Female sexuality: mothers and adolescent daughters. A discourse on the limit^{*}

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Summary. The present study examines the role of sexuality in the emancipation processes of adolescent girls. It is studied from a psychoanalytic perspective in a non-clinical setting by focusing on changes in the mother-daughter relationship. Within the theory of transition from the "ethic family" to the "affective family", the work carries out a qualitative analysis of semi-structured interviews conducted by Counselling Centre /Family and Youth Clinic operators with mothers and their adolescent daughters (aged 14-18). The analysis of these transcripts highlights the difficulties of adolescent girls in taking on the responsibilities of becoming young women in today's society. The role of Counselling Centres/ Family and Youth Clinics in encouraging these important developmental processes is also discussed.

Key words: Adolescence - female sexuality - psychoanalysis

Adolescence can be defined as a period of time and work: "the psychic, psychological and socio-cultural *time* of puberty and the essentially psychic *work* to integrate the new data that puberty starts off into the individual's history" (Birraux, 1990, p. 19). Such *psychic work* is to be conceived as the appropriation of a body able to procreate, and, at the same time, as the

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reorganization of the logic of pleasure under the dominance of the achieved genital, as the continuation of childhood sexuality.

These developmental processes occur against a background of important social transformations with the transition from the "ethical family", which handed down shared and certain rules, to the "affective family", in which the constant worry that children should be happy prevails, as it is believed that rules and prohibitions always trigger "mental pain" (Pietropolli Charmet, 1990).

Overall, the educational and socio-cultural context seems today much more inclined than in the past to support the young in their awareness of the typical changes of puberty. Nonetheless, the *mentalization* process of the new body seems to be more difficult for today's adolescents than it was for those of previous generations.

Adolescent girls and the "affective family"

Relationships characterized by strong narcissistic valences prevail in today's "affective family" (Pietropolli Charmet, 1990): it is not the child that idealises his or her parents but the parents who idealise their child, and make promises of happiness that are difficult to maintain outside the family circle. This relational modality allows children to grow in a setting where there is no confrontation with a limit and when they become adolescents and have to handle the frustrations of reality they find it difficult to come to terms with their fragile identity.

In today's families the *hypertrophic maternal function*, alongside the *lack of paternal valence* (Racalbuto, 1999) contributes to the saturation of the primary needs rather than guaranteeing an efficient ethical transmission. It is a family increasingly less able to recognise and constructively set limits between generations, between good and evil, between true and false, between self and other (ibid., p. 15). The limit, understood as a difference to be tolerated and respected and as a starting point for new forms of creativity, would then today be unknown in its structuring function. It follows that today all the positive aspects of the power of imagining and of having many opportunities find their counterpart in the anxiety of uncertainty, and the price is at times very high. *Choice* becomes the tragedy of contemporary freedom, since there is always a separation between the virtually and actually possible.

Forgoing immediate satisfaction is lived with difficulty by today's adolescents and also by their parents. Both parents and children elude the ability to wait, which can only occur with the mediation of an interiorized paternal function (the Law) (Mangini, 2001).

It then becomes increasingly hard for 'new adolescents' (Pietropolli Charmet, 2000) to handle adolescent processes, with the physiological losses and bereavements that they imply. Moreover, their narcissistic fragility may interfere with the mentalization process of the new sexual and generative body that implies the ability to represent others to oneself and to accept dependence from others.

According to Jeanmet (2007), in the last few decades there has been adolescents an increasingly marked predominance of the among "experienced" over the "thought". The author thinks it is a particularly active defence measure in adolescence: "... seems [at the same time] to be" - he writes - "an attempt of the Ego to actively master the passivity the adolescent experiences as opposed to the 'violence' of the sexuality produced by puberty" (ibid., p. 23-24). Thus, unlike a few decades ago, sexual practice seems to be part of the adolescent process rather than marking its overcoming. Many research works, in fact, highlight the increasing precocity of the first sexual intercourse among adolescents (Pistiddu et al., 2004; Mirandola et al., 2005), even if many of them have not yet relinquished their infantile sexuality. The object of the love encounter in these cases is not perceived as complementary, the partner is not seen as differentiated from oneself, but rather as the depositary of expectations that narcissistically mirror and complete childhood (Ferruzza, 2009).

