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Hilary Milgrom, Tzipora Hait & Tamar Vogel

To cite this article: Hilary Milgrom, Tzipora Hait & Tamar Vogel (2016) Intricate Interplays in Women's Groups: Vulnerability and Strength Meet in the Second Half of Life, *Women & Therapy*, 39:3-4, 260-279, DOI: [10.1080/02703149.2016.1116860](https://doi.org/10.1080/02703149.2016.1116860)

To link to this article: <http://dx.doi.org/10.1080/02703149.2016.1116860>



Published online: 16 Mar 2016.



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Articles

Intricate Interplays in Women's Groups: Vulnerability and Strength Meet in the Second Half of Life

HILARY MILGROM

The Counseling Center for Women, Jerusalem, Israel

TZIPORA HAIT

Crossroads Center for At-Risk Youth, Jerusalem, Israel

TAMAR VOGEL

University of Haifa Student Counseling Center, Haifa, Israel

This article describes an approach used with therapeutic groups for women at midlife and beyond (aged 45 to 70 years). The method integrates feminist-relational and narrative concepts and its application was associated with significant movement between vulnerability and strength. Uses of writing and witnessing enabled participants to challenge themselves and others within a supportive context. A balance between inner work and mutuality, spontaneity and structure, contributed to the weaving of a relational tapestry in the group setting.

KEYWORDS *aging, feminist group therapy, midlife, narrative therapy, relational cultural theory, strength, vulnerability*

“Imagine that you have just been a participant in a group for women at midlife and beyond, which turned out exactly as you had hoped. Write about that experience.”

This was an exercise suggested by a colleague,¹ after I (H.M.) had told her that my experience leading a midlife group using traditional group therapy

Address correspondence to Hilary Milgrom, The Counseling Center for Women, 12 Yiftach St, Jerusalem, 9350329, Israel. E-mail: hilarymi@gmail.com

methods had left me feeling disappointed and disempowered. Many aspects had conflicted with my background in feminist and narrative therapies. The writing exercise, which invited me (a midlife therapist) to step into the role of a participant, liberated my thinking. It introduced me to an ongoing process of imagining an empowering approach that honors the knowledge and experience of women who have reached the second half of life.

This article describes that approach, developed co-creatively over 8 years by the group therapist, students, and participants, under the auspices of the Counseling Center for Women (C.C.W.), a feminist therapy center, based in Jerusalem and Ramat Gan, Israel. The article discusses the theoretical underpinnings of the approach, looking at factors that contributed to significant movement between vulnerability and strength among participants. In-depth descriptions portray an interweaving of group work with times for inner reflection.

VULNERABILITY AND STRENGTH

Though many intuitively assume that psychological strengths and vulnerabilities are naturally at odds with one another, research conducted by Huta and Hawley demonstrates that this is not so. After studying variables of strength and vulnerability in depressed outpatients and within a control group, they conclude that “strengths and vulnerabilities are not mere opposites and deserve study as distinct contributors to well-being” (Huta & Hawley, 2010, p. 2).

Scholars of Relational Cultural Theory (R.C.T.) elucidate the concept of strength by looking at changing definitions of the concepts of power and courage. Walker (2008) notes the similarity between conventional views of power and understandings of the “healthy self” in traditional psychology. She quotes Brock (1993), who writes that “unilateral power” (Bernard Loomer’s phrase) presupposes an ego-centered, self-contained person, one who aims at creating the largest determining effect on others, while being minimally influenced by the other.” Fishbane (2001), in referring to the “traditional narrative of the separate self,” cites independence, power, boundaries and competition as key factors.

Walker, referring to Miller (1976, 1987)², states that “dominant, deterministic power obscures the reality of relationship. It affects the appearance of lone individualistic action, when in fact, action is supported by an entire system” (Walker, 2008, p. 135). Women have been key players in that support system and along with other disadvantaged groups, have often found themselves in vulnerable positions, unable to gain access to power. Walker (2008) maintains that real power is achieved in connection, when the contribution of all sides to any given task is recognized. In order to change the paradigm in Western society to one of mutual empowerment, people need, instead of closing down areas of conflict, to learn skills of working with conflict in a collaborative way, allowing themselves to be aware of their “feeling-thoughts,” before taking a stand and being open to being moved or influenced by others (p. 139).

