyneaux (1985) argued that since women are usually in charge of looking after the home and feeding and caring for their families, some women mobilize if social, economic, and political conditions do not allow them to perform their maternal responsibilities according to the standards existing in a given society. Therefore, women may demand, for instance, that prices of foodstuffs be affordable, that health services be provided to the community, or that schooling be available for children. According to Molyneaux, all these needs constitute "practical gender interests" and are defined as such by the women who mobilize. In contrast, other women mobilize for "strategic gender interests." These are demands directed towards the improvement of women as a whole and the weakening of women's subordination. Similarly, Temma Kaplan (1982), while studying episodes of women's mobilization in Barcelona, Spain, in the 1920s, coined the term "feminine consciousness" to describe the set of ideas, beliefs, and perceptions that propel women to engage in social movements demanding the satisfaction of the needs that Molyneaux called "practical gender interests."

Scholars' assessments of motherist groups are mixed. On the one side, these groups are viewed as providing an opportunity for many women to demand things that are important to them, instead of letting men mobilize on their behalf. Women who are active in motherist groups usually (but not always) find the experience rewarding and empowering. Mobilization often helps mothers to develop an awareness of their capacities and creates a bond of solidarity among group members. Some members of mothers' associations go on to participate in other civil society groups. Women in motherist movements may also take part in joint action with other groups mobilized around other issues. Some women active in motherist circles pursuing "practical gender interests" may develop a "feminist consciousness," which leads them to question the unequal position of women in society, and mobilize seeking "strategic gender interests." Moreover, it has been argued that concerns around motherhood may potentially attract the interest and attention of many women, and are therefore the true basis for an encompassing feminism (Miles, 1996).

On the other side, there are negative assessments of motherist groups. According to their critics, mothers' mobilization movements are limited from a feminist perspective since members of this type of movement do not usually question the unequal gender order and sometimes they take stands against gender equality measures.<sup>1</sup> In some cases, the activities of these women look similar to "Not in My Backyard" campaigns. Such motherist groups often do not demand broad solutions to general problems, such as an unfair criminal system or environmental pollution, which could be viewed as concerns of "mothers" as protectors of family. Rather, they tend to take part in collective action when problems affect their families directly, for instance when a prison, a parole office, or a toxic waste incinerator is established in their neighborhoods. To some extent, this is the case with mothers' movements to support drug addicts, but there is a range of motives and different goals for different groups.

Motherist movements often highlight the interplay between recognition and redistribution. However, it is important to note that not all motherist movements are struggles for recognition. For instance, the mobilization of the *Mothers of the Plaza de Mayo* in Argentina and their demands for the return of their disappeared children and relatives and for the prosecution of perpetrators of human rights can be seen as movements for human rights in which mother identities provide protection against authoritarian regimes. They could also be analyzed as movements in which motherhood gives legitimacy to their claims, as they are assumed to experience the loss and suffering of their children. Much of the literature on motherist organizations tends to portray them as groups of women making claims for redistribution, involving economic justice.<sup>2</sup> Some

examples include the ability to keep their homes, feed their children and care for their relatives (Temma Kaplan, 1982; 1997; 1999). But in the case of motherist movements in Spain, recognition and redistribution are interlocking dimensions: their claims for redistribution, resources from the state, and respect for their children are linked to the claims for recognition and respect for themselves as mothers of drug addicts. Here, authority (who speaks for whom) is bound up with authenticity (who has suffered injury and devaluation).

### **Bases of mobilization: mothers, motherhood, and social class**

Groups of mothers against drugs began to mobilize in the 1980s. Members of these groups are mainly, although not exclusively, mothers of drug addicts. In general, these members come from one of the sectors of the population least likely to form voluntary associations in Spain: women with low levels of income and education. In Spain, people tend to join voluntary associations to a much lower extent than in other Western countries (Subirats, 1999). Women become members of associations in civil society even less frequently than men. The likelihood of belonging to voluntary associations increases as people's income and level of education rise, and decreases as age increases. For all of these reasons, the emergence of groups of mothers against drugs is far from inevitable or likely, but is thus significant. Moreover, unlike in the USA, in Spain drug addicts themselves (or former addicts) have rarely formed associations or mobilized in search of recognition and redistribution. Therefore, mothers' groups are also significant as they are still some of the only spokespeople for drug addicts.

### *Motherhood as a social condition*

Motherhood is the principal basis of mobilization of members of groups of mothers against drugs. Mothers of drug addicts who participate in mothers' groups usually view motherhood as a moral condition that enables them to claim recognition and redistribution on behalf of their children and all drug addicts. They believe that they are legitimized to make claims, since they have already suffered.