In particular, adolescence clinical psychology highlights the greater difficulties of today's girls in mastering the coordination, always uncertain at that age, between the discovery of genital sexuality and the relationship with the love object. As Ternynck (2000) recalls, the feminization process in adolescence is a moment of reorganization, of integrative elaboration of the filiation work done in childhood. Talking about filiation of the feminine between mother and daughter means to ask through which routes some representations of the feminine are transmitted from one to the other. It also means imagining the encounter of two femininities, one already experimented and the other, generated by the former, essentially virtual. Facing the signs heralding puberty every mother engages in transmitting, via a certain number of messages and identificatory reference points, her own conception of femininity, and through that, the femininity that was handed down to her by her own mother. The idea of *narcissistic continuity*, which is inherent in filiation of the feminine, is not alien from the Freudian conception that the individual is at the same time an end in him or herself and an element of transmission of an intergenerational chain, in which he or she integrates (Freud, 1914). The feminization course can then be understood as the specifically feminine version of the subjectivization process of adolescence that Cahn (1998) describes as a "process of differentiation which [...] allows the appropriation of one's own sexed body and [...] the use of the person's creative abilities [...]" (ibid. p. 53).

From birth, mother and daughter share a high degree of 'adhesive' proximity based on sharing the same gender. Thus, the formation of feminine identity takes place in a relational context in which the experience of affective attachment merges with the process of identity formation. On the contrary, in identifying with their fathers as members of the masculine gender, sons must distinguish themselves from their mother and then give her up as the primary love object. These processes can more easily trigger in them the urge towards the separation-individuation process (Corbella, 1999). Because of the shared gender identity, the adolescent daughter may have the function of alter ego, more than a son would. In other words, the daughter "seems more suitable to meet the mother's narcissistic desires and allow her to start a new chapter in the narration of her life" (Vegetti Finzi, 1995, p. 170). Today, in the new "affective families" of the post-modern western society, a new, very close bond, full of reciprocity and confidentiality, is increasingly observed between mothers and their young daughters. Hiltenbrand (2002) defines it as a nouvelle alliance (new alliance), a bond that we could call horizontal, almost unthinkable in previous generations, when mothers were to some extent guarantors and transmitted the father's words to their daughters.

The risk of this excess of symmetrisation is to homogenize social, sexual, generational ties and to remove differences from the individual's horizon.

Racalbuto (2001) writes that identity can be accomplished only in relation to the object of which the subject is, so to speak, the counterpart and, so, that "identity exists only in relation to otherness" (ibid, p. 90). If that is so, today's girls, albeit more sexually active, more engaged and more precocious – indeed because of their activism, engagement, precociousness - and sustained by feminine ideology and their mothers' consensus, have fewer chances to confront themselves with the limit, which is given primarily by the differences between genders and generations. They seem, therefore, more at risk in their way towards an adult identity, separated from the parental figures.

The research

Aims

Starting from these clinical-theoretical assumptions, the present research, which was carried out in a non-clinical setting in the territory of the Venetian AULSS 12, intends to compare the themes emerged from the preliminary interviews conducted with the operators of the Family and Youth Clinic and those emerged from the interviews with mothers of adolescent daughters and with girls aged 14 to 18. All the mothers and the daughters interviewed were Italian.

The aim of the research is to offer some reflections on the relationship between sexuality and the emancipative processes of female adolescents with reference to changes in the mother-daughter relationship against the background of the social and cultural transformations of today's family. The objective is to examine the connection between the greater 'emancipation' of today's adolescent girls from their parents' control and their actual inner progress towards individuation. The present study concerns the way the mothers and the adolescent girls interviewed approach adolescent sexuality and, in particular, the ways they handle the issue of contraception. Our exploratory study starts from the assumption that the Family and Youth Clinic is a privileged observation point of adolescent girls' risk behaviours and aims to encourage reflections that might be useful to devise prevention interventions that are increasingly suitable to the complex adolescent world.

Participants

The research was carried out in the territory of the Venetian AULSS 12 and is based on interviews with a) operators working at the Family and Youth Clinic; b) mothers of daughters aged 14-18, contacted randomly through the network of relationships established by the Services of the Venetian AULSS 12 with the local families; c) girls aged 14-18, randomly chosen among the adolescents attending the Family and Youth Clinic for different reasons (prevention projects run by schools, gynaecological tests, etc.). The sample examined is a non-clinical sample. Neither the mothers nor the girls had turned to the Family and Youth Clinics because they suffered from psychological discomfort.

The Operator group is made up of four psychologists/psychotherapists, two gynaecologists, three health assistants, one social assistant.

The mother sample is made up of 22 women (mean age 49 years). Most mothers (80%) are married and the rest of them (20%) are single, separated or remarried. As to academic qualifications, 50% of the mothers report having a high school diploma, 36% a degree, 14% middle or elementary school diploma.