Jordan (2008) explains that the experience of vulnerability also depends on the relational context. In actual dangerous or humiliating situations of “forced vulnerability,” armor and protection are necessary. But in cases of “supported” or “mutual” vulnerability, “we are capable of being moved by internal affective experience,” while feeling safe enough to “move towards connection with others” (p. 3). For some people, even in a relatively safe environment, there is great fear connected to the experience of emotional vulnerability. “People come into therapy with both a yearning for connection and often a terror of the vulnerability that is necessary to move into growth-fostering connections” (p. 6).

Jordan further develops the inter-relationship between courage and vulnerability. Her definition of real courage is “the capacity to act meaningfully and with integrity in the face of acknowledged vulnerability” (p. 2).

VULNERABILITY AND STRENGTH IN THE CONTEXT OF LIFE TRANSITIONS

The negative portrayal of aging in the media, as a process, which by definition is one of decline, has been well documented (Vasil & Wass, 1993). “Anti-aging” is an all too common phrase in marketing campaigns. Midlife and aging women are exposed to these messages, and many cannot escape at least partial internalization of these ideas. However the following researchers have found important strengths among these populations.

Wiggs (2010) found in her survey of the literature on midlife women that there is “an enhanced capacity for self-transcendence that develops in women as they age” (p. 220). A study by Arnold (2005) found that women in their fifties were “embracing an expanded sense of self marked by renewed energy...and a sharper awareness of life’s finiteness” (Wiggs, 2010, p. 638).

Gergen (2009) affirms the negative effects of the cultural construction of aging and does not deny the real vulnerabilities that occur with the aging process. Yet she cites positive developments that typically emerge as adults grow old: increased emotional stability, emotional and philosophical complexity and wisdom. Gergen points to the growing awareness in the field of the value and benefits of connection for emotional and physical health, stating that the healthy human being of any age “is a social being, who thrives on being deeply engaged with others” (p. 262). This understanding heightens the significance of group work with midlife and aging populations.

VULNERABILITY AND STRENGTH IN THE ISRAELI CONTEXT

Vulnerability and strength are central themes for Israelis. On the one hand, much of the population may feel vulnerable, due to the ongoing tense

political situation and the histories of trauma (suffered by both Jews and Palestinians). On the other hand, strength is seen by many as a necessity in the reality of the Middle East. Both the intense political situation and women's individual histories affect the various ways that the vulnerability-strength continuum is manifested among those joining our groups. Examples will follow.

Clarifying Central Concepts

The unstructured format of the original group had left certain participants feeling frustrated. Since any subject could be raised, there was little time left for shared themes, related to this life stage. Another point of difficulty for those women had been the expectation that personal/interpersonal life issues be frequently translated to the "here and now" of the group setting.³

In preparing for future groups, I listened closely to the hopes of women who were searching for group work. What stood out was that same yearning to talk and grapple together with shared themes and dilemmas, connected with midlife and aging. I heard also a desire for a framework that would be both safe and challenging, where a personal issue could be raised, in the knowledge that there would be time to be heard and to receive responses at an unpressured pace. A third issue brought by these women, connected to questions of meaning. Statements were made about the fairness/unfairness of life or the "raw deal I've been served." Others raised thoughts or fears concerning illness and the end of life, now looming ever closer on the horizon.

With the support of colleagues at C.C.W., I entered a process of drawing on therapeutic approaches which I found deeply meaningful. These are detailed below.

Feminist Group Therapy

Bernardez (1996b) saw women's therapy groups as the treatment of choice, enabling a joint examination of connections between problems that women face and the societal context, as well as "transforming painful adaptations (to social conditions) in a climate of solidarity with other women" (p. 260). Bernardez's writing on women and anger in group work, (1996a, pp. 176–199) was also influential.

