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## *Mothers, Daughters, and Eating Disorders: Honoring the Mother–Daughter Relationship*

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*Every mother contains her daughter in herself and every daughter her mother, and every woman extends backwards into her mother and forwards into her daughter.*

—C.G. Jung, *The Archetypes of the Collective Unconscious* (1959, p. 189)

THEORISTS FROM A WIDE VARIETY of orientations agree that early interactions with caretakers become the foundations for beliefs, attitudes, and expectations about the self. When the primary caretaker is the mother (still the most prevalent child-rearing situation), it is in the mother–child relationship that the self is born (Jordan & Surrey, 1986; Kohut, 1971; Mitchell, 1988; Surrey, 1985; Winnicott, 1971). As a result, the profound psychological influence mothers have on their daughters has been generally unquestioned (Caron, 1991; Chernin, 1985; Surrey, 1985).

Unfortunately, observations that honor the positive connection inherent in the mother–daughter relationship are for the most part absent from the psychological literature. Research and clinical writing tend to emphasize psychopathology rather than healthy development. Since Freud, psychoanalysts, developmental psychologists, and family therapists have concluded that when a child has problems, the mother is at fault (see Bassoff, 1991; Caplan, 1986; Luepnitz, 1988; and Segunda,

1990, for extensive reviews); this bias is reflected in the popular as well as in the professional press. The eating disorders literature has carried on this unfortunate tradition. When a woman develops an eating disorder, poor mothering is often cited as a critical etiological factor (Bruch, 1978; Geist, 1985; Johnson & Connors, 1987; Selvini Palazzoli, 1978; Pike & Rodin, 1991). The true multidetermined nature of these disorders, which results from a delicate interplay among intrapsychic, familial, and cultural factors, is thereby ignored.

The issue of mother-blaming is particularly relevant to the treatment of eating disorders. Eating disorders arise out of the profound issues of gender identity and relational bonding that characterize the mother-daughter relationship (Benjamin, 1988; Chernin, 1985; Gilligan, 1982; Surrey, 1985). Devaluing the mother and imposing unrealistic standards for mothering can cause confusion and despair in the daughter's own journey through womanhood. This process leads her to devalue herself, limiting her ability to relate to others, to love, and to grow.

In this chapter I examine the impact of mother-blaming on eating disorder treatment and illustrate how these conditions actually reflect problems in the family and culture rather than simply problems in the mother-daughter relationship. I then suggest an alternative perspective that is multidetermined and mother-affirming. Finally, I present specific clinical interventions that honor and heal the mother-daughter relationship, restoring its rightful status as a source of strength and growth.

## THE SOCIAL CONTEXT OF MOTHER-BLAMING

Investigating nine major mental health journals published between 1970 and 1982, Caplan (1986) concluded: "In the 125 articles, mothers were blamed for 72 different kinds of problems in their offspring, ranging from bedwetting to schizophrenia, from inability to deal with color blindness to aggressive behavior, from learning problems to 'homicidal transsexualism' " (p. 47). A follow-up study, which examined 100 cases reported in four leading family therapy journals from 1978 to 1987 found that the focus on mother-blaming had increased. "Mothers just could not get it right," the report concluded (Wylie, 1989, p. 44).

Although mainstream theories of disordered eating stress a multidetermined etiology, investigators rarely give more than lip service to cultural factors and the impact of fathers. Retrospective reconstructions of the early mother-child relationship commonly focus on maternal



daughter relationship (Benjamin, 1988; Chodorow, 1978; Luepnitz, 1988). For a daughter to remain at odds with her mother is to be at odds with the female body they share, and to be at odds with her body is to be vulnerable to developing an eating disorder (Kearney-Cooke, 1989). By simply attributing her eating disorder to deficits in the mothering relationship, a daughter learns little about her own development, her mother, or the function of her illness. She is ill prepared to overcome cultural obstacles, both those filtered through her mother and those affecting her directly. To emphasize maternal pathology without helping the daughter understand the cultural and environmental circumstances of her own as well as her mother's life devalues the mother inappropriately.