The adolescent group is made up of 23 girls aged 14-18 (*Figure 1*) who either attended school or were employed (*Figure 2*). The girls were not the daughters of the interviewed mothers, as we did not wish to restrict the research to specific mother-daughter relationships.

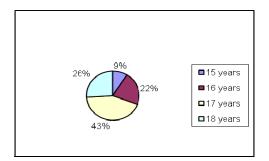


Figure 1. Age of interviewed adolescent girls

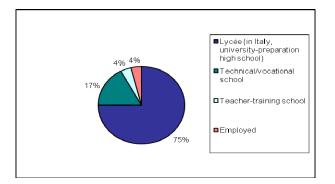


Figure 2. School/employment of interviewed adolescent girls

Instruments and procedure

The *interviews* were *semi-structured*; the many themes examined in this exploratory study express the complexity of the aspects linked to growth and sexuality.

The *interview with the operators* comprised 11 questions formulated in view of exploring in depth the 7 main themes (*Grid 1*).

The *interview with the mothers* included 15 questions formulated in view of exploring in depth the 6 main themes (*Grid 2*).

The *interview with the adolescent girls* included 19 questions formulated in view of exploring in depth the 11 main themes (*Grid 3*).

The transcriptions of the recorded interviews were studied with the techniques of *content analysis*, whose crucial phases are category definition and data interpretation. The *Atlas_ti* software was used as it allows a cyclic and reiterated process of analysis, comparison and interpretation, thus allowing a systematic, but at the same time 'creative', approach to the text data (Milesi & Castellani, 2002). Over the last decades, qualitative data analysis via computer (Computer-Assisted Qualitative Data Analysis Software, CAQDAS) has been widespread within the scientific community (Mazzara, 2002).

The procedure was as follows:

- *Phase 1*: Elaboration, realization, transcription of preliminary interviews with the Family and Youth Clinic operators; qualitative analysis of the texts using the *Atlas_ti* software

- *Phase 2 (a and b):* Elaboration of the interviews with the mothers and the adolescent girls based on the themes emerged from the analysis of the interviews with the operators; realization, transcription and text analysis (using *Atlas_ti*)

- *Conclusions*: Connections were made among the results, which were then compared with the theoretical reflections mentioned above.

More in detail, the following operations were used to analyze the text with *Atlas_ti*:

- Careful reading of the texts (or *primary docs*);

- Establishing "categories of meaning", that is words, or short phrases extracted from the text itself, and then coding, that is allotting *codes* to text quotations deemed relevant to the aims of the research;

- Creation of *families*, that is subcategories grouping the codes on the basis of the different *themes* analyzed (*grids 1-2 -3*); this operation facilitates comparisons within the different groups identified;

- Creations of graphs summarizing the code frequency according to two dimensions: *total frequency* or redundancy (how many times that code came up in the text) and *number* (how many operators / mothers / adolescents used that code);

- Creation of *networks*, that is graphic representations that organized and visualized data. They allowed to focus attention on some specific elements in the wider net of the hermeneutical unit and to create or redefine connections among them. Connections were assigned on the basis of careful rereading of the texts, followed by an accurate and systematic analysis through the function *Query Tool* of *Atlas_ti*.

In the *networks* numbers appear next to each code: the first represents the *frequency associated* with that *code*, while the second indicates the *presence of connections* between that code and other codes.

The nature of the connections is indicated with symbols:

Relationships	Symbols
associated with	= =
causes	=>
contradicts	\diamond

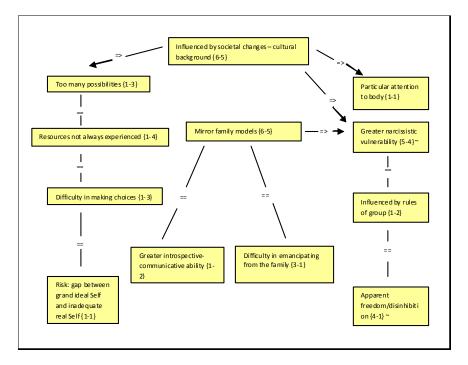
The work was carried out in a sequential way, starting from a preliminary interview with the operators (*phase 1*). The themes that emerged were then studied in depth with the mothers (*phase 2a*) and the adolescent girls (*phase 2b*).

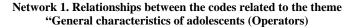
Before the interview the mothers and the girls were told of the aims of our work and were invited to sign the informed consent form. At the same time their main demographic data were collected.

Results

Phase 1: Interview with the operators

The interviewed operators think that the new family organization seems to place at the centre of its interests the creation of good relationships based on adults' wish to be obeyed out of love and not out of fear. The children of the *affective family* (Pietropolli Charmet, 2000) have long been used to relationships in which they have to express affection and understand the nature of their interlocutors' feelings: that promotes the development of a good "*introspective-communicative ability*" ⁱ (*Network 1*), which, however, does not seem to go hand in hand with real knowledge of their own abilities, their own limits and their own objective.