Grunebaum and Smith (1996) view group processes as involving "multiple subjectivities in creative and reciprocal interaction." They state that:

"Group psychotherapy may be viewed as more than ... an artificially constructed, fictive 'social microcosm' (Yalom, 1985), to be used for the examination and treatment of intrapsychic and interpersonal symptoms or 'pathological role' behaviors. It should be seen as a laboratory for understanding and improving members' capacities for participating in

peer relationships and in more complex communities, for contributing and drawing upon the ‘cultural experience’ that can be ‘found inside and outside the group’” (p. 84).

Oakley (1996) focuses on the concept of “women’s space” in her groups, interweaving ideas of group space and personal space with feminist theory and short-term group-developmental approaches (p. 265).

Relational Cultural Theory

Writings from the Stone Center have played a central role in the development of feminist therapy, combining relational and feminist understandings. Ideas from R.C.T., quoted earlier, focus on vulnerability and strength. Another area studied by these scholars is that of group psychotherapy. Fedele (1994) notes that R.C.T. has built on theories from the interpersonal school of group therapy (Yalom, 1985) and from Solomon and Grunebaum’s (1982) peer theory of interaction. Fedele underlines the importance of development through relational movement and connection. Rather than a client being “cured or acted upon by a therapist or by the group,” Fedele sees the healing process as based on the mutual interactions within the group (1994, p. 4). In a validating group environment, a woman may often have her “first full experience of others’ empathy, of being heard and of moving others,” leading to the development of the “healing ability of self-empathy” (p. 10).

Narrative Therapy

In the early stages of envisioning what came to be known as “the narrative metaphor,” White and Epston embraced many concepts central to feminist therapy (Lee, 1997). They, in conjunction with colleagues, continued developing these ideas and others, in relation to both genders, building on understandings from the fields of French critical philosophy, social anthropology and related realms (Carey, Walther, & Russell, 2009). Useful tools have been developed for helping people explore their life journey, linking individual events into a plot filled with personal meaning (White & Epston, 1990). This aspect of narrative therapy is particularly relevant to our group work, due to the heightened search for meaning, which often occurs at midlife and beyond.

Like certain theorists of the R.C.T. school, White critiqued modern concepts of the “self,” with its “inner essences” or disorders. Locating his ideas within post-structuralist thinking, he saw the self as “multi-storied” (White, 2004). He focused on “intentional state conceptions of identity.” Emphasizing “personal agency,” he perceived people as living out their lives “according to intentions that they embrace in the pursuit of what they give value to,” thus becoming “active mediators and negotiators of life’s meanings and predicaments, both individually and in collaboration with others” (White, 2007).

As in feminist therapy, there is a focus on the strong influence of cultural messages on individuals and families. "We work to help people notice the influence of restrictive cultural stories in their lives and to expand and enrich their own life narratives" (Freedman & Combs, 1996, p. 18). As "alternative knowledges of life and practices of living" are named, in the session, their history is explored. Through a method of "re-membering" significant figures from periods of a person's life (Myerhoff, 1982), "we come to know how people's lives are linked to the lives of others, around shared themes and values" (White, 2004, p. 147).

Other writers, who focused on issues of meaning, have also influenced this work. Skerrett (2005) enlarges on the concept of reflection on one's life, by emphasizing that "relational connection" plays a central role in meaning-making (p. 46). Bolen (2001) examines the post-menopausal "crone" phase, which she explains, is associated with the archetype of the wise woman. Bolen expressed her intention to redeem the crone word from its negative associations in modern English, (a worthy idea). The crone archetypes, described in her writing, "bring us to an inner realm of meaning" (p. 206).

Setting up the Groups

Students interning at C.C.W. were invited to join the process. H.M. was the main group facilitator. Each year a student of psychology or social work was involved in a co-operative process of guiding and planning group sessions, which greatly enriched the work. Two of the former students are co-authors of this article.

