

Say No and Close the Door? Codependency Troubles among Parents of Adult Children with Drug Problems in Sweden

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Abstract

Codependency is a term used to describe a range of behaviors among persons who are affected by the problematic drug use of family members. This article analyzes how 32 Swedish parents of adult children with drug problems talked about and understood codependency. The sociology of trouble was used as a theoretical framework and three significant themes were identified in the interviews. The parents spoke about how they defined codependency troubles, how they discovered codependency, and how they set boundaries for their children. The parents talked about their situations as highly distressing, and third-party troubleshooters defined their troubles and problems as codependency. The parents generally rejected the advice to “close the door” on their children and engaged in a range of remedial actions. The analytical focus of this study on the identification, definition and remedial actions of parents gives valuable insights into family disruptions related to drug problems.

Keywords

Codependency, enabling, drug problems, parenthood, family, sociology of trouble, Sweden

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Introduction

Codependency is a term that has been used within the field of addiction treatment and self-help groups since the 1940s to describe a range of psychological characteristics among persons who are affected by family members' or close relatives' problematic use of alcohol and other drugs (Giddens 1992; Irvine 1995; Palmblad 2013; Bacon 2014). Although it is widely used, the term is not clearly defined and a wide spectrum of conceptualizations and theoretical models is found in the academic and popular psychology literature (Bacon 2014). One qualitative review of the popular and professional literature on codependency conducted in the 1990s identified 23 different descriptions (Irvine 1995), and it has been described variously as a disease, as disease-like, as a disorder and as a personal dysfunction (Palmblad 2013). Since the 1990s, the literature about codependency has grown significantly. Although the term eludes precise definition, it is claimed that a codependent person becomes dependent on another person for emotional fulfillment in a way that is excessive and that causes problems. Denial of those problems is commonly discussed as a part of codependency, particularly within approaches influenced by the twelve-step recovery movement (Bacon 2014; Rotunda & Doman 2011). It is also claimed that codependent persons adapt their behaviors to the dependent person, in what is generally understood as something that constitutes a problematic behavior (Rotunda & Doman 2001).

Codependency literature often entail a suggestion or demand that the codependent person should set up boundaries in order to allow the person to focus on feelings, activities and aspirations of their own. As such, codependency can help people make sense of guilt or shame, particularly if it is understood as an independent self-diagnosis or label: “Recovering codependents can, within limits, make their own claims to relationships, determining with whom and to what extent they become involved and making preemptive claims to their own time and emotions” (Irvine 1995: 154). Setting up boundaries is related to a social role term associated with codependency, that of being an “enabler”. Enabling behaviors are commonly defined as a range of actions that reinforce a significant other’s continued use of alcohol or other drugs, such as lending or giving money or offering temporary housing. This means that codependent persons would misdirect their benevolence toward the person who is dependent and thus enable them to continue to engage in destructive behaviors (Thomas, Yoshioka & Ager 1996; Rotunda & Doman 2001).

Although the term codependency has been employed particularly by 12-steppers, in recent decades it has gained traction in popular self-help discourses (Palmlblad 2013; Hazleden 2014). The notions of codependency (Swedish: *medberoende*) and enabling (Swedish: *möjliggörande*) has been used in treatment settings in Sweden since the mid-1980’s, when the Minnesota model for alcoholism treatment was introduced and then grew rapidly (Gerdner 1999). Codependency was first mentioned in the Swedish press around the mid 1990’s and discussions increased starting from 2004, as the concept was applied to a wider array of addicting substances and problematic behaviors (Palmlblad 2013). In line with the expansion of dependency as a disease category relating to both substance and behavioral addictions (alcohol and other drugs, gambling, food, sex, shopping), uses of codependency have

expanded and it is used in order to understand other problems such as obesity, spousal and elder abuse, and crime (McGrath & Oakley 2012).

This article presents an analysis of how parents of adult children (18 years or older) with drug use problems talk about and understand codependency and enabling. In previous research, much focus has been placed on being codependent on a spouse, particularly in regard to excessive alcohol consumption (Rotunda & Doman 2001) and studies are often quantitative and focus on codependency as a psychological illness or disorder (Bacon 2014). This qualitative study of codependency understandings offers valuable knowledge about how parents of children with drug problems talk about codependency troubles and problems. As affected adult family members have increasingly become the focus of drug policy (Devaney 2017) and social work research and interventions (Richert, Johnson & Svensson 2017; Jackson 2018), the voices of parents is greatly needed in order to understand this phenomenon. The aim of the article is thus to analyze how parents of adult children with drug use problems talk about and understand codependency and enabling.

The article presents a thematic analysis of 32 qualitative semi-structured interviews with parents of children with drug problems. Drawing on the sociology of trouble, that focuses on how personal difficulties are identified and reacted to (Emerson & Messinger 1977; Emerson 2011), the analysis was guided by the following research questions: How do the parents describe troubles and problems related to codependency and enabling? How do the parents talk about and understand codependency? How do they talk about setting up and handling boundaries?

