Mobilizing for Socioeconomic Change and Recognition of Identities:
The Case of Mothers against Drugs in Spain

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In a seminal article, Nancy Fraser (1995) proposed that in our post-socialist age there are still groups who suffer from socioeconomic injustice due to their subordinate position within socioeconomic structures. These groups also endure cultural (or symbolic) injustice, because of the lack of respect for their specific group identities. As a result, these groups need both redistribution and recognition in order to overcome the socioeconomic marginalization and cultural subordination they experience. In the same article, Fraser reacted against several authors (Honneth, 1992; Taylor, 1992; Young, 1990) who have argued that in contemporary societies disadvantaged groups are increasingly focused on attempting to change cultural norms that are unfairly biased against them, rather than seeking to improve their material living conditions.

In this paper, I would like to challenge an assumption which is implicit in Fraser's piece. In her work, it is supposed that groups who suffer economic deprivation and/or a lack of recognition mobilize (or should mobilize) themselves in demand for redistribution and recognition (Fraser, 1995:74). In contrast, I argue that the people who mobilize are not necessarily the same people who suffer maldistribution and disrespect. While economically and culturally deprived citizens can themselves demand redistribution and recognition, other people can also do so for them. Perhaps recognition and redistribution are sometimes better achieved when these objectives are demanded by groups other than the deprived group. This may be the case when non-deprived people can successfully argue in the political arena that mis-recognition and mal-distribution also affect them, and by extension, society as a whole.

MOTHERS' MOVEMENTS

Mothers' movements constitute a useful case to challenge Fraser's assumption, since women in this type of groups often take part in collective action not on behalf of themselves but on behalf of others, usually their relatives. Social science researchers have studied motherist groups above all 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 shanty-towns 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 North America and South Africa (Christiansen-Ruffman, 1995; Kaplan, 1997; Pardo, 1995). Historians have also researched movements of women who used their position as mothers to advance demands in historical periods in

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different geographical locations including Spain (Kaplan, 1982; 1999). In other Western countries in the formative period of their welfare states, historians have also studied groups of women who 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 (Gordon, 1994; Koven and Michel, 1990; 1993; Muncy, 1991; Pedersen, 1993; Skocpol, 1992; Skocpol et al., 1993).

In the 1980s, several conceptual tools were developed to study motherist movements. 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 are affordable, that health services are provided to the community, or that schooling is available for children. All these needs are called 'practical gender interests', and are defined by the women who mobilize. In contrast, other women mobilize for 'strategic gender interests'. These are demands directed at the improvement of women as a whole and the weakening of women's subordination. Strategic gender interests are defined by the comparison of a given situation with a set of conditions considered more egalitarian. 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'.

Albeit with some exceptions, scholars' assessments of motherist groups have been largely positive. These groups provide an opportunity for many women to mobilize in 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).

Negative assessments of motherist groups are less common but nonetheless exist. According to their critics, mothers' mobilization is limited from a feminist point of view, since members of this type of movements do not usually question the unequal gender order. 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. Rather, members of these movements take part in collective action when problems affect their families directly, for instance, when a prison, parole office or toxic waste incinerator is established in their neighborhoods. These mothers become satisfied as soon as the immediate problem is eliminated such as when the prison, parole office or toxic waste incinerator is moved to another neighborhood thanks to mothers' mobilization.²

The findings of the two bodies literature on recognition struggles and motherist movements may illuminate or complement each other. This is why it is useful to discuss both strands of research together. On the one hand, studies of mothers’ groups highlight the limitations of the dichotomy recognition/redistribution. This pair of concepts is very useful to study the actions of many social movements in contemporary societies, but does not cover all types of collective action. For instance, how

² This is my reading of Pardo's study on the mobilization of two groups of women in California, although Mary Pardo (1995) seems to draw a positive assessment of the motherist groups that she studies.
should we define the mobilization of the Mothers of the Plaza de Mayo in Argentina in demand for the return of their disappeared children and relatives and for the prosecution of perpetrators of human rights violations? It is certainly not a fight for redistribution, but is it really a struggle for recognition? The fact that the dichotomy recognition/redistribution does not capture the complexities around the emergence and activities of motherist movements is a serious problem, since the literature on recognition and redistribution seems to attempt to understand all contemporary social movements. On the other hand, the debate around redistribution and recognition helps us to realize that academic research on motherist organizations tends to portray many of them as groups of women searching for redistribution.\(^3\) Redistributive requests are usually advanced when mothers demand that material means are made available to them to keep their homes, feed their children and care for their relatives. Generally speaking, researchers have paid little attention to the recognition aspects of the battles fought by mothers’ associations. Is it that recognition has not been on their agendas? Or have recognition demands been advanced but researchers have overlooked this dimension of mobilization?

In this paper, I examine a particular case study: groups of mothers against drugs in Spain since the 1980s. According to Arend Lijphart, the best research design to study social reality is the comparison of two or more cases. Nevertheless, a single case may also be useful. The strength of a single case study is that by focusing on a single case, that case can be intensively examined even when the research resources at the investigator’s disposal are relatively limited (Lijphart, 1971:691). In addition, a single case can be chosen if it is interesting in itself (Lijphart, 1971:691). Let me briefly explain why this is true of the groups of mothers against drugs in Spain.

These groups began to develop 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 these reasons, the emergence of groups of mothers against drugs is far from inevitable or likely, but highly unlikely. Moreover, in general and with some exceptions, drug addicts themselves (or former addicts) have rarely formed associations or mobilized in search of recognition and redistribution. Therefore, mothers’ groups are still one of the main spokespersons for drug addicts.\(^4\)

In this case study I proceed in two steps. First, I study groups of mothers against drugs paying

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\(^3\) The exception to this pattern are human rights groups.

