

Love will tear us apart

'Disease' and 'tough love' in Families Anonymous

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This paper focuses mainly on two themes that anthropologists have already extensively studied: (1) disease – addressed largely within Medical Anthropology, and (2) love – studied within Anthropology of Emotions. I will describe how, by means of what they call 'tough love', members of Families Anonymous (a self-help association) wholly reformulate their approach toward the reasons that drove them to the association in the first place. The central problem being their relatives' 'addiction', as well as their own sicknesses caused by their 'co-dependency' on their addict-relatives.

Therapy is performed within the group, exclusively among peers, and mostly through oral narratives. In these narratives, members share their individual life experiences on problems and difficulties faced in their personal, familial, professional and economic lives. The goal is to lead members to accept their disease and their relatives' disease by means of 'tough love': "to cut strings and attachments"; to cease trying to control their relatives' behaviour and addiction; and to live life placing their own well being above everything else. From the perspective of members, 'tough love' is the only way to control their own disease of co-dependency and to regain balance in their lives.

[Families Anonymous, addiction, tough love, co-dependency, Portugal]

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In Families Anonymous, the terms 'being sick', 'disease' and 'love' are all intertwined, and their meanings are often ambiguous. The majority of the members of this organization are parents of drug addicts, and the primary 'symptom' of their sickness is co-dependency. Association members describe their co-dependency in several ways: despair, physical and moral degradation, loss of objectivity. Their relatives' addiction

causes this state of co-dependency because they have become obsessed with their relatives. Family members feel responsible for the addictions and ultimately assume it is their failure for becoming co-dependent and for their relatives having addictions. This organization allows members to realize that both parents and their children have a 'disease', enabling them to make sense of their own conduct. Having a disease also relieves members of the stigma attached to addiction, and brings a sense of normalcy to everyday lives, which are most of the time chaotic and concealed.

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Families Anonymous

Families Anonymous is an association in Portugal since 1980. The organization was created in the United States in the 1950's, and follows a 12 Step model adapted from Alcoholics Anonymous (which also originated in the U.S. in the 1930's). The association is composed of groups that share a common organization and philosophy yet are autonomous from each other. Through narratives of common situations and feelings, members deal with addiction problems, namely their family members' drug addiction and their co-dependence on them.

The data presented here was collected for my Ph.D. thesis in anthropology, from 2003 to 2005. My fieldwork was carried out with two groups chosen from the Lisbon area, spending 9 months doing participant observation of weekly meetings, at different locations and schedules. In addition, interviews were held with group members, trying, whenever possible, to register different stages of membership. I also relied on the literature this association provides their members with, as a way to fully understand the message and philosophy they advocate. During fieldwork I realized that members were mainly female, with ages ranging between 45 and 65, in their most part mothers of drug addicts in recovery or still actively consuming drugs. This association is exclusively run by members, without intervention of any professional specialists (such as psychologists, psychiatrists or social assistants), and thus their definition as self-help, or mutual-help groups (see Kurtz 1997).

According to members, the 12 Steps are 'principles' which a person must gradually incorporate in order to attain emotional and physical stability toward the problem that he/she is dealing with. Together with the 12 Traditions, the group's rules are the basis of this whole association.

In these associations therapy occurs mainly during the sessions in which members come together – what they call 'meetings'² – where each member has the opportunity

to speak about his/her experience as someone who has a relative with drug/alcohol abuse problem. It is through discourse, confessional narrative and just being with other people with similar life trajectories, that members in these reunions acquire new interpretative models and rationalise the problem that originally brought them there. It is also during these meetings that members start transforming their own condition, which is revealed and reinforced each time someone introduces him/herself by stating their name and their problem.

I realized that there was a formula that members repeated before major interventions, which normally last longer than the ones that follow. In fact, all of the members introduce themselves by stating their birth name followed by the motive behind their presence. For example: *I am Anabela [51 years old] mother of a recovering addict* or *I am Julia [42 years old] mother of an addict who is living in the street*. During a major intervention, members tell something of their personal experience with their relative's alcohol and drug abuse and their attitudes towards these situations. In a continuous narrative, they describe how they came into contact with Families Anonymous, what they learnt there and how it changed their lives, both regarding this specific problem as to how they use this learning in other areas of their lives: professional, marital or even with other family members.