Codependency – a brief background

To live with a relative who has a problematic use of drugs is a highly stressful and disruptive situation in which the relationship is affected in a wide range of ways. In a family setting, various strains are common, such as conflicts over drug use, money and possessions, and parents might experience a negative influence on thoughts, emotions and mental health (Orford et al. 2010; Richert, Johnson & Svensson 2017). Having a child, young or adult, with severe drug problems constitutes an extraordinarily difficult situation, especially if the social and emotional bonds are strong. Strong emotional ties between parents and child often mean that the parents go to great lengths to help their children when they are in trouble, which can impact negatively on their own health and social situation (Jackson & Mannix 2003). Family members can also experience stigma by association and they might be viewed as responsible for enabling further drug use (Corrigan, Watson & Miller 2006; Devaney 2017). To be labeled dependent or an “addict” is already a stigmatized identity (Lloyd 2013; Singer & Page 2014), and the codependent label can merit stigma by association.

The development of codependency as a concept is associated with self-help groups and recovery movements such as Al-Anon, Codependents Anonymous and Adult Children of Alcoholics, that are based on the 12-step model (Irvine 1995; Rotunda & Doman 2001; Palmblad 2013). There is a strong notion of self-diagnosis or self-identification surrounding codependency. As Gemin notes, identifying as being codependent can be an act of seeking a remedy for one’s problems, “as the label confers an identity complete with ready made symptoms, causes, and treatments” (Gemin 1997: 250). The popular self-help literature about codependency often includes lists of symptoms and exercises that can be used to label oneself as codependent (see Beattie 1989; Söderlund & Lundell 2015). Criticism has been directed at

codependency as a concept for understanding relationships in which one part has a problematic use of alcohol and other drugs. The criticism mainly concern the lack of a clear definition of the term (Bacon 2014), a feminist criticism that support and care often given by mothers is pathologized (Palmlblad 2013; Hazleden 2014), and criticism concerning the medicalization of love and concern by using stereotypical language associated with the disease model of addiction, for example by labeling relatives as “toxic” (cf. Giddens 1992; Hazleden 2014). Because of its common use in talk about drug problems within a family setting, notions of codependency merit further analysis and theorizing.

Theoretical framework

In our analysis of the empirical material, we are influenced by the sociology of trouble developed by Emerson and Messinger (1977) and Emerson (2009; 2011). This theoretical symbolic interactionist approach focuses on “the processes whereby troubles are identified, defined, responded to, and sometimes transformed into a recognized form of deviance” (Emerson & Messinger 1977: 121). Central to this approach is to study how people understand some aspects of relationships as troublesome or problematic and how they handle those problems. In our case, we are interested in understanding and theorizing about how the interviewed parents come to define situations as relating to codependency.

The sociology of trouble focuses on how people go about resolving troubles and problems in relationships with others. Central to the approach is that how troubles are identified and defined inherently influences which remedies are sought, which in turn affects the character of the interventions and remedial actions taken (Emerson & Messinger 1977).

Emerson and Messinger discuss three stages of identifying and responding to troubles. In the first stage, remedies are sought at the intrapersonal level of interaction when there is an implicit recognition of trouble, often as a sense of vague unease. The interviewed parents describe these kinds of vague suspicions of drug use and shifts in behaviors of their child in the interviews, but our analytical focus is on the subsequent stages of the model. At the second stage, the trouble is handled at the interpersonal level, when the proposed remedial actions involve a larger number of persons, such as other family members, relatives and friends. This amounts to an externalization of the problem that alters the dynamics of the situation, since a wider circle of people scrutinize and analyze the troubles. In the third stage, the remedial actions are further formalized since third-party professional or authoritative interventions are sought. At this stage the people involved might take on or be assigned selective roles, such as troublemaker, victim or troubleshooter. Past events are reconstructed and are reinterpreted by authoritative third parties. Troubles that were initially ambiguous become crystallized (Emerson & Messinger 1977). For example, a parent might seek out a third-party such as a voluntary association, that through troubleshooting defines the troubles of the child as drug abuse, the parent as codependent, the parent's actions as enabling and the remedy as to "close the door" to their child so that the parent can get respite. Troubleshooters thus perform an important task by defining the situation as well as by suggesting remedial actions viewed as solving the problem.