\(^4\) To my knowledge, there is no secondary research on these Spanish mothers’ groups. Therefore, this chapter is mainly based on semi-structured personal interviews with members of these groups and with two social workers in the city of Madrid and in a working-class suburb near Madrid (Fuenlabrada). The names of the interviewees appear at the end of the paper. Three of these names are fictitious, because this was explicitly requested by the interviewees in order to protect their anonymity. In contrast, all the names of the groups are real. 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). This term is used in this paper. However, the formal names of the groups often do not mention the word ‘mother/s’.

Published and non-published documents of mothers’ groups and press clippings have also been used.

Given the constraints of space, in this paper I usually summarize the arguments provided by the interviewees, instead of including full quotations.
particular attention to agency. I analyze their mobilization in demand for recognition and redistribution from the state and society on behalf of others (their children and drug abusers in general) and to a lesser extent on their own behalf. Second, I examine the basis of mobilization of mothers' groups: the politicization of motherhood. I argue that in this mobilization: motherhood is linked to issues of class inequality; motherhood is not synonymous with parenthood; and motherhood is not merely a biological condition.

SPANISH GROUPS OF MOTHERS AGAINST DRUGS: THE ISSUE OF AGENCY

Some preliminary words are necessary before proceeding with the analysis of the mobilization of Spanish groups of mothers against drugs. In the early and mid-1980s, when the first groups of mothers were created, 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. Some drug addicts also visited family doctors working with the public health system in search of a solution to their health problems derived from drug abuse. Some public hospitals and health centers were receptive towards drug addicts. In contrast, most hospitals and centers sought to deal with drug addicts as quickly as possible without offering them much in the way of treatment. Some drug dependents were also sent to psychiatrists in the public health system. Most interviews conducted for this paper reveal that the majority of health professionals at that time knew virtually nothing about drug addiction. Some private organizations began to develop pilot 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. As one mother rather emphatically put it: 'Before, there was nothing [for drug addicts] ... except prison and beatings' (interview #3).

The groups of mothers against drugs usually appeared in working- and lower-middle class neighborhoods of cities. The members of these groups were mainly women, although a very few men also belonged to motherist groups. Most female members were mothers of drug addicts who had started abusing drugs in their teens or early twenties. Mothers' groups were also attracted a minority of women who were not mothers of drug addicts, but relatives (for instance, aunts). A third type of members were the very few women (and even fewer men) who did not face the problem of drug abuse in their families. Most group members (when not all of them) lived in the same neighborhood.

Mothers' Demands on behalf of Others (Drug Addicts)

In the majority of cases, 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 advance claims, themselves. Nevertheless, those who mobilized in search of a solution to the problem of drug abuse were mothers. It is important to note that the proportion of young adults (whether drug addicts or otherwise) who live in their parents' home is much higher in Spain than in other Western countries. In Fall

5 At that time, most of the children of these mothers mainly consumed heroine, although later there was a tendency for this to be combine with other drugs. Now, drug consumption is more diverse, and includes heroine, cocaine, and synthetic drugs, such as Ecstasy.

6 Compulsory health insurance was introduced in Spain for low income industrial workers in 1942. Successive reforms extended the population covered under health schemes and the range and scope of benefits. The process of universalization of public health care was completed legislatively by a decree passed in 1989. For more information about health care policies in Spain, see: Guillén (1999) and Guillén and Cabiedes (1997).
1998, more than nine out of ten (92%) people aged 15-24 lived with their parents (or with one of them) (Elzo et al., 1999:486). In Spring 1995, half (52%) of those aged 25-29 did so too (Martín, 1996:5). It is also important to stress that many mothers mobilized, not only on behalf of their children, but of drug addicts in general. Some of these women continued to do so even after their children had successfully completed detoxication or died. For reasons of clarity, I will first discuss mothers' demands to the state on behalf of others, and then the claims they present to society as a whole.

Claims on the state.--Mothers directed many of their claims on behalf of drug addicts to the state. The major demands regarding the state were for redistribution, since these demands involved transferring income and resources to a disadvantaged group (drug addicts). Redistribution is one of the possible dimensions of a solution to an economic injustice (Fraser, 1995:72). Mothers called on the state to spend money on the response to the drug problem. At different points in time mothers demanded (among other things): 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 people users (for instance, 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 dependents who do not (or do not want to) undergo detoxication, such as methadone delivery. Not all groups of mothers pressed all the items in this list of demands. Nevertheless, most groups of mothers agreed with many of them. More importantly, mothers always demanded that the state provide all these services for free.

Mothers also directed demands for of recognition on behalf of their children and drug addicts in general toward the state. These demands involve 'upwardly revaluing disrespected identities', which is one of the dimensions of the solution to the problem of cultural injustice (Fraser, 1995:73). 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 often recognized that their children are criminals. 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 either rob their families, neighbors, acquaintances, strangers or members of all of these groups. Nevertheless, mothers emphasized that criminals also have rights. A group of mothers (the organization called 'Mothers United Against Drugs' --Madres Unidas Contra la Droga, hereafter 'Mothers United') has constantly denounced the innumerable abuses that drug addicts allegedly experienced when they were arrested or imprisoned. These include harassment, threats, intimidation and physical and psychological violence (interview #8).