The following is transcribed from some field notes on one of these major interventions:

The main intervention was made by Teresa [57 years old], who has attended Families Anonymous for almost 12 years, being one of the oldest members of this group. The theme for her sharing was the 1st Step (powerlessness on drugs and others behaviour) and it made reference to feelings such as the guilt and shame she felt while her daughter was using drugs. She spoke about how she tried to hide this problem but also about how she wondered about her failure in her daughter's education and her responsibility in her addiction. She also made reference to the despair and isolation in which she found herself before having contact with Families Anonymous, because although she was free to speak about this situation to other family members (nothing was stopping her) the guilt and shame she felt led her to silence and to trying to manage the situation by herself. Through a sister-in-law, Teresa became familiar with Families Anonymous meetings, and there it was explained to her that she wasn't guilty of anything, that her daughter had a disease and from then on *I began being able to speak about the subject*. Teresa also said that the 12-step program is a 'life philosophy' which is useful in all areas of life and not just in dealing with her relative's addiction: *It is a way of changing life, changing attitudes, changing the way we deal with others...*

In an intervention like this one, we are seeing the beginning of a transformation in how someone deals with his/her situation. Teresa claims that she no longer needs to hide or be ashamed, because this invitation to 'share' her problems makes her feel not only accepted in a group but also understood by it. What I am here referring to as 'sharing' is the term members use to describe interventions in a meeting, and it carries a strong symbolic meaning in this context: sharing is related to the act of giving something to

others, the experience and the willingness to listen to their stories. But it has also to do with a spirit of communion that is very much present in the vocabulary used by members of these associations. While telling their story or listening to stories of others, members say they feel 'gratitude,' 'humility,' or 'serenity'. In every meeting, during a major intervention, the formula mentioned earlier is repeated and even newcomers rapidly learn to construct their narrative according to this format.

Narrative and its therapeutic use

First of all, members make reference to their past and their condition before coming into contact with these associations: their feelings of despair, their problems at home with the family, and/or their performance in the work place. In the second stage of this presentation, a member describes how he/she had knowledge of the association and what the beginning of his/her attendance was like: listening to others talk about their lives without constraints – specifically about being able to talk about problems that are commonly concealed from others, of the strangeness of their speech and the association's literature. In the third stage of the narrative, members reverse what they had described in the first stage; that is, they state the positive effect of the association on their lives, which they chiefly attribute to physical, material and 'spiritual' transformations acquired from the association: 'thanks to this program.' Speech in the first person and physical presence are essential for the integration process in Families Anonymous: it is the most important element in letting the mask fall, in cutting through appearances, and assuming the stigma. They often feel guilt and shame, which they hide from people who don't have the same problem. Let us now look at the story told by Inês, 43 years old, member of Families Anonymous for two years:

I met my husband on an evening out, and at night everyone drinks. I was divorced from someone who had none of these problems, and I met Simão in the nightlife. One day he slept over at my place and I remember finding it strange, because at the time I had drinks at home and I noticed that he got up at night to drink, but I didn't give much thought to it then. In the time that followed he came over a few times, and there was one morning when I noticed that he was strongly hung over. But a hangover like with drugs, shaking and vomiting. I hadn't known him for long but I saw straight away that he was alcoholic and that he used drugs. As time passed, I began asking him: "Aren't you able to not drink?"

This introduction can be seen as the first part of the process described by all members: the feeling Inês had that there was something wrong with her husband, a behaviour that revealed itself in the excessive use of alcohol and drugs, as well as the physical consequences. That is, the 'hangover' caused by withdrawal symptoms from the substance. This is where awareness of an existing 'problem' (later on, this problem is referred to as a 'disease') begins. Inês continues:

As time went by I began telling him that he was an alcoholic and that he had a drinking and drug problem. I brought the subject up with his family to see how they felt, and they thought I was crazy. Things rolled along, he lost his job, started using more and more, and it was terrible, asking everyone for money. I told him to get out of the house, I was aggressive at first, but I realized that it only made matters worse because I really liked him and wanted to help him. I don't think anyone needs to cause another person's destruction. I thought there had to be other ways to help him. I finally reached the stage where I had to leave him, but I told him that he had a friend in me and that I would help him anyway I could. I told him we had to seek help, and he went into a three months rehabilitation program. I ended up losing my job as well. I had to put up with everything, from finding him at home with other women; he stole things from the house, it was hard. At a certain point he came to me saying he was alone, that I was all he had and that he needed help.