In this theoretical approach, trouble is understood as a collective phenomenon, namely a property of social interactions, relationships, groups and institutions that occurs when social order is disrupted. As Francis succinctly defined it: "Trouble is what occurs when the patterns of social life do not unfold as people believe they ought to" (Francis 2012: 375). Analytically,

we do not categorize the parents as either being codependent or not. Labels certified by third parties act as powerful symbols that can give a sense of relief and a set of rules about how to act for those who are labeled as being codependent (Palmlblad 2013). Being labeled by others as codependent is not necessarily associated with accepting codependency as a personal identity, especially since it is a stigmatized identity. The parents interviewed in this study experienced “moments of identification” with codependency when they retroactively analyzed their behaviors and emotions toward their children. In this way, “being codependent” or acting in “codependent ways” can be viewed as the basis of an explanatory model that might help some individuals to frame their lived experiences, often in a situation of distress (Bacon 2014). Defining oneself as codependent should be viewed as a kind of remedial process in which the parents seek to solve problematic aspects of their troubled relationship with their child (Emerson & Messinger 1977). The parents sought out a range of third parties that they believed could solve their problems, such as the social services and voluntary self-help groups, which we define as troubleshooters. Parents who label themselves as codependent might find alternative ways of acting toward their children through this process in which their personal troubles become public problems.

Data and method

32 qualitative interviews were conducted, of whom 24 were with mothers and eight with fathers. The majority of the interviews (18) were conducted with a mother of a son with drug problems, while six of the interviewees were mothers of a daughter with drug problems. Among the interviewed fathers, seven had a son with drug problems, while one had a stepson with these problems. Among the 32 interviewees, one mother and one father reported that

they had had their own previous drug problems. A majority of the interviewed mothers were single parents (14 of 24). The parents were between the ages of 46 to 70 and their children between 18 and 47 years old. The children were engaged in problematic use of mainly amphetamine or heroin, although some used cannabis or benzodiazepines as their main drug.

Study participants were recruited through advertising on the website of Föräldraföreningen mot narkotika, (FMN), “Parents Against Drugs”, on Facebook groups about drug problems and at drug problem treatment facilities. FMN is the largest Swedish organization that offers advice and support to families where drug use occurs. Fifteen of the parents were or had been active in FMN, three in another voluntary organization, and 14 had not been active in any organization. Because the interviewees were mainly recruited through support groups, their experiences and situations may differ from other parents of adult children with drug problems. The troubles and problems experienced might have been particularly difficult, which could have led them to seek this kind of support, and our results cannot be generalized to all parents of adult children with drug problems.

The interviews were conducted in Swedish with the help of a semi-structured interview guide with broad thematic areas relating to being a parent of an adult child with drug problems. As such, the interviews were not focused specifically on codependency, but it was one of several themes covered in the majority of the interviews. Fifteen of the interviews were conducted face-to-face and 17 via telephone. Although these two ways of conducting interviews have different pros and cons (Sturges & Hanrahan 2004), the analytical work with the transcribed interviews showed no considerable differences between the two methods.

The transcribed interviews were analyzed with the aim of identifying important themes in the material. This was done by conducting an initial open coding of the transcriptions, in which statements relating to codependency were categorized into thematic categories. This reduction of the empirical material was then used in order to identify analytical categories and themes (Charmaz 2006). The themes that were identified as the most significant in the material were: definitions of codependency, problems associated with having a child with drug problems, establishing and handling boundaries, and experiences of enabling the child's drug use. Quotations that represented the themes were then chosen in order to present the analysis as excerpt-commentary units that focus on specific analytical points (Emerson, Fretz & Shaw 2011). In a final step, the interview excerpts were translated from Swedish into English by the first author. These translations were then checked for grammar, spelling and retained meaning by the other members of the research team, and finally by a professional proofreader.

Ethics

The project was conducted in accordance with the Swedish Ethical Review Act (SFS 2004:460). The design and execution of the project were reviewed and approved by the Regional Ethical Review Board at Lund University (dnr 2015/215). To ensure the participants' confidentiality, they have been given pseudonyms in this article.

Codependency troubles and problems

In the following sections, we present the thematic analysis of the empirical material, focusing first on the parent's personal difficulties, then on how they discovered codependency and finally how they made sense of the enabling concept. Codependency can refer to a wide range of behaviors, which makes it a complex term (Bacon 2014; Rotunda & Doman 2001). In this

section, we particularly focus on how troubles and problems affected the parents' relationship, in line with our interactionist theoretical perspective. In general, the interviewees spoke about codependency in terms of activities and emotions, rather than as a disease category. Overall, the parents were highly affected by the problematic situation of their child. Stina's quote exemplifies the sense in which her son's problems affected her:

I get so very tied up with Michael. He controls...he...it is he who controls my life really. That's how it has become. If I see that Michael is feeling well, if I see that he is feeling well, then I feel well, you know. But if I see how affected he is, then I also become affected by him and that's more or less equal to him having abstinence troubles and he just lays in bed and don't want to do anything... (Stina)

Stina described a strong sense of isolation outside of the social interactions at work, as well as a mirror process where her son's problems were reflected onto herself and her emotions. This highlights how a sense of being codependent is created relationally rather than as emanating from individual psychological characteristics (Francis 2012). Similarly, Pernilla spoke about how she was strongly affected emotionally by her son's actions: "You might say that my life followed his ups and downs, we almost lived in symbiosis. /.../ Sometimes I felt that my life was totally sick, I use all of my time for this" (Pernilla). This aspect of emotionally mirroring the child can be interpreted as a result of the response cycle present in the dyadic relationship between the parent and the child. The response cycle is a sequence of troubles and responses in which some responses might succeed while others fail (Emerson 2011).