Hancock (1989) suggests that what daughters really want is to transform, not sever, their relationships with their mothers. Creating a meaningful sense of connectedness and genuine intimacy with their mothers is one of the final goals of development, a hallmark of psychological growth (Hancock, 1989; Caplan, 1986; Segunda, 1990; Surrey, 1985; Wooley, 1991). My own experience with eating-disordered clients and their mothers bears this out. Influenced by popular mother-blaming messages, eating-disordered daughters often *do* wonder whether their mothers caused their eating disorders. Simultaneously, mothers are often guilt-ridden and upset about their failure to be "good enough" (Winnicott, 1971), a concept that has perhaps contributed to mother-blaming. These feelings of blame and guilt produce and reinforce feelings of helplessness and powerlessness in mother and daughter alike, impairing the ability to grow. Most eating-disordered daughters and their mothers want to repair their relationship with each other. Healing this relationship is an essential step in recovery.

### **FROM MOTHER-BLAMING TO MOTHER-AFFIRMING: CLINICAL INTERVENTIONS**

Although traditional theories often suggest that pathology is passed from mother to daughter, a feminist reformulation suggests a different dynamic. Motivated by a desire to remain connected to their mothers, daughters remain unconsciously loyal to their mothers' values and lifestyles. What daughters learn from our patriarchal culture, transmitted predominantly by their mothers, is that their bodies are their most powerful tools. A mother-blaming perspective fails to account for the social context in which a woman's appearance is often the most obvious or the only socially condoned form of power openly afforded her. In perfecting her body by dieting, the eating-disordered daughter mirrors

her mothers' attempts to be powerful (Wooley & Wooley, 1984; Young-Eisendrath & Wiedemann, 1987). It is a mark of female resilience that in the face of no access to real power, mothers do train their daughters to have access to the only power that exists: body power. A positive reframing of dieting—from competition to loyalty and connection—can affirm the strength of the mother-daughter bond.

When a therapist highlights how a mother has developed strengths and obtained power despite adverse cultural conditions, maternal vitality is respected. Helping an eating-disordered woman see the positive function of her disordered eating serves to build self-esteem rather than to reinforce a negative, destructive female identity shared by mother and daughter. Finally, helping the daughter develop alternative ways of feeling genuinely powerful in relationships—with her self, her therapist, a group, her family, and finally in the larger world—facilitates healing.

Although any treatment that ignores mother-blaming is compromised, strategies that heal the mother-daughter relationship are most useful when integrated into a multifocused treatment approach (see Garner & Garfinkel, 1985; Johnson & Connors, 1987; Root, Fallon, & Friedrich, 1986; and Weiss, Katzman, & Wolchik, 1985, 1986, for comprehensive, multifaceted treatment approaches). Although individual psychotherapy forms the cornerstone of my work with eating-disordered clients, additional treatment modalities are useful at different stages of treatment. Family sessions offer a unique opportunity to address mother-blaming and heal family relationships.

A series of such sessions proved invaluable for Marcy, a 22-year-old who had been bulimic for 8 years. After spending many months in individual sessions identifying how feelings of ineffectiveness and powerlessness manifested themselves in dieting, exercising, and disordered eating, the therapist initiated a family session where Marcy was encouraged to express her feelings of anger and frustration directly to her parents. Sadly, Marcy recalled the impact of her mother's focus on how she *looked* rather than how she *felt*. "Didn't you know that dragging me from diet doctor to diet doctor—beginning at age 9—would make me feel fat and hideous?" she wept, recounting feelings of failure and shame, and the development of her bulimia.

Her mother responded first by apologizing, and second by explaining herself to her daughter. Still suffering from the consequences of being overweight herself as a child, Mrs. Stephans *had* encouraged Marcy's dieting, unknowingly contributing to her eating disorder. "I didn't want you to have my horrible fate of being the fattest girl in the class," explained mother to daughter. The therapist had an opportunity to underscore how expectations of thinness had affected both mother and daughter in the past and continued to influence them in the present. In



listening to her daughter's pain and apologizing for her own behavior, Mrs. Stephans had the opportunity to transform herself into a more empathic mother in the present. As Marcy came to recognize her mother's positive motivation in encouraging her to diet, she was freed to think of herself as acceptable and loved rather than "fat and hideous." When mother and daughter were encouraged to talk about their unhappy childhoods, each extended empathy for the other, contributing to a deepened capacity for relating.

