Gendered Differences: Postmodern Feminist Perspectives and Young Women Identified as "Emotionally Disabled"

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Abstract

Little consideration has been given to adolescent girls identified as having emotional disabilities in either the research or clinical literature. Social workers continue to use developmental theories that are based on males, and thus contribute to the persistent silence about the needs of this population. Feminist and postmodern perspectives can serve to highlight how dominant discourses around "gender," "emotional disabilities," and "psychological development" influence social work theory and practice with this population. This paper uses feminist and postmodern re-visions of developmental theories to deconstruct the current research and clinical practices with female adolescents and shows how these re-visions can inform our thinking about adolescent girls identified as having emotional or behavioral disabilities.

CURRENT LITERATURE ABOUT ADOLESCENTS identified as having emotional "disabilities"[1] rarely grants attention to issues of gender. The lack of consideration paid to adolescent girls in research and clinical literature "parallels the silence about adolescent girls in the literature of developmental psychology" (Gilligan, Rogers, & Tolman, 1991, p. 1). The experiences and lives of female adolescents in general, and those with emotional or behavioral disabilities in particular, remain largely invisible in research and theory. While feminist literature about female development has begun to address developmental issues specific to adolescent women, feminist critiques have not yet included constructs surrounding young women with disabilities. Therefore, social work practice and research regarding emotionally disabled young women continues to be informed mainly by traditional developmental theories based on men.

As they enter into adulthood, young women with emotional disabilities face the difficulties associated with these disabilities in addition to the challenges a patriarchal society presents to them and their nondisabled peers. Feminist and postmodern perspectives can serve to highlight how dominant discourses around "gender," "emotional disabilities," and "psychological development" influence social work theory and practice with young women situated at the nexus of these discourses.

The purposes of this paper are twofold: (a) to demonstrate how current research and clinical practices with female adolescents can be deconstructed using feminist and postmodern re-visions of developmental theories, and (b) to show how these re-visions can inform our thinking about adolescent girls identified as having emotional or behavioral disabilities.

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[1] Because it is more benign in its connotations, the term "disability" is preferred over other commonly used terms such as "disorder" or "disturbance." Although the word disability will not be set in quotation marks from this point on, the authors wish to alert the reader to the constructed nature of the concept of disability, the multitude of its meanings, and its lopsided focus on the negative.

Feminist and Postmodern Re-Visions of Developmental Theories

From a postmodern perspective, all theories and models are professional narratives that are embedded in and interwoven with the larger culture. Insofar as culture is a system that gives meaning to events (Saleebey, 1994), individuals, families, professionals, communities, and larger cultural institutions are all viewed as agents or coauthors of the stories that make up our lives. The meanings created through theories both reflect and reinforce our idiosyncratic interpretations and those prescribed by the dominant culture. As a profession dedicated to the advancement of social justice, it behooves social work to examine the cultural and linguistic factors that so powerfully influence our perceptions and centrally organize our work (Freedman & Combs, 1996).

Social work with young women identified as having an emotional disability continues to depend heavily on traditional developmental theories that have informed our understanding of psychological maturation. As Deborah Tolman (1994) observed,

> *The relationship between developmental theory and clinical practice is fundamental in shaping the process and goals of therapy and is particularly strong when working with adolescents.... I was struck with how deeply entrenched ideas about adolescent development which focused solely on separation and individual identity were. (p. 86)*

The construction of adolescence as a time for "separation" and developing a "self" or an "identity" that is independent of others has been at the heart of traditional theories about "normal" psychological development. The theoretical models that have influenced practice over the past decades include "grand theories" such as psychodynamic drive theory as propounded by Sigmund Freud (1922), object relations theories (Mahler, Pine, & Bergman, 1975; Bowlby, 1969), and models about psychosocial, cognitive, and moral development as exemplified in the theories of Erik Erikson (1950) and Lawrence Kohlberg (1984). Erikson's and Kohlberg's models conceptualize identity development as a linear progression of stages or phases with increased "independence" and "separation" as the measure of healthy adolescent development. Holding the idea of an "independent self" as a central concept, these models of normal development, and the research employed to support them, reflect a particular heritage firmly rooted in the historical and cultural context of Western European and U.S. societies. It is an indicator of the strength and longevity of these underlying cultural values that these traditional views of adolescence are still so "entrenched" today.

