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Female Adolescence Revisited: Understanding Girls in Their Sociocultural Contexts

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ABSTRACT. This paper explores the sociopolitical context which contributes to the difficulties girls experience as they move through adolescence. The perspective argued is that when dealing with the problems presented by adolescent girls, it is critical to understand the conditions that led them to devalue their emerging womanhood, help them develop more positive stories of women, and validate their need for connectedness. Based on this perspective, the paper reexamines the areas traditionally defined as critical to adolescent development: separation/individuation, sexuality/body image, and identity.

On the surface, the adolescent girls who enter my office couldn't look more different: There are the angry girls, virtually dragged in by their parents; the polite, fading away ones who agreeably sit there and starve themselves; the talkative ones who grope for words to explain their last suicide attempt. As they each, in their own ways, allow me to enter their worlds, what becomes clear is that their differences dull in their common struggle to become women in a patriarchal society.

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These are the girls that, until quite recently (Gilligan, 1982; Gilligan, Lyons, and Hanmer, 1990), were ignored in traditional psychological theories and even in more contemporary family theories. Most of the individual adolescent work had been done on men and about boys (cf. Kohlberg, 1976, Erikson, 1968). When the world of girls was glimpsed at, it was most often as an afterthought (Erikson, 1968), and at times as a statement that girls 't up to par with boys (cf. Kohlberg, 1976). As we moved from individual to family therapy, the concept of gender was often red and power and hierarchy were discussed as if we were all 1, as if we were dealing with a neutered population. Early family therapy theory continued to be developed by men and about : Minuchin et. al's (1967) important, ground breaking work done at Wiltwyck, a school for boys, and the theory, without gender-based change, was later taken as a model for treating anorexic girls (Minuchin, Rossman, and Baker, 1978).

In this paper, my purpose is to revisit the issues surrounding female development within and beyond the family context. Just as family therapists once discovered that understanding the intrapsychic workings of our clients is not sufficient to appreciate their experience, so we must now look beyond the family to understand the development of adolescent girls. To do this, we widen our lens to include in the view that girls have a particular socialization in a particular society at a particular time. As we construct meaning from the experience of adolescent girls, their context is a central part of that construction.

Since it is beyond the scope of this paper to examine each aspect of female development, I've chosen to explore separation/individuation; sexuality/body image; and identity development. I recognize that these are traditional male categorizations of development, but it thus provides fertile ground for a critique and reconstruction of our understanding of female adolescents.

SEPARATION AND INDIVIDUATION

Most readers probably share my experience of learning that separation and individuation is the primary task of adolescence.

The jargon—"breaking away," "breaking free," "cutting the umbilical cord"—all imply a jolting disconnection. In my experience as a trainee, and even early on as a trainer, words like separation, autonomy, individuation all had positive connotations. Words like dependence, fusion, and enmeshment had negative connotations. Words like mutuality and interdependence were not mentioned in my training. We would reseat family members to provide an experience of distance between mothers and daughters. What message were we giving to these families?

With the publication of Miller's *Toward a Psychology of Women* (1976), followed by the works of her colleagues at the Stone Center (cf. Surrey, 1984), and Carol Gilligan (1982, 1990), a new perspective on womanhood emerged. They argue that females develop best within the context of mutually enhancing relationships. It is connection, not separation, that is central to female development, while autonomy and self direction for females occur within the context of relationships. Gilligan reviewed a study using TAT cards (Pollak and Gilligan, 1982) which showed that men reported more violent images when people are brought closer together in TAT pictures, while women's violent stories increase as people are set further apart. Closeness and relatedness form the context in which girls can develop; exclusion and isolation are avoided at all costs. A primary goal of this paper is to examine the importance of connection in relationships when dealing with the problems presented by adolescent girls.

The language of separation continues to be used in the treatment of girls, even in those problem areas like eating disorders where girls are more markedly affected than boys. In their pioneering work dealing with anorectic girls and their families, Minuchin, Rossman, and Baker (1978) stated that the goal of treatment was to support individuation while maintaining family connectedness. This goal is compatible with the relationships necessary in female adolescent development. However, the work of therapy itself ended up focusing on separation to the exclusion of connection. The therapists in the study defined the goals as developing independence, and chose to work with older adolescents separately from their parents in order to promote disengagement.