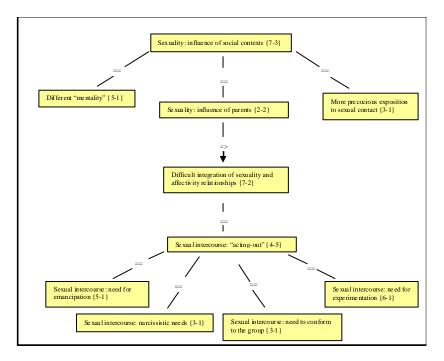


From the interview with the operators it emerges that among today's adolescents tolerating frustration is different from in the past; it is certainly more connected with giving up omnipotence rather than with experiencing prohibition, a strict rule, or deprivation.

The issue of *sexuality* (*Network 2*) – the operators say – is certainly influenced by social and cultural changes: today there are fewer taboos, boys and girls meet more easily, virginity is no longer felt as an absolute value. However, there is "increasing difficulty in the ability to establish sexual and loving relationships based not only on mutual support but also on the recognition of reciprocal differences (*operator 2, psychologist*).

The operators insist on the "difficulty in emancipating from the family" and on the "greater narcissistic vulnerability" (Network 1), which are favoured by the new family organization and its affective statute.

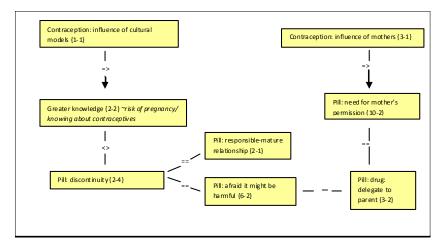
The sexual 'acting out', which is supported among other things by the "need for emancipation" (Network 2), seems to have to come to terms with these factors. Thus, it becomes a "contact to try and emancipate oneself



Network 2. Relationships between the codes related to the theme "Adolescent girls and sexuality (Operators)

without feeling sufficiently emancipated" (operator 5, *health assistant*). A contact that responds to narcissistic and identity needs, but, although it represents an attempt at emancipation, it removes the essential instrument, which is the affective investment of what is outside the family.

According to the operators, an important indicator of the difficulty to reach authentic emancipation is the attitude towards contraception (*Network 3*).



Network 3. Relationships between the codes related to the theme "Girl adolescents and contraception" (Operators)

In their experience, if on the one hand there is "greater knowledge" of contraceptive methods favoured by new "cultural models", on the other, a not always conscious use of it can be observed. In particular, taking the pill requires personal investment in terms of responsibility and adolescent girls are not always ready to take it on themselves. Not by chance the most frequent and redundant code in the operators' discourse is the one that associates the "pill" (P) with the "need for mother's permission".

Phase 2a: Interview with the mothers

The themes emerged from the operators' discourse were further developed in the interview with the mothers, by directly questioning those that had a major role in the *process of feminization* (Ternynck, 2000) that each adolescent girl has to pursue to become a woman. The aim was to understand the experiences and attitudes of the mothers interviewed and which *messages* they passed on.

Our analyses show that while the mothers, on the one side, respect their daughters' 'intimacy' (a very high percentage of them state it is right to place a "*limit to confidentiality*") (*Table 1*), on the other, they keep a 'check' (*Table 2*) on their sexual sphere from the contraception perspective. Such an apparent contradiction clarifies the sense of the 'confidentiality' that nowadays seems typical of the mother-daughter relationship and it could also explain the different emancipative valence the adolescents have of sexual intercourse and of taking the pill (this aspect was underscored by the operators).

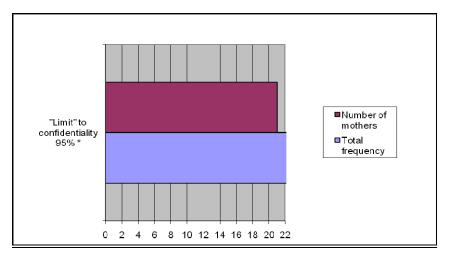
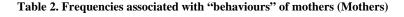
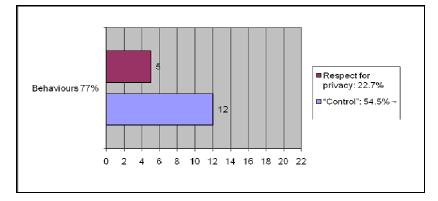


Table 1. Frequency and redundancy of the code "Limit to confidentiality" (Mothers)

Mother 22.txt [limit of confidentiality]ⁱⁱ

My daughter measures up against me... we have a good relationship even if we don't mention certain subjects. The same is true for me. I speak with her about everything, we are good friends, but the intimate sphere must remain intimate. Yes, the intimate sphere... I don't think it is right to talk about that. It is a question of reciprocal respect.