A complete assessment of what mothers have achieved in terms of redistribution and recognition from the state of their adult children and other drug addicts is beyond the scope of this paper. Nevertheless, it can be noted that the state now provides many more services and resources to drug addicts than in the past. This state provision includes 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. This state provision probably exists in part because (among many other factors) mothers demanded it, and publicized the problems of people dependent on drugs. It is also true that drug addicts themselves (and especially those from working class backgrounds) also made their problem visible not least by fuelling crime rates. The police still mistreats 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 as a social problem. Arguably, this broader perspective among some state officials has been achieved in part because (among many other factors) respectable mothers mobilized on behalf of their children and other addicts.

Claims on society--Mothers also directed some demands to society. In terms of redistribution, mothers have demanded that some resources should be distributed equally to people with and without a drugs problem. For instance, mothers have identified paid employment as one of the main mechanisms favoring social the social reintegration of former drug addicts (interview #2). Nevertheless, a paid job has been an impossible goal for many people who take or have taken drugs. Spain has the highest unemployment rate\(^7\) in the European Union: since 1982 unemployment has never fallen below 15 per cent. It is extremely difficult, therefore, for many people (and not only for those dependent on drugs) to find a job. In addition, employers usually discriminate against former drug addicts. Therefore, mothers have demanded that employers should not discriminate against people who have been or are dependent on drugs.

Recognition claims towards society consist of demands for respectful treatment of people dependent on drugs. Mothers witnessed many manifestations of contempt towards their children or drug addicts in general. For instance, a neighbor told a mother interviewed for this paper that he would give drug addicts a basin full of drugs so that they would die of an overdose (interview #4). Other mothers had to listen to people saying that drug addicts are animals who deserve hanging, or that the solution to the problem of drug addiction consists of killing people dependent on drugs. *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.\(^8\)

Citizens refusal to recognize drug addicts even included attempts to prevent the reintegration of drug addicts into society. A mother told the author of this paper that after undergoing detoxication her son started to work as a sales clerk in a shop. Then, a neighbor spoke to his employer, asking why he had hired a former drug addict. The shopkeeper responded that any problem of drug dependency formed part of his employee's past personal life, and therefore none of his business (interview #4). Had the employer had a different view of drug addition, the sales clerk would probably have lost his job.

To ask for respect is no easy task when many people have such negative views of drug addicts. For instance, in Fall 1998, almost half (46\%) of Spaniards aged 15-24 declared that they would not like to have drug dependents as neighbors (Elzo et al., 1999:478). In order to gain recognition of their children and other drug users, mothers resorted to various different arguments. Some mothers affirmed 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 any family (and not only families with special problems) could have one or more drug addicts. 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* 24 December 1999:Madrid 6-7). Other mothers argued that drug addicts are sick people. These mothers opposed the notion that drug dependents were lazy and 'degenerates' who could give up their 'vice' (drug consumption) if they wished (interview #6).

\(^7\) The unemployment rate is the proportion of registered unemployed in the active population (the employed and the registered unemployed).

\(^8\) This book also contains many complaints of severe police mistreatment of drug users arrested or imprisoned from some deprived areas.
The mothers’ actions may possibly have had less success in terms of society than regarding the state. Services for drug addicts are mainly offered directly by the state or provided by private organizations which receive state subsidies. Approval and respect are usually missing when citizens think and speak about drug addicts. In Spain, it is still common to hear very derogatory comments about drug addicts (interviews #5 and 6). Since these pejorative statements can be openly said in many (but not all) circumstances, it is reasonable to assume that only a minority of the population respect people dependent on drugs.

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 infantilized their children and other drug addicts by mobilizing on their behalf rather than letting or encouraging them to mobilize themselves. This question is particularly important given the fact that most of the ‘children’ studied in this paper are adults. Some of them are no longer very young. Many mothers reveal that their drug-dependent sons and daughters 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. It has been argued that for a long time non-disabled people have defined disabled people's interests and experiences. Moreover, disabled people's needs are different when they are defined by themselves or by their carers (often parents) (Morris, 1999). For instance, many parents have overprotected their disabled children especially in relation to developing independent sexual relationships.

The hypothesis of the potential infantilization of drug addicts can only be tested by interviewing them and not just their mothers. Given that this paper is based on interviews with mothers and social workers, it inevitably reflects the mothers' points of views. A deeper analysis of this issue 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.

The fact that most drug addicts or former drug addicts do not form associations, while some of their mothers do is intriguing. It may be the case 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. But another factor may also account for this lack of mobilization by most drug addicts. 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 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. Most former drug addicts attempt to forget about the period of their lives when they were dependent on drugs. This way of abandoning drug consumption precludes former drug addicts from forming associations together with other former drug addicts and/or with people who still take drugs.

Another alternative course of action after rehabilitation consists of using the knowledge of drug addiction they have acquired through personal experience to find jobs related to the problem of drug abuse, for instance, helping other people dependent on drugs to detoxicate. This possibility may encourage former drug addicts to form associations in order to defend their professional interests or to fight against discrimination against people who take or have taken drugs. However, very few former drug addicts take this second path in Spain. Therefore, only a very few former drug addicts are in a structural position to take this course of action to reject the temptation of taking drugs again may be to avoid any contact with the drug problem, other factors may explain why this is the course of action strongly recommended to Spanish drug addicts. Given the high rates of unemployment, professionals (psychologists, social workers, and others) have defined themselves as the true experts on the
which encourages them to take part in collective action.