It is important to understand that, comparatively speaking, being a mother is more permanent a status in Spain than in many other Western countries. Young adults in Spain (whether drug addicts or otherwise) tend to live in their parents' home much more and longer than in other Western countries. One study in 1998 found that more than nine out of ten

(92 percent) of people aged fifteen to twenty-four lived with their parents (or with one of them) (Elzo et al., 1999: 486). Another survey, carried out in 1995, showed that even among those aged twenty-five to twenty-nine, 52 percent were still living with their parents (Martín, 1996: 5).

As Spaniards start living on their own later, teenagers or young adults who become drug addicts are usually still living in their parents' home, where they are likely to remain over the next few years. Only in the case of one mother interviewed for this paper had her daughter started consuming drugs while living independently from her family (interview #2).

Though most mothers in these groups were organizing to protect their children, some of the mothers continued to be active in the associations even after their children had been rehabilitated or died. Seven children of the sixteen (biological) mothers interviewed for this paper had already died. The fact that some of the mothers that I interviewed no longer have drug addict children but remain active (and even very active) in groups of mothers can be explained by the fact that they want to help solve the problem of drug abuse in general. In this sense, the bond that links mothers to their biological children is extended to cover all other children dependent on drugs.

A minority of the members of mothers' groups are women whose children are not dependent on drugs. This reflects the broader basis of mobilization of motherist movements, which is reminiscent of the social motherhood movements in the early twentieth century (Koven and Michel, 1990; 1993). Two leaders of the group Mothers United (Sara Nieto and Carmen Díaz) were not mothers of drug addicts. These women called themselves and are called by others in the neighborhood "the mothers" (meaning the social mothers of drug addicts). These women argue that drug addiction is not a personal problem but a social problem, which can affect the children of any mother. Therefore, any woman can collaborate in the fight against drug addiction and can be called a mother against drugs. Moreover, members of the group "Mothers United Against Drugs" (*Madres Unidas Contra la Droga*, hereafter "Mothers United") argue that at least in theory this definition of motherhood can be extended to men. Members of this group declared (with irony) that the group is open to men, and that men are welcome by the group "to be mothers" (Sara Nieto, personal communication with the author, June 14, 1999).

Motherhood colors part of what most groups of mothers offer directly to others. When the first motherist groups were formed in the early 1980s, mothers themselves provided services to other mothers and to drug addicts (not only to their children). These services can be characterized as "maternal" in the sense that these were an extension of what mothers do in Spanish society: speak to their children, feed, accompany, and protect

them, and interact with other mothers. Later they expanded their claims to include claims upon the state for services.

### *Mothers and not fathers*

It should be noted that motherhood in this context is not synonymous with parenthood. There are very few fathers or men in these mothers' groups. The absence of fathers in associations of parents or relatives of drug addicts is not due to the absence of fathers in drug addicts' homes. In comparison with most Western countries, levels of divorce in Spain are relatively low. The Spanish divorce rate (0.8 per 1,000 population) is the second lowest in the European Union after Italy (0.5), and is less than half the European Union average (1.8) (European Commission, 1998: 63).<sup>3</sup> Therefore, fathers of drug addicts usually live in the same home as the children concerned.

In the interviews, mothers explained that fathers see their children's drug addiction as a problem that their mothers should deal with (interview #3). In general, given the gendered division of labor within most Spanish families, mothers are the family members who are largely responsible for their children's education and upbringing (although fathers may collaborate in these tasks). Despite the fact that more mothers are entering paid work, fathers are still seen as the breadwinners, the family member who is mainly responsible for the economic maintenance of the household.

As research has documented (Finkel, 1997), the gender division of labor is especially marked in working-class families. Among the majority of those interviewed in this study, this gendered division was pronounced in terms of responsibility for the problems of the children. Mothers claimed that the authority over drug-addicted children seems to lie with mothers, not the fathers. The best that can be expected is that fathers respect the authority exercised by mothers (interview #2).

Some mothers reported that their husbands are ashamed of their children's dependence on drugs. This feeling of shame paralyzes fathers, preventing them from taking action on behalf of their children (interview #4). Similarly, other fathers interpret their children's drug addiction as a dishonor to them and their families (interview #5).