Emmy defined codependency as both concrete physical activities, such as paying her son's bills and cleaning his apartment, and as emotions, such as fear and feeling the need to protect her son from disappointments: "Yes, it [codependency] is that I have not said no to him, I have paid his bills, I have sanitized and cleaned his apartments when they have been wrecked.

That's codependency, absolutely" (Emmy). These responses to the troubles and problems experienced by the parents can be defined as seeking "particularistic, situationally specific solutions to concrete problems" (Emerson 2011: 16). Emmy went on to explain how she felt that she had neglected her own feelings; "Yes, I have definitely neglected myself. As I said before, I don't exist; I know nothing about myself anymore" (Emmy). Emmy defined codependency as also directing intense emotional labor toward her son to the extent that she felt disconnected from her own emotions and emotionally empty, indicating the complex emotional nature of the situation. The parents used a wide range of remedial strategies in order to support their children as a response to their experiences of disruption of microsocial patterns and routines in their everyday lives (Francis 2012).

For some of the interviewees, the problems related to their child's drug problems had caused significant health issues. Erika recounted how she and the father of the child struggled together, but her intense involvement resulted in burnout and she did not work for three years:

So you know we have fought together, and him and me have relieved each other I suppose, or whatever you might call it because I totally burned myself out because I never slept, I didn't eat, I was only on watch for this kid. /.../ (Erika)

In the cases where the parents had more than one child, it was common to experience guilt because the other children did not get enough attention since so much focus was put on the child with drug problems. Walter explained how he felt that his daughter had suffered because of this:

In the beginning you adapted your whole life to him. All the time it was like 'where is he now', 'how should we handle this', so Sandra got nothing. However, in hindsight she has become a damned strong and self-sufficient person because we have not had any time at all for her. But as a parent you feel damned bad because of it. (Walter).

In certain times, the parents directed emotionally intense focus onto their children, in which the child's wellbeing became the central point of focus. This is similar to what Francis found in her study of American middle-class parents of children with a range of problems. The parents' daily lives became preoccupied with trying to address the child's problems (Francis 2012). Stina's quote below gives a sense of the intensity of the actions taken by her in order to help and care for her son, who had assaulted his girlfriend and Stina:

You know I'm dealing with this, trying to make contacts, speaking to the Prison and Probation Service, speaking to the police, I speak with the lawyer, I speak with the social services, I have talked to the psychiatric services, you try and try to pull on every single thread there is in order to help him. I got...or I came nowhere. He's continuing his drug abuse. And I'm scared to death that he will die, the way things are looking for him at the moment. (Stina).

Appealing for third-party interventions when undertaking remedial actions further crystallizes the problem as severe, and Stina's quotation indicates the range of such authoritative institutions the child might be in contact with.

Several of the interviewees spoke about how they had to forsake activities that they wanted to do themselves in order to take care of their child in some way. Linus spoke about how he and his wife sometimes had to cancel activities with their friends: "When he has had his drug using periods sometimes we have cancelled a dinner party or something. You have invited a couple of friends but you cancel it and say 'No, we'll have to do it later, it's all too sad here', without going into any specific details" (Linus). They had also cancelled a trip to Thailand when their son had a psychotic episode in another city. This is an example of how troubles

and problems intrinsic to the family tend to affect external social relationships in a negative way, through time-consuming remedial actions (Emerson & Messinger 1977; Francis 2012).

Matilda spoke about codependency as an identity given to her in interactions with the social services, in which she was labeled a “troublesome client”. This suggests the impact that third-party definitions of the situation can have (Emerson 2011):

We spoke about this, before you mentioned codependency yourself. What are your thoughts about that concept and how do you view your own role in this and how have you handled it...?

As codependent?

Yes, do you see yourself as codependent?

Yes, I am strongly codependent. The social services say so too. So often when I call them I say: “Hello this is Matilda, Sara’s mother, you know that difficult one you call strongly codependent”.

Do you say that when you call them?

Yes. Because, I feel stupid when I call. A lot of times I feel that I’m bothering them, I feel that a lot of times they go: “Yeah, what’s the matter this time?” (Matilda)

Some of the parents problematized codependency as a term. Ruben spoke about how codependency is “too easy” to use, which can be interpreted as a distancing from codependency as a negative label:

I know what is meant by codependency but I think that it’s too easy to use. It’s all too easy to use. Because a close female friend of ours, she knows Beatrice [the daughter] and she says: ‘God how codependent you are’. And it’s not only that we are controlled by Beatrice because we believe in what we do, that we are doing something that will lead to something [good]. /.../ I guess that it’s a good word in a sense, but you cannot use it in too simplified a way. It’s easy to just put the blame on codependency. It’s not black and white, it’s not like that with persons you love and care for as much as you do with a daughter /.../ (Ruben).