In this part of her narrative, Inês focuses on the physical, material and emotional consequences of her husband's 'disease,' which also become her own problem: falling out with other family members, losing both jobs, stealing, lying, and physical and emotional violence. These events, which lasted for years, culminated with the admission, both by her husband and herself, that they could no longer continue a way of life which had become unsustainable, and that they were unable to stop the abuse of alcohol and drugs on their own. We must not forget something, which is of the utmost importance to members, and is mentioned by our interlocutor when she says *I really liked him and wanted to help him*. That is, her love for her husband and the urgency to find ways to end a situation, which was putting their marriage – and even their life – in danger, becomes one of the main reasons for seeking outside help. Thus, while her husband is sent to 'rehabilitation' in a therapeutic community, Inês acknowledges that she also needs help and starts attending Families Anonymous, as she describes below:

I started in FA while he was still in rehab. If I had not come to the Families, I would have lost it. It's so hard to live with someone like that! People are always saying in meetings that you can have all the husbands you want, but children are for life. But the truth is that when you like someone... I had to sleep with him drunk, it's very hard. Telling him to pay the rent and him spending 450 euro in two days! I felt the need to meet people I didn't know to have another opinion.

I feel so well there, we speak the same language, we understand each other, because if we talk like this to someone on the outside... Here you can say that they stole from you, that your son is in prison, that they beat you, I don't know, you feel free to speak of those things, they don't blame me, or judge me, not at all. That is what unites us, we rejoice with the other's happiness, we are sad when we know that someone else has relapsed, we have a strong bond, of pain, suffering. We are not there to criticize or boast about anything.

The situations described above and the sacrifices that love for someone leads them to make (which leave members feeling ashamed and stigmatized), are situations that, as a rule, are hidden from relationships with other people.

It must be pointed out that Inês, despite her case containing the kind of situations commonly described in Families Anonymous, is not however a typical member of this association, which as already mentioned consists mostly of mothers of (mostly male) drug addicts and are on average around 50 years old. In this example, the interlocutor is in FA due to her husband's alcoholism and drug addiction, and she is slightly younger. Nevertheless, her experience is exemplary for our understanding of the kind of events described there. Most people I knew in FA were women who had (and in some cases still have – since their attendance does not imply that their relative is sober) a similar life story. The women held suspicions that something unusual was going on; there was stealing, aggressiveness, personal degradation, as well as the destruction of professional and family relationships.

Usually, during this first intervention a new member seems more disturbed when compared to others. People don't know where to start their story, they tend to think of their case as more serious than the rest, they talk hastily, trying to say a lot of things at once, they cry, become emotional, apologize for it, say they can not help it; they are burdened by guilt and shame, and for the first time admit it to other people. In most cases they are looking for help to solve their relative's problem: a cure. At this stage, we may consider that these people are still not 'real' members, although they are potential ones; from the moment they tell their story, there is a feeling of common 'identification', and they invited to attend more sessions so they can learn the group philosophy which is, in their own words, a 'life philosophy.' Publicly acknowledging loss of control over the situation, and asking others for help to solve the problem is half way to achieving total integration in this association. In this sense, an important element for full integration is intimately bound with the 1st Step: "We admit that we are powerless over drugs and over other people's lives and that our lives had become unmanageable" (Families Anonymous 1991, p. 3). This step speaks of the person's loss of control over their lives, the helplessness of being caught between a problem they cannot solve, the resulting conflict with themselves, and the attitudes provoked by this situation: lying, covering up, and hiding from others due to feelings of guilt and shame.

The pattern of self destructive behaviour in FA is not directly caused by substance abuse – as in the case of Narcotics Anonymous for instance, who take drugs – but by *people*, more specifically their relatives. The essential thing to understand is that addiction remains an important element in their perception of the disease they are dealing with. But it is more than that: during their attendance of this association, members of Families Anonymous learn that they too have a disease of addiction, which they identify as 'co-dependency'.