### *Multiple identities: motherhood and social class*

As gendered identities are multilayered, this case is no exception; class inflects gender identities and interests. The majority of mothers in this movement come from the working or lower-middle class; they were

brought together by what they wanted for their children: respect, services, and treatment for their children, the latter that they could not afford.<sup>4</sup> Generally speaking, upper-class drug addicts can buy and consume drugs in discreet places and ways. Their families can afford to buy drugs, and to pay for visits to private doctors and private treatment, in which children live in centers far away from their homes. Hence, upper-class families can to a certain extent hide the drug addiction of their children from neighbors, friends, relatives, and acquaintances. In contrast, working-class families cannot afford to buy all the drugs that drug addicts use. Working-class drug addicts spend a lot of time in their neighborhoods. They buy and use drugs in the streets of their neighborhood, where they frequently rob in order to obtain money to buy drugs. As one of the mothers stated: "Posh youngsters do not have to rob to get heroin or cocaine; the poor wretches like our children have to rob" (interview #3). They visit doctors in the local clinics within the public health system which are full of neighbors. Hence, it is more difficult to hide the drug addiction of somebody in a working-class neighborhood than in an upper-class area. Since members of mothers' groups and their children are openly exposed to the censure of the community in which they live, they and their children are misrecognized. Upper-class families may look respectable by hiding the drug addiction of their family members.

#### Claims of behalf on drug addicts

As is obvious from the above discussion about economic inequalities, mothers are making claims upon the state for free services. In the early 1980s, very few state services were provided for drug addicts. The main service was emergency treatment in public hospitals for those drug dependents who had critical health problems, while some drug addicts also visited family doctors working in the public health system in search of a solution to their health problems derived from drug abuse.<sup>5</sup> Some public hospitals and health centers were receptive towards drug addicts, although most sought to deal with drug addicts as quickly as possible without offering them much in the way of treatment. Most interviewees in this research claimed that the majority of health professionals at that time knew virtually nothing about drug addiction. Some private organizations began to develop detoxication programs designed to enable drug addicts to abandon drug consumption altogether. As these were experimental, pilot programs, they were followed by very few drug users. In short, the state and private organizations provided very little for drug addicts.

Mothers' claims on behalf of drug addicts to the state required a redistribution of resources, since these demands involved the transfer of

income from tax payers. At different points in time, mothers demanded the following services: detoxication and rehabilitation programs; policies to facilitate the incorporation of former drug addicts into the labor market (such as job-training courses); health services to meet the special needs of some users (for instance, those suffering from AIDS and tuberculosis); prevention programs (for example, in schools, which would help stop teenagers and young adults from becoming dependent on drugs); and measures to improve the living conditions of drug dependants who do not (or do not want to) undergo detoxication, such as methadone delivery.

Mothers also addressed the issue of drug addiction in the broader context of maldistribution in society, which resulted from high unemployment in the Spanish economy. They argued that paid employment was one of the main mechanisms favoring the social reintegration of former drug addicts (interview #2). Yet a paid job has been an impossible goal for many people who take or have taken drugs, given that Spain has the highest unemployment rate in the European Union.<sup>6</sup> Since 1982, unemployment has never fallen below 11 percent. It is extremely difficult, therefore, for many people (and not only for those dependent on drugs) to find a job. Therefore it is not surprising that employers with a large pool of unemployed can justify discrimination against former drug addicts.

Mothers also sought to make visible the mis-recognition of their children and drug addicts by both state authorities and society in general. Their demands embraced "upwardly revaluing disrespected identities" (Fraser, 1995: 73), who have been totally marginalized by the authorities. When dealing with state officials, mothers argued that drug addicts are people of equal worth as other citizens, and hence that they are entitled to rights that have to be respected (interview #4).

Time and time again, mothers challenged the assumption hidden in the discourses and behavior of state workers (police, health professionals, and personnel in the judiciary) that drug dependents are undeserving criminals. Mothers did not deny that their children had committed criminal acts, but they maintained that they did so because of their drug dependency. In the interviews conducted for this paper, mothers recalled that drug addicts usually start asking for and/or robbing money from their relatives in order to buy drugs. If their families refuse to give them money, drug addicts rob their families, neighbors, acquaintances, or strangers. Nevertheless, mothers emphasized that drug addicts should not be treated abusively, that they also have rights. Mothers United constantly denounced the innumerable abuses that drug addicts allegedly experience when they are arrested or imprisoned. These include harassment, threats, intimidation, and physical and psychological violence

(interview #8). Because of their involvement with the criminal justice system's treatment of their drug addict children, many became engaged in the broader struggles for prisoners' rights.

A complete assessment of what mothers have gained from the state as a result of their campaigns on behalf of their adult children and other drug addicts is beyond the scope of this chapter. Nevertheless, it can be noted that the state now provides many more services and resources to drug addicts than in the past. These include state provision for detoxication programs, health services, psychological support, job-training courses, methadone delivery, and some non-contributory pensions for drug addicts or former addicts who are severely handicapped and whose family income is below the level established through means-testing. There may be many reasons for the increased state provision, but mothers' demands, mobilization, and publicizing of the problems of people dependent on drugs were one significant factor. Of course, it is also true that drug addicts themselves also presented a threat, with their problem visibly fueling crime rates. The police still mistreat drug addicts and their relatives, but probably less so than in the past. Some state officials now see drug addiction not exclusively in terms of a law and order problem, or a public health problem, or a problem caused by criminals, but also as a social problem. Arguably, this broader perspective among some state officials has been achieved in part because respectable mothers mobilized on behalf of their children and other addicts.

