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Myths of Women and Their Reflection in a Therapy Group

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Abstract One essential dilemma for modern clinical social work involves the relationship between the processes taking place inside the self and the social, cultural, and political developments affecting a person from the outside. The group-analysis approach focuses on four levels of relationships and communication within the group, among others a primordial level of shared myths, archetypical images, and the collective unconscious as an important component of psychotherapy. This article describes group-analysis therapy with women, analyzing a therapeutic process that used social myths to explore the formative institutionalization processes participants had undergone, thereby expanding themselves, growing, and changing.

Keywords Group analysis · Women · Social myths

Traditional social work, including group work, viewed a person as a part of his surroundings by developing the PIE (person in environment) theory (Karles and Wandrei 1994). The group-analysis approach broadened this perception by integrating the socio-cultural context into the life of the individual. Foulkes (1964) regarded the individual and society as inextricable, emphasizing that different cultures and even classes shape people according to extremely different values. In addition to classical psychoanalysis, he stressed the intricate task of the social network as replacing or including the family. When dealing with groups, context

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is judiciously reintroduced; people perpetuate culture by relating to the interpersonal discursive group and to the social matrix. Through the group, patients can conduct a dialogue between socio- and idio-cultures, exploring the encounter between them and the symbolic social reality, which includes myths and metaphors (De-Mare et al. 1991).

In light of the above, understanding the social context and myths formed by society illuminates the therapeutic process. This article will focus on social myths and their reflection in a small therapy group of women.

Women's Social Myths: Social and Psychological Points of View

A myth is an ideal story through which a society relates to itself, its history, and its future (Ohana and Wistrich 1996). It is a concept with a dialectical meaning, in which an individual or social body presents an idea, story, or tale that has been processed and expanded until it is rendered a fantasy, and its resemblance to the original event is lost. Myths are also an overall cultural and historical phenomenon manifesting the tremendous creative power of mankind and society. Myths present a perspective on the consciousness of man vis-à-vis both nature and the psyche, external and internal existence alike, and are the point of departure upon which individuals base their perception of national history and identity (Almog 1997).

Since the creation of society, women have been depicted as psychologically inferior beings. The Freudian theory (Freud 1905) supports masculine dominance and reinforces the founding perceptions of woman as virgin, whore, mother, and lover, which in turn have been reinforced by a patriarchic culture. Feminism has shown that throughout

history women were forced into social frameworks barring them from fateful spheres of influence. For example, women could not vote or be elected, or own property, and female artists were perceived as anomalous. Even when external conditions changed, cultural products imposed value systems in which women were marginal and inferior.

De Beauvoir (1960) claimed that women's lack of power and sense of inferiority originate in motherhood, since the female body is lacking. As a result, the cultural representations of feminine endeavor and interaction appear by dint of women's roles in relation to men: mother, wife, virgin, and whore. In contrast, Chodrow (1978) asserts that girls develop differently from boys because a mother sees her daughter as a continuation of herself. The son's struggle against his dependency on his mother is the source of masculine self-glorification, which is achieved by devaluing femininity. Consequently, women remain disempowered, unassertive, and non-competitive.

Therapy can create a space for dealing with these myths and traditions in order to accept or change attitudes, feelings, and behaviors. Examining myths and individual positioning is a way of balancing personal and social selves, thereby dispelling illusions and reconstructing present and future. Katzenelson (1994) argues, based on clinical and research experience, that myths are reexamined, redesigned, and reshaped in light of developmental transitions as well. Lubin (2003) claims that subversion and criticalness are required in order to shift women's position. This may happen in the therapeutic process in general and, in light of the importance of women's relationships, in group therapy in particular.

Numerous theoreticians regard the therapeutic group as a combination of social elements and individual psyches. Kibel (2005) maintains that this group tends to absorb cultural aspects to which its members are sensitive. When social reality envelops the group, we may detect the influence of social forces in the issues raised in the group, often covertly.