What are the implications of a separation model for therapy with

ent girls? If girls are taught that distance and disengagement of growing maturity, while their internal experience is that it is intolerable, then one message is that they can never grow up—that they will move from childhood to being a woman, still viewing their connection needs as immature and incomplete. The perspective of women as “grown up children” is not shared in a society where rules are made by men to be followed by women; where those in power are men, while women and children are disempowered; and where violence is used against women to maintain the power structure.

One implication is that adolescent girls, who need relationships and are coached to become disengaged, feel disconnected. When their direct appeal for connection has been thwarted, these girls then feel depressed, rebel, or starve themselves in desperate attempts to connect with and engage the adults around them. Understanding the importance of connection can also help us understand how frightening conflict is for adolescent girls, and how much appreciation to their efforts to resolve conflict in a way that is satisfactory to all involved. However, this often means that girls will not voice conflict, disagreement, or anger for fear of ending a relationship (Miller, 1983). It also means that girls often sacrifice themselves to the exclusion of self.

Sharon became bulimic during her freshman year of college. Her additional psychological wisdom professed that she was having a hard time separating from her parents, and the bulimia was a way to return home. However, as I worked with Sharon, it became clear that she was having difficulty with her roommates, and that at first she was unaware of having any feelings about their behavior. Later, she recognized that both she and her mother shared the belief that a woman needed to be polite and not express anger or conflict. Her roommates' behavior had gotten so impossible that Sharon was “bursting” with anger that she believed she could not express. Individual and family therapy focused on both her lack of connection with her feelings and the prohibition against direct confrontation. When Sharon experimented with sharing her feelings with her roommates, and as she joined with her moth-

er on their mutual discomfort with conflict, her bulimia diminished. Our work did not focus on separation from mother, but rather on identifying and expressing feelings, thus making connections more intimate and honest. This involves risking the other person leaving the relationship.

A crisis manifests itself as girls reach adolescence with a need for connection coupled with a sensitivity toward social nuances in a society that orders girls to be “nice”—even if that means denying their knowledge of themselves and others. This denial of self in adolescence is magnificently described in Gilligan’s recent work (Gilligan et al., 1990), in which she examined the crisis that emerges when girls gain knowledge in adolescence—they see that women “keep quiet and notice the absence of women and say nothing” (p. 26). If a chasm is created between their self knowledge and what they speak, their relationships become less honest and therefore less connected; if instead they choose to speak their knowledge, they could lose relationships altogether. Therefore, it is Gilligan’s thesis that adolescent girls learn to think in a way that is different from what they really feel. Western culture teaches these girls to lose their knowledge—a profound observation of the social world that could be articulated with fervor prior to adolescence. This piercing knowledge is disclaimed by adolescent girls, whose use of the phrase “I don’t know” increases dramatically as they become disconnected from their own thoughts and feelings. As Gilligan writes, adolescence is a time when “girls are in danger of losing their voices and thus losing their connection with others, and also a time when girls, gaining voice and knowledge, are in danger of knowing the unseen and speaking the unspoken and thus losing connection with what is commonly taken to be ‘reality’” (1990, p. 25). She concludes with her belief that girls are more likely to speak in relationships where “nobody will leave and someone will listen” (p. 27).

Therefore, even as we validate and respect the desire for relationships, it is important for therapists to help the adolescent include herself among the people for whom she cares. We need to listen as these girls attempt to tell us what others want from them, and help them articulate what they want for themselves—not in

connection with the needs of others, but as a way of including self as one grapples with the issues of how much to give to others.

Not an Art Gallery, Then What? Case Example

I first met Diana and her parents when Diana was an emaciated, 17-year-old hospitalized with anorexia.¹ Diana's father, Mr. C., is a famous artist who frequently travels to international art exhibits. Her mother, Mrs. C., also a painter, gives art classes and teaches an occasional seminar at a local college. Diana's 20-year-old sister, Regina, was away at college with the intention of being a lawyer—a career that her father had considered pursuing.

Diana confided that she had neither Regina's academic interests nor the artistic talents of her parents, and that she therefore found it difficult to connect with her parents. In particular, she wished to feel closer to and to be accepted by her mother. Diana expressed a concern that her mother was depressed, though Mrs. C. adamantly denied feeling depressed.

Diana claimed to hate art, yet almost every weekend for a year prior to her hospitalization, she accompanied her mother to museums and art galleries. Diana accompanied her mother to exhibits because she was concerned that her mother would be unhappy if she had to go alone to the museums, and because she assumed that appreciating art was a prerequisite for acceptance in the family.