In their claims for respect for their children, mothers' groups were responding to a deep-seated contempt for drug addicts, an image of drug addicts as a criminal element who could not be rehabilitated. In the interviews, mothers gave examples of the contempt towards their children or drug addicts in general. For instance, a neighbor of one of the interviewees suggested that he would give drug addicts a basin full of drugs so that they would die of an overdose (interview #4). Other mothers reported people saying that drug addicts are animals who deserve hanging. In fact, *Should they be hanged? (¿Hay que colgarlos?)* is the controversial title of a book written by the priest who helped to set up the group called Mothers United (de Castro, 1985). In this book, the author provocatively reacted against the proposal that the solution to the problems of urban insecurity created by drug addicts and other criminals was to murder them.<sup>7</sup>

At the day-to-day level, misrecognition of drug addicts involved stigma and marginalization that prevented the reintegration of drug addicts into society. One mother interviewed told about her son's attempt to return to society. After undergoing detoxication and taking up a job as sales clerk in a shop, the son was identified by a neighbor who spoke to his employer,

asking why he had hired a former drug addict. This was a rare enlightened shopkeeper who responded that any problem of drug dependency formed part of his employee's past personal life, and therefore was none of his business (interview #4). Had the employer held the widespread prejudiced view of drug addiction her son, a rehabilitated drug addict, would probably have lost his job.

To ask for respect is not an easy task when many people have such negative views of drug addicts. For instance, in 1998 almost half (46 percent) of Spaniards aged fifteen to twenty-four declared that they would not like to have drug dependents as neighbors (Elzo et al., 1999: 478). In order to gain recognition for their children and other drug users, mothers used various discursive frames. Some mothers claimed that drug addiction is not a problem linked to the personal characteristics of drug addicts, but rather a social problem caused by many factors including the availability of drugs and the profitability of drug trafficking (interview #10). Other mothers argued that drug addiction could strike any family, not just those with special problems, such as divorce, alcoholism, or poverty. According to Sara Nieto from Mothers United, her association was formed to show society that "our children are not sons of a bitch but ordinary youngsters. They had also had measles. They also feel and suffer. They are not mere criminals" (*El Mundo*, 1999). Other mothers argued that drug addicts are sick people. These mothers countered the notion that drug dependents were lazy and "degenerates" who could give up their "vice" (drug consumption) if they wished (interview #6).

It is difficult to gauge how much of a change has occurred in the discursive landscape around drug addiction as a result of mothers' mobilization. It is easier to evaluate change in terms of state policies and programs. Since the 1990s, services for drug addicts have been mainly offered directly by the state or provided by private organizations which receive state subsidies.

Although in many circles it is not politically incorrect to speak of drug addicts in very negative terms, we see that in the media and public discourse on drug addiction, pejorative statements are openly made, for example identifying drug addicts with criminals or degenerated people. As two of my interviewees concluded, in Spain it is still common to hear very derogatory comments about drug addicts (interviews #5 and 6).

#### *Recognition of motherist movements*

One can also see these mothers' movements in support of drug addicts as movements for recognition of themselves on two levels: (a) as a response

to misrecognition of mothers of "failed children," a reaction to society's blaming of the mother for all problems with children; and (b) as a claim for their capacities as mothers to speak for the needs their children, in contrast to experts who have marginalized them from therapies and expert discourses.

Organizing mothers of drug addict groups can be seen as a way of coping with both the shame and isolation of being a mother of a drug addict. Here, we find an example of Axel Honneth's (1992) analysis of the importance of sharing one's sense of injury with others. According to many interviews conducted for this chapter, when mothers realized that their children were dependent on drugs, they felt that they could not tell anybody, neither their relatives, friends, nor neighbors. As one mother explained: "At that time, you could not talk about it [children's drug addiction] with anybody... if you talked about it, people stopped speaking to you, and when you walked down the street, people crossed to the opposite pavement to avoid you" (interview #6).