Many clients are reluctant to acknowledge their mothers' pain, fearing that if they feel sorry for their mothers, they will no longer have the right to their own injured feelings (Bassoff, 1991). The therapist's role in such a case is to acknowledge that developing compassion for one's mother does not preclude feeling angry and/or sad at one's legitimate hurts. By inviting a daughter to listen to her mother's struggles, the therapist has the opportunity to help the daughter better understand her mother—a necessary step in the healing process. Marcy came to realize that her mother's goal in encouraging her daughter's dieting was to assist her daughter in achieving what she herself desired and was unable to achieve: recognition and power.

Several sessions examined other ways in which this mother and daughter might achieve power and recognition in their current lives (e.g., in work, in interpersonal relationships, etc.). The therapist continually highlighted how each therapy session itself offered the opportunity to set and achieve goals by relating more honestly and openly. By struggling together and supporting each other's growth in the present, both Marcy and her mother developed a deep appreciation of the genuine power that is developed through emotional connectedness. In this way, the therapist created a reparative experience by helping mother and daughter restructure their relationship as one where each could develop empathy and compassion for the other, instead of reinforcing guilt and blame.

Interspersed with several mother-daughter sessions occurring over a period of months, a series of father-daughter sessions offered Marcy the opportunity to heal her relationship with her father. As her father's story emerged, Marcy's understanding of his behavior expanded. In attempting to prevent his family from suffering the economic deprivation that had marked *his* childhood, Mr. Stephans worked two jobs, inadvertently creating a different but equally serious problem. Both daughter and father came to see how his attempt to be a devoted husband and father had unintentionally backfired and made him into an overworked, unavailable parent and spouse.

"I never knew much about those battles about the diet doctors! I wish I could have helped the two of you when you needed me," Mr. Stephans acknowledged apologetically to his wife and daughter. His recounting memories of his own childhood, marked by emotional as

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well as economic deprivation, permitted Marcy to develop compassion for her father and allowed the two to become closer.

Such sessions allowed Marcy to see both her mother's and father's strengths and weaknesses, and gain insight as to how both parents' journey toward identity was limited and shaped by cultural pressures. The therapist normalized paternal workaholism and maternal preoccupation with attractiveness as reflecting each parent's individual history and cultural gender norms, rather than as indicating pathology. Working actively to support Marcy in acknowledging her parents' pain as well as to express her own pain and anger, the therapist supported Marcy's reconnection to her parents—a prerequisite to being able to interact in a more intimate way with others (Zimmerman, 1991).

Just as many women are reluctant to acknowledge their parents' pain, they often fear expressing their own anger and love. When therapists are catalysts in both processes, a deeper level of connection and intimacy can be achieved. Achieving a more intimate relationship with both parents—one that involves expressing genuine emotions, including anger, frustration, and love—will enable a daughter to reach out to others in a healthier way (Benjamin, 1988; Chodorow, 1978; Jack, 1991; Jordan & Surrey, 1986; Surrey, 1985).

In family therapy, it is often not only the daughter, but also the mother who needs permission to find a new identity. As the daughter faces the opportunities and challenges that adolescence and adulthood bring, the mother can benefit from engaging in her own corresponding new experiences. In the past, mothers received little support for their own development. Such support can be given in mother-daughter sessions or, if appropriate and/or available, in the mother's individual therapy. The therapist (or therapists) supports *both* the daughter and mother in assuming new roles by helping the mother redefine her role as her daughter matures. Such a shift makes the mother a more empowered role model for her daughter, one who celebrates her own vitality and growth.

Group therapy as an adjunctive modality is also useful in addressing the issue of mother-blaming. For example, Nancy, a 29-year-old anorexic, described feeling pressured in her family to be "perfect." She acknowledged how inadequate she felt while she was growing up, and how losing weight initially was a simple solution to being the perfect daughter. With group support, Nancy explored her feelings of anger at her parents. In response to Nancy, Esther, a 40-year-old compulsive eater, turned to the group and said:

In hearing Nancy, I'm thinking about my daughter Sara, and what kind of mother I was. I wonder if she knows that I just wanted her to be the terrific person I know she is, or whether she felt pressured by me the way Nancy feels her parents pressured her.