Mrs. C. encouraged Diana to share with her mother her reasons for going to museums and galleries, and Diana told her parents that she was concerned that her mother would be alone if Diana refused to go with her. Mr. C.'s offer to accompany his wife to the museums was met with stony silence on her part, which then opened up a discussion of Mrs. C.'s concerns about her husband's availability and quick return. Several sessions later, this discussion of their relationship led to Mrs. C.'s acknowledging that she often felt isolated, but did not want to admit it aloud because it was inappropriate for a parent to burden children with her problems. Diana, however, was relieved—her mother's admission had confirmed her own reality, and also gave permission for Diana to talk about

her own sadness. Diana felt that she now had a chance to get closer to her mother—that her mother's emotional honesty made her a real person and gave them something they could have in common.

In individual sessions, Diana professed that her mother had failed both at being a traditional mother and at becoming a successful artist, and Diana had her own doubts about whether she could succeed as a mother and still have a career. In judging her mother, Diana never thought that it might be unrealistic to expect anyone to always be available to her children, never mind whether it was possible to do that and still concentrate, uninterrupted, on painting. As family therapy progressed, Mrs. C. revealed that she once had great promise as an artist. When she married, she was expected by her family of origin, her husband, and her internalized view of her role, to make her career secondary to her job as a mother and housekeeper. By the time the girls were old enough for her to feel comfortable pursuing her career, she had missed too much to ever become a "great" artist.

As her mother discussed these issues, Diana became more animated. She realized that she didn't need to be an artist or a scholar to have a relationship with her mother. They could connect over a range of feelings they experienced, and their struggle to find a place in the personal and public worlds.

Diana's wish not to attend college and to be an at-home mother at first appeared to be in stark contrast to her mother who valued her career. However, this was just the flip side of Mrs. C.'s experience, wanting a career desperately and with no hope that her traditional, Italian mother would ever understand those cravings. They connected over their common experience of having to make choices that felt like losses, and wondering if anyone could truly understand their struggle and offer support.

These discussions helped Diana to create another story about her mother. Mrs. C. was no longer a woman who attempted to juggle career and family, and failed at both. Instead, she was a woman who broke with her family's tradition and pioneered new ground, a legacy that Diana could feel comfortable carrying on. Instead of viewing her mother as a cold, depressed woman, she experienced her mother as a woman full of feelings, who did experience great

ignores how many girls are physically abused by their parents, how often incest is the cause of the pregnancy, how open communication must be developed and nurtured and not forced, and how, ultimately, the girl must be able to make decisions about her own body.

A second issue related to adolescent sexuality is that our society assumes not only that girls belong to the boys, but also that all girls desire boys. This means that as girls struggle with sexual orientation, they often struggle alone for fear of acknowledging that they may be, or are, lesbians. As sex education courses become more routinely a part of the school curriculum, they continue to leave out a significant number of girls as they discuss heterosexuality, and rarely mention homosexuality. If homosexuality is mentioned, it is not discussed as an orientation which is as viable as heterosexuality; it is not given the same space in the texts or the same credibility. Adolescent girls, who often feel on the fringe due to sexism, feel even more isolated due to heterosexism. In our own offices, we need to be vigilant about heterosexist assumptions and language. If we assume heterosexuality, we are closing the door on any discussions about sexual orientation and further alienating lesbian adolescents.

Third, girls are not only confronted by male-dominated sexuality, but also by male-dominated body images. The message about female appearance as the gift wrap to attract men is seen in fairy tales. Girls have read about Cinderella, who needs a beautiful dress in order to go to the ball or attract the prince. The fact that she is caring, generous young woman is meaningless without the fancy accouterments. This is a destructive message for all girls, and a doubly whammy for economically deprived girls. In the fairy tale kingdom, if your foot is too big or wide you're doomed.

In the society of adolescent girls, this fairy tale isn't a metaphor—it is a concrete example of the society's obsession with thinness. Adolescent girls receive the message to be thin at all costs, to deny one's needs and appetites to achieve this goal, and to deny oneself and one's body to please others (Mirkin, 1990a). The simple pleasure of biting into a morsel of chocolate and savoring it is denied by the fear of appearing piggish, getting fat, and not being attractive. Eighty percent of women surveyed by Glamour maga-

zine (1984) felt that they had to be thin to attract men. Women have even lost their ability to realistically assess their bodies (Cash, Winstead, and Janda, 1986). In one study (Thompson, 1986), over 90% of women studied overestimated their body size.