A very common reaction of many mothers of drug addicts is to feel responsible and guilty for their children's drug addiction. Mothers usually think that they have miseducated their children, and that this miseducation is the cause of their drug addiction. A mother interviewed for this paper initially thought that she was in part responsible for her son's drug dependency because she had not left her alcoholic husband. This mother thought that her son's cohabitation with his alcoholic father, and the continuous family conflicts caused by the alcoholism of one of its members, might have irreversibly affected her son in a detrimental way (interview #6). In contrast, a tiny minority of mothers did not experience this feeling of guilt. A mother thought that her daughter had consumed drugs because she wanted to do so. This mother did not feel at all responsible for what she thought was the result of her daughter exercising her own free will (interview #2). In motherist groups, many mothers learn to stop blaming themselves for their children's drug addiction. They come to realize that their children are dependent on drugs not because of mistakes in their upbringing, but for many reasons, including lack of information about drug addiction and the easy availability of drugs – some even admit this is a "personal choice" (interview #10).<sup>8</sup>

#### *Recognition by the state*

The politics of recognition for these groups involved claims for subsidies from the state for their movements' activities. To receive funds for an organization is to be accorded legitimacy. When mothers started to form their groups in the 1980s, they had few supports or resources. The

first groups were normally formed around Catholic parish churches. It is important to keep in mind that the overwhelming majority of Spaniards consider themselves Catholic (85 percent in March 2000). Although the number of practicing Catholics is much lower than the number of self-declared Catholics, it is still significant.<sup>9</sup> Six out of the eight mothers' groups where interviews were conducted for this paper were originally established in Catholic parishes (the two exceptions are the Adelfa and ALAD-Latina associations).

Social movements researchers have often stressed the centrality of pre-existing associations when explaining the appearance of collective action. This connection has been found in many instances, including the importance of churches in the origins of the civil rights movement in the USA (McAdam, 1982). Similarly, for Spanish mothers' movements the church was an ally. Parish churches offered mothers a place to meet. Very often, Catholic priests encouraged and helped mothers to form motherist groups, as was the case, for instance, of Father Enrique de Castro in a parish in the working-class neighborhood of Entrevías in Madrid. He was a part of the worker priest movement in which priests participated in social movements and organizations related to the working class, such as trade unions or the neighbors' movement.<sup>10</sup> Worker priests maintain that Christian teaching implies an obligation to denounce socioeconomic inequalities. In their parishes, these priests attempted to encourage their parishioners to mobilize in search of solutions for social problems, including the problem of drug abuse. Some of the women active in mothers' groups had also been previously active in a church, where they were schooled in the belief that some problems are more effectively faced by people working together rather than by individuals acting alone.

The first mothers' groups generally had two aims: to help drug addicts and to support one another. The following dialogue between two mothers summed up this dual goal:

MOTHER 1: [The association] was formed for this, to support mothers, but we are helping the kids.

MOTHER 2: Well, this has grown. But before, we were only mothers. Now, kids come, kids from all places, kids of all sorts.

(interview #4)

Groups provided mothers with a space where mothers could talk about what they called "the problem": their drug-dependent children.

Only one of the groups studied in this paper (Mothers United) does not accept state funding (albeit with some exceptions). Consequently, professionals are not hired in this association (see below). Mothers United



rejects state money not just to avoid having to use their resources to hire experts, but more generally to avoid being coopted by state authorities. This group wants to remain free to continue advancing demands to the authorities, denouncing police abuses and violations of prisoners' rights, and criticizing policy-makers when they incompletely implement (or do not implement at all) the programs that they devise (interview #8). Mothers of other associations who receive state subsidies acknowledged that they had to tone down or stop their criticism of state policies if they wanted to receive subsidies in the future (interview #14).

#### *Misrecognition by experts*

As the above discussion suggests, state subsidies imply conditions; the recognition of experts as authorities in drug addiction came to be one of them. The first groups were almost all self-help groups, and during consciousness-raising sessions mothers became empowered by talking about "the problem," advancing demands on behalf of their children (and drug addicts in general), and helping people dependent on drugs (see below), which laid the groundwork for their demands for recognition of their movement.

The nature of mothers' groups changed quickly in the 1990s with the arrival of state subsidies. Associations in civil society became suppliers of internships and temporary jobs to be taken by university graduates with degrees mainly in psychology and social work. This development is not surprising, given the very high rate of unemployment in Spain. Rapidly, most self-help mothers' groups became groups of mothers helped and led by "experts," who organized the meetings and activities of these associations.

The relationship between mothers' groups and professionals is an ambivalent one. Some mothers learned (mainly from professionals) how to encourage and help their children to undergo detoxication and rehabilitation. These mothers followed professional advice by offering their children unconditional support only if they were willing to attempt to stop using drugs, but would not support them if they continued to use drugs and damage family life. But others refused to accept the conditions set by professionals, which involved expelling their children from the family home if they refused to obey rules such as maintaining regular schedules (interviews #2-5, 7, 9, 11-14).