As aforesaid, myths provide explanations, reconcile contradictions, and resolve dilemmas. Through myths, group members voice their attitudes, perceptions, and feelings about leaders, each other, and the tasks at hand. Others describe the advantage of group work and therapy in liberating women from social stereotypes, disempowerment, and oppression (Brown and Mistry 2005; Burman 2005).

Combining the inner and outer worlds' effect on behavior, feelings, and attitudes, Foulkes (1964) defined four levels of group communication and relationships: (1) The current level—everyday relationships in which the group represents the reality, community, society, and public opinion, and the conductor is perceived as a leader or authority. (2) The transference level—corresponding to

mature object relations, where the group represents the family, with the conductor serving as parent and the group members as siblings. (3) The projective level—corresponding to primitive object relations in which one projects part-objects and shared feelings and fantasies. Members represent elements of the individual self. The group represents the mother or even her womb, and body images are reflected and represented by the group and its members. And (4) the primordial level—in which the group represents shared myths, archetypical images, and the collective unconscious.

In view of the affiliation and relationship among social structure, political status, power relationships, social myths, personal identity, and analytical group therapy, this article will analyze a therapeutic process that employed social myths to explore formative institutionalization processes.

Being a Woman in Israel

Within the traditional narrative of Israeli society, the woman's role is to give birth to and raise a generation of heroes and send them off to battle. This thankless role only reinforces the marginality of women in comparison with men, stemming from women's inability to produce founding Zionist myths. Elboim-Dror's qualitative research (2001) found that despite certain women's attempts to take meaningful part in Israeli history, ideally and actually, the young sabra preferred the traditional female model. This trend was bolstered by the security situation, immigration from developing countries, and Judaism.

Various Israeli scholars believe that the military struggle to settle the country precluded the actualization of the feminist vision, as the myth of the masculine soldier became a basis of Israeli society, thus excluding women from collective memory. Research has shown that the sexual equality of the kibbutz was of no avail, and at times women's participation in war even strengthened their "lover, not fighter" stereotype; alternatively, women in the military were perceived as masculine, as was prime minister Golda Meir (Almog 2000, 2004). The language of myth was masculine.

In national folklore, the Zionist woman was mainly a mother figure, the caring sister or lover waiting for her hero to return—or not—from the front. The pioneer or sabra image did not prevail, and even those identified with it lived according to a conservative and non-egalitarian model. Almog adds that "chauvinist perceptions are still deeply rooted in much of Israel's population, and many are still tainted with sexual stereotype and prejudice" (p. 64). Women in Israel (and all over the world) suffer from underrepresentation, prejudice, and masculine tyranny,

even if unintentional, in academia as well as in the family (Mor-Barak et al. 2005; Rimalt 2003). The common assumption that women could improve their lot by playing a meaningful role in the Israeli army proved to be an illusion (Rimalt 2003), not a realistic opportunity for most Israeli women (Dahan-Kalev 1999).

A study of the Israeli woman (Berlovitz 2000) concluded that the founding myth of women in Israel is essentially feminine-masculine, addressing the needs of the masculine national myth. It seems that no Israeli feminine subject could be established, since women were equipped with the minimalist history of founding mothers and scant feminine myths that survived only because they were masculine.

At the same time, women developed the self-image of an inferior and a victim. While men adopted such founding myths as those of the sabra and fighter, women could perceive themselves only as pioneers, mainly serving the needs of men—or, in most cases, as vessels of disappointment after years of exclusion as "victims," and as manifestations of the failure that was part and parcel of the country's development and establishment. These myths—and that of youth in particular—play a singular role in Israeli society, shaping personal and social identity amid immigration to Israel, with its personal, social, and cultural discontinuity, in order to establish a state of young people (without parents) (Naveh 2002). The youth myth also stemmed from the sabra image of the resettlement of the Land of Israel, "the eternal youth," and military service requiring strong, brave soldiers (Almog 1997, 2000; Nuttman-Shwartz 2006). Feminine identity in Israel is founded on two narratives: the oppression of women by traditional patriarchy (Izraeli et al. 1982) and the secret, subversive life of these oppressed women (Lubin 2003).