Third-party interventions and remedial actions were important when the parents defined their remedial actions toward their children as being codependent in nature. The empirical material gives a sense of how failed remedial actions throughout a prolonged response cycle, both intrinsic to the family and the actions of authoritative parties, can contribute to defining the parents as being codependent in their relationships to their children.

Discovering codependency

It is common in the codependency self-help literature to offer strategies and suggestions for how to act in relation to the dependent person (Irvine 1995; Palmblad 2013). This might increase the willingness to accept codependency, especially considering the disruptive situations that the parents experience (Richert, Johnson & Svensson 2017). Several types of resources were used by the interviewees for finding strategies concerning how to act toward their children. These were voluntary organizations such as FMN and Al-anon, social welfare treatment provisions, self-help literature and websites. The use of these resources should be viewed as remedial action in which the parents sought the help of third parties (Emerson & Messinger 1977). Voluntary organizations such as support groups can be important in providing the parents with concepts and terms for naming their problems. One example of discovering codependency comes from Nicklas, who enrolled in a codependency group:

I have become stronger now since I enrolled in this codependency group. /.../ I particularly feel that I have learned that you should try to take care of yourself a little bit more and I try to do that and to set up boundaries and I have felt really, really, really bad during this period, these last couple of years. Anxiety. I can't sleep and I'm up and about during the nights you know. /.../ In some way you can sense when something serious is going to happen (Nicklas).

In the self-help group, Nicklas felt that he could learn to focus more on himself by setting up boundaries toward his child by focusing on himself. This is an example of how taking a problem to an outside party can provide an important first occasion for seeing the problem at hand as a coherent whole and thus formulate an explicit theory about the problem (Emerson & Messinger 1977: 128). Marika's quote below highlights the sense of finding liberation in accepting the codependency label, which she did when she enrolled in a twelve-step program for codependency. In this process, she retroactively labeled herself as having been codependent in relation to her own father, as well as being currently codependent to her son:

But I understood during that first week that he stayed at home that he was really sick in terms of his cannabis abuse and that I couldn't live under the same roof as him in the same way as I had done so far, so I had to do something else for myself. So I looked around a bit and did something I never thought I would do, I joined a twelve-step program for codependent persons. There I quite quickly got, well what can I say, a deeper insight into how codependent I have been since childhood. And about what I can change and control, and that was a very important insight and liberation, I can tell you. (Marika).

She describes this process as something she had not expected of herself and as a speedy process once she discovered the codependency concept. Additionally, this insight or discovery was important and liberating for her, constituting a beginning of a therapeutic transformation (Hazleden 2014). This moment of discovery is often positioned as highly important in the self-help literature about codependency. For example, Söderlund and Lundell, two Swedish journalists who identify as codependent, write that reading Melody Beattie's book *Codependent No More* (Beattie 1992) was significant: "Reading it was like getting all the pieces in place. The insights began to flow in" (Söderlund & Lundell 2015: 17-18, our translation). This is also similar to what Bacon found in her study on codependency, in which the study participants found a "culturally available story of codependency" when

attending self-help group sessions, which provided a turning point in discovering and accepting the codependency label. The benefits of having found an explicit label and explanations for their problems, along with attending a recovery group, outweighed the stigma associated with codependency (Bacon 2014: 229). However, the complexity of codependence as both liberating and potentially negative and stigmatizing is evident when comparing Marika's experience with Ruben's framing of codependency as something negative, as discussed in the previous section. Marika's quotation shows how a third-party troubleshooter, in this case a twelve-step program, can operate with a distinctive theory about the troubles or problems at hand, as well as specific interventional ideologies that suggest remedial responses (Emerson & Messinger 1977) which are not always accepted by the parents.

In hindsight, Erika defined her behaviors as codependent:

What is your thoughts about this notion of codependence? Sometimes people also talk about becoming an enabler.

Especially in the beginning I did it, I put his house in order all the time then. If I had let it... well, you were afraid when he had the apartment, he had a really nice apartment and everything. Well then you were afraid that he would lose it, so I was there and cleaned up and picked up cigarette butts that he threw out of the window and everything else he did at that place. And really you shouldn't have done that then, now that you know all the facts (Erika).

Erika's quotation suggests a kind of before and after in discovering and accepting the identity as codependent. Implicitly, she describes her actions as those of an enabler, which she feels was a problematic strategy. "Knowing all the facts" can be understood as the result of a process of discovering codependency, in tandem with a process of thinking and reflecting on

one's sense of self in relation to past, present and future experiences and strategies (cf. Bacon 2014: 233).