In the course of their attendance of meetings, a shift starts to occur in people's self-perception, not only of their past and actions, but also the present, who they are and how they behave towards others. The form interventions take illustrates the learning process by which individuals internalise and rationalize what it means to be an FA member. Although it is not an obvious or explicit project/process, we can identify a pattern of change in speech and behaviour among group members. On one hand this process involves investing old terms with new meanings to explain the situations they experienced, and on the other, acquiring a new discourse, mentally reviving a past that

could be divided into a 'before' and an 'after' coming to know the 'program'. These are a few of the expressions most frequently heard during a meeting: "...since I arrived here..."; "... here I found...".

By new/old terms used, I am referring to the use of words or expressions which in this context not only assume new meanings and interpretations but are, from then on, used almost as 'lemmas', and whose importance is shared by all equally. Words like 'serenity', 'honesty', 'powerless'; expressions like "keep it simple", "one day at the time", have a common meaning to all members giving them a whole new understanding³. The revelation of personal stories is also determined by this same process of rationalization and it suffers an evolution. A trembling voice is followed by self-confidence, by an interpretation/explanation of the experienced situations through this new philosophy and recently joined community. For instance, in the context of Families Anonymous, when someone speaks of 'fear', everyone thinks of the fear they have of their relatives' possible relapse, or the fear that they may find death before recovery. Other expressions are also important because they are used as slogans which act as life principles in themselves: "First things first" or "keep it simple" point the individual towards the need to make choices in his/her life, to substitute fear and anxiety by peace and clarity.

Narrative, considered as the telling of a story in which the group members act as agent-receptors – that is, as part of a performative process, where there is a prevailing common understanding that everyone is part of what is shared – becomes one of the chief elements in the therapeutic process. In themselves, in their words, in the group's ideas and in the confrontation with others, individuals find an understanding which allows them to view themselves in a new perspective. One that will set a standard for their lives from the moment they come into contact and gradually immerse themselves in these groups. We can see how everything that constitutes a transformation of identity is reflected by this process.

Each person's past is unique and specific. However, in the context of 12 step associations, reinterpretation and the reshaping of the person in the present creates a collective dimension. When Gabrielle Swora uses the expression 'healing of memories' (2001) she is referring to a dynamic that extends through time. At an initial stage, it is directly related with forgiveness and acceptance of past actions. As we have seen, in most cases these actions are emotionally charged, since they involve situations that were difficult for the person in question and those around him/her.

Healing of memory is not, however, intended as a way to forget. It is, above all, the means for keeping those situations alive and maintaining a permanent dialectic between past and present.

Disease, guilt and shame

By focusing specifically on the symbolic importance which members of the 12 step associations attribute to notions of disease and problem, I found that the redefinition of these notions is part of a debate that precedes the associations themselves, and

directly influences their approach. In fact, for members of these associations present and past, deciding whether addiction or alcoholism (as one of its manifestations) are in fact medically acknowledged diseases is not what matters most. They try not to take sides in that debate. What really matters is that addiction, as a medical category, has strong implications for their understanding of their own lives, their past and their conduct as well as the behaviour of their relatives. In other words, recognizing that they are dealing with problems that can be explained by a medical condition, to some extent relieves their stigma and the feelings associated with their behaviours. As Peter Conrad and Joseph Schneider point out:

[Disease] may shift the attribution of responsibility. Sinful and criminals deviants are responsible for their behaviour; sick deviants are not. ... Although both crime and illness are violations of norms (social and medical) and can be disruptive for social life, the attributions of cause are different. Deviance considered *wilful* tends to be defined as crime; when it is seen as *unwilful* it tends to be defined as illness (1992: 27-32).