Israeli society reconstructs and reenacts Foulkes' four levels of communication. For example, we propose to explore gender stereotypes latent in the image of the female sabra.

Although ostensibly a modern democracy, Israel is actually based on a masculine stereotype of physical strength and emotional repression. Thus, even educated career women are expected to raise families and feel financially dependent. The implicit assumption is that a woman is unworthy without a man.

The professional literature shows a similar phenomenon in the US. Tosone (1998) claimed that "Negative attitudes toward women are embedded in the American culture. While women have made many professional gains, there is still the societal expectation that they will place the needs of their family members ahead of their own need for individual development" (p. 421).

In addition, group work reveals Israeli society's structural oppression. Power struggles manifest themselves even

between genders in Israel; for example, workplaces tend to prefer male employees and pay them more (Mor-Barak et al. 2005). No government policy dictates this discrimination, so it might be deeply rooted in the social unconscious.

In light of the above, this article will address group therapy conducted by revealing social myths that shaped and strengthened women's inferior status, enabling participants to overcome and/or interweave their psychological, social, and cultural backgrounds in order to improve their equilibrium.

Description of the Group

The group met within the social-service framework of a large institution in central Israel. The organization referred employees and their relatives who were known to its social-service division and had been in private therapy. In an examination administered by the institution's social worker, they expressed interest in receiving therapy for a problem they did not consider acute.

The 26 referrals comprised three men and 23 women; 24 were employees of the organization, and two women were not. (Referrals continued throughout this period.) Notably, only one of the three men came to the intake session, and he refused to join the group, stating that "he did not want to commit himself for 3 months," as is customary in groups of this kind.

The group met from May 2002 to September 2004. Over the years, seven women participated. The core members were (all names are fictitious) Havatzelet, Rakefet, Esther, Ilana (who dropped out after 6 months), and Simha (who joined a month later). After 8 months of intervention, Orna joined the group from outside the organization. Finally, toward the last year of work, Revital joined.

Four group members were married, one was a widow, one a divorcée—all with children—and one was single. All were college graduates. All but one worked for the same organization and lived in central Israel. Their age range was 28–62, and they'd been referred to therapy for such difficulties as the loss of a son, anxiety about a son serving in the military, parental dysfunction against the backdrop of a child's mental illness, and trouble building a relationship with a partner and coping with male authority.

Myth Reflection in the Group

Analyzing the group content and process reveals that the group reflected and worked through five social myths: the aggressor-victim encounter; hidden femininity—silence, exclusion, and erasure; maternal inadequacy; femininity

instead of multiple selfhood; and the subversive, trail-blazing woman of dialogue. As stated, this article will illustrate one way of working on the primordial level of the group—by using social myths—without excluding the other levels of communication in group therapy.

The Aggressor-victim Encounter

A major theme in the group was the aggressor-victim encounter. The man was automatically accorded all that masculinity represents; he was the figure of aggression, and the woman and all her representations became the victim. This pattern has characterized other groups as well (Weinberg 2003). The organization-employer was perceived thus: "They don't treat us like human beings here. As long as I work, contribute, devote myself, it's fine, but the moment there's a substitute, or another interest—I'm nothing. Worth nothing…." Another woman said: "I get a dismissal notice by e-mail. What are they, a bunch of wimps, afraid to call me in and tell me to my face?"

Most participants had male supervisors. Their relationship with them ranged from "coffee server" to "helper." Initially, none of the women felt they had their own rights: "I work in a prestigious department under Haim, whom everyone knows; he's senior." Or "I'll get ahead only if I get along with him. Not only on a professional basis but in my relations with him too… he really likes women." Another woman said, "Even if I'm excellent, and the truth is that everyone thinks so, he won't promote me. He would rather I stay his helper and not become an independent manager."