By identifying with codependency, some of the interviewees could structure their personal experiences and relate them to those of others who had had similar problems. Retrospectively, they could explicitly formulate distinctive stages and components of their actions taken within their relationship with the child and his or her drug problems (Emerson & Messinger 1977). Labels might give a sense of relief and a set of rules about how to act (Palmlad 2013), as evident in the interviewees' statements about what one "should not have done", considering this retrospective analysis of their actions. Linus spoke about whether or not he should give his son money to cover food or rent: "And probably we should not have given him any money at all if one were to follow the handbook, but..." (Linus). The handbook metaphor highlights the way that codependency talk can influence the strategies taken by the parents, although the strategic paths are complex, considering that the distressing situation often made the parents disregard this kind of advice. The fact that other members of voluntary organizations can act as troubleshooters highlights how third-party suggestions of remedies can affect the strategies taken (Emerson & Messinger 1977). One such piece of advice common in codependency talk is to establish boundaries within the social relationship to the dependent person, a central theme that is discussed in the following section.

Establishing and handling boundaries

Setting up boundaries is common advice given in the self-help literature about codependency (Beattie 1992; Gemin 1997; Söderblad & Lundell 2015). Employing a "closed door" strategy

has previously been advocated by FMN as a way of protecting parents from severe consequences and not allowing their children to continue abusing drugs (Richert, Johnson & Svensson 2017). “Closing the door” was generally understood by the parents as refusing to help the child with housing, money and food, as well as avoiding contact, and was motivated either in order to help the child or to protect oneself. Troubleshooters concerned with the situation at hand thus gave advice to parents about how to remedy their troubles or problems, particularly by suggesting that the parents try to get the child to commit to complying with explicit rules. Several of the interviewees spoke about having been given this type of advice. Johan and his partner went to family treatment meetings at a twelve-step treatment center: “A lot of people at the center told us during sessions that ‘you have to throw him out’ and then I told them ‘where is he supposed to live then? Under a tree?’” (Johan). Eva-Lena’s son would sleep in the apartment hallway outside her door when she was not at home. She recounted the emotional difficulty of following the advice given at FMN, and how the strategy was associated with a strong sense of shame and guilt:

It’s horrible to sit on the inside and know that my son is sitting on the outside. It’s... you are... you pull down the curtains and stop living... you walk around there in the dark and I don’t want to show that I’m at home. Because my heart would break if I knew that my son knew that I did not let him in. So I have to kind of pretend that I’m not at home in order to stand it. It’s... not turning on the lights you know and do nothing and sneak around (Eva-Lena).

Eva-Lena employed a response to the problems she experienced that can be defined as non-confrontational in that she acted indirectly, with “low visibility”, in order to get her son to act differently (Emerson 2011). This type of response can be undertaken “not only without informing or consulting with the troubling party but also without directly communicating upset, discontent, and the desire for remediation” (Emerson 2009: 541). Although he adopted

a distancing and non-confrontational approach, Linus was ambivalent about the closed door strategy in terms of what potential effects it might have for both himself and for his son:

At the same time I feel that I know my son, better than most people do perhaps. And I know that my son is quite feeble and weak deep down inside, and the anxiety and danger you feel about closing the door entirely is that you might push him over the edge. That it makes him not have the strength to go through it. And I wonder then if I have helped him or if I have helped myself. If he then chose to take an overdose, have I helped myself then, or what? (Linus)

Several of the interviewees were highly ambivalent toward the closed door strategy. Many worried about the severe and possibly fatal consequences it might have for their child.

Additionally, the emotional effects of the strategy were sometimes difficult to cope with, as shown in the quotation below from Bitte:

I know that when Erik has come here and I have told him ‘You are not allowed to stay’ and he leaves and it’s pouring rain and you see that he’s leaving and is soaking wet. [almost starts to cry] /.../ I don’t think there’s a lot of parents who can just say no or close the door. (Bitte)

Janet was critical of advice she received from troubleshooters such as friends and the social service’s family treatment program:

I sought support at a family treatment program here in [city] and the advice I got there was that we were supposed to close the door and cut the ties and all that and I thought that I won’t ever do that. That’s not even on the map. Because I know how unwell he is. You simply do not close the door on someone who feels that bad. You don’t bring children to this world to close them out when they feel their worst (Janet).

Janet rejected the suggestion of a distancing response while opting to engage in remedial actions in order to support and help her child (Emerson 2009). Several of the parents spoke about the difficulty of determining the actual effects of the distancing response strategy.

Emmy’s son had told her that he would have died if she had not helped him, but she was ambivalent herself about the potential consequences of either approach:

Do you think it would have mattered if you had established tougher boundaries or if you had not paid his debts and let him take the consequences of his drug use? Would that have helped and made him quit earlier?