Through their attendance of meetings, members of Families Anonymous learn that both their children and them (as parents), are not guilty or responsible for their actions while they were 'ill'. Their children are not bad persons or outcasts; they have a disease, which explains their behaviour when using drugs. On the other hand, when members realize they also have a disease – what they call co-dependency – they also realize that they were not a failure as parents; they become aware that they were also affected by their relative's disease. This distinction is important insofar as it allows members of Families Anonymous to rid themselves of the guilt, shame and stigma they feel: knowing that their relative suffers from a disease which triggers an entire self destructive behaviour, works as a catalyst for their understanding of the whole situation. In short: as the relative of sick person instead of a criminal or a person with a flawed character and bad nature, members of Families Anonymous are thus given the chance to be unburdened of the responsibility they taken upon themselves in such situations. Members feel doubly guilty and embarrassed, both of their relatives' behaviour as well as their own resulting behaviour.

What in fact happens is that they are playing different roles: the role of someone who judges while at the same time being judged. This is particularly obvious in members of Families Anonymous, who face a problem that is initially not their own. In this sense, their first assessment is of someone looking from the outside, just as everyone else outside of the group, regardless of kinship. However, it is that same relation that is responsible for making them feel that the problem is also theirs, and to feel that they are, at least partially responsible for it. As if they were judge, defendant and witness at the same time. Let us consider one example:

I joined Families Anonymous during my son's worst period, when he was arrested for robbery and was tried, he almost went to prison. I felt hurt by that kind of behaviour towards others, because it was something I had never encouraged, on the contrary: I tried to teach him to respect others, their freedom and all that. Next thing you know he does

all those things which everyone who is into that kind of life does. A cousin of mine, who was the same age as my son, had died at the time, and all I could think of was: a good boy has died and I have a son who is a crook and always up to no good, who steals money and things from my house. I was extremely shocked by his behaviour. Today I understand that he had a serious disease; that he wasn't the criminal I imagined. It was neither his fault nor mine. (Luisa, 58 yrs old, member of Families Anonymous for 4 years)

In these passages, Luisa gives a clear example of the different forms of guilt and shame mentioned before. By speaking of her son, she acknowledges that others judge her because of him, for his behaviours, which she herself condemns and considers unacceptable. She admits that both her and her son have a disease, and that it was through awareness of this disease that she came to understand and accept her experiences (past and present). In fact, when I mention the therapeutic process, I should point out that most members speak of themselves as having been 'ill' when they came to Families Anonymous. The person realizes that his/her behaviour was being affected by the situation, that he/she was suffering of a sick love for a relative, an obsessive love that drove his/her personal, professional and familial life out of control. Divorce or temporary separation of couples, which are frequent among members in this association, are typical 'symptoms' of this chaos. They follow misunderstandings caused by the behaviour of a relative (as I said, mainly offspring) with problems of alcoholism or drug addiction that has led to a disturbance of normality within the family. Thus, a problem, which is initially external to the couple later, becomes their own personal, emotional and conjugal problem.

According to members, what often happens is that members of the couple assume different attitudes toward the addiction they are both dealing with: one of the members may be more authoritarian and strict, and will distance him/herself from the problem, denying responsibility for it; while the other member is more tolerant and permissive, in the hope that everything will go back to normal. As a result of this divergence, the marriage starts to crumble, and is replaced by chaos, physical and emotional exhaustion, and in some cases inevitable break up. Rafael, 58 years old, has a son and a daughter who are both recovering drug addicts. He has been in Families Anonymous for 4 years, and mentions the divergences with his wife while their children were actively consuming drugs:

The [matrimonial] relationship deteriorated considerably during that time. It was like an elastic band being continually stretched. In this kind of thing there should be a common strategy, but there is always someone who would not follow the plan: giving money in the side, it was a mess. If I had not gone to Families Anonymous, there would have been fights with everyone, him [the addict son], my wife, there would have been no end to it.

This statement highlights that members reach a point where they feel the need for a common strategy to deal with the situation at hand (in some cases it is a situation that is only grasped when the relative's addiction has reached an advanced state). It also

illustrates how the failure to follow such a tactic is an element of despair and emotional breakdown. Not only within the family, or the couple specifically, but also extending to all other areas of these people's lives. Most of them even stop having any kind of relationships to avoid situations where their children might be discussed, because they want to hide what they are going through. The workplace is also mentioned as a place where this incompatibility is felt; situations like this are, whenever possible, hidden from colleagues or superiors, even if it means using excuses for apparently unjustified absences, or to explain the depressive states that they typically fall into.