The interviews document the existence of some families where drug addicts enjoy the role of children (of mobilized mothers) and try to continue to play it, and in some cases to profit from it, and from mothers' mobilization. For instance, a social worker spoke in an interview about an adult male drug addict who lives in his parents' home. When he discovered that his partner was pregnant, he refused to try to become an independent adult, find a job, move to a different flat with his partner and the baby, and assume the role of father. Rather, he continues to play the role of son in his parents' home (interview #9). Another mother told the author of this paper that her (already detoxicated) drug dependent daughter had blamed her for her dependence to drugs. The daughter had argued that her mother had overprotected her throughout her life, for instance, because her mother had done all the domestic work in the house. This daughter lived on her own when she started taking drugs. Surprisingly, this daughter demanded that her mother should go to her apartment to help her with domestic work and child rearing (interview #2). Other mothers recalled that some drug dependent children who are imprisoned are very demanding on their mothers when they visit their children in prison. These children expect their mothers to do everything possible to secure their children's release (interview #3). These children rudely give orders to their mothers, apparently without realizing that visiting prisons and having imprisoned children are extremely difficult experiences for mothers, as all the interviews unanimously showed.

On the contrary, 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). Another mother repeatedly asked (without success) her drug dependent daughter who lived with her to help with domestic tasks (interview #11). 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 mobilize inside the prison with other prisoners (interview #10).

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. Other mothers typify their children and drug addicts as people who consume drugs in order to calm hidden and profound unavoidable personal dissatisfactions, or 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), or as sick people who irremediably need a special 'medicine' (drugs) (interview #6). 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 socio-economic 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).

**Mothers' demands on behalf of themselves**

While mobilizing, mothers also advanced demands for redistribution and recognition on behalf of themselves. The literature on recognition and redistribution analyzes precisely this type of situations, when the same people who suffer economic and cultural subordination are those who mobilize for socioeconomic and symbolic change. One may be surprised by the very few claims that mothers against drugs advanced on behalf of themselves, in comparison with the numerous demands pursued by these mothers on behalf of problem of drug abuse. It is highly unlikely that these professionals will allow former drug addicts to define themselves as experts too, since this definition will dramatically increase the already very tough competition for jobs (see below).
their children and other people dependent on drugs. For the sake of clarity, I first describe mothers' demands directed towards the state, and then their demands on society.

Claims to the state.--Mothers advanced claims of redistribution towards the state. The main redistributive demand was that the state provide material resources for their associations. When mothers started to form groups in the 1980s, they hardly had any state resource with which to do so. Therefore, the first groups were normally formed around Catholic parish churches. It is important to note 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: in March 2000, 21 percent of those self-declared Catholics stated that they attend religious services (excluding social events such as weddings, first communions or funerals) almost every Sunday or on religious feast days, and around 3 percent do so various days a week (Centro de Investigaciones Sociológicas, Study Number 2,387). 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 United States (McAdam, 1982). Spanish mothers' movements are no exception to this pattern. 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.10 Some of the women active in mothers' groups had also been previously active in church circles, where they learnt to enjoy the interaction and joint action with other members, and developed 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 mothers. 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. According to many interviews conducted for this paper, when mothers realized that their children were dependent on drugs, they felt that they could not tell anybody, whether among their neighbors or relatives. Therefore, the drug addiction of their children left mothers very isolated. As a mother explained: 'At that time, you could not talk about it [children's drug addiction] with anybody...if you talked about it, people

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10 Enrique de Castro was one of the last so-called 'worker priests' (curas obreros). The movement of worker priests first appeared in France in the mid-1940s under Cardinal Emmanuel Suhard. The movement then spread to other countries, including Spain. Worker priests decided to live in working class neighborhoods and work as manual workers (although some of them came from the middle class), in order to experience understand the problems of the working class. In Spain, worker priests also participated in social movements and organizations related to the working class, such as trade unions, or the neighbors' movement. These priests tried to organize parishes along non-hierarchical and participatory lines. Members of the congregations were encouraged to actively take part in religious activities and ceremonies. Worker priests maintained that Christian teaching imply 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. Worker priests were not so aware (or almost completely unaware) of other types of inequality, for instance, gender inequality. The worker priests movement received support from the hierarchy of the Catholic church after the Second Vatican Council (1962-1965), but was later criticized and marginalized by the hierarchy.
stopped speaking to you, and when you walked down the street, people crossed to the opposite pavement to avoid you’ (interview #6). It is important to note that mothers’ groups are composed of very different people. In general, most of their members share only three characteristics: they are women (although there are some men); they are from the working class or lower-middle class -- but not from the under-class (although there are some middle-class women); and they have children or other relatives dependent on drugs (although the children and relatives of some members do not take drugs). But the members differ in terms of many other personal characteristics, for instance, religiosity and political beliefs. Therefore, even if the researcher can often find common patterns among members of different groups, s/he can also find exceptions to the common patterns. Accordingly, although many members of mothers’ groups could not talk to their relatives about their children's problem, other mothers could (interviews #4, 11, 12, and 13).

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 his 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 that was the result of her daughter exercising her own free will (interview #2). In motherist groups, many mothers learnt to stop blaming themselves for their children's drug addiction. Many mothers end up believing that their children are dependent on drugs not because of mistakes in their upbringing, but for many other reasons, including: lack of information about drug addiction, the easy availability of drugs, and even personal choice (interview #10).

The first groups (which were established in the 1980s) were almost self-help groups, in the sense that mothers empowered themselves by: talking about 'the problem'; advancing demands on behalf of their children (and drug addicts in general) and to a lesser extent on their own behalf; and helping people dependent on drugs (see below). State subsidies to mothers' groups only came later (in the 1990s). Subsidies were used differently by different associations. Some groups rented premises, while other groups hired professionals, such as psychologists and social workers, to develop programs to help drug addicts and their relatives and/or to do the paperwork.