I sometimes wonder about that. If I have enabled it. But I simply don't know. But as I told you I think he would have died if we had not helped him. He says so himself, that he would not have lived today if it had not been for me. And he says that he has always known that he has love and that he has us. He says so also when he compares himself to his drug-using friends, that he can see that he has managed better than they have because he has known that he has us. But if we could have shortened his drug career in some way, it's possible but I don't know (Emmy)

Jenny problematized the issue of setting boundaries in a way that exemplifies the influence of a “codependency community” in self-help groups. She met another mother of a child with drug problems and together they could agree that other aspects were more important than adopting either an open or closed door strategy:

I scrutinized myself and thought what if I had done this or that or why did I not do like that. Then I met another mother and we concluded that... I felt that I had been too lenient and put up too few boundaries... he could do as he wished. I was quite young when he was born. And so I met this mother who felt that she had been too stern and put up boundaries that were too tough. But we came to the conclusion that it had nothing to do with that. So somewhere around there a lot of my guilt was released from me (Jenny).

This quotation highlights how relationships with third-party troubleshooters, in this case another mother, are important in the process of defining troubles and problems, and then remedying them. It was common for the parents to compare their experiences to those of other parents (cf. Francis 2012). Katarina's son had engaged in problematic use of anabolic–androgenic steroids since the age of 21. With his increasing use his behavior changed and he ceased contact with his family, including his mother and sister. At the time of the interview, Katarina had not spoken to her son for five years. At FMN, she found support and a sense of

not being alone, and she heard the stories of other parents that used the “closed door”

strategy:

Yes, and I compare myself somewhat to the mothers who have to close the door when their children come to their homes all the time. Then I think like ‘well, he’s closing his own doors’. They set their boundaries while he sets his own boundaries. I don’t know which is the best. (Katarina).

This two-way relationship is easily overlooked in talk about setting up and handling boundaries since the dominant focus is on the strategies of the codependent person. The other members of the voluntary association acted as troubleshooters, although their strategy for remedial action (closing the door) was not one available to Katarina at all. Troubleshooters were important in defining and making sense of “enabling behaviors”, which we discuss in the following section.

Enabling

The notion that codependent persons misdirect their benevolence toward the person who is dependent and thus enable them to continue to act in problematic ways is common in talk about codependency (Rotunda & Doman 2001). Enabling has most commonly been discussed concerning problematic alcohol use, where different types of enabling behaviors are seen to “cushion or protect the drinker from the adverse consequences of the drinking” (Thomas, Yoshioka & Ager 1996: 63). The role of enabler was invoked by some of the interviewees, together with thoughts about the action of enabling. Acting in ways that enable a significant other to continue using drugs is understood as negative in codependency literature (Beattie 1989; Söderlund & Lundell 2015). Emmy described how thinking about enabling is constantly present and that it is emotionally troubling: “Then you constantly struggle with

these thoughts about whether we are enabling his drug abuse now, when we don't let him take the consequences and we help him. And that gives you a lot of anxiety too" (Emmy).

Margareta highlights that the fact that it is her child who has drug problems makes this even more difficult, and notes that her own self-analysis in hindsight actualized thoughts about enabling:

It's really difficult to draw that line, what is enabling and what is being there for my child? Because it's my child you know, and it's very difficult to draw that line. Really hard. Of course you are there and help your child but does that mean that you're an enabler and if so when? Sometimes I feel that I have given a bit too much support, that I perhaps should have been better at establishing boundaries and I have sorted things out a bit too much, but when you are in the middle of the situation it's really difficult. Afterwards I sometimes feel that 'I probably shouldn't have done this and that' but when I am in the middle of it it's so easy to be supportive (Margareta).

Defining oneself as codependent might be viewed as a learning process that includes analysis of the self and one's actions in a retrospective light. The remedial actions taken by the parents were reconstructed and reinterpreted both internally and externally. The following quotation from Marika hints at the vagueness of the enabling concept, when she differentiates between taking action in order to help and support, and enabling further drug use:

I have thought very much about enabling but for me today there's a very clear clash there. The clash is that I dare to claim that I'm not enabling anyone's drug use. Because they would continue using but they would have a very much more difficult time if I did the opposite. That is to say 'You cannot stay here if you use cannabis or other drugs, you're out of here'. /.../ For me to do that, to take such an action in relation to being an enabler, there's a clash. It's not the same thing (Marika).

Several of the parents referred to general advice that one should not help a person who has a drug problem, since this would amount to enabling. In these instances, the parents either referred to advice having been given in self-help groups or to a kind of generalized advice or highly suggested strategy from troubleshooters. Some of the interviewees' references to this

generalized advice highlight the way talk about remedial actions and strategies in terms of codependency can influence the remedial strategies chosen in order to handle problems relating to the child's drug use. At the same time, it is evident that this advice was generally shunned by the interviewees as they resisted taking a "tough line" toward their children, despite the severe disruptions sometimes experienced in the family.

Whether they accepted notions of codependency and enabling or not, the interviewed parents had to navigate between personal and third party definitions of the situation. In the following discussion, we highlight how Emerson's theoretical framework can be employed in order to understand the complexity of being a parent to an adult child with drug problems.