They responded from their place as women both in their often provocative dress and in their behavior: "I make eyes at him. It seems that's the language he understands." "I take care to come dressed as I should," "I like talking to him on the way to the group. Then both of us leave the office together and he walks me here, and then I say I have to go…" one participant recollected in an erotic tone.

With their partners, the majority developed the place of the victim and the invisible woman. One woman, who was extremely thin, wore no makeup, and dressed sloppily, felt "faded and invisible." Another said her husband took pictures of them having sexual intercourse, and a third claimed she was willing to have a relationship "only if it is painful."

Analysis of the group's work and the women's life stories underscores the fact that most participants reconstructed their marginal place in their families; furthermore, their relationships with their mothers were quite complex.

In a formative memory, Rakefet related that when she was about 14 years old, she was sent to the big city together with an older man. An art lover, she went with him to a museum. After he tried, in her opinion, to harass her, she hid for hours under a museum bench, until a guard found her just before closing time.

In addition, the violence the women experienced in their homes resounded in the group. Thus, for example, Havatzelet said her father was a violent drunkard, and her mother quietly tried to hide it from her. After they emigrated to Israel, her father died of alcohol abuse, and she quickly married a "strapping young man—Israeli-born, of Sephardic extraction—in order to be accepted by Israeli society and erase the family's Diaspora past." He soon began beating her, and even now she lived under threat and degradation, while he led a double life.

Toward the second half of the group sessions, Havatzelet's inability to break out of the pattern and her feeling of being trapped began diminishing. Instead of dialogue, however, the group began mirroring her violence and voyeurism, reaching the point of pathological extroversion. She finally left the group.

Orna described her mother's neglecting her as a reaction to her own envy. Revital was hospitalized for over a year, far from home, and her mother never visited. "I don't know how to be a mother either," she admitted. "And I think my children live far away to test me."

Due to their life histories and negotiations with their environment, participants tended to be submissive survivors, given to oppression. Through exposure, mirroring, and resonance, the group process gave the women space to express their feelings.

Hiding Femininity—Silence, Exclusion, and Erasure

Both in the intake interviews and in the group's initial discourse, participants attempted to exhibit masculine rather than feminine traits, presenting a false self as protection from the world. At first it seemed to be a strong, mentally healthy group of women seeking to find themselves. All worked in a research institution, had attained status in their departments, and were connected to the organization's decision-makers. Said Ilana, a divorced mother who worked in a prestigious department: "I get along fine by myself. I make a lot of money, I have a good profession, and I have a good time… who needs men?" The women in the group looked at her admiringly and dared not shatter her illusions, except to ask delicately: "So what are you doing here?"

Hidden femininity was expressed by Simcha, who neglected her feminine side: "I have no voice. I never had… I feel erased. No one listens to me, not at home, not with my parents… not at work. Not with the man I live with… even here, in the group, I can't find my voice…."

On the other hand, Rakefet, who celebrated her 60th birthday in the group, where she enjoyed a great deal of support, said toward the end, "I decided to dye my hair, lose weight… and I lost 10 kilos… I even feel pretty… I began putting on makeup…dressing, not only standing all day at the sink washing dishes. I told my husband I want to live…."

Even Havatzelet, a senior employee in the company, said at one meeting: "With all due respect, who are we? Underlings. No one cares about our status. We're women no matter what we do. We'll always be second-rate…"

Havatzelet showed elements of concealment and silencing when she said, "You can't say what you really think… may be even here in the group, because our employer finances it, doesn't he? I feel persecuted. It's better to keep quiet. Who knows who knows what? (aggressively) Do you talk about the group? I want to know… I'm afraid that if they hear what I really think… what I feel… they'll see that I'm weak, I cry… then they'll fire me and certainly won't promote me."