How to love? The importance of 'Tough Love'

As we can see, we are dealing with people who allow themselves to be physically and emotionally destroyed by the alcoholism and drug addiction of their relatives, consequently suffering from a feeling co-dependency and loss of personal will and identity. They consider themselves 'rehabilitated' as they gradually assimilate this 12-step program, which teaches them that even if there is no cure for their relatives' affliction, it is possible to break free from the sense of defeat they feel initially. They see this learning as a way to recover self-esteem and control over their lives. Let us look at what Maria (49 yrs old, member of Families Anonymous for 4 years), has to say regarding stigma, concealment and guilt:

I, too, thought I was sick because of the way I acted, thinking only of this son, not thinking of my other son, I thought I had to do everything for him, I thought it was normal to cover up all his mistakes, his guilt, everything; I even lied to the police about his stealing. It was a deadly atmosphere, all I thought of when I went to sleep was: "I pray to God that I don't wake up tomorrow and that I am not here to see what comes next."

In Families Anonymous, at some point members have to face moments of conflict or dilemma in order to have a different understanding of their problems and feelings, while at the same time they are not yet able to act in total conformity with that same learning. An example of this is when we find a person in one of these meetings for the first time and he/she is deeply disturbed: bouts of crying, giving vent to despair, and admitting failure to deal with failed attempts to control their relatives' behaviour are frequent. Feeling anguished, people go there looking for a cure. Instead, what they find clearly conflicts with what they had been taught all their lives: they are asked to put their concerns for their relative into perspective, or as a member said: *Let them go their own way and the life they have chosen*. They face a situation in which a mother/father/spouse is advised— contrary to what is usually considered right according to dominant moral values – to stop worrying about his relative: they are told to "go out", "go to the hairdresser", "go out with your friends", they are encouraged to go on with their lives and not be pulled into the drug addiction around them.

They say that only this kind of attitude, which they call 'tough love', responsible love, will be effective upon their disease, as well help them deal with their relatives'

disease. As greater integration in the group and deeper understanding of the Families Anonymous model occurs, speech is also matched by actions. See, for example, how Patricia describes her experience with her son's addiction and the way she and her husband put 'tough love' into practice:

We [the couple] only had begun realizing our son's addiction very late, when things started to go missing from our house. All the time I thought that he had an adjustment problem and that it was hard for him to adjust to the world because even as a child he had always had problems dealing with things he disliked.

He went to see a psychiatrist, a psychologist, etc. He tried drugs and had an appetite to get hooked on that. The fact is that I didn't want to see it because it was so painful... admitting that my son was a drug addict... At a certain time, when things started to disappear from our house, my husband said: "Next time I call the police" but I replied: "You can't do that, a father does not turn his son in to the police, it's unnatural, and it's not right".

I was already a member of Families Anonymous and there was a point at when I realized it was the only solution and then I understood I clearly surrendered. It was too serious, he had to get treatment and I had no idea how, I was also beginning to go crazy with this entire situation. We told him: "There's the door, we won't have thieves in our house." To find the strength to do this... And there was one day, the 23rd of December of 1993, at 1.30 a.m. we noticed something or other was missing, it was freezing cold at the street. We told him: "Look, it is time for you to go." And he said: "I know, I messed up, didn't I? All right, I'll just pack a bag and go." He grabbed a bag and bailed out, a Christmas Eve. For three months we didn't even know his whereabouts.

From the moment members acknowledge their impotence towards their relatives, they then become ready for change. I think that this example clearly illustrates the double bind of what members call 'tough love.' On one hand, as I said above, they are encouraged to live their own lives, but on the other hand, they must also have reflections on their conduct toward their relatives. They are advised to impose rules of conduct and limits, not giving them money or not cooperating in their lies, but also, in extreme situations, to expel their children from their own house.

Another example of this process was experienced by a couple (one of the rare cases in which the couple attended meetings together), whose experience was marked by the double conflict in which they lived. On one hand, one of their sons was the cause of their persistent suffering, and on the other hand, they also spoke of the changes in attitudes towards their son. This family, of Spanish origin and living in Portugal for two years, changed their country of residence for two reasons. First, the husband's new job offer was abroad and second, one of their three son's drug addiction, which had reached a point where the whole family was being affected. This son's suicide attempts led the couple to decide on a change of scenery as a way of helping him to leave behind a life of drugs.