Over the past decades, two major waves of criticism have challenged traditional developmental theories. First, feminist theorists revealed the implicit (and explicit) sexism of developmental models (Miller, 1976; Chodorow, 1978; Gilligan, 1982). Second, postmodern theorists have added to the critique by pointing out how linear stage models and "grand theories" are rooted in a positivist paradigm that falsely assumes a universal reality that can be inferred from experiments or "neutral" observation (Sands, 1996; Sands & Nuccio, 1992). Together these critical re-visions have begun to slowly unfold or deconstruct the "truths" of traditional developmental theories contributing to a diversified understanding of women's (and men's) development.

Critique on Erikson's Developmental Model

Erik Erikson's (1950) phase model of identity development is one of the classic developmental theories that are still very influential in social work practice. Expanding on Freudian constructions of identity formation that focused almost entirely on intrapsychic and psychosexual development, Erikson articulated a psychosocial model of development based on his research of Caucasian boys (Jordan, 1997). In Erikson's model, identity development occurs in a sequence of eight normative stages. Adolescence and young adulthood, stages five and six respectively, are times during which adolescents and young adults strive to consolidate first a "self-identity" and then their relationships with others. According to Erikson, stage five, the "crisis of adolescence," is a stage during which adolescents are attempting to connect "the roles and skills cultivated earlier with the occupational prototypes of the day" (p. 228, 1950). Stage six, young adulthood, is the time to resolve the conflict of intimacy versus isolation. In 1968, Erikson acknowledged that the development for women might proceed differently, stating that "the formation of identity was a problem for women because at that stage she usually has not met the man whose identity would be integral to her own" (as cited in Sands, 1996, p. 170). Still, Erikson did not see the need to change his original model, and like most modernist theorists, he presented his normative phases as "natural" rather than "cultural." Viewed through postmodern and feminist lenses, however, Erikson's seemingly neutral "occupational prototypes" are revealed as cultural stereotypes. Feminists took issue with Erikson's understanding of men's "identity" as being "separate," "autonomous," and "self-contained," and women's identity as "inseparable" and "fused" with that of a man (Gilligan, 1982; Jordan, 1997, Mencher, 1997).

By definition, stage models like Erikson's are based on a modernist paradigm and imply a linear succession and progression of development. For instance, Erikson places "identity" after, and thus as dependent on, previously established "autonomy." Issues of relationship are brought forward only in stage six after the crisis of "identity versus role

confusion" is resolved through the normative "consolidated and firm sense of identity." But if identity formation hinges on increased separation, then girls who frequently experience growing isolation as intolerable are given the message that they never truly "grow up" (Mirkin, 1994), a message that fits neatly with prevailing sexist attitudes viewing women as inferior and childlike.

The juxtaposition of Erikson's comments on love and those on female development suggest that he believes young women to be incapable of mature love, since they do not bring a firmly established identity to intimate relationships.... Thus, for Erikson, female development may be necessarily delayed or impaired. (Mencher, 1997, p. 319)

Postmodern theories have provided the impetus for a critique that examines the underlying modernist paradigm of Erikson's model more broadly. In addition to the linearity of his concept, Erikson constructs a model of psychosocial development in which the "self" is "hatched" in the course of eight stages like a specific "thing" or "substance" that remains stable once achieved (Polkinghorne, 1991). Indicated by the use of the term "versus," each of these stages is conceptualized as containing a struggle between polar opposites. As noted, stages five and six (adolescence and young adulthood) are entitled "identity versus role confusion" and "intimacy versus isolation," respectively. Thereby, concepts of "separation" or "individuation" are brought into opposition to concepts such as "dependence" or "fusion." In the tradition of Cartesian thinking, these binary constructions are mutually exclusive, and—upon closer examination—hierarchical in structure (Minnich, 1990; Sands & Nuccio, 1992). One pole ("identity," "intimacy," "separateness," and "independence") is culturally invested with a higher value than the other ("role confusion," "isolation," "enmeshment," and "dependence"). Thus, these divisions do not simply denote two opposing but equally valid and valued concepts. Rather they are set up vertically forming a hierarchy in which one quality is seen as preferable to the other. In addition, these qualities are stereotypically gendered in that they are associated with attributes of the "opposing" gender. As a result, the construct of "female" is culturally aligned with notions of "body," "dependence," or "feeling," while the term "male" invokes "mind," "independence," and "thinking" (see Figure 1).