Dialogue avoidance and silencing were also manifest in relationships with the group as a whole both organizationally and with me as therapist. I was branded an outsider and often aloof, but no attempt was made to hurt me or examine whether I was a woman just as the group members were. In most cases—in a kind of exception that proves no rule—both the group and I received positive feedback, perhaps for fear of dismantling this protected place too, and breaking through the glass ceiling and being forced to examine who I really was.

Simha represented extreme processes of erasure and blurring. On the relatively few occasions when she spoke in the group, she spoke about the profound experience of having been transparent and invisible since childhood. "Even when I fell into a ditch, I was sure no one would notice my absence, no one would come looking for me… I just sat there and didn't even hope…"

The survivor mentality was prominent here too, due to either force of habit or fear of change.

Inadequate Mothers

The main difficulty for the women was seeing that the women in the group were not men but hadn't achieved their main objective—motherhood. At first, maternal inadequacy came up through participants' discourse with their own mothers and their ability to criticize their mothers criticized them. Only later, after numerous attempts to examine what kind of mothers they were, grueling stories about deficient parenthood emerged. Thus Rakefet talked about having beaten her daughter and dragged her across the floor by the hair, and today she feels deeply guilty and helplesss

because this daughter suffers from severe eating disorders and behavioral problems and is receiving psychiatric treatment.

In contrast, Esther tortured herself over failing to protect her son from death, and today she couldn't mother her daughter, preferring to grieve and long for her son, who was always her favorite.

Revital also questioned her ability to be a good mother and not only an "ATM," since she never learned the meaning of being a mother, because she never had one. "I don't know how to hug, to speak emotionally, to be with him (her son) and them."

Simha, who gave birth to her oldest daughter during the group sessions, was sure she too couldn't be a good mother, because her childhood was so destructive. "All I know how to do is test my daughter."

I often found it difficult to contain the group's helplessness and depression. Most group discourse dealt with unrewarding relationships with mothers. Fortunately, in light of the rich life experience participants brought to the group, members' functional independence increased with time, as expected. Despite initial attempts to phone and e-mail me to set up individual meetings—whether to test my devotion and dedication or to shirk group responsibility—the group came to rely on its own strength and wait for the group encounter. For example, in the group's first trimester Havatzelet often called me to set up private sessions, while later she would say in group, "I wanted to call, but I know by now that the group is the place." Esther did the same but eventually developed ever-increasing trust in the group.

This pattern reflected, on the one hand, the change participants had undergone and their success in connecting to the complexity of their motherly role, and on the other, my own ability to become an integral part of the group, shifting from Bionean (the ultimate model in Israel; see, for example, Weinberg and Nuttman-Shwartz 2006) to Faulkesian mentorship, being more personal, exposing myself, being not the perfect but the "good enough" mother, and helping them acknowledge that the group space and the group as a whole also served motherly functions.

Emphasizing Femininity Instead of the Multiple Self

Who am I—whore, virgin, housewife, yuppie, pioneer? A one-dimensional and stereotypical perception was prominent in the group, as manifest in the above continuum. Thus, Havatzelet vulgarly described her bizarre relationships with the opposite sex. Orna also detailed her relationships with men, oscillating between voyeurism and outright invasiveness (which showed that she had suffered

some kind of childhood abuse, though no one believed it). She usually dressed to accentuate her youth and her attractive figure. Preoccupied with the opposite sex, Orna shifted in therapy between an ability to cope with her difficult past and a willingness to become close to a man and develop a normal relationship. At times she "preferred" playing "a young and attractive woman is seeking an enjoyable and fleeting relationship" (though she ultimately experienced it as repulsive and painful).

Esther, who loved being a housewife and only toward the end of the group assimilated that one can live with loss, described a relationship that combined her being a mother, a woman, a partner, and a friend.

The Subversive, Trailblazing Woman of Dialogue

In time, the theme of the subversive, trailblazing woman of dialogue came up in the group, and the fear of examining complex parts of the personal, group, and social self diminished. The group empowered participants to break the silence, examine their unprocessed past, and see whether there were options besides its unsatisfactory reconstruction. As stated, not all the women reached this stage. However, those able to shift between masculine and feminine myths and scrutinize their own translation succeeded in blazing a trail.