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 mentioned above. Rapidly, most self-help mothers' groups became groups of mothers helped and led by 'experts', who organized the meetings and activities of these associations.

In the groups (and also in other places) mothers realized that they could not get their children off drugs if children did not truly want to stop using them. Nevertheless, some mothers learnt (mainly from professionals) how to encourage and help their children to undergo detoxication and rehabilitation. Some mothers followed professional advice by offering their children unconditional support only if they were willing to attempt to stop using drugs, but not if they continued to use drugs and damage family life. These mothers also followed other advice, including: not giving money to their children to buy drugs or encouraging (or forcing) their drug addict children to maintain regular schedules regarding meals and the time they would get back home at night. If children refuse to follow their mothers' orders, they would not

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11 It is important to note that even in mothers' groups, some people believe that some mothers are partially responsible for their children's drug addiction (interview #1). Some psychologists and other professionals occasionally also blame mothers for the drug addiction of their children (interview #10).
be fed and have to sleep elsewhere. Professionals also advised mothers to use a final measure as the last resort: expel their children from the family home (interviews #2-5, 7, 9, 11-14).

In contrast, other mothers thought that they (and 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 a mother reported: '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 that to see the problem from the outside' (interview #6). These (very few) mothers argued that people recently graduated from the university had absolutely no idea about how to deal with drug addicts. University graduates came to mothers' groups to learn. Therefore, these professionals should refrain from teaching mothers what to do (interview #10). A mother said in an interview that she (unfortunately) became an expert in drug addiction by dealing with her son and with other addicts. This mother often saw her son injecting heroine at home when he did not know that she was watching him. The desire to know was so pronounced in this mother that she was sometimes tempted to consume drugs, in order to understand drug addiction and the difficulty of overcoming it (interview #6). Processes of empowerment through knowledge have been documented by international scholarship on other social movements, for instance, the AIDS movement in the United States (Epstein, 1998). The AIDS movement has been able to exercise a profound influence on medical research and practices in the United States. In contrast, to my knowledge, this type of influence has not been pronounced in the Spanish movement of mothers against drugs.

The very few mothers who did not think that professionals were the only experts in drug addiction sometimes did not follow the professionals' advises. These mothers complained that professionals often give drug addicts and their families the same advise. There mothers claimed that since people dependent on drugs are very different individuals, the same recommendations would not universally apply to all of them. For example, one of the mothers interviewed for this paper did not follow the advice to expel her son from the family home if he did not stop taking drugs. She said that she was not brave enough to do so. Besides, she believed that ejecting him would not stop him from using drugs. Moreover, she admitted that she might have followed this advice if her son had been aggressive, violent or disrespectful towards her. Since (according to her) her son was very affectionate, respectful and understanding towards her, she did not expel him. Nor did this woman follow the advice to stop giving her son money to buy drugs. She could not accept that her son robbed other people. Not surprisingly, this woman even dared to say that some of the advise given to mothers by professionals is completely useless in terms of the rehabilitation of their children. This woman knows that many mothers in her group followed the advice to expel children from the family home if they did not try to give up drugs permanently. She recalled in the interview that the children of other mothers did not stop using drugs definitely and finally died of overdoses, illness or other causes. In her own words, 'These children are finally under ground like my son' (interview #6).

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. 'Mothers United' rejects state money not in order to avoid hiring experts, but 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 which receive state subsidies recognize that they had to stop their denunciation activities if they wanted to receive subsidies in the future (interview #14).

State subsidies were not the only reason why experts appeared in most groups of mothers of drug addicts. 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. This is what happened with the passage of time. The state and private associations (many with the help of state subsidies) now provide a wide range of many programs for people dependent on drugs, which are complemented by programs and support groups for their relatives. These support groups have always been managed by professionals, who lead the
meetings and provide counseling to parents (mainly to mothers, because far fewer fathers than mothers attend the meetings). In some cases, when programs for parents have ended, some mothers felt that they needed further interaction with relatives of drug addicts. Then, these mothers, together with experts, have also formed motherist groups. An association of this type (Association ADELFA) was also covered by the research for this paper.

Mothers also advanced recognition claims on their own behalf. They mainly asked state officials as well as citizens to respect them. They argued that they were not bad mothers, and that their children were not dependent on drugs because of a bad upbringing. Again, they used the argument that drug addiction is a problem that can affect everybody. They also maintained that mothers of drug addicts are not a special type of mother, since nobody (and no parent) is safe from drugs.

SPANISH GROUPS OF MOTHERS AGAINST DRUGS: BASES FOR MOBILIZATION

Motherhood and Social Class

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. Mothers argue that they cannot solve the problem of drug abuse of their families by themselves. Mothers believe that they are legitimized to make claims, since they have already suffered their share.

It is important to understand that, comparatively speaking, being a mother is more permanent a status in Spain than in many other Western countries. This is so for various reasons. On the one hand, in comparative terms, since 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). On the other hand, in the 1970s and 1980s, the state and private organizations hardly provided any service for drug addicts. They were literally a problem that addicts' families had to bear. This has changed in the 1990s, with an ever increasing supply of services. Some of these programs require drug addicts to temporarily leave their parents' home in order to live in a center or a community where they undergo detoxication and rehabilitation. In contrast, other programs require the collaboration of family members (that is, mothers) twenty four hours a day. Drug addicts attend centers for a few hours a day during weekdays, and spend the rest of their time with the family. During the first stages of the program, drug addicts need to be accompanied day and night by a relative (usually the mother).