Left unchallenged, female rites of passage involve the implicit acknowledgement that her body is not perceived as her own. Treatment needs to make these issues explicit, so that girls can deal with the shame they have experienced at being violated, so that they can own and accept their anger, and so that they can be helped to find their voices and reclaim their bodies.

Taking Off the Rose Colored Glasses: A Case Example

Sixteen year old Susan J. entered a psychiatric hospital after making a suicide attempt. Her mother, a divorced working class white woman in her early forties, reported that Susan had been drinking and had gotten involved in a number of brief, intense sexual relationships which always left her feeling unhappy. When I asked Susan for her understanding of the suicide attempt, she said that she "didn't know," but that she had been very upset because her former therapist had been sexually involved with her. She told her school counselor who she felt dismissed it. Susan's understanding was that the counselor thought she was "fantasizing" the entire episode, or that it was too "unimportant" to require further consideration. Susan said that her mother also did not believe her, which was extremely painful to Susan.

Due to Mrs. J.'s own traumatic history, she learned to protect herself by assuming things were not as bad as they appeared, and she looked for the brighter and more benevolent side of each issue. We called this her "rose colored glasses." When Susan told her mother how deeply pained she was that her mother did not believe her about the sexual abuse, Mrs. J. responded "Don't worry about this so much, dear. It's time to move on with your life." Enraged, Susan lapsed into silence. I asked Mrs. J. what she would see if she took off her rose colored glasses for a moment, and responded to Susan without them. Susan immediately shouted "She would say that I'm lying."

"Not at all," responded Mrs. J., very seriously, "You've al-

adness, if not depression, and whose sadness resonated with her own. Instead of viewing her mother as defective, she could understand and grapple with the gender conditions that place all women in a common struggle. In connection rather than isolation, with a better understanding of herself and her relationships, Diana was able to let go of her symptoms, gain weight and maintain the gain.

In summary, rather than viewing separation as the goal of therapy with adolescent girls, we need to find ways of helping families in their attempts to connect and become "mutually interdependent."² We need to value the female experience of relationships, and help girls include themselves in their expressions of concern.

SEXUALITY AND BODY IMAGE

A second major issue with which adolescents grapple is sexuality and body image. Yet, once again, the experience of boys and girls differ tremendously within the sociopolitical context in which they participate. Becoming comfortable with sexuality and body image involves feeling at ease with and in charge of one's body and making choices concerning one's body. Yet, the ownership of one's own female body is challenged by living in a patriarchal society. Judith Herman (1987) stated that for women in the United States, the risk of being raped is about one in four, and for girls, the risk of sexual abuse by an adult is greater than one in three. According to the Fund for the Feminist Majority (1991), every six minutes a woman is raped in the United States, and every 15 seconds, a woman is beaten by her husband or partner. How can an adolescent girl get the message that she is in charge of her body when all that surrounds her indicates that she isn't?

The structures which are in place in our society have not been protective of girls or women, nor have they given women the message that we are in charge of our bodies. In the course of therapy, a young woman reported to me that when she was a college student, someone had tried to rape her and slashed her with a knife as she escaped. She reported that her college infirmary refused to believe her story, stating instead that they felt she had kicked her leg and was suicidal. This statement was made without

any knowledge of the girl's history or mental status prior to the rape. They would not let her leave the infirmary because, ironically, of their concern for her safety. It was only after a male relative intervened that she was transferred to a hospital with a rape crisis team who believed and supported her. Therapy focused not only on the trauma of a rape attempt, but on the assault she experienced within the health system.

While this might appear to be a unique case, I would argue that the message that subtly encourages violence against women, and then denies women's experiences of violence, is woven into our society's tapestry and experienced by adolescent girls. It happens at the domestic level, when these girls see their mothers beaten, and then their reality testing is questioned as all agree that she fell down the stairs accidentally. It is seen in the judicial and legislative systems when, for example, a Canadian judge recently allowed a rapist to go free because the judge assumed that the three year old rape victim had been seductive, or when the United States Senate chose to confirm a Supreme Court nominee accused of sexual harassment, thus dismissing the painful story of a female lawyer. Tragically, the Supreme Court is giving a clear message that women do not own their own bodies through the Webster decision which could severely limit a woman's right to choose an abortion. This was further exacerbated by once again silencing women's voices by banning the discussion of abortion in Title X funded clinics—clinics that serve the most disenfranchised and voiceless girls and women. The Court is thus sending the message that the men who have power in government can tell women what to do or not do with their bodies, and thus control women's bodies. Is it any wonder that there are men who take this as a license to beat, rape, and otherwise intimidate women? Is it any wonder that many adolescent girls have difficulty entering womanhood, when women are ravaged by violence and abuse?