Mothers' groups challenged the professionals, asking if they, not professionals, were the true "experts" on drug dependency, because they had learnt from "real" cases: their children and other drug addicts whom mothers' groups tried to help. As one mother assessed the situation: "At

a certain point, many years ago, I told a psychologist the following: 'You cannot teach me anything, it is me who can teach you' ... because it is not the same to be in the problem as to see the problem from the outside" (interview #6). Some mothers went so far as to argue that people recently graduated from the university had absolutely no idea about how to deal with drug addicts and in fact that the university graduates should come to mothers' groups to learn this (interview #10).

Although many professionals applaud the involvement of motherist movements in the fight against drug addiction, others do not value the support given by mothers. These professionals argue that drug addicts and their families need services, programs, and advice provided by "experts" who can treat drug addiction professionally, rather than services and empathy given by amateur mothers. Some of these experts disdainfully refer to the support that mothers offer as "the soup and the hug."<sup>11</sup> Through derogatory expressions such as these, some professionals judge mothers' services as clearly insufficient (or even detrimental) when the problem is dependency on drugs.

Interestingly, this process of taking on the experts has been documented by international scholarship on other social movements, for instance the AIDS movement in the USA (Epstein, 1998). The AIDS movement has been able to exercise a profound influence on medical research and practices in the USA. But in most cases, these were AIDS patients themselves, not their families. These mothers' movements have not had the same type of influence on the professional establishment in drug treatment.

A by-product of state subsidies was the appearance of experts in most mothers' groups. As noted above, one of the demands of the first mothers' associations was that the state (alone or with private organizations) develop programs for drug dependents. With the passage of time, this is what happened. Now one finds an increasing number of state and private associations providing the majority of services for people dependent on drugs, which are complemented by programs and support groups for their relatives. In fact many of these new support groups are managed by professionals, who lead the meetings and provide counseling to parents (mainly to mothers, because far fewer fathers attend the meetings).<sup>12</sup>

#### *Shifting goals*

The first groups of mothers found it very important to have a regular place where they could meet. This had to be a known location in the neighborhood, so other mothers and drug addicts could show up at any time. Administering a phone line was also rapidly seen as a very important task. The premises and the phone line would be the points of contact for



any drug addict and their relatives with a group of people (the mothers) who shared their concerns, could understand them, and were willing to help. Mothers rapidly organized shifts to open the meeting place, make coffee for anybody who turned up, and answer the phone as many hours a day as possible. However, mothers knew that it was unlikely that many drug addicts would visit the premises of their association, so they patrolled the neighborhood in order to contact drug-dependent youngsters hanging out on the street and offer them support (interview #14). Some mothers continue to patrol their local areas today (interview #4).

Accompanying drug addicts to many places was another task performed by the first mothers' groups. For instance, they accompanied drug addicts to centers to undergo detoxication, to the hospital when they were ill, and to the police station when they needed to get a duplicate of their National Identity Card, which they often lost (interview #4). Some mothers even spent days and nights in the premises of the association or in their own homes accompanying youngsters going through "cold turkey" (the abstinence syndrome) immediately after stopping drug consumption. Some mothers became so familiar with the pain and suffering involved in this process that some drug addicts thought that these mothers had previously been drug users (interview #14). Mothers also tried to find detoxication programs for drug addicts who wanted to stop taking drugs. In addition, mothers provided some material things to drug addicts, for instance buying clothes for drug addicts who moved into centers (interview #2) or paying for the photographs for their National Identity Card.

Members of the first groups frequently went to police stations and prisons to visit drug addicts (their children and others). All mothers describe visits to prisons as particularly difficult experiences. They also interceded on behalf of drug addicts in police stations and before the prison authorities regarding visits, the release of prisoners or arrested drug addicts, or the improvement of conditions for people under arrest or in prison. Members of the first groups of mothers even took drug addicts who did not live with their families into their own home for short periods (interview #6).

These "maternal" services provided by mothers are less important today than they were two decades ago. Now, professionals (mainly psychologists, social workers, doctors, nurses, and lawyers) are responsible for providing some of these services. Nevertheless, mothers still continue to offer some of these services in the premises of their associations. Some mothers' groups also manage a new service: the so-called "flats." These are flats where people who have undergone detoxication live to complete the process of rehabilitation. Professionals live in these flats and supervise

the former drug addicts day and night. Mothers do not live in these flats, but visit them frequently to make sure that former drug addicts maintain regular schedules, clean the flat, and eat a balanced diet (these drug addicts are not the mothers' own children). Mothers teach former drug addicts how to cook and clean. Overall, they provide a lot of affection to these people, and speak to them very frequently. Mothers also think that it is very positive for these children to have maternal figures around them and believe that people need a lot of attention, intimacy, warmth, and friendliness once they stop taking drugs. One of the associations under study here (ASPAD) manages a flat of this type with support from state subsidies.