Discussion

Talk about codependency implies certain rules about how to act in relation to the dependent person. A sociological view of the troubles and problems that the parents experience gives important insights into the process of how notions of codependency and enabling are navigated by the parents. It allows us to analyze what Francis calls "the social psychological upheaval that corresponds to family-related disruption" (Francis 2012: 395). The interviewed parents experienced interpersonal troubles and conflicts with their child, but the suggested nature of the relationship as influenced by codependency was often proposed by professional and authoritative third parties (Emerson & Messinger 1977). Both informal third parties such as voluntary self-help groups and authoritative third parties such as the social services serve as sounding boards of advice and support and become troubleshooters. It was rare that the remedial actions taken to solve the troubles and problems were defined as codependency or enabling *intrinsically* in the family. Rather, codependency and enabling talk were introduced

in the process of seeking remedial advice from third parties. Several of the parents suggested that self-help groups helped them to conduct a fundamental retrospective recasting of the history of the troubled relationship with the child.

While the child's drug problem had been evident for a long period and the child thus already defined as "dependent" (deviant rather than troublesome), suggestions of codependency allowed some of the parents to define themselves or their actions as codependent through this restructuring by self-reflection. This puts into focus Emerson and Messinger's point that it is through social interaction and interpretation that some situations become defined as problematic (Emerson & Messinger 1977; Francis 2012). Appeals to codependency by the parents can be interpreted as a way of furthering an alternative framing of their parenthood (mitigating guilt when focusing on oneself instead of on the intensive parenting) and as a way of handling stigma from relatives and friends.

One significant rule suggested in codependency talk is to set up and handle boundaries, a process which relates to remedial actions and strategies. As evident in the interviewees' statements, this strategy was both accepted and contested by the parents. One reason for the difficulties experienced concerning boundaries might be the parent-child relationship, which is different from the spousal relationship commonly discussed in the codependency literature. While a break up from a husband, wife or partner with problematic substance use might sometimes be seen as positive or as an act of liberation (Giddens 1992), stopping contact with one's child is highly stigmatized. As several of the interviewees discussed, a relationship between parent and child is not easily broken, even when the problematic situation of the child is severely distressing to the parent. It is perhaps because of the closeness of the enduring parent-child relationship, in which withdrawal from the problem is not socially

acceptable, that remedial strategies increase in complexity. Under such circumstances, the pressure to seek remedies to the problems from outside of the family (from the social services or self-help groups) might increase (Emerson & Messinger 1977).

Irvine notes that an explicit goal regarding codependency discourses and identities is “to resolve some of the tensions within relationships without relinquishing the idea of relationships altogether” (Irvine 1995: 156). This explains the parents’ initiatives to contact third parties that can take the role of troubleshooter and suggest remedial actions. Similarly, Hazleden argues that codependency self-help literature does not advocate a denial of the self, but instead proposes a renewed concentration on the self (Hazleden 2014). With this in mind, codependency talk can be seen as explicit advice to examine the basis of relationships, and is not about ending them. It seems that the parents most commonly resisted the advice of the closed door strategy because of the strong emotional bond between parent and child. At the same time, the advice was something they had to consider and something that caused distress and guilt in itself. The interpretations and experiences of the parents suggest there are complex associations among talk, emotions and strategic actions of help and care directed at the child. The parents had to “stand up” to a relative’s behaviors while simultaneously trying to offer support within the setting of a problematic situation in a loving relationship, as discussed in the literature about family members affected by a close relative’s addiction (Orford et al. 2010; Jackson & Mannix 2003).

It is notable that the majority of the parents struggled with and resisted a central aspect of codependency and enabling talk that suggest the closed door strategy. Advice about setting up rigid boundaries and “closing the door” was commonly understood as problematic. This advice goes against a large body of research that has found evidence of the highly important

role social support within and outside of the family plays in facilitating coping with strain for families that experience problematic drug use (Copello & Orford 2002; Jackson & Mannix 2003; Orford et al. 2010; 2010). The parents challenged the commonly given advice to “close the door”, which extends our understanding of how parents to adult drug users interpret and respond to third party interventions. This challenge towards well-intended advice from third parties has implications for how family members, relatives, self-help groups and the social services should frame advice given. There is rather a range of response possibilities and a constant shift back and forth between different framings and responses to the troubles and problems experienced by the parents, in a complex response cycle (Emerson 2009). As pointed out by Francis, the sociology of trouble offers an alternative language for speaking about human suffering that can capture the intersection between social disruption and the disruption of selves (Francis 2012). Our analysis suggest that notions of codependency and enabling should be understood as a part of the response cycle of remedial actions in a setting where the parents interact within the family constellation, as well as with authoritative third parties. As expressed by several of the interviewees however, third party advice and interventions might increase feelings of shame and guilt. We argue that the sociology of trouble can be an important theoretical tool in social work with family disruptions that might counterbalance shame and guilt since it targets interactions in the remedial response cycle and does not rely solely on individual psychological identity characteristics of individual parents.

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