The conflict between the teachings of Families Anonymous and their feelings, and the idea they had of their duty toward their child as parents, marked by dominant

social and moral values, was evident. They threatened to throw their son out of the house, claiming that he was harming his brothers; they put his bed in the living room to cut his access to parts of the house other than the kitchen and bathroom; bouts of crying over frustrated attempts to set rules of civil cohabitation were frequent, while at the same time they cut his money and kept valuable things out of reach.

They reached a point where they prevented him from coming inside the house, and found him a job in another town, in the restaurant of a family friend to whom the situation was explained. Between trying to help and 'letting go' (in their own words), they spent years of successive shifts in attitudes that were marked by the conflict between what was 'right' – according to Families Anonymous – and what they felt was their 'duty' as parents.

I will give yet another example in which this dilemma is notorious and which was told during the intervention of a lady who had been in Families Anonymous for one year. Her son lived in the street but she saw him everyday because he used to beg in front of her house. This lady's greatest conflict was that after she had expelled him from her house and stopped giving him money, she continued to pay for some of his meals. According to her, this attitude went against the teachings of Families Anonymous, which maintains that all the benefits given to addict relatives should be cut so they go through a process of withdrawal and probation and as a result seek help immediately. Nevertheless this lady admitted that: *What I want is to bring him home, give him everything he wants.* (Manuela, 44 yrs. old). Abandoning a son to his own devices does not represent negligence but rather, what in this association they think of this as *giving true help*, that is, putting the addict in charge for his/her own behaviour, and to stop feeling guilty and responsible for it, as Manuela's statement reveals:

Until I realized that I didn't have to take care of him... What I needed was to let him go, and letting go didn't mean "disappear from my life, I don't love you anymore." It meant "I won't put up with that kind of behavior. I have to let you do mistakes so that you can pick yourself up later." This is a horrible thing. A mother knows that the son will kill himself gradually in front of our eyes...

These few examples show what tough love in Families Anonymous is really about: it is a new way of loving, not an absence of care or affection. On the contrary, it is a way of shifting responsibility not only for the problem itself (drug addiction) but also the responsibility for the person who has this problem. What may be looked upon by others as rejection or careless behaviour, is thought of by Families Anonymous members' as the only way to help themselves and their children. It is worth looking at what the Families Anonymous book of reflections, *Today a Better Way*, has to say on this subject:

Whenever my sister, who is an addict, has a crisis, and I turn to the program of Families Anonymous, some friends and relatives who are not acquainted with Families Anonymous, accuse me of being cruel and cold and of abandoning my sister (...). Those are the

moments when I most need to call an Families Anonymous friend to find the strength. I need someone to remind me that a lot of times the best way to help my sister is by doing nothing, even if friends and relatives who are not in the program, while well intended, are ill informed, may interpret my attitude as lack of commitment (Families Anonymous 1991: 73).

“I, relative of a drug addict” and “I, member of Families Anonymous”: the conflict is also present regarding what is said inside or outside meetings: the same person who is the parent of someone whom he/she is obliged to help, support, provide a home, is also the member of Families Anonymous who learns to care for himself, ‘to let go’ of his/her child (who outside the group – that is, socially – is an outcast, but inside is a sick person).

In short, we can say that the philosophy of Families Anonymous as well as their members’ life experiences present themselves as a valuable case study for an understanding of how love and sickness are the bonds which unite or separate people experiencing traumatic life events and needing to decide what kind of love they are feeling and want to give others, in this case their relatives.

In fact, when we speak about the love shared between parents and their children (and we must not forget that it is mainly this relation we are dealing with here), we are usually referring to unconditional love, but also to responsibility and obligations: parents are responsible for taking care of their children, for providing safety, education, affective and material nourishment. Following the sociologist Janet Finch’s approach (1989), we find that on one hand, the notions of altruism, gift and commitment are present in the family. On the other hand, there is also a sense of obligation, duty and responsibility towards our relatives, that is, there is a social morality which crosses the boundaries of family and private spheres; a dominant belief shared by society which while turning action within the family sphere into a spontaneous process – based on affections, memories and self expression – at the same time conditions it. That is, its spontaneous nature is imposed, as it were, and can be demanded even by outside people, as friends for instance. This author formulates what she calls “the concept of public morality” (Finch 1989: 189), which considers that within the family sphere, specifically in the relationship with descendants, are determined from the outside, and judged publicly by society.