In the complex city of Jerusalem, where the Jewish and Palestinian populations live fairly separately in the West and East sides of the city, the groups for women at midlife and beyond were attended mainly by Jewish women, both religious and secular, some Israeli-born, some immigrants from a variety of countries.⁴

A number of women were referred by therapists or social service agencies, but most were self-referred, reading notices about the groups in local newspapers and community e-mail lists or hearing recommendations from previous participants.

Each interested candidate was invited to a pre-group interview. In addition to certain classic intake questions, including those concerning difficulties the woman may be facing and the familial and societal context of her life at key periods, the woman was given space to talk about the following issues: sources of strength and satisfaction; areas to which she feels drawn at this stage of life and from which she derives meaning; her desires/fears/intentions for the upcoming years and her specific hopes in connection with the group process. If the woman had experienced trauma, we would ask about ways that she had responded to the trauma and its aftereffects (White, in Denborough, 2006).

This preparatory process led to a series of groups, in which 8 to 10 women (aged 45 to 70) met for 16 sessions, each lasting 2.5 hours. Most participants had an academic education; others had reached high-school level. Many were working; some were retired. A few were unemployed, being unable to afford to retire. Yet they were having difficulty finding work in Israel's ageist economy. These groups spawned two self-led circles, which continue to meet until this date.

Typical issues raised by women in the pre-group interviews were: Taking stock and finding fulfillment at this stage of life; menopausal and post-menopausal changes and other health issues; transitions concerning work and retirement; "sandwich-generation" and relationship issues; changes in self and body image; fears, stresses, loss and loneliness. Some stresses were related to the volatile national situation, involving fears for family members' safety and future. There were participants who were helping relatives recover from injuries suffered in war or as a result of terrorism.

Early Sessions of the Group

Our first aim was to enable the building of connection and trust. Since women's typical training leads to a focus on the needs of others, we felt it was also important to make space for the process of connecting inwards. Our intention was to take time in sessions for brief periods of writing or drawing.⁵ Time for work in dyads, in addition, could further both of the above aims.

We visualized two types of movement in the groups:

1. From a woman's inner world to the group and back, including time for group work, based on participants' individual personal issues, in addition to the "quiet times."
2. From our group to the larger world and back. We aimed to look at writings from various cultures and to explore with participants how messages about women and aging affect their self-image and expectations. In addition to passages brought by the facilitator, women were invited to bring material from relevant books or poetry that they were reading or writing.

We gathered examples from a relevant cultural narrative: The biblical word "blut" is the Hebrew for "menopause." It literally means "worn out/withered." Even though feminist influences have led us to the use of alternative terms, this concept must lie deeply within the "collective unconscious" of Hebrew speakers. On the other hand, concepts of wisdom and aging are closely connected in the Bible. Schachter-Shalomi (1995) used biblical imagery in his vivid description of life's rhythms, emphasizing the harvesting of one's wisdom as a key task in the aging process for both men and women.

C.C.W.'s feminist democratic ethos influenced both H.M. and the students (see Baumgold-Land's (2011) description of the development of C.C.W. and her analysis of the dilemmas of running a democratic, feminist organization). As the groups evolved over the years and our approach became clearer, there was still room for democratic choices by each new group. One example was the decision whether participants would be in contact with each other between sessions. After lively discussions, most groups decided against such contact. The result has been an intensification of the group process, with a clear message that we are focused on group "work" as opposed to being a place for social chat or theoretical discussions.

The groups continued, after these early sessions, with a semi-structure, which was flexible, according to the needs and desires of that particular group. This partial structure was combined with ample time for open interaction between the women, each time with a focus on the theme or personal issue currently at hand. If difficult interactions occurred between participants or in relation to the facilitator, (many of these being rich with potential meaning), time was taken for processing and sharing understandings.

Vulnerability—An Opening

Some women came to the groups highly defended, after having had to cope with years of stress and/or trauma. In the early stages of the groups, while the trust level was still developing, we introduced writing exercises and conversations in pairs, based both on ideas from narrative therapy and on passages from the books of Remen (1996, 2000). This began a process of what one woman later called "a seeding, an opening..." Fears about deteriorating health as one ages were raised in the groups. Many participants were seeing the indignities of the aging process from close quarters, as they took care of elderly parents. Through her work with people who have already reached states of severe illness, Remen reverses the usual perspective, elucidating how much one can learn from such people: "The view is much clearer from the edge of life" (Remen, 1996). Remen's writings resonated strongly for women who had come to the group with questions about meaning.