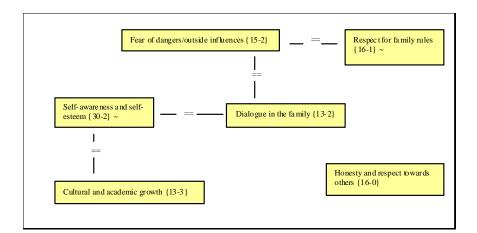
Mother 17.txt [need to control daughter's sexual sphere] [importance of contraception] [mother in favour of the pill]

My daughter doesn't want to go on the pill because she doesn't want to put on weight... I told her that it is better to put a couple of kilos on rather than... Anyway I told her to ask her gynaecologist. In a few days she's going for her first visit, she will go in by herself, and she will speak with the gynaecologist. I will tell her to ask for information on the pill.

The mothers try to explain their 'control' on contraception as the wish to protect their daughters from the risk of experiencing the pains or frustrations of an unwanted pregnancy: thus, society is depicted as a place against which the family has to act like a filter/barrier.

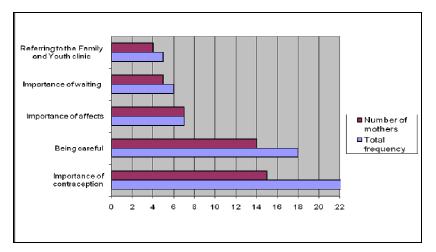
Within the family no great importance is attached to respecting 'rigid' rules. The "*rule*", together with "*family dialogue*", seems to serve more than anything as an instrument of 'control' through which the mothers try to handle their anxiety for the "*dangers*" that their daughters may have to face outside the home (*Network 4*).

As shown in *Table 3*, the "*importance of contraception*" is the most represented value in what the mothers say to their daughters. That, together with the low frequency of the importance of "*wait*" and "*affects*", describes the sometimes impersonal and non-affective attitude of some mothers. They also report experiencing with "*difficulty*" (*Table 4*) the surfacing of their daughters' 'new femininity'.



Network 4. Relationships between the codes related to the theme "Values and educational goals" (Mothers)

Table 3. Frequency and redundancy of values/advice transmitted to daughters (Mothers)



The analysis of the connections between the codes (function *Query* of *Atlas.ti*) has shown that this difficulty is often associated with the idea that pubertal maturation represents the proof of growing up and therefore the emancipation from the 'family niche'.

Mother 1.txt [growth-separation] [experiencing daughters' sexuality: difficulty] I would never have thought that this thing [learning of daughter's first sexual intercourse] would disturb me so much. It was a difficulty that came from within; it was one of the most crucial moments of our separation. My baby had grown up... I truly suffered ... and my husband, too. Some of the mothers interviewed underline a "role differentiation" (*Table 5*); that mainly means a "*lesser level of confidentiality*" characterizing the father-daughter relationship compared to the mother-daughter relationship.

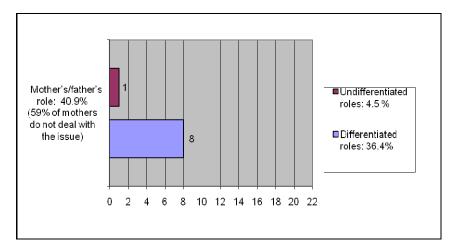
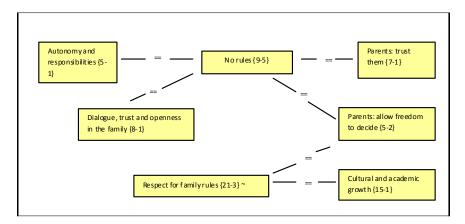


Table 5. Frequencies associated with the "mother/father role" dimension (Mothers)

Phase 2b: Interview with the adolescent girls

In the interview with the adolescent girls the aim was to understand their viewpoint on the issues explored in the interviews with the mothers and the operators.

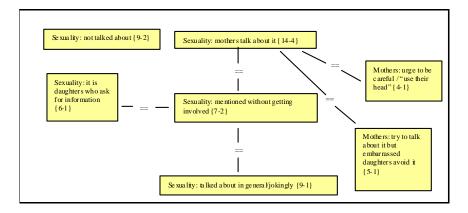
From what has emerged (*Network 5*), the families of the interviewed girls do not seem to give too much importance to "*respect of the rules*".