When separation is the goal, then attempts at connection are often pathologized ... caretaking is labeled derogatorily as "codependency," connection is reframed "enmeshment," providing for safety is called "overprotection," and relationship maintenance is termed "conflict avoidance." (Mirkin, 1994, p. 79)

Figure 1. *Gendered hierarchies.*
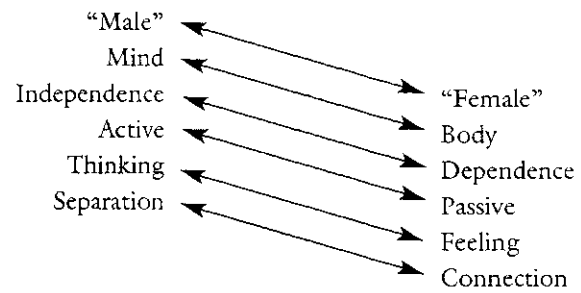
Driven by these hierarchical dynamics, a particular type of "individuation" is preferred in adolescence, one in which "separation," "independence," and "autonomy" are goals of development and social work interventions.

Critique on Kohlberg's Theory

Like Erikson's theory, Lawrence Kohlberg's (1984) model of "moral development" was solely based on research with Caucasian boys. Carol Gilligan (1982) first challenged Kohlberg's theories in her book *In a Different Voice* in which she suggested a series of feminist counterconstructions to Kohlberg's concepts. Gilligan argued that Kohlberg's stages of moral development left women "stuck" at stage three, in which goodness is equated with helping and pleasing. In contrast, Gilligan proposed that concepts of "identity" and "intimacy" are indistinguishable in the development of women. While moral development for Kohlberg culminates in the reduction of complexity at its highest point, Gilligan sees women's moral concepts grow into more complexity where absolute or abstract judgments yield to the intricacy of relationships. According to Gilligan, women's constructs of moral problems arise from conflicting relational responsibilities rather than rules or rights, and "female morality" is expressed within a web of responsibilities and not in abstract terms of rights to noninterference. Inverting Kohlberg's model that starts at "separation" as "normal" for identity development and then leads toward the exploration of connection, Gilligan suggests "connection" as the starting point. Women in Gilligan's model centrally value relationship and come to fear competitive situations for they might result in loneliness and isolation. Consequently, "women's solutions" to moral problems are contextual rather than abstract or formal (Gilligan, 1982).

Gilligan's theoretical work has not gone without criticism. Christine Hoff Sommers (2000) raised questions about the quality of Gilligan's original work in *Atlantic Monthly* magazine, and accused her of being guided more by ideology than science. Sommers claimed that Gilligan failed to produce solid empirical evidence that would comply with conventional pro-

tocols of social science research, and instead based her theory on merely anecdotal evidence. In a heated exchange in letters to the magazine's editor, Gilligan and her supporters defended their research. They in turn accused Sommers of misrepresenting common practices of social science and deliberately ignoring supporting research undertaken since 1982, especially the work done by researchers from the Stone Center.

Building upon the work of Gilligan and others (e.g., Chodorow, 1978; Miller, 1973), feminist researchers from the Stone Center at Wellesley College have suggested a "self-in-relation" concept of female development (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). The relational model proposed by the Stone Center emphasizes the centrality of connection in the lives of women who develop in growth-fostering relationships (Jordan, 1997). Based on research about women, "mutuality," "caring," and "empathy" replace traditional emphases on "separation" and "individuation" as central developmental goals for adolescents. However, these developmental lines are not viewed as "naturally" different for women. Rather, Judith Jordan (1997) hypothesizes that socialization is the main factor in "gendering" the relational worlds of boys and girls as they grow up. Boys are socialized toward experiencing themselves as "powerful-dominant," implying a disconnection between self and other, and girls are socialized to experience themselves as continuously connected with others in a mode characterized by "love-empathy." The patriarchal societal structures then continue to devalue the very features women are socialized to exhibit.