In mothers' opinion, social class and not only motherhood are at the core of their mobilization. Since the majority of mothers come from the working or lower-middle class, they cannot afford treatment free by private organizations. Therefore, they demanded free treatment from the state. 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 area, 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 heroine or cocaine; the poor wretches like our children has 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 community in which they live, they demand respect. Upper-class families may look respectable by hiding the drug addiction of their family members.

**Motherhood Is Not Synonymous With Parenthood**

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 crude divorce rate (0.8) is the second lowest in the European Union after that of Italy (0.5), and is less than half the European Union average (1.8) (European Commission, 1998:63; 1995 data; data for Spain and the European Union are provisional or estimated). Therefore, fathers of drug addicts usually live in the same home as the children concerned. This is the case of the overwhelming majority of the families of the mothers interviewed for this paper.

In the interviews, some 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 children's education and upbringing (although fathers may collaborate in these tasks). Fathers are the family members who are mainly responsible for the economic maintenance of the household (although mothers may also contribute to their families in this regard). Hence fathers' principal concern is not the personal problems of their offspring. As several social science studies have documented (for instance, Finkel, 1997), this gender division of labor is especially marked in working-class families. As noted above, most (but not all) members of mothers' groups come from the working and lower-middle classes. According to some mothers, some fathers 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).

As explained in the previous section, some mothers followed professionals' advises by obliging their drug dependent children to adhere to regular schedules and by not giving them money to buy drugs. In many households, mothers (not fathers) put such advice into practice. In many families, authority over drug adult children seems to lie with the mothers, not the fathers. Fathers are described by these mothers as much less strict than mothers. A mother recalls that she was firmer than her husband when her drug dependent daughter arrived very late at night. This mother followed the advice of the psychologist of her association not to let the daughter enter the flat, but her husband had doubts and wanted to open the door (interview #11). Another mother remembers that she was brave enough to expel her son from home when he did not stop consuming drugs, but her husband did not dare do so (interview #3). In the most favorable cases, fathers respect the authority exercised by mothers, although fathers occasionally break the rules themselves (interview #2).

Mothers normally have a very positive view of fathers (or other children) and mothers collaborating in helping drug addict children. As one of the mothers stated: 'If you find a husband who is the same as you, the battle is easier' (interview #3). In some families, fathers do play a small role in the rehabilitation of their children. For instance, some fathers speak with the psychologist of the mothers' group or with professionals in the centers where their children are treated, when fathers are expressly asked to do so (interview #11). Other fathers give rides to mothers and/or children (interview #2). Some fathers even visit their children in prison, although less often than mothers (interview #3). Usually, some fathers end up understanding something about the problem of drug abuse thanks to ceaseless efforts to educate them by the mothers (interview #5). Since mothers join motherist groups, frequently interact with professionals, and are very close to their children, mothers become very knowledgeable about drug addiction, while fathers
remain more ignorant of the topic.

By contrast, other fathers clash with their addict children and are unable to have a non-conflictual relation with them. Some fathers even stop speaking to these children even if they live under the same roof. In these cases, mothers are left completely alone to deal with their children. Some fathers even blame the mother for the drug addiction of their children (interview #2). In some of these cases, mothers end up hiding many aspects and episodes of their children's drug addiction from the fathers, in order to avoid family conflicts. Sometimes mothers have to claim respect for their drug dependent children from their own fathers. A mother referred to cases (not in her own family) in which the father did not respect his drug dependent child and continually exclaimed: 'I wish he had died!' This mother explained that if her husband had spoken about her son in that way, she would have 'got hold of my husband and beaten his head against the wall' (interview #3). In some families, mothers are unable to follow professionals' advice not to give money to their children, obliged them to adhere to regular schedules, and expel them from home if they do not stop using drugs, because fathers prohibit mothers from doing so (interview #3).

In the interviews conducted for this paper, mothers sometimes criticized the fathers' absence from the search for solutions for their children and in the mobilizations against drugs (interviews #12 and 13, among others). Mothers also occasionally criticized that their other children were not involved (or not sufficiently involved) in the detoxication of their drug addict siblings (interview #12). Nevertheless, criticism of fathers' inactivity was not as common or tough as a feminist researcher might have expected, or at least as I had expected. If I raised the issue of fathers's absence, mothers spoke about it. But many mothers did not spontaneously mention fathers' absence if I did not ask them to talk about it. Similarly many mothers said little about this topic even after I had asked them questions about it.

Many mothers seem to accept (sometimes but not always with resignation) the division of labor between fathers and mothers within their families, and do not continually advance strong claims for a more engaged fatherhood. This acceptance may be explained by many factors. Some mothers argued (or implied) in the interviews that they believe that women have several characteristics that men lack. These personal characteristics encourage them to take care of their drug addict children. Women are more patient and persistent than men (interviews #2 and 3). Women are better at facing unexpected family problems (interview #5). Many women are full-time housewives and have more free time than men who work for wages (interview #14). Women are less selfish than men (interview #12). In addition, some mothers value very highly the special relationship they have with their children. For some mothers, the special mother-child bond is the reason why fathers are not active once the problem of children's dependence on drugs appears. Children (whether drug addicts or otherwise) very often speak with their mothers and trust them. Some mothers even say that they receive much more attention from their offspring than from their husbands (interview #4).