Girls are directly affected with the message that they may not make decisions about their own bodies when they are forbidden to get an abortion without parental consent. This not only denies ownership of her body, but also denies the abuse she may have experienced within her family: This ruling assumes that girls would receive support and guidance if they spoke to their parents. It

on mothers. The one I hear about the most is Claire Huxtable, the other in *The Cosby Show*. This television mom, representing societal ideals, raised five children, has a high powered, well paid and well respected job; is thin, heterosexual, beautiful, married, energetic; her home is clean; she is supportive of her spouse, available to her children, and gets along with her teenagers; and she does it all with ease and grace. If Claire expresses anger, it is over a behavioral issue that can be immediately corrected so that everyone is happy. If racism or sexism is ever dealt with, it is superficially solved within the half hour.

Whose mother can measure up to this Superwoman? Yet, the essence of that societally-dictated message about the ideal woman takes its toll on the real life relationships between women grappling with the problems of emotional and financial survival and their daughters who look to them to be clones of the television moms and are bitterly disappointed. Being a Superwoman is such a formidable, impossible task that even while these girls are angry at their mothers for not achieving it, they doubt their own abilities to measure up to this standard, and anticipate failure "just like their moms" (cf. Steiner-Adair, 1986).

How can we expect girls to want to move on to womanhood given the misogyny that surrounds them? It is in the context of psychotherapy that we can acknowledge that while girls may have difficulty navigating adolescence, they can develop another story in which womanhood is seen in a far more positive light. In order to do so, I find that it is critical for these girls to begin to experience their mothers differently. Through therapy, mothers and daughters can form a new connection through which a new story is woven in which daughters can take pride in their mother's skills as survivors, explorers, tradition-breakers, and tradition-keepers; while the daughters can begin to imagine which positions they will want to take as they become women.

Keep It in the Family: A Case Example

Fourteen year old Marie was hospitalized at a short-term state-contracted facility because of an alcohol and aspirin overdose, oppositional behavior at home and school, and polydrug abuse.

Prior to hospitalization, Marie lived with her mother and three younger sisters in a low-income, Portuguese community. In therapy at the hospital, Marie revealed she had been sexually abused by her father, and that she had told her mother who had called the police and insisted that father leave the house. When the therapist, a white, middle class male, asked Mrs. S. about sexual abuse, she stared blankly and denied that it occurred. When he shared Marie's story, Mrs. S. said she "remembered," but said nothing more about the incident. Mrs. S. insisted that her daughter was ready to come home from the hospital after a week, and Marie joined her in saying she was ready to return home. The treatment team felt that nothing had changed, and called me in as a consultant with the goal of my finding a way to gain mother's approval for a longer hospital stay.

I met with Mrs. S., Marie, and their therapist in front of a one way mirror with the other unit therapists observing. Mrs. S. was softspoken, polite, and anxious as she explained to me that she was told that the interview was to determine whether Marie should return home this week. Marie chimed in by saying that she would not use any more drugs, she would listen to her mother, and she wouldn't try to kill herself. Mrs. S. used Marie's statement as proof that she was ready to return home and did not appear to hear the opposing arguments presented by the team.

I then asked Mrs. S. to explain to me how a Portuguese family would handle a teenager who recently attempted suicide and was having difficulties like Marie's. Mrs. S. initially felt defensive and asked why I wanted to know about Portuguese families, that "we are just like everybody else." She appeared concerned that I would use whatever information she gave me to negatively stereotype her family. When I shared that I needed to learn from her about her cultural background so I didn't err by assuming our cultures dealt with everything the same way, she responded with absolute clarity: "We keep it in the family. We deal with it ourselves."