Postmodern theories brought about a second wave of critical re-visions to traditional development theories (Gergen & Davis, 1997) and to some of the earlier feminist theories as proposed by Gilligan and the Stone Center. As Sands (1996) points out, the claim to "a different voice" as proposed by early feminist researchers and theorists all too often assumed an essentialist character of its own. While feminist theorists successfully introduced the idea that theories about "normal" development were gender-biased, it was noted that the "difference" described in early feminist theories bore striking resemblance to traditional stereotypes of "caring" women contrasting "independent" men. "Different voice" concepts turned the hierarchy of "feminine" versus "masculine" attributes on its head suggesting that "women's ways" were more desirable rather than inferior to male norms but they never abandoned essentialist categories. These countermodels failed to fundamentally question the binary constructions that divide the "opposite sexes" in the first place. As a result, women's voices began to be heard more clearly in the field of developmental theories, albeit in a way that viewed women regardless of age, ethnicity, or circumstance as having *one* "other" voice, a voice that was predominantly White and middle-class (Davis, 1994; Jordan, 1997). Thus, early feminist countertheories inadvertently replicated the hierarchical structures of male-essentialist theories and thereby reified notions of women as the "other."

Recently, Judith Jordan and other writers from the Stone Center have begun to respond to this postmodern critique. In the book *Women's Growth in Diversity* (Jordan, 1997) these writers are more clearly positioning themselves and their theories as *one* voice among many. Rather than just adding one layer of "female description" to the professional tale, contributors were invited who would provide additional perspectives and voices to the knowledge base. Thereby, postmodern feminist theory and research attempt to decenter any *one* model and continue to enrich the discourse about women (and men) by adding new descriptions to existing developmental models. Yet, to date these added descriptions have not been developed extensively, nor have they included many perspectives of young women (or men) with behavioral or emotional disabilities.

Female Adolescence as a "Crisis of Connection"

Researchers and theorists have only begun to explore the meaning of feminist and postmodern re-visions in regards to the relational world of *adolescent* women (Gilligan, Lyons, & Hanmer, 1990; Brown & Gilligan, 1992). Brown and Gilligan (1992) arrived at the theory of a "crisis of connection" in female adolescence, a time when girls are being asked to live up to cultural ideals of womanhood and femininity. At this juncture, the authors argue, female adolescents attempt to navigate two opposing expectations. On the one hand, they attempt to emulate the image of a "good" (i.e., kind, nice, pretty) women while, on the other hand, they wish to sustain genuine relationships with themselves and others. According to Gilligan and Brown (1992), adolescent girls are put in a position where they can *either* remain connected to the knowledge they hold about relationships *or* be connected with peers, adults, and society at large. A young woman can either speak her "truth" at the risk of being outcast or shunned, or she can ensure her acceptance and belonging by editing, if not completely silencing, her own knowledge. In either case, she will lose a substantial part of what she values: connectedness with others or the genuineness within relationships. Brown (1991) suggests that this dilemma of conflicting expectations leads girls to "disavow the self," denying opinions or views of her own in an attempt to avoid being criticized or ostracized.

> *For girls, adolescence is a time of particular vulnerability, a point where a girl is encouraged to give over or to disregard or devalue what she feels and thinks—what she knows about the world of relationships—if she is to enter the dominant views of conventional womanhood. Wooed by idealized relationships, by the possibility of perfection and purity, and by the new image of the superwoman—the woman who has it all with no outward signs of distress or struggle—she is encouraged to enter,*

to buy into, a story that she has not known to be true from her experiences in childhood. For a girl to do otherwise, to tell a different story true to her rich and varied experiences of childhood relationship—to stay with what she knows in the face of pressure to not know—would be to engage in an act of resistance, an act of moral courage in the face of potential risk to her body and her psyche. (Brown, 1991, p. 83–84.)

These thoughts are echoed by Mary Pipher in her book *Reviving Ophelia* (1994) when she describes female adolescence as a time when "(g)irls become 'female impersonators' who fit their whole selves into small, crowded spaces" (p. 22), presenting false selves that fit cultural expectations at the expense of their true selves.