**Motherhood Is Not Only a Biological Condition**

Motherhood is one of the central dimensions of the identity of the women who belong to groups of mothers against drugs. It is important to understand that motherhood is not a permanent condition. The status of being a mother of a drug addict can end in different ways. Drug dependent people can successfully undergo detoxication. This happened to ten offspring of the sixteen (biological) mothers interviewed here. People dependent on drugs can die of AIDS or other illness, or overdoses, or be shot by

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12 Over the last three decades, the Spanish female employment rate has constantly increased and is now around 35 percent. Nevertheless, the Spanish female employment rate is still the lowest in the European Union, and is sixteen points below the European Union average (51%) (Franco, 1999:8-9; 1998 data). The female employment rate is the proportion of employed women in the female population of working age (women aged between 15 and 64 for European Union statistics).
the police while presumably committing crimes. Seven children of the sixteen (biological) mothers interviewed for this paper had already died in one of these ways. Finally, mothers can expel their adult addict children from their homes either for short periods or for good. Some of the women that I interviewed had stopped their motherhood in this way. 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 some mothers do not join groups to fight exclusively against the drug problem of their children, but to help solve the problem of drug abuse in general. In this sense, the bond that links mothers to their biological children is extended in order to cover all other people dependent on drugs.

The definition of motherhood which is the basis of mobilization of mothers' groups is in some cases not biological at all. A tiny minority of the members of mothers' groups are women whose children are not dependent on drugs. For instance, this is the case of the two leaders of the group 'Mothers United' (Sara Nieto and Carmen Díaz). These women called themselves and are called by others in the neighborhood 'the mothers' (meaning 'the 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' 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, phone conversation with the author, 14 June 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.

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 rapidly seen as a very important task too. 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. Mothers knew that it was unlikely that many drug addicts would visit the premises of their association. Then, mothers 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 even 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 drug addicts 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 become 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. Mothers also provided some material things to drug addicts. For instance, mothers bought clothes for drug addicts who moved into centers (interview #2), or paid for the

Nevertheless, it is important to remember that the majority of mothers whose children's drug problem disappeared withdrew from the groups. As explained in one of the interviews: 'Here, mothers do not want to know anything about the group as soon as things got sorted out or their children die' (interview #4).
photographs for their National Identity Card.

Mothers 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 a particularly difficult experience. Mothers 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 into their own home some drug addicts who did not live with their families. These drug addicts lived for short periods in the home of members of motherist groups (interview #6).

These 'maternal' services provided by mothers are less important today than a or 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 orderly (these drug addicts are not the mothers' own children). Mothers teach former drug addicts how to cook and clean. Mothers also provide a lot of affection to these people, and speak to them very frequently. Mothers believe that people need a lot of attention, intimacy, warmth, and friendliness once they stop taking drugs. Mothers also think that it is very positive for these children to have maternal figures around them. One of the associations under study here (association ASPAD) manages a flat of this type with support from state subsidies.

Mothers of drug addicts, some drug addicts and some professionals appreciate the maternal services selflessly provided by mothers. In contrast, some professionals do not value the support given by mothers, or even reject it altogether. These professionals argue that drug addicts and their families need services, programs and advice provided by 'experts' who can treat drug addition 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'. Through derogatory expressions such as this some professionals judge mothers' services as clearly insufficient (or even detrimental), when the problem of people is dependency on drugs.

The definition of motherhood forged in the motherist groups under study here has expanded as time has passed to encompass other caring roles. 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 presence of very small children.

Since the definition of motherhood in mothers' groups is quite flexible, it has allowed the objectives of some associations to evolve over time. This is particularly so in the case of the group '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 were drugs were sold. Since then, realizing that drug addiction would not disappear, Mothers United have become supporters of the legalization of drugs (El Mundo 24 December 1999:Madrid 6-7).

The permeability of the definition of motherhood in mothers' groups allowed a minority of mothers' associations to collaborate with other social movements around issues other than drug addiction (as

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14 The expression 'the soup and the hug' was used by a professional working in the association FANTID in Madrid in a phone conversation with the author of this paper on 31 May 1999.

15 In Spain, grandmothers often take care of their grandchildren, for instance, when mothers are in employment.
has also been the case of other motherist movements in other countries (Pardo, 1995). Mothers United are again a case in point. Mothers United are very sensitive to social class inequalities, and the fight against socioeconomic inequalities has become another objective of this group. Since 1998, Mothers United have 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, occupying empty private apartments and empty public premises. Through these and other actions, Mothers United and other social movements seek to denounce 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.

CONCLUSION

This paper has shown that agency in redistribution and recognition struggles is a complex phenomenon. Groups sometimes mobilize in defense of their own self-interest, pursuing socioeconomic and cultural change. Nevertheless, groups also mobilize on behalf of the socioeconomic and symbolic interests of other people. Spanish mothers against drugs advanced redistribution and recognition claims towards the state and society on behalf of their drug addict children, other people dependent on drugs and to a lesser extent also on behalf of themselves. As one of the mothers put it: 'I felt very satisfied with myself, because through my experience [in the group] and my small personal contribution I could help other people' (interview #5; emphasis added). The mobilization on behalf of other people is usually a type of mobilization not contemplated by the literature on recognition and redistribution struggles.

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 against drugs to advance claims on behalf of others: drug addicts. Scholars may be more familiar with the rhetoric of self-interest, while some mothers may feel more comfortable with rhetoric of abnegation. When scholars find demands based on selflessness, many of them immediately become skeptical and suspect that mothers do not represent the 'true' interests of drug addicts. Regardless of whether false representation takes place or not, the point to understand 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. Accordingly, a mother of a drug addict can advance demands selflessly in a way that is accepted yet not other people can behave in this way. Although these generalizations apply to Spain, where mothers against drugs have been active, they may also apply to some extent to other societies. The case of mothers against drugs reveals a cultural context in which a mother can with legitimacy speak for her children. However, not everybody can speak for everybody, and some people will be strongly challenged if they try to speak for others. This case study shows that whether some people can speak for others is a variable dependent on many factors, and not a 'yes' or 'no' variable.