Certain particularly anxious women had difficulty speaking in the larger group context. For some of these, writing became a key bridging mechanism. One woman needed several weeks of writing and sharing with H.M. her (difficult) reactions to the group experience before she was able to speak up in the group. Small group work, with student involvement, was also helpful for such women. We are reminded of Jordan's melodic phrase: "Listening into voice" (Jordan 2002).

The brief "quiet times" in sessions spurred a reflective process, which continued between sessions. Increasingly, with the development of each group, women would share their reflections on group and individual issues at the beginning of the following session.

Ideas from the Narrative “Re-authoring” Process

“Re-authoring” is a multi-stage process (summarized well by Carey et al., 2009), which enables people to clarify their intentions/purposes and what they have come to value or hold precious, as a result of their life experiences. This process can strengthen a “sense of myself” which is consistent through past, present and future (White, cited in Denborough, 2006, p. 26). At midlife and beyond, when changes in roles and other life situations often raise identity questions, the re-authoring process can be particularly useful. The ideas formed a backdrop to our thinking, inspiring certain questions for group work. We did not lead each woman through this re-authoring process, in its classic form, due to our decision to enable times for both spontaneity and structure in the group work. These groups differed from classic narrative therapy groups, which are often highly structured.

WHAT HAPPENS WHEN SOMETHING, HELD DEEPLY PRECIOUS, IS VIOLATED?

The following example relates to this question. In a pre-group interview, Claudine⁶ told of mild depression and dissatisfaction with her work. She hoped the group experience would help her move out of this sluggishness. In the early stages of her group, Claudine talked of the complexities of growing up as an only daughter to a single mother, who had brought her to Israel as a teenager. This sharing occurred during an exercise, in which women were asked: “Which models of femininity and masculinity did you see growing up? How did this influence your sense of self as a girl and woman?”

Claudine later revealed an experience that led to her being silenced and isolated in her new country. She was sexually abused by an art teacher. Suffering this experience at puberty, she found herself feeling tense and uncomfortable in her changing body. She found it hard to interact with girls in her new class.

Between sessions, she began to feel stirrings of anger. She, too, was helped by a writing process, as she noted down feelings and thoughts that arose. In the group, she shared a realization that something else that she valued deeply had been violated during her traumatic experience. She had loved art. After the abuse, she couldn’t bear to touch anything related to art. As participants responded with feeling to her sharing and insights, it was poignant to remember her earlier isolation. Over the next weeks, a new direction began unfolding.

She started visiting artists, and breathing in the atmosphere of their studios. As she told the group, something in her was beginning to relax.

One day, she surprised us by bringing in a white mobile, which she had designed to reflect light. Participants were moved to be included in Claudine’s process of reclaiming what she had lost. Claudine continued

trying different artistic media and eventually left her job, which she now saw as “soulless.” Today, she works full time in an artistic field.

A classic task of midlife is “taking stock” in order to move forward, with new understanding. Claudine was able to combine inner and group work, leading to the reclaiming of a beloved field of expression.

CONTINUATION OF INNER AND OUTER PROCESS

As we trace further movements between vulnerability and strength in the groups, not surprisingly, anger will reappear as an important factor. Although some women came to the groups feeling comfortable with their use and style of assertiveness,⁷ others found the work of Lerner (1985) helpful, with its focus on the use of anger as one's guide in bringing effective change in relationships. Surrey, (in Jordan, 1991) emphasizes a “power with” model. She writes that women's behavior often looks “passive” because they do not want to take “power over” another. Instead the R.C.T. model proposes that “all participants in the relationship interact in ways that build connection and enhance everyone's personal power” (p. 165).