Although this description of female adolescence does not abandon the notion of a "true" or "core" self, it provides a radically different frame for understanding the retrenchment observed in previously strong and active girls as they enter into adolescence (Stern, 1991). Freud referred to it as a "fresh wave of repression" grounded in "penis envy," and psychoanalytic theorists following Freud continued a normative and male-centered explanation of girls' adolescent struggles suggesting that women were "passive," "dependent," and even "masochistic" (Stern, 1991). In contrast to such explanations that construct the reasons for adolescent retrenchment as intrapsychic, Gilligan and Brown's (1991) and Pipher's (1994) re-visions begin to take into account the larger cultural context in which young women grow up.

Considering the web of cultural influences that envelops young women, it stands to reason that the experiences of adolescence are of even greater complexity for young women identified as emotionally disabled. Unfortunately, we know little about how these young women experience adolescence and young adulthood as empirical literature and theory have not yet provided an exploration of narratives about the adolescence of emotionally disabled women. With the notable exception of Mary Pipher's *Reviving Ophelia* (1994) and a compilation of writings by adolescent girls entitled *Ophelia Speaks* (Shandler, 1999), most of current clinical literature and virtually all research literature remains silent about the adolescent experiences of this population. Still, some dominant cultural beliefs about "gender" and emotional disability are evident in the findings and in the silences of professional literature.

Adolescents With "Emotional Disabilities:" Gendered Differences

Social workers, in various practice settings such as mental health and child welfare agencies or in schools, frequently encounter both male and female adolescents identified as "emotionally disabled." Although these different practice settings may use different terms and definitions for "emotional disability" (e.g., the Center for Mental Health Services, the U.S. Department of Education, and the U.S. Administration on Developmental Disabilities have developed their own definitions of "Serious Emotional Disorder" (SED), also known as "Severe Emotional Disturbance," or "Emotional and Behavioral Disability" (EBD)), all of these definitions include a condition that meets the criteria for a psychiatric diagnosis, and criteria for functional impairment of personal relationships (Davis & Vander Stoep, 1997).

Conservative estimates indicate that 7% to 8% of all students in the United States have emotional or behavioral differences severe enough to render them in need of special education services (McLaughlin, Leone, Meisel, & Henderson, 1997). Three to 8% of all children and youth that require mental health treatment are considered "SED" (Kuperminc & Cohen, 1995). At the same time, identification and referral data indicate that 60% to 90% of students whose conditions include persistent impairments of psychological, social, familial, and academic functioning are not served in the educational system. In addition, only one third of youth under the age of 18 believed to have an emotional disability receive mental health services (McLaughlin et al., 1997; Burns, Costello, Erkanli, Tweed, Farmer, & Angold, 1997).

Overall, male and female youth with emotional disabilities struggle more than any other disability group to successfully transition to adulthood. As a group, they achieve only the poorest adult outcomes in comparison to "nondisabled" peers and in comparison to other disabled youth (Davis & Vander Stoep, 1997). Findings indicate that youth with emotional disabilities have:

- the highest school dropout rate, ranging from 43% to 56%, almost twice the rate of other students with disabilities;
- are less likely to enter into postsecondary education or training;
- they are less likely to be employed (3 to 5 years after leaving school, and are employed at a rate of only 47%, compared to 69% of individuals without disabilities);
- experience considerable job instability and earn only slightly more than poverty level or minimum wage income;
- are more likely to live in residential mental health or juvenile justice institutions;
- show high rates of criminal involvement;
- are more likely to be at-risk for homelessness;
- are at high risk to contract sexually transmitted diseases;
- have high numbers of unplanned pregnancies;
- seem at particular risk for suicide; and
- are at particular risk for in-school and postschool victimization (Davis & Vander Stoep,1997; Doren, Bullis & Benz, 1996).

Despite a growing body of knowledge about youth with emotional and behavioral disabilities, research focusing on young women with emotional disabilities is still very sparse (Wagner, Blackorby, Cameto, Hebbeler, & Newman, 1993). What little can be extracted from studies about adult outcomes of mental health and special education services for all youth with emotional disabilities suggests that young women with emotional disabilities find themselves at the very bottom of an already disadvantaged group. Within this group with "emotional disabilities," girls participate at a lower rate in transition-to-adulthood programs than boys, receive less vocational training, are significantly less likely to be employed, and remain unemployed and underemployed for longer periods of time (Wagner et al., 1993). Despite these disheartening outcomes, gender has not been a focus of theoretical considerations or research regarding outcomes or service use of young women with emotional disabilities. When studies on youth with "emotional or behavioral disabilities" have attended to gender, the authors often simply suggest that "gender differences" are "found" in mental health and special education services, thus employing a language that does not account for the culturally gendered constructions that underlie research and practice.