Through the process of identification, the group members offered one another the opportunity to gain empathy for the circumstances of their own lives. In hearing Nancy's story, for instance, Esther reflected upon the impact her own behavior might have had on her daughter. By witnessing Nancy's struggle, she developed empathy and compassion for her daughter; in telling her own story, she developed forgiveness for herself. Correspondingly, impressed with Esther's self-awareness, Nancy was able to wonder about the validity of her own assumptions that had kept her stuck for many years. "I always felt that I wasn't good enough for them . . . that I was a disappointment," she said sadly. "I've blamed them all these years. Maybe they didn't know the hurt they caused me. Maybe they didn't even mean it the way I took it."

"Imperfect though she may be, my mother is my best friend," is a comment I have heard literally hundreds of times from eating-disordered women. Such comments have made me aware of the importance of helping clients express and get beyond their feelings of anger and blame. In addition to individual, group, and family treatment, I have conducted intensive workshops to explore and transform the mother-daughter relationship. A description of such a workshop follows.

### **MOTHERS AND DAUGHTERS: A HEALING WORKSHOP**

I am JoEllen, daughter of Meg.

I was welcomed to womanhood by Meg, Happy and Smiling.

I am Marnie, daughter of Rita.

I was welcomed to womanhood by Rita, Angry at the World.

I am Suzanne, daughter of Mary Beth.

I was welcomed to womanhood by Mary Beth, Dislocated.

Thirty eating-disordered women are sitting on the floor in a circle, introducing themselves to one another. They have just participated in an exercise in guided imagery, in which each participant has been asked to imagine browsing through a photograph album and selecting a photograph of her mother that has something important to tell her. The purpose of the imagery is to deepen participants' awareness of how their body image development is interwoven with their relationship with their mothers by focusing questions on three areas: how their mothers felt about their own bodies; how their mothers felt about their daughters' bodies, and how their mothers' feelings about their own and their daughters' bodies affected their daughters' body image.

After each participant has meditated on the photograph she has selected, the therapist announces:

Your mother is the most important woman you will ever know.  
Your mother welcomed you to the world.  
Your mother welcomed you to the world of womanhood.

The therapist then instructs each participant to select a frame and a title for her photograph, and asks:

What does the frame you chose for this picture tell you about your mother? What does the title you selected tell you about your mother and about how she felt about her body? How did her feelings about her body influence her feelings about your body?

Next, the therapist opens the group discussion by introducing herself using the language and the title from her own guided imagery, and requests that participants do likewise.

I am Judy, daughter of Peggy.

I was welcomed to the world by Peggy, Queen of the Hop.

In defining herself as a daughter, she elevates that status; in emphasizing her connection to her mother, she highlights the mother-daughter lineage (one rarely celebrated). As the introductions continue, the repetitive phrases build to a rhythmic chant and create a ceremonial atmosphere, reminiscent of ancient rituals.

Throughout history, ceremonies and rituals have been used to celebrate important passages, transitions, and relationships in life. In general, women's lives have been under-ritualized (Imber-Black, Roberts, & Whiting, 1988; Laird, 1991). Existing rituals, such as baby and bridal showers, celebrate women's strengths as childbearers and wives—roles where they invisibly support and guide the well-being of others, rather than their own growth and development. The ritualistic aspect of this all-female workshop honors the interconnectedness that women cherish and that is devalued in our culture. Guided imagery offers participants the opportunity to go inward and heal themselves by accessing forgotten memories. Group processing offers the opportunity to deepen connections with others (Kearney-Cooke, 1989; Wooley & Kearney-Cooke, 1986).

In response to this imagery, participants are often able to experience the powerful impact of their mothers. One participant called me after a workshop to say that she had gone home and called her mother.

I didn't realize how much I meant to her. But there was something about seeing her face as she stood there at the stove that reminded me of how hard her life was, and how what she really wanted for me was to have a good life. To her, having a good life meant I should find a husband to provide me with security. What she believed was that being attractive, and in particular being thin, would help me catch a man.