Network 5. Relationships between the codes related to the theme "Values and educational goals" (Adolescents)

The girls say that in their families "there are no rules" because their "parents trust them", propose "dialogue, trust and openness in the family" and "allow freedom to decide". In these families we can observe what could be defined as the 'myth of belonging', which constrains any possibility of differentiation. Everything must be fine in the family, there must be dialogue and trust, non-conflict is imposed, there is an unspoken law ruling out aggressiveness inside the home, whereas all impulses can be unleashed outside the home.

As regards the sexual sphere (*Network 6*) many of them state they would like to know what their parents think about 'sexuality', without getting too involved, keeping a fair distance from their mothers, keeping some secrets for themselves, almost as if asking for directions, for values to uphold ("*sexuality: we talk about without getting involved*"; "*sexuality: we talk about in general/jokingly*").



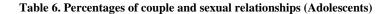
Network 6. Relationships between the codes related to the theme "Sexuality: is it talked about at home? Who talks about it?" (Adolescents)

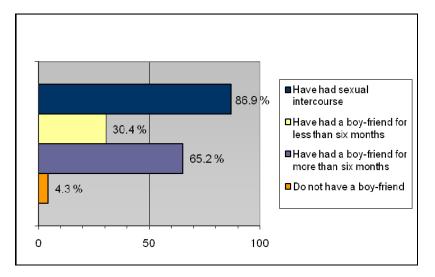
On the contrary, the girls say, their mothers do not respect their daughters' own time, they mainly focus on concrete aspects, often recommend their daughters "to be careful/use their heads", to such an extent that the girls report feeling 'embarrassed' and 'avoiding' the subject. These data are consistent with the 'operative-preventive attitude' that emerged from the interviews with the mothers.

Adolescent 10.txt [sexuality: mothers talk about it] [mothers: are curious/intrusive] [mothers: try to talk about it, but daughters are embarrassed and avoid it]

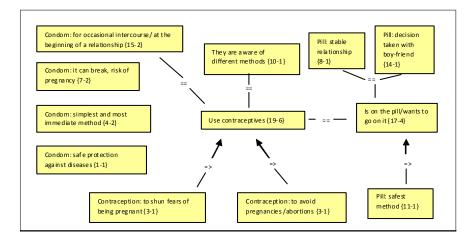
My mother started to talk about it a couple of years ago. Even now... she starts the subject, asks me some questions and I answer her... she would like to know everything about it... I try to stand it for a bit, but now and then I quit!

Sixty-five percent of the girls interviewed have had a boy friend for more than six months and have had sex with him (*Table 6*).



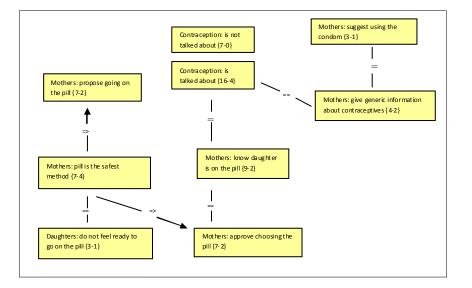


On the issue of contraception (*Network 7*), the girls interviewed underline that before going on the pill they often wait until the relationship has gone on for some months and is recognized as significant by both partners. The pill seems to be a way of confirming the importance and the stability of the relationship. Only one girl underlines the importance of the condom to protect against diseases.



Network 7. Relationships between the codes related to the theme "Adolescents and contraception" (Adolescents)

Likewise (*Network 8*), the girls report that only very few mothers suggest using the condom: among them only one connects its use with the danger of



catching sexually transmitted diseases, whereas the others consider it as extra safety against an unwanted pregnancy.

Network 8. Relationships between the codes related to the theme "Mothers' attitudes towards contraception" (Adolescents)

There seems to be a mothers' collusion on the adolescents' denial of being at risk of contagion for some diseases. Some girls say that their mothers 'are aware' that they are using the pill and explicitly approve of their choice because it is the safest method to avoid getting pregnant. Other mothers, 'guessing' that their daughters have sexual intercourse, not only give information on contraception, but also actively promote the use of the pill, even when their daughters clearly say they don't feel ready yet.

Adolescent 10.txt [mothers: know about daughters' sex life] [mothers: propose the use of the pill] [mothers: pill is the safest method] [daughters: do not feel ready yet to go on the pill]

Yes, she mentioned it to me... she would like me to start taking the pill... she's always telling me! But I don't like it... She knows I have had sex and for that reason she would like me to take it, but I don't really want to... she told me it would be better if I took it, because of the risks... to avoid them... she even told me it would get rid of my spots!... but... she openly told me she is afraid of the consequences if I don't take it. But at the moment I prefer not to take it.