In Families Anonymous what we see is that at a certain stage, that is, when addiction interferes with this love and with the family itself, there is a breaking point, a rupture with what is normal. At that moment they feel their love is tainted by destructive behaviours that have their source in the abuse of substances: there is cheating, deceit, lies. In a word: suffering. Suffering caused by watching loved ones destroy themselves, suffering that comes from feeling responsible for that destruction.

Finally, they suffer by contamination of that self-destruction (Sylvie Fainzang 1996, also speaks about alcoholism as a ‘contagious disease’). The consequences of this substance abuse affect not only their relatives but themselves, turning them into persons with what we could call a ‘disease of affections’, ultimately becoming even physically ill. Normally, when someone has a disease or a problem such as the one we

are describing, they go to a professional for help: psychologists, psychiatrists, medical services. Members have usually sought this kind of assistance in the first place, and in most cases it is in despair that they enter Families Anonymous. Medicine, they say, failed them, and they are no longer looking for comfort in drugs or professional help but in others with the same life experiences. Above all they need someone who understands their problems. They start by thinking they will find a cure for their children; on the contrary, what they find is a rehabilitation philosophy for themselves, a way of restoring their lives. During meetings and through the 12 step program, they learn that feeling love for their relatives is not wrong, but they also learn that to love them and to help them they need to do what may appear to be the opposite. They need to practice 'tough love'. This means letting them go, letting them be responsible for their own life. At the same time, what they are promised is that by doing this they will be healed from their own disease.

Final remarks

We can see that in fact there are different kinds of love being discussed here: 'filial' love, 'sick' love, 'tough' love. We are likewise dealing with different types of disease: 'physical' disease, 'psychological' disease, 'emotional' disease. We discovered that members of Families Anonymous have a 'broken' heart when they join this association: their love for someone dear to them (a son, a husband) has been corrupted by drugs or alcohol. Their self-esteem was also eventually destroyed. Nevertheless, it is also love that ultimately presents itself as a cure and a solution: a kind of love they describe as 'tough', a love that is responsible and above all defined as a feeling without concessions – which is not the same as an unconditional love – as letting go. We could say even, that it is a unilateral love: the subject of that feeling may have opposite feelings, may consider it as rejection or desertion.

But before bringing this analysis to an end, there is still one other important aspect that must be discussed, namely the actual consequences of members' attendance to Families Anonymous meetings and what they learn there. All this learning process ("the new way of life" they speak of) regarding the diseases in question (both their relatives' addiction and their own co-dependency) has in fact practical consequences which owe a lot to the different types of love I have discussed throughout this paper. All the therapeutic processes based on narrative, seek to equip people with new ways for understanding their past; in a way its goal is to help people forgive themselves and also to 'move on' with their lives, to break free from the imprisonment they had imposed on themselves, meaning the attempt to control someone else's life, because they are loved ones and there is a feeling of duty to help and protect. Thus, on one hand, by learning in Families Anonymous that the best way to love is to let go and move away from the relative, the member gains self-esteem, dignity and safety. On the other hand, – and this is the point I want to stress – in most cases the addict relatives who are targeted by this shift in attitudes also change their behaviour, that is, seek help for their problem and frequently start a process of recovery and rehabilitation from

drugs or alcohol. The conclusion we can reach is that Families Anonymous believe and uphold that 'the cure for love', is love itself.

Notes

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- 1 The way I will refer to concepts such as "disease", "sickness" or "addiction" must be considered as they were told to me by members; despite the medical attribution they might be given.
- 2 See also Antze (2003), Cain (1991), Swora (2004), Greil & Rudy (1983), Rudy (1986).
- 3 About slogans in 12 step associations see, for example, Valverde & White Mair (1999), Schiff & Bargal (2000).

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