Orna, for example, a psychotherapist, belittled herself and her constant assessment of her relationships with the world by reconstructing pain and rejection. In the course of the group work, she decided to change her profession, completed a management course, and began managing a financial organization. Her willingness to make room for power and control and not only defeatism and pain, while acknowledging her neediness, enabled her to negotiate with a new employer about leaving early 1 day a week so she could continue in the group. "I wasn't embarrassed; I told him I attended a therapy group every Wednesday, which I needed in order to be a better manager, and he agreed."

At the end of the group sessions, Orna said, "I'm a woman manager… that's something different. I don't have to tyrannize everyone… to exert power… I can be both a psychotherapist and a manager. Okay, I'm not perfect… but I know that I can… that I have more than one thing. I can be not only a supporter… sensitive… weak."

The group helped Orna connect to her strengths through extensive dialogues with participants symbolizing her mother. This process began with resonance of a difficult, aggressive, and unconscious discourse manifestin sentences such as "Why do I jump every time Rakefet speaks?" and later by mirroring, made possible mainly by Havatzelet.

Additional movement can be seen in Rakefet's behavior toward her superior. She often came to the group in tears after an argument with him. Once she even became enraged and lost control in the office, and they considered suspending her. About 6 months before the group work came to an end, she began a dialogue with her superior, asking him to provide work conditions conducive to realizing her potential and enjoying herself:

> I know I'm a professional with unique capabilities… there aren't many people like me, experts in my field, who can do such artistic work… I don't want him to think that I'm abnormal… that I only get angry… and make trouble… I approached him for an interview and asked to speak about these things. To my surprise, after rebuking me lightly he changed his attitude and at the end even told me he was very glad I had come.
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> In general, I feel I've calmed down, with my daughter too… So she won't go to university; the main thing is that she's happy… It seems to me that if I'm calm, everyone is. All I needed was that someone should love me… or better still, that I love myself.

Two additional examples are Simha and Esther. After accepting her femininity, Simha admitted: "Even pregnancy and birth didn't do it for me." She gained weight, began dressing carefully, and enjoyed a different attitude on the part of the organization. Esther, as aforesaid, was willing to see that there is life after loss and that one can grieve and be happy at the same time, to be mother, woman, partner and friend. From this point of view, Esther reflected the multiple self and the non-acceptance of resignation, but toward the end of the group work her fear of processing her loss diminished, and she expressed her richness and singularity as a person, not only as a bereaved mother.

Discussion

The article deals with the significance of social myths within a therapy group of Israeli women. As in any therapy group, the intervention was both intrapersonal and interpersonal, while assisting group members in successfully dealing with their developmental battle for individuation from their mothers and daughters. Before the group was formed, its members could not undergo this process, which is necessary for creating discrete feminine identity. Within the framework of developmental myths, the group explored the processes of disillusionment characteristic of age and assimilated the knowledge that "mother is neither omnipotent nor perfect." Participants related to loss and disillusionment (Gould 1978), which accompany a life replete with suffering and distress, endeavoring to accept developmental discontinuity and live with the gaping loss of a parent, child, or partner and the long-term significance

of emigration to Israel or any other disjuncture in life. The group also dealt with the shattered illusion of eternal youth—a myth that's especially powerful in Israel, with its symbols of youth and resolve, as described above—and acceptance of the end of life.

Foulkes (1964) posits four levels of communication in group therapy: current, transference, projective, and primordial. Working with the myth enables us to operate on all four levels, moving from projective to conscious, verbal communication (Barnes et al. 1999). The opportunity to examine the process through the cultural foundation matrix aided in understanding the difficulty of these women in breaking out; accepting and understanding their survival patterns—the social defense mechanisms; legitimizing their silence and their perceptual, behavioral, and emotional limitations; working with the group on the socio-organizational level to bring about personal change, allowing not only survival behaviors but also subversion as an intermediary model, criticism as a transitional condition, and hope of dialogue.