The mothers' frequent calls for daughters to "*use their head*" (*Network* 6) seems to establish a paradoxical exchange: the daughters take the pill 'using their mothers' head' (and delegating every responsibility to them) and the mothers use their daughters and their sex life to 'remain young'. Indeed, in

the girls' answers frequent is the mothers' recommendation to "mind how you go so I don't become a grandmother'.

Adolescent 18.txt [mothers: know their daughters use the pill] [mothers: approve of taking the pill]

Yes, I have told her... she knows I am on the pill... she knows I have sex and I have explained to her why I come here [the Family and Youth clinic] but she was fine, she never said anything... she also prefers it if I take the pill because she is not keen on becoming a grandmother. Now I happily tell her that I come to the Family and Youth clinic and she doesn't say anything.

A minority of mothers "do not know anything about their daughters' sexuality" and "it would be a shock to learn about it".

As concerns the father's role, the interviewed adolescents confirm what had emerged in the interviews with the mothers: they talk more with their mothers, who are more often there, while they talk less with their fathers, who are often away from home. On the other hand, the relationship with the fathers is sometimes described as easier because they are less anxious, more amusing, they joke more, minimize problems and are less intrusive.

Discussion and conclusion

The interviews were carried out with a restricted non-representative group of mothers and daughters from a specific geographical area and so do not allow result generalizability. Nonetheless, the present work has underlined some important issues that could be investigated further in a more structured study with a representative group of the population and in diverse contexts. We also believe that it would be useful and interesting in a future research to study further the role of the father in the life of today's adolescent girls.

We think in any case that a critical reflection can be made on the suggestions offered by the present study.

What emerges from the preliminary interview with the operators allows two main assumptions:

- a) the sexual act does not necessarily represent an experience which is autonomous from or transgressive against the parental figures. Indeed, real emancipation seems to be blurred in some cases by a difficult integration of the sexuality and affectivity relationships which justifies the term 'acting out';
- b) if taking the pill might represent an authentic choice for autonomy as a responsible intentional choice implying a mature stable relationship (thus affectively invested) with one's own partner and the opportunity to turn to Family and Youth clinic operators, who are adult strangers with an institutional role asking mother for permission may mean avoiding a real emancipative responsibility, at the same time avoiding betraying the trust of a mother with whom many adolescents have a too confidential relationship.

As to the meaning of this confidentiality, an interesting difference is insisted upon by the operators: in living their sexuality girls are influenced by the socio-cultural context, but as regards contraception the mother's influence is predominant.

Through determining connections (*networks*) among the conscious contents (*codes*) (Mazzara, 2002), the *qualitative text analysis* of the interviews with the mothers and the adolescents has allowed to go beyond 'desirable' responses, by offering the opportunity to capture the singular and go in depth into the personal experience We believe that the data obtained - read in light of the psychoanalytic theory - allow us to capture the affective, social, generational and family dynamics of the relationships between mothers and their adolescent daughters, which goes beyond the conscious description given in the interviews.

The text analysis seems to suggest that for some mothers talking about sexuality in a 'preventive and operative' way, even through urging their daughters to go on the 'pill', is a way to by-pass or halt its emancipative power. In other words, we could think of this *preventive operativity* as an index of difficulty to abandon the 'daughter-completely-daughter' to start thinking of the 'woman-in-the-daughter' (Ternynck, 2000). Thus, two clear differentiations seem to exist in the relationships between mothers and daughters: one relationship needs to share absolutely everything and denies the generational gap; another is totally closed, in which imagination is unthinkable and information even less so.

These mothers do not seem to have the possibility of contemplating a *waiting space* (Godfrind, 2001) or uncertainty. As they cannot contain their anxiety, such a space must be immediately filled either with action (proposing going on the pill) or words (probing to find out as much as possible).

From the interview with the girls more complex data emerge. While there is the need to preserve some private aspects of the self, there is also confirmation of what had already emerged from the interviews with the operators and the mothers about "mother's authorization" as concerns important aspects linked to sexuality. It looks as though they need mother's permission in order to transgress. On the whole, among the girls the 'myth of belonging to the family' seems to prevail together with the need not to make the parents suffer, on penalty of a sense of guilt – unbearable because hardly ever experienced – which does not imply punishment for what has been done, but rather prevents the pain of what could be done: separating and individuating.