Although the literature on recognition and redistribution is not usually applied to the study of motherist movements, it provides a useful framework to analyze them. In fact, thanks to the conceptual pair of recognition/redistribution, we can understand that mothers do not only mobilize for bread and butter issues, but also against disrespect. Generally speaking, this cultural dimension of motherist movements has been less strongly emphasized in research than their mobilization for material aims or human rights goals.
On the other hand, the study of mothers against drugs illustrates that identity and recognition mobilization is not an exclusive feature of the social movements most studied by specialists in identity movements: the gay/lesbian movement, the feminist movement, and ethnic movements, among others.

This paper has also argued that socioeconomic maldistribution and cultural disrespect are not simply given realities against which people react (or do not react). People react selectively against some forms of economic disadvantage and cultural subordination but not against other forms. Spanish mothers firmly reacted against the lack of state services and resources to treat drug dependency and state and societal attitudes of contempt for drug addicts. Conversely, mothers did not fiercely oppose the fact that in general it is mothers but only a very few fathers who sought for solutions to the problem of drug abuse. While fighting against injustices, people define only some of them (but not all of them) as pressing problems which deserve urgent solutions.

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 purpose. On the contrary, other works on recognition struggles tend to forget that the solution to many imbalances imply both socioeconomic and cultural transformations. Spanish mothers against drugs seemed to have understood this point since the very beginning of their mobilization. They also seem to have understood that overcoming maldistribution or misrecognition usually implies both state and societal solutions.

The findings of this paper suggest some topics for future research. First, this paper does not analyze the issue of the differences (if any) in mothers’ mobilization depending on whether their drug addict children are boys or girls (or men or women). The very low number of mothers interviewed (three) who had female children dependent on drugs makes it impossible to draw even tentative conclusions on this question. Nevertheless, one may suspect that there may be differences in mothers’ mobilization depending on their children’s sex. It was hard to find mothers with drug dependent daughters to interview. This difficulty reflects the fact that more men than women take drugs. But one might wonder whether this difficulty also indicates that mothers join mothers’ groups more when their boys take drugs than when their girls do so. Perhaps there is something especial in the relationship between mothers and their sons that is lacking in the cases of daughters. It may be the case that the prestige, honor, and success of the family as a group is more at stake when sons rather than daughters have a drugs problem. It is equally possible that the dishonor that the family as a whole experiences varies with the different behaviors associated with male and female drug dependent children. Mothers quite openly and often spoke in the interviews about theft committed by their sons or male drug addicts in general (and to a lesser extent by female addicts). Contrarily, mothers rarely mentioned prostitution (exercised mainly by female addicts), even when mothers were explicitly asked to comment on this issue.

Secondly, this paper has shown that generally speaking membership of motherist groups is a rewarding experience for the women who belong to these associations. Nevertheless, it is important not to forget that the majority of mothers of drug dependent people do not join such groups. We do not know why this is the case. We know virtually nothing about how mothers who do not belong to groups deal individually with the drug addiction of their children. It has been noted in this paper that members of these groups are very varied, and are only united by their concerns regarding drug addiction. The differences that separate members may preclude some women from joining mothers’ associations, if they realize that they have very little in common with other members. As a matter of fact, a mother interviewed for this paper explained that it was very hard for her at the beginning to join the association and to enjoy the meetings. She is opposed to the death penalty and very sensitive about ethnic discrimination. She felt very uncomfortable when many of the members strongly argued in favor of the death penalty for drug traffickers. She also become very upset when some members derogatorily referred to Gypsies, identifying them with drug dealers. As she herself put it: ‘Here, some people are very far from other people’ (interview #10).

Finally, some 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 of 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.

INTERVIEWS

Interview #1. Andrés, Emilia. President of the Association for Prevention and Rehabilitation of Drug
Addicts (Asociación para la Prevención y Rehabilitación de Drogadictos, APYRD). Madrid, 2
June 1999.

Interview #2. Cordero Sánchez, Angelina; Requena Fraile, Carmen. President and member of the board of

Interview #3. Domínguez, Carmen; Moirón Blanco, María. Member and social worker of the Association of
Parents, Relatives and Friends of Drug Addicts 'Hope' (Asociación de Padres, Familiares y Amigos

Interview #4. Giner, Emilia; Moreno, Blasa. President and Vice-President of the Association 'For A New

Interview #5. Jiménez Serrano, Mercedes. President of the Association of Parents, Relatives and Friends of
Drug Addicts 'Hope' (Asociación de Padres, Familiares y Amigos del Drogodependiente la

Interview #6. Ladrón de Guevara Roncero, Julia. Member of the Association of Parents of Drug Addicts

Interview #7. Moirón Blanco, María. Social worker of the Association of Parents, Relatives and Friends of
Drug Addicts 'Hope' (Asociación de Padres, Familiares y Amigos del Drogodependiente la

Interview #8. Nieto, Sara; Zanca, Aquilina. Leader and members of Mothers United Against Drugs (Madres

Interview #9. Pérez, Elena. Social Worker of the Association of the Fight Against Drugs in the Latina

Interview #10. Ramajo Bravo, Manuela. Member of the board of directors of the Association of Parents of


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