The definition of motherhood forged in these motherist groups in this study has expanded to include caring for small children of their drug addict children. Several of the drug addict children themselves have children, and these babies live with and are cared for by their grandmothers. Some of the interviews for this paper were carried out in the presence of very small children.<sup>13</sup>

Since the motherist identities in this movement encompassed the caretaking roles of mothers in society, it has allowed the objectives of some associations to evolve over time. This is particularly so in the case of Mothers United. This group has increasingly specialized in denouncing mistreatment of arrested or imprisoned people and publicly criticizing the slow and poor functioning of the justice system. In the 1980s, Mothers United believed that drug consumption could be eliminated. Therefore, they combated drug trafficking and made public denunciations to the low chamber of the Spanish Parliament (*Congreso de los Diputados*) of the places where drugs were sold. Since then, realizing that drug addiction would not disappear, Mothers United has become a supporter of the legalization of drugs (*El Mundo*, 1999).

The broad definition of motherist politics enabled a minority of mothers' associations to collaborate with other social movements around issues other than drug addiction (as has also been the case of other motherist movements in other countries: see Pardo, 1995). Mothers United is the best example. It is a group sensitive to social class inequalities, and campaigns against socioeconomic inequalities have become another objective of this group. Since 1998, Mothers United has participated in an annual joint action with other groups called "the seven days of social struggle" (*siete días de lucha social*). This consists of seven days of mobilizations undertaken in the city of Madrid by groups from many different social movements, including environmentalist and squatters' movements, and left-wing Catholic associations and voluntary organizations which work in favor of underprivileged groups such as prisoners, poor people, and drug

addicts. They have copied the civil disobedience non-violent strategies used in the mobilization of unemployed people in Paris in 1998, such as entering restaurants and eating meals without paying the bill, occupying the stock market, banks, and employment offices, buying in supermarkets without paying, and occupying empty private apartments and empty public premises.

Through these and other actions, Mothers United and other social movements seek to make visible the fact that many Spaniards live on the breadline, housing prices are prohibitive, there are very few public spaces where citizens can develop common activities, and grave abuses are committed against prisoners. Their claims-making has had an emphasis on both redistribution as well as recognition to gain respect for their drug addict children.

### **Infantilizing drug addicts?**

Even a provisional assessment of the achievements of mothers' claims towards the state and society on behalf of their children and drug addicts in general would be incomplete without asking if mothers (whether consciously or otherwise) have taken away the agency of their children, by mobilizing on their behalf rather than encouraging them to mobilize themselves. This question of agency is crucial in recognition struggles, since recognition politics assumes that subjects are able to speak on their own behalf (Phillips in this volume).

There are many instances of former drug addicts becoming actively involved in rehabilitation programs in other countries. Why is it that drug addicts or former drug addicts in Spain do not form associations, while their mothers do? The majority of drug addicts were already adults (aged eighteen or over) when their mothers started to mobilize. This means that people dependent on drugs had the legal capacity to make claims for themselves. Nevertheless, drug addicts did not mobilize, but it was their mothers who acted as their voice in the public arena. One important factor may account for the failure of drug addicts to mobilize themselves. Generally speaking, in Spain when drug addicts are detoxicated and rehabilitated, they are strongly advised to stay as far away as possible from the world of drugs and the people who deal in and take them. Therefore, the majority of former drug addicts tend to try to find jobs and social relations that have nothing to do with drug dependency. Although some former drug addicts, after rehabilitation, use their knowledge of drug addiction and find jobs related to the problem of drug abuse, this is rare in Spain.<sup>14</sup> Therefore, only a very few former drug addicts have an institutional base from which to mobilize.

One cannot rule out the fact that some drug addicts are overprotected by their mobilized mothers. These overprotected drug addicts do not feel the need to mobilize themselves, since their mothers do so for them. One daughter actually blamed her mother for her dependency because she had overprotected her. This daughter lived on her own when she started taking drugs and, despite living independently, still demanded that her mother go to her apartment to help her with domestic work and childcare (interview #2).

Social workers have made the claim that some mothers enjoy keeping their children dependent. They have in some cases profited from it, as seen in the mothers' mobilization. One social worker interviewed gave the example of an infantilized adult male drug addict who was living in his parents' home when he discovered that his partner was pregnant. He continued to play the role of child in his parents' home, refusing to find a job to support his family, move to a different flat with his partner and the baby, and assume the role of father (interview #9).