Nowadays among adolescent girls the first sexual intercourse often responds to the need of fending off the fear of loneliness and sustaining the fragility of the Ego. In some cases, it seems that the sexual "acting out" allows to find refuge in a pseudo-adult self-image, thus substituting the psychic space of "thinking the experience". In light of the interviews, the mothers are the most present, the most anxious, but at times, the strictest too, as they do in fact decide the family rules. The existence is confirmed of a sort of *hypertrophy of maternal values* flanked by lack of the *paternal function* (Racalbuto, 2001). The lack of authoritativeness of parents and more specifically of mothers, shows up in attitudes of symmetrical confidentiality which does not tolerate conflict and frustration and has as a consequence the need to control daughters' life, especially their sexual sphere; that seems to favour the so-called *nouvelle alliance* (Hiltenbrand, 2002).

Such a bond seems to interweave with that version of motherhood that Deutsch (1949) defines as *paedophoria*, a situation in which the mother remains a *paedophora* (carrier) and hinders her daughter's autonomy. Relinquishing the *paedophora position* would allow mothers to carry out their maternal function no longer only in its containing effects, but also by bringing in the father and his word, with his ability of tender expulsion, opening, separation and detachment. Many of the interviewed mothers, instead, seem to wish to remain as the *only ones in charge of the situation*, thus excluding the father. To handle such *maternal hypertrophy*, which hinders the thinking process and the consequent gradual transition to a more conscious and mature sexuality, adolescent daughters find themselves forced either to escape into action in a dangerously precocious way, or to give up the construction of their own conscious intimacy.

It is indeed significant, even at the symbolic level, that they ask their mothers for permission to take the pill. Taking the pill recalls the deep, not always conscious bond between the sexual act and the generative potentiality associated with it, between the sexual maturity of the genital apparatus and the procreative power that it entails. It seems that in the current sociocultural context, which favours dependence and narcissistic fragility to the detriment of real and authentic separation from the primary affective niche, such awareness can be by-passed and 'removed', separating the sexual act from its responsibility-inducing meanings. Asking her mother for permission to go on the pill, thus getting back to her role of 'daughter', would allow the daughter 'to take' the pill without 'thinking about it', without 'thinking about herself' as a woman and without 'being thought of' as a woman by her mother. According to Ferruzza, Nicolini and Ambrosiano (2007), for some adolescents it is as though behaviours and affects ran on two tracks going at different-speed. The behavioural aspect runs on a faster 'train', while the inner, maturational, relational aspect runs on a slower one: it seems almost that 'acted sexuality' has to disregard 'affective sexuality'.

On the other hand, the sometimes impersonal and non-affective attitude of the interviewed mothers, their tendency to keep to *preventive and operative* considerations in initiating their daughters to genitality seem to be the maternal side of that *adolescent activism* defined by Winnicott (1961) as a way to 'discard' sexuality in its emancipative meaning. In light of these results we wonder to what extent the *preventive operativity* in the maternal message can hinder adolescent girls' assumption of responsibility and can clash with the *exposition to precocity*, the responsibility of which is so often attributed to society. We also wonder how much these mothers actually respond to the important task of accompanying their daughters - *living the distance* to use an expression by Rovatti (1994) - in that process of *feminization* in which *ability to wait* (Chasseguet-Smirgel, 1964) is the characterizing feature.

The greater freedom to manage their life that adolescent girls have today can develop towards the conscious assumption of interdependence as a system of relationships and exchanges only if it finds the right distance in the relationship with their parents and, in particular, with their mother. Indeed, it is impossible to grow up and individuate without confrontation with others and there is no confrontation *in absentia* or *in effigy* (Kancyper, 1997) - but such a confrontation cannot occur if there is excessive proximity.

The final consideration takes us back to the starting point of the present work.

In which *space* can today's Family and Youth clinic be situated? What are the new *boundaries* within which "to be playful" without being in *cahoots*? The Family and Youth clinic offers the adolescent a "potential space" (Winnicott, 1971) between outer (dependence on the parents) and inner (growth, responsibility, mature sexuality). As every other boundary space it can favour transition (Jovon & Losavio, 2003), but we believe it can never substitute parents, if their restraining and 'differentiation' functions are inadequate. The "space" of the Family and Youth clinic will not carry out its important mediation function, but will be used only to convey messages and behaviours that do not really favour emancipation. It follows that operators should reflect on new and more efficacious preventive strategies that take into account the need to support and accompany the parental function even in the complexity of the current socio-cultural context.

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Notes:

ⁱⁱ The codes used to mark the *quotations* will always be placed between brackets.

ⁱ In the text, the *codes* will be indicated in *italics* between inverted commas.