Therapists are powerful healing agents who exert enormous force in helping clients construct stories that explain their own behavior (Laird, 1991; Rampage, 1991). The stories that a client constructs about her eating disorder and about her family are determined in part by a therapist's questions and guidelines. In instructing each participant in this workshop to think of her mother as "the most important woman you will ever know," and as a "welcomer to womanhood," the therapist creates an atmosphere of reverence and respect for mothering and for the mother-daughter relationship. The therapist's choice of language plants what the Plain Tree Indians called a "seed thought"—a thought that liberates the mind and enlivens the imagination (Buffalo, 1990). Such language encourages participants to think about their mothers and their lives in a new way, opening the door for creativity and healing.

Ultimately a daughter inherits the attitudes, beliefs, roles, and struggles of her mother. Generations of mothers have struggled with feelings about their lives that have been communicated to their daughters in body and self-image issues. This workshop provides an opportunity for daughters' multifaceted connections with their mothers to be explored. The imagery stimulates the expression of feelings of disappointment, rage, shame and suffering—the "chains of female misery" (Bassoff, 1991, p. 165) that are passed down from mother to daughter, and live on in the present generation in the symptoms of anorexia and bulimia. Simultaneously, voices attest to the positive qualities mothers pass on to daughters: love, care, and attachment. As the participants recall the positive impact of their mothers, strong emotions are voiced, and a powerful connection develops among the women present. In recapturing maternal strengths and shortcomings, this ceremonial group experience affirms a yearning for connectedness in the present as well as in the past, as the mother-daughter relationship is celebrated and honored.

## A NEW CONNECTION

*We are taught to believe that pent-up hostility is dangerous, yet the real tragedy is pent-up love. . . . The release of pent up love and respect for our mothers brings the added gift of love and respect for ourselves.*

—Caplan (1986, p. 35).

Steiner-Adair (1991a) reminds us that "a lot of attention is paid to helping women with eating disorders express their anger, especially at their mothers" (p. 240). Although the expression of anger is both necessary and healing, what I have discovered is that it is not the inability to express anger that limits growth, but the inability to express love and caring. Offering daughters an opportunity to affirm the positives as well

as the negatives of this prototypical relationship will have a profound impact on the daughters' quest for interpersonal intimacy—the hallmark of healthy development (Jack, 1991; Steiner-Adair, 1991b; Surrey, 1985).

As this chapter has outlined, mother-blaming, besides being misdirected, weakens the connection between mothers and daughters and limits the daughters' ability to grow. In blaming her mother, a daughter blames herself, circumscribes her affective responses, and remains crippled in her ability to develop satisfying relationships with people. In its proper context, however, the mother–daughter connection can be viewed quite differently. As Bassoff (1991) notes,

Knowing how our grandmothers and mothers were hurt cannot undo or excuse the hurt they may have caused us—but it can provide explanations for their inadequacies. Instead of seeing their maternal failings as personal defects, we can try to understand them as outgrowths of a society that stunted women . . . we can look on them as victims of their times. (p. 165)

By identifying, expressing, and letting go of her anger at her mother, the eating-disordered woman breaks the chain of misery that might otherwise have bound her not only to her mother, but to her future daughters. Understanding and identifying with the difficulties her mother has faced can enable the daughter to move beyond blame. As she becomes capable of transforming her relationship with her mother, she becomes capable of developing more satisfying relationships with other people as well. Through the process of actively healing her relationship with her mother, she expands her own capacity to develop healing connections with others—ultimately a source of strength, growth, and power.

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## REFERENCES

- Bassoff, E. (1991). *Mothering ourselves*. New York: Dutton.
- Beattie, H. J. (1988). Eating disorders and the mother–daughter relationship. *International Journal of Eating Disorders*, 7, 453–460.
- Benjamin, J. (1988). *The bonds of love*. New York: Pantheon.
- Bruch, H. (1978). *The golden cage*. Cambridge, MA: Harvard University Press.
- Buffalo, Y. (1990). Seeds of thought, arrows of change: Native storytelling as metaphor. In T. Laidlaw, C. Malmo, & Associates (Eds.), *Healing voices*. San Francisco: Jossey-Bass.
- Caplan, P. J. (1986). *Don't blame mother: Mending the mother–daughter relationship*. New York: Harper & Row.