Given that this paper is based on interviews with mothers and social workers, it inevitably reflects their points of views. A deeper analysis of how the drug addicts themselves perceive the situation is a matter for future research. This paper can merely point to the existence of evidence partially supporting the infantilization thesis, but also some evidence which challenges it. It is true that many mothers describe their drug-dependent children in disempowering ways. For instance, children dependent on drugs are described by some mothers as very nice and charming people but with absolutely no willpower or initiative, as youngsters who would stop using drugs only if their mothers would make Herculean efforts to encourage them to do so (interviews #2, 5, and 6), as sick people who irremediably need a special "medicine" (drugs) (interview #6), or as people who consume drugs in order to calm hidden and profound unavoidable personal dissatisfactions. However, other mothers also portray their children from a more empowering perspective. For example, a mother described her (dead) daughter as a very politically conscious person, even when under the effects of drugs. The daughter was very critical of socioeconomic inequalities, and never robbed working-class people in order to obtain money to buy drugs; rather, she would steal from department stores or banks (interview #10).

In other families, mothers set limits on what they would do for their children. For instance, a mother with an imprisoned child went to the prison to leave clean clothes and food for him, but did not visit him for a short period as a punishment for his extremely rude and demanding behavior towards her during previous visits (interview #3). In some families, children do not require their mothers to mobilize alone. While a mother

was out of prison protesting and demonstrating with relatives of prisoners against abuses committed by prison personnel, her daughter mobilized inside the prison with other prisoners (interview #10).

Because most of the "children" in this group are adults, speaking on behalf of others raises ethical issues about infantilization. Many of the drug-dependent "children" in these study are now in their thirties, and some of them even in their early forties. Concerns of this type have already been raised in the international literature on other cases, including the disability movement. In both movement and scholarly literature, it is been argued that a core component in the recognition of disability groups has been that disabled people's needs are presented differently when they are defined by themselves or by their carers (often parents) (Jenny Morris, 1999).

### Conclusion

This paper has shown that agency in recognition struggles is a complex and multilayered phenomenon. Spanish mothers mobilized on behalf of their drug addict children and drug addicts in general as well as on behalf of themselves. The idea of a recognition struggle on behalf of others may in itself appear to be a contradiction in terms, but it may also be a way of gaining recognition of specific groups with special capacities to speak for others, as was true of the motherist movements in Spain.

Mothers' movements are very special movements because in this type of mobilization mothers use the rhetoric of selflessness instead of the rhetoric of self-interest. The rhetoric of selflessness allowed Spanish mothers to make claims to increase the services for drug addicts. But in doing so, they may have hindered their adult children from speaking for themselves and gaining self-respect, weakening the misrecognition of drug addicts by wider society.

Scholars may feel uncomfortable with the rhetoric of self-abnegation of mothers' movements, be skeptical, and suspect that mothers do not represent the "true" interests of drug addicts. Nevertheless, these movements have been able to make claims that could not have been made in terms of self-interest. Regardless of whether false representation takes place or not, the point to underscore here is that there is a gender-specific acceptability of discourses based on self-denial. The use of arguments based on motherhood and selflessness is a discursive opportunity structure available to mothers, less so to women who are not mothers, and much less so to men (whether fathers or childless), because many people believe that mothers are the epitome of abnegation. The case of mothers against drugs reveals a cultural context in which mothers were able to speak with

legitimacy for their drug addict children. This may be less true in societies with more egalitarian ideologies in the family, such as in Scandinavia (see Hobson in this volume).

Finally, this paper has shown that redistribution and recognition struggles usually go hand in hand in the real world. Fraser (1995) affirms many times that this is the case, although she distinguishes recognition and distribution for analytical purposes. In this case, the solution to recognition implied socioeconomic change as well as cultural transformations. Spanish mothers against drugs seemed to have understood this point since the very beginning of their mobilization.

Research on motherist movements (Schirmer, 1993) has found that while members of these groups mobilize to achieve practical gender interests, in the struggle some of these mothers may develop a feminist consciousness that leads them to question the subordination of women as a whole. Apparently, this has not been the case for most of the mothers interviewed here. In the interviews, some women drew a connection between their mobilization and the increasing participation of women in all arenas of life (interview #14). Nevertheless, this is the only verbal reference to the potential emergence of a feminist perspective. This question requires further research.

Perhaps the women analyzed in this paper are not verbally questioning the gender order but questioning it in subtle ways, and are doing so not with words but through behavior. It may be the case that "feminism" is reflected in the fact that these women are playing very independent and public roles, for instance representing their families, speaking with state authorities in their neighborhoods, and engaging in collective action in the streets. Further analysis should investigate not only what these mothers say about gender inequality but also what they do, in order to draw more definitive conclusions about the potential development of feminism among members of motherist groups.