Gendered Scripts and Places: Theory and Practice Reconsidered

Theory. Prevalence estimates of emotional disabilities support Brown's (1991) claim that adolescence is a time of particular "psychological danger" for girls. Serious mental illnesses, such as schizophrenia, often manifest themselves during adolescence, (pointing to the added neurological vulnerability at this age). Researchers believe that the actual prevalence of emotional difficulties shifts toward a preponderance of females for many conditions after age 15, especially in the categories of so-called mood disorders (Davis & Vander Stoep, 1997; Lichtenstein, 1998). Adolescent girls are more likely to be depressed, hold more negative views about themselves, and encounter their first psychological disturbances during this time (Brown, 1991). Gilligan and Brown's concept of "crisis of connection" may be useful in understanding this preponderance of females experiencing emotional "disorders." At this point in their lives, culturally patriarchal expectations and hierarchical narratives pressure young women to adhere to an artificial ideal of womanhood, be it in terms of physical appearance or relational qualities. Under these pressures, the growing range of options that adolescence offers turns into a competitive structure.

For girls in this culture at this time, adolescence appears to mark a potential point of departure from life experience. Adolescence itself is a time when a variety of perspectives can be held and coordinated, a time when the hypothetical and the abstract can be entertained. Thus adolescents come face to face with alternative possibilities, with the potential for conflict and choice. And with the ability to abstract comes the rewards and dangers of the capacity to separate what she knows from experience from other possible scenarios. (Brown, 1991, p. 83–84).

The increase of possibilities during adolescence, as described by Brown (1991), is superimposed by a hierarchical cultural narrative that portrays certain choices as superior to others regardless of personal circumstance or preference. The increase of possibilities attained in adolescence is thereby transformed, or rather distorted, from a horizontal field of multiple options to a hierarchy in which one must make particular choices so as to move in the "right" direction. Traditional developmental theories, such as the linear and normative models of Erikson and Kohlberg, act in concert with rather than against this hierarchy of ideals and inevitably render young women disordered and insufficient. Erikson's "consolidated and firm sense of identity" precludes the validity of "identity" as an ever evolving, mutually constitutive process between people and their cultural environment. Instead, dominant views of "maturity" lock women at lower stages of individual development as not assertive enough, not independent enough, and not smart enough. At the same time, dominant views of "proper" femaleness dictate that women be supportive (not too assertive), caring (not too independent), and pretty (not too smart). While such gendered scripts act upon all adolescents, the psychological risk faced by adolescent women seems particularly high. Any neurobiological vulnerability during adolescence is so exacerbated by gendered hierarchical scripts or narratives and the conflicts that result from them.

Practice. The cultural hierarchy of values that invests one designation ("male") with a higher position than the other ("female") and acts upon practitioners, researchers, and clients alike may account for the apparent underidentification of young women in special education and to some degree in mental health services. Insofar as women in a patriarchal culture, and in traditional developmental theories, are already viewed as less abled or "disabled" compared to the male norm, any added condition of disability may not be seen as needing attention. This dynamic might also play a role in the lack of research focused on young women with emotional disabilities. Consequently, if and how young women are identified is a gendered decision process, as is the decision where they will be served.

While the incidence of emotional "disturbance" is higher among female than male adolescents, fewer women are served in special education or mental health systems than one would expect given the estimated preponderance of emotional distress. In special education, male youth are highly overrepresented and outnumber female students by three to one (Davis & Vander Stoep, 1997)—an imbalance