- Caron, A. F. (1991). *Don't stop loving me: A reassuring guide for mothers of adolescent daughters*. New York: Holt.
- Charone, J. (1982). Eating disorders: Their genesis in the mother-infant relationship. *International Journal of Eating Disorders*, 4, 15-43.
- Chernin, K. (1985). *The hungry self: Women, eating and identity*. New York: Time Books.
- Chodorow, N. (1978). *The reproduction of mothering*. Berkeley: University of California Press.
- Ehrensing, R., & Weitzman, E. (1970). The mother-daughter relationship in anorexia nervosa. *Psychosomatic Medicine*, 32, 201-208.
- Frankenburg, F. R. (1984). Female therapists in the management of anorexia nervosa. *International Journal of Eating Disorders*, 3(4), 25-33.
- Freedman, R. (1988). *Bodylove: Learning to like our looks—and ourselves*. New York: Harper & Row.
- Garner, D. M., & Garfinkel, P. E. (Eds.). (1985). *Handbook for psychotherapy of anorexia nervosa and bulimia*. New York: Guilford Press.
- Geist, R. A. (1985). Therapeutic dilemmas in the treatment of anorexia nervosa: A self psychological perspective. In S. W. Emmett (Ed.), *Theory and treatment of anorexia and bulimia*. New York: Brunner/Mazel.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Hall, A., & Brown, L. B. (1983). A comparison of the attitudes of young anorexia nervosa patients and non-patients with their mothers. *British Journal of Medical Psychology*, 56, 39-48.
- Hancock, E. (1989). *The girl within*. New York: Dutton.
- Hare-Mustin, R. T. (1978). A feminist approach to family therapy. *Family Process*, 17, 181-94.
- Hare-Mustin, R. T., & Broderick, P. C. (1979). The myth of motherhood: A study of attitudes towards motherhood. *Psychology of Women Quarterly*, 4, 114-128.
- Herman, J. L. (1981). *Father-daughter incest*. Cambridge, MA: Harvard University Press.
- Hochschild, A. (1989). *The second shift*. New York: Viking.
- Imber-Black, E., Roberts, J., & Whiting, R. (Eds.). (1988). *Rituals in families and family therapy*. New York: Norton.
- Jack, D. C. (1991). *Silencing the self: Women and depression*. Cambridge, MA: Harvard University Press.
- Johnson, C. L., & Connors, M. (1987). *The etiology and treatment of bulimia nervosa: A biopsychosocial perspective*. New York: Basic Books.
- Jordan, J. V., & Surrey, J. L. (1986). The self in relation: Empathy and the mother-daughter relationship. In T. Bernard & D. W. Canton (Eds.), *The psychology of today's woman: New psychoanalytic visions*. Hillsdale, NJ: Analytic Press.
- Jung, C., G. (1959). *The collected works of C. G. Jung: Vol. 9, Part 1. The archetypes in the collective unconscious* (R. F. C. Hull, Trans.). Princeton, NJ: Princeton University Press.
- Kearney-Cooke, A. (1989). Reclaiming the body: Using guided imagery in the