At that point, it was clear that the team and I were standing in stark opposition to Mrs. S.'s cultural values: we were intruders, yet she was taught to be subordinate and respectful and therefore seemed to "tune out" the issues we raised rather than openly disagree with us. Recognizing that I needed to be more in sync with

been hurt, Susan, I just don't want to see you hurt any more. When I pursued this with Mrs. J., she said that given her history of drinking and sexual activity, she didn't think she would believe her, and she didn't want her daughter led through the mud just to see the man who did this to her dated. Susan lit up at her mother's response, "You mean you love me?" was her reaction. Her mother replied that at first she did, but that when she "took off the rose colored glasses," she spoke quite clearly.

A combination of Mrs. J. and my belief in Susan empowered her to begin to decide how she wanted to deal with the situation. Her mother and I agreed that we could pursue this with the support board, but mother firmly maintained that she did not want to press charges given how fragile she had been feeling and how difficult the process is. Susan reluctantly agreed. Much of my focus was on how guilty Susan felt because she was attracted to the therapist and was pleased that he was attracted to her. As more clearly could see that it was his responsibility not to be so provocative she might have been, she decided to not only become angrier and less depressed, but also to set firmer limits with some of the boys she dated. Six years later, when Susan returned to therapy saying that she decided to press charges, I was able to provide support through the process.

IDENTITY

A twenty year old client, Julia, wrote to me about her memories of her adolescence:

I think of the beginning of my adolescence as when my body started to change and I developed breasts. It was a shameful experience for me. I wanted to deny it was happening to me . . . I didn't want to become a woman. Maybe I didn't have the greatest role model—my mother was not a happy woman . . . At puberty, I felt that being a woman was the short end of the stick—I didn't see all the lovely things about being female. I had a lot of fear.

Julia poignantly tells us that she felt safer as a child, that as an early adolescent, she viewed womanhood as a risk without payoff. It was only much later, after several years of therapy and other positive life experiences, that she began to see the beauty of womanhood. However, in spite of this insight, Julia still points to her mother as a poor role model, rather than looking beyond mother blaming to understand why womanhood felt like the "short end of the stick." In this regard, Julia is like many of the girls with whom I work.

Julia's mother had three young children when her husband left her. Financially and emotionally, she was in crisis, yet she found a job and was able to economically provide for her children. Julia felt abandoned and hated being poor, and she blamed her mother for their predicament. Yet, statistics tell us that there is a greater chance of experiencing poverty if you are female, and that these figures are more dramatic for women of color (Jewish Fund for Justice, 1989). After a divorce, women's incomes drop by an average of 73% while men's rise by 42% (Weitzman, 1985). Julia had stated that she didn't respect her mother's job and blamed her mother for the drop in income. Yet, women don't earn as much as men. Four out of five women earn less than \$19,000 per year, and male secretaries earn 33% more than female secretaries, while female clerical workers earn median incomes of \$284 compared to the male income of \$403 (Boston Globe, 1987a, 1987b). When one personalizes these situations, mothers are pathologized, and anger is turned to them rather than the society which is discriminatory. Instead of feeling good about themselves as girls who could grow up like their mothers, female adolescents often devalue their mothers and are frightened of being like them.

Many of the girls with whom I work are concerned about their mothers, protective of them, and wanting to maintain a relationship with them. Yet, paradoxically, each girl is simultaneously afraid of being like her mother. What an impact it must have on identity formation to be moving toward womanhood and seeing their primary role model in such contradictory terms.

For girls to feel better about their own possibilities, they need to confront their fears of becoming like their mothers (Mirkin, 1990b). In their search for role models, many girls turn to televi-

values, I asked her about her plan for helping Marie with her friends should Marie return home. Mrs. S. reported that there is a counseling center in walking distance from home, and Marie had appointments several times per week. She added that Marie "doesn't listen" and is out late using drugs, Mrs. S. and I support rehospitalization.

The rest of the session was spent recounting decisions that Mrs. S. had made throughout Marie's life which had been protective of Marie—decisions she made in spite of ethnic pulls to keep family life male and to be subordinate to men. Mrs. S., the therapist, Marie and I all agreed to her plan, and Marie went home several days later. Several weeks later, she returned with her mother saying that Marie's behavior was out of control again. During the second hospitalization, they spoke in detail about the sexual abuse.

In this case, Marie was receiving information from many sources that her mother was ineffectual and unable to take care of her.