that is greatest in adolescent age groups. The population of emotionally disabled children and adolescents served in mental health agencies is more balanced in its gender distribution. Still, psychiatric and hospital settings report that males make up 52% to 57% of their adolescent population (Davis & Vander Stoep, 1997). Researchers who ponder the reasons for gendered differences in service utilization believe that it is the severity of "acting out" behaviors that trigger identification and referral processes rather than a student's emotional disability per se (Caseau, Luckasson, & Kroth, 1994; Boezio, 1999). How young women with emotional disabilities are currently understood *by others,* including mental health and education professionals, is permeated by dominant cultural expectations of what constitutes "appropriate" behavior and "normal" development for women. If we postulate, for instance, that women are expected and socialized to be holders of empathic emotions and bearers of relational abilities, then is being "emotionally disabled" not to fundamentally fail one's task as a woman? Are certain expressions of "emotional disability" such as being withdrawn, shy, or depressed, not being recognized as "disabling" for women for these expressions fit cultural expectations about female behavior? Indicative of the constructed nature of what is viewed as disability for women (and men), and which responses are deemed necessary, the relativity of what is seen as "appropriate" behaviors comes into focus. Because girls on average score lower on so called "externalizing behaviors," it can be assumed that a highly withdrawn female student who otherwise does not interrupt classroom activities will remain unserved even if her struggles interfere with her learning. Girls who demonstrate strong internalizing behaviors are likely to fit gender stereotypes of "shy," "nonaggressive," "dependent" femaleness and are less likely to be viewed as a problem.

However, the split of internalizing versus externalizing behaviors is not simply an equivalent of typically male and female behaviors. Examining special education and mental health data from Kansas, Boezio (1999) found that girls served as SED in mental health systems showed externalizing behaviors at a rate not statistically different from boys' scores, and that their behaviors interfered similarly with their educational functioning. Despite these similarities between boys' and girls' behaviors, the odds of receiving special education was 2.43 times greater for boys than for girls. Although Boezio was not able to determine the reasons for these findings, it can be speculated that girls engage in different kinds of "externalizing behavior" or that their behaviors are perceived differently even if they are similar in severity to boys' behaviors. Emotionally disabled girls may be identified and referred less often because teachers do not feel threatened to the same degree, or because parents or teachers deem existing special education services inappropriate and undesirable for girls.

The cultural construction of gender that aligns the female with "body," and "feelings," and the male with "mind," and "thinking" is reflected in the patterns of professional referral practices. Male and female adolescents identified as having emotional disabilities appear to be divided and served in different service systems. Girls are more likely to be referred to mental health agencies—if they are identified as needing services—than to special education services. On the other hand, boys who are identified as needing services are far more likely to be referred to special education than girls (Caseau et al., 1994). This distribution could be explained by the gendered heritage of Cartesian binary divisions in which "male" and "female" are constructed as "opposite" sexes along with gendered attributes (see Figure 1). Boys who act out against themselves or others are more likely to be identified as "bad," a category referring to mind and intellect, and are consequently served in reeducational systems such as schools or institutions of juvenile justice. Girls who act out (and they must act out to be recognized in the first place) are more likely to be identified as being "ill," a medical or "bodily" category, and sent to mental health systems.[2]

Considering identification and referral practices for girls with emotional disabilities in the larger ideological context reveals how theories and practice coconstruct the designation of "having a disability." This notion of disability as a coconstruction between the experience and actions of the adolescent and an observer (e.g., teacher, social worker, family members, society or a combination thereof) for whom a behavior appears problematic does not mean that neurological findings associated with psychiatric diagnoses should be ignored. It serves as a reminder, however, that our interpretations of neurobiological characteristics or attributes, such as gender or disability, are inextricably linked with cultural ideas of what is "appropriate," "proper," or "healthy" behavior.

Conclusion

While research indicates that present mental health and special education systems are not particularly successful in serving male or female adolescents with emotional disabilities, the lack of attention granted to adolescent girls identified as emotionally disabled calls for a critical analysis of dominant theory and practices. Skewed identification and referral practices with adolescent girls are examples of the need to critically rethink the cultural constructs and theories that underlie social work practice. Currently, our guiding constructs disable our attempts to meet the needs of adolescent girls and, in turn, only serve to disable our clients who are either not referred for services or receive services insensitive to issues of gender. Unless we question dominant

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[2] The author wishes to acknowledge Prof. Natalie Dykstra for her contributions to this particular insight.

descriptions of "identity development," our theories and practices will remain ill-suited for young women with emotional disabilities. It will not suffice to infer new essentialist norms or assumptions from evolving general models of "female adolescent development." While these general ideas may be a useful backdrop to our thinking, a postmodern feminist approach commands us to continually deconstruct and reconstruct the dominant cultural constructs that we inadvertently enact in our practice with young women with emotional disabilities.

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