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- treatment of body image disturbances among bulimic women. In L. M. Hornyak & E. K. Baker (Eds.), *Experiential therapies for eating disorders*. New York: Guilford Press.
- Kohut, H. (1971). *The analysis of the self*. New York: International Universities Press.
- Laird, J. (1991). Enactments of power through ritual. In T. J. Goodrich (Ed.), *Women and power*. New York: Norton.
- Lerner, H. G. (1988). *Women in therapy*. New York: Haworth Press.
- Lerner, H. (1991). Masochism in subclinical eating disorders. In C. L. Johnson (Ed.), *Psychodynamic treatment of anorexia nervosa and bulimia*. New York: Guilford Press.
- Luepnitz, D. A. (1988). *The family interpreted: Feminist theory in clinical practice*. New York: Basic Books.
- Marecek, J., & Hare-Mustin, R. T. (1991). A short history of the future: Feminism and clinical psychology. *Psychology of Women Quarterly*, 15, 521-536.
- Maine, M. (1991). *Father hunger*. Carlsbad, CA: Gurze Books.
- Miller, J. B. (1976). *Towards a new psychology of women*. Boston: Beacon Press.
- Minuchin, S., Rosman, B. L., & Baker, L. (1978). *Psychosomatic families. Anorexia nervosa in context*. Cambridge, MA: Harvard University Press.
- Mitchell, S. (1988). *Relational concepts in psychoanalysis*. Cambridge, MA: Harvard University Press.
- Pike, K.M., & Rodin, J. (1991). Mothers, daughters and eating disorders. *Journal of Abnormal Psychology*, 100, 198-204.
- Ramplng, D. (1980). Abnormal mothering in the genesis of anorexia nervosa, *Journal of Nervous and Mental Disease*, 168, 501-504.
- Rampage, C. (1991). Personal authority and women's self stories. In T. J. Goodrich (Ed.), *Women and power*. New York: Norton.
- Root, M., & Fallon, P. (1989). Treating the victimized bulimic. *Journal of Interpersonal Violence*, 4(1), 90-100.
- Root, M., Fallon, P., & Friedrich, W. (1986). *Bulimia: A systems approach to treatment*. New York: Norton.
- Segunda, V. (1990). *When you and your mother can't be friends*. New York: Bantam.
- Selvini Palazzoli, M. (1978). *Self-starvation*. New York: Jason Aronson.
- Silverstein, L. B. (1991). Transforming the debate about childcare and maternal employment. *American Psychologist*, 46, 1025-1032.
- Smith, J.M. (1991, June 10). Mothers: Tired of taking the rap. *New York Times Magazine*.
- Steiner-Adair, C. (1991a). New maps of development, new models of therapy: The psychotherapy of women and the treatment of eating disorders. In C. L. Johnson (Ed.), *Psychodynamic treatment of anorexia nervosa and bulimia*. New York: Guilford Press.
- Steiner-Adair, C. (1991b). When the body speaks: Girls, eating disorders and psychotherapy. *Women and Therapy*, 11, 253-267.
- Surrey, J. (1985). *Self-in-relation: A theory of women's development*. Wellesley, MA: Stone Center for Developmental Studies, Wellesley College.
- Tustin, F. (1959). Anorexia nervosa in an adolescent girl. *British Journal of Medical Psychology* 55, 567-576.



- Weiss, L., Katzman, M., & Wolchik, S. (1985). *Controlling bulimia: A psychoeducational approach*. Elmsford, NY: Pergamon Press.
- Weiss, L., Katzman, M., & Wolchik, S. (1986). *You can't have your cake and eat it too: A program for controlling bulimia*. Saratoga, CA: R & E.
- Winnicott, D. W. (1971). *Playing and reality*. New York: Basic Books.
- Wolf, N. (1991). *The beauty myth: How images of beauty are used against women*. New York: Morrow.
- Wooley, S. C. (1991). Uses of countertransference in the treatment of eating disorders: A gender perspective. In C. L. Johnson (Ed.), *Psychodynamic treatment of anorexia nervosa and bulimia*. New York: Guilford Press.
- Wooley, O. W., & Wooley, S. C. (1984). The Beverly Hills eating disorder: The mass marketing of anorexia nervosa. *International Journal of Eating Disorders*, 1, 57-60.
- Wooley, S. C., & Kearney-Cooke, A. (1986). Intensive treatment of bulimia and body image disturbance. In K. Brownell & J. Foreyt (Eds.), *Handbook of eating disorders*. New York: Basic Books.
- Wylie, M. S. (1989). The mother knot. *Networker*, 13, 42-52.
- Young-Eisendrath, P., & Wiedemann, F. L. (1987). *Female authority: Empowering women through psychotherapy*. New York: Guilford Press.
- Zimmerman, J. K. (1991). Crossing the desert alone: An etiological model of female adolescent suicidality. *Woman and Therapy*, 11, 223-241.
- Zunino, N., Agoos, E., & Davis, W. N. (1991). The impact of therapist gender on the treatment of bulimic women. *International Journal of Eating Disorders*, 10(3), 253-263.