This way of conducting group therapy sheds light on the fact that women are captive to several circles: not only to the developmental circle of their object relations but to representations of the organization, society, and culture in which they live, i.e., to the founding social myths that restrict their development. This assumption is based on the perception that the group occupies an intermediary position containing both socio-cultural and intra-psychic, individual dimensions. The link between them and the collective cultural basis has become part of our body and self. It is incorporated in each of us and continually mirrored and reflected among us. It functions automatically, unconsciously, and produces simulations and interactions (Le Roy 1994). As Brown (2001) says, "The environment is inside as well as outside" (p. 30). It is also one of the main components of PIE theory.

In an unconscious and unplanned way, the participants formed a women's group from which men were not excluded on the concrete level ("if a man joins, I'll leave the group"). Beyond this, the image of men was both mystical/violent/frightening and helpless. Men were either omnipotent, holding unbridled control, or weak and castrated. This perception may have been the reason no men joined the group: The women sought to avoid competing for them and envying each other. This process recalls the myth of Hermaphroditus, who both fears union and yearns for it.

Some group members created couplehood with one another—and with me as a therapist—outside of therapy. They also did so within therapy, by using the story of one participant's extramarital affair. She chose to "throw away her man and show she was strong," though this description was somewhat inaccurate, and was "thrown out" of the group and unable to express regret or receive support and

empathy from the other women. In other words, they threw her out of the group since she (and they) could not bear such "masculine and aggressive" behavior. This behavior can be understood against the background of their life histories, their womanhood, and the feminist theories mentioned above.

Contextual understanding also illuminates the social adjustment mechanism and the role of analytical group therapy in view of the ongoing cultural basis of our lives. The group space resonates and strengthens the feeling of "us." We share with the group and unconsciously mirror common characteristics of our identity. Feminine coalescence, identification with victimization, and the demonization of men and masculine representations such as organizations, laws, and rational thought of any kind led to the preference of the feminine space and the creation of such strong feminine solidarity that it was almost tempting to turn the forum into a women's self-help group, or at least a social group, which is common here (in the above group and in Israel).

Understanding that these were the defense mechanisms of projection and splitting aimed at sabotaging therapy, helped me maintain the setting and ignore participants' unconscious attempts to attack and undermine the therapeutic framework, at times due perhaps to countertransference while overusing Bion's (1961) authoritative model (the common model in Israel) or while adhering to intervention and mentorship focused on the group as a whole. Maintaining the therapeutic framework provided security, freed the group from excessive solidarity and uniformity, and permitted pluralism.

These patterns of work and mentoring introduced tension, envy, competition, and vitality into the group, culminating in a dialogue between feminine and masculine, victim and aggressor. The exposure process was difficult and painful, accompanied by much resistance, by frequent attacks by the organization, by events that mandated cohesion and a great deal of support between participants, and by the breaking down of barriers. Inability to accept differences and ambiguities interferes with the constitution of identity and the social link. Overcoming this inclination is doubtless one of the main therapeutic functions of group analysis (Pines 1982) and clinical social work (Simpson et al. 2007).

Conclusion

Globalization and socio-cultural changes have increased awareness of the importance of illuminating the context of human life and framing the structure and process of interventions that take these changes into account. Clinical social work views "person in environment" and the concept of relationship as essential organizing perspectives (Simpson et al. 2007). Group therapy combines these

components. This article is one example of therapeutic intervention integrating socio-cultural elements that influenced both interpersonal and intrapersonal realms.

As reflected in the case discussion, the work with these women—grounded in group analysis—was intended to enable them to understand and move past the formative institutionalization process they had undergone, thereby expanding themselves, growing, and changing. As a result, and based on the similarity between social myths in Israel and social behaviors toward women in the US, we recommend continued exploration and interpretation of social myths and combination of group analysis and PIE theories in order to foster understanding and enrich group therapy.

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