When Marie misbehaved in school, the message was that if Mrs. S. were a better mother, Marie would not be acting out. When Mrs. S. called the police, the subsequent investigation implied that she had known about the abuse and "denied" her knowledge. We had replicated the blaming and disempowerment of Mrs. S. at the hospital. Had we kept Marie, mother and daughter would have been told that Mrs. S. did not know what was best for her daughter and to protect Marie, we had to intervene and remove her from the mother. The more ineffectual and unsupported the feisty Mrs. S., the more Marie gets the message that even women with who defy traditional cultural roles are doomed to failure.

Under these conditions, there was no good decision that Marie could make: she could act out (and have the larger system impose punishment on her) or attempt to silence herself (through overdosing). Marie desperately needed to develop another story.

The central effort of the consultation was to begin to provide a new story for Marie to change the story—for Marie to experience her mother as an effectual woman who dared to speak out to protect Marie, and who was heard. By understanding their cultural context, we could see Mrs. S. in action as a protective mother who saw us as "outsiders" who couldn't be trusted, and therefore protected herself and Marie by keeping us out. By supporting Mrs.

S.'s plan, we were helping to write the opening lines to a new story, one that is important to Marie's development. Marie saw her mother, and by extension, herself as an adult, as someone with no influence. That story was retold here: mother had the power to remove an abusive man from the household and to develop a plan to help her daughter which the "experts" saw as valuable. Maybe Marie, too, can learn how to influence those around her without having to act out antisocially. The new story forms a new image of womanhood, and paves the way for a more useful therapy.

In summary, by viewing female adolescent development within a sociopolitical context, we begin to develop a new approach toward treating adolescent girls and their families. This approach validates the adolescent's need for connection and is sensitive to her fears of losing relationships, while simultaneously supporting her potential for becoming an assertive, challenging and instrumental woman. Through this integration, it is my hope that the next generation of adolescent girls—and possibly even this one—will feel more empowered and able to experience the joy and wonder of emerging womanhood.

NOTES

1. A more detailed description of this case can be found in Mirkin, 1990a. Names, details, and some circumstances in all cases presented in this article have been altered to protect confidentiality.
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er values, I asked her about her plan for helping Marie with her problems should Marie return home. Mrs. S. reported that there as a counseling center in walking distance from home, and Marie could have appointments several times per week. She added that Marie "doesn't listen" and is out late using drugs. Mrs. S. would support rehospitization.

The rest of the session was spent recounting decisions that Mrs. had made throughout Marie's life which had been protective of Marie—decisions she made in spite of ethnic pulls to keep family life private and to be subordinate to men. Mrs. S., the therapist, Marie and I all agreed to her plan, and Marie went home several days later. Several weeks later, she returned with her mother saying that Marie's behavior was out of control again. During the second hospitalization, they spoke in detail about the sexual abuse.

In this case, Marie was receiving information from many contacts that her mother was ineffectual and unable to take care of her. When Marie misbehaved in school, the message was that if Mrs. were a better mother, Marie would not be acting out. When Mrs. S. called the police, the subsequent investigation implied that she had known about the abuse and "denied" her knowledge. We most replicated the blaming and disempowerment of Mrs. S. at the hospital. Had we kept Marie, mother and daughter would have been told that Mrs. S. did not know what was best for her daughter, and to protect Marie, we had to intervene and remove her from her mother. The more ineffectual and unsupported the feisty Mrs. feels, the more Marie gets the message that even women with ink who defy traditional cultural roles are doomed to failure. Under these conditions, there was no good decision that Marie could make: she could act out (and have the larger system impose will on her) or attempt to silence herself (through overdosing). She desperately needed to develop another story.

The central effort of the consultation was to begin to provide a means for Marie to change the story—for Marie to experience her mother as an effectual woman who dared to speak out to protect her child, and who was heard. By understanding their cultural background, we could see Mrs. S. in action as a protective mother who saw us as "outsiders" who couldn't be trusted, and therefore protected herself and Marie by keeping us out. By supporting Mrs.

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In summary, by viewing female adolescent development within a sociopolitical context, we begin to develop a new approach toward treating adolescent girls and their families. This approach validates the adolescent's need for connection and is sensitive to her fears of losing relationships, while simultaneously supporting her potential for becoming an assertive, challenging and instrumental woman. Through this integration, it is my hope that the next generation of adolescent girls—and possibly even this one—will feel more empowered and able to experience the joy and wonder of emerging womanhood.

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