As women took time to write about inner responses to situations they were facing, they often reached a position of enhanced clarity. New thoughts, based on this process, were shared in the group.

Rebecca wrote,

From childhood on, anger was an emotional response that was unacceptable—getting angry indicated weakness, failure to be in control, understand the situation ... The only rhythm I know is shame/retreat or a tantrum in which I have destroyed physical objects and relationships.

I now believe that I have been mistaken. Anger is not something to be ashamed of—but a healthy response. The question is how to channel this response into expression that is appropriate and helpful—this is new territory for me and I am excited by the possibilities.

Women shared, sometimes with rueful laughter, their attempts at putting these ideas into practice in their lives, with greater or lesser success. And of course the group was an arena filled with opportunities for work on such issues.

FEELINGS THAT HAD NO NAME

Re-enactments/transference from earlier relationships were frequently played out in the group, but these often passed under the radar of awareness of those involved. Sally, however, was becoming more conscious of times when her inner issues were being triggered. During a group “check-in,” she began

raising a painful issue. I (H.M.) acknowledged that this surely deserves the group's attention, but asked her permission to complete the check-in before returning to her issue. Later, as Sally began her renewed sharing, she dared to say that my request had angered her. She was reminded of emotions she had had over years, when married to a man who often made her feel that her words were unimportant.

Regret, tinged with embarrassment, started to rise within me, as I became aware of the role into which I had "stampeded." I decided to share the first image that arose ... I acknowledged that I felt like a "bull in a china shop." With the group's laughter and empathy enveloping both of us, Sally began musing about how different it was to be able to speak up, in this context. She shared a memory of what it had been like to live for years, with "feelings that had no name."

Those who have felt overpowered and unable to express themselves over long periods may find themselves entering reenactments with others as a way of "telling their story" (Laub, 1995). If there is no awareness of this process, these reenactments can be constantly repeated, causing distress. Sally had done important emotional work since the marriage, which enabled her to be aware of this "reenactment-in-the-making." In the group, where she felt connected and "safe-enough," she was able to speak up and name what was occurring. With participants as informal witnesses (Nasim & Nadan, 2013),⁸ acknowledging her feelings and words, Sally felt strengthened by her decision to use her voice with clarity.

EMOTIONAL VULNERABILITY SCORNED

Certain participants scorned weakness, due to their harsh reality. Sharon grew up in poverty. Her brother was seriously injured in a terrorist attack, and she spent many years organizing a struggle for the rights of people with disabilities. She recognized that in the process, she had become consumed with the need to be tough, seeing many arenas of life as a battleground. In the pre-group interview, she said that she found it hard to connect with other women.

She seemed cynical and set-apart in early sessions, but listened carefully as other participants, more open to their vulnerability, shared feelings, questions and insights. After connecting with her own fear, during a writing exercise, she enabled others to begin responding to her. She gradually became more involved in group interactions and revealed, several sessions later: "I've learned, for the first time, to respect women."

ROLE REVERSALS

One of the shared themes, chosen by the women, was "loneliness, solitude, and the distinction between them." On average, in each group half the

women were living alone, being single, divorced, or widowed. Although they came with many strengths, some would speak of the difficulties of living alone in Israel's family-oriented society. However, it was meaningful to witness role reversals that occurred during these conversations. Several married women expressed fears of being left alone, as an older person. Women who lived alone, shared coping methods used in times of anxiety or loneliness and at times when practical survival skills were needed. When describing their embracing of solitude, women told moving stories of new discoveries and spiritual connection.

A RELATIONAL TAPESTRY

In the following excerpt from a session, we see, not only role reversals on the vulnerability–strength continuum, but also an intricate interplay between the women. In this example, the spotlight is entirely on participants' interactions.

Ruth, 60, now in her second profession, is married and a grandmother. In her own words (Ruth chose to write in the third person):

“Ruth” was the oldest of 3. Her parents separated when she was 10. Her mother had a history of bi-polar disorder; nevertheless the children were entrusted to her care. The father maintained a relationship with them. The mother was angry with the father for abandoning her and, while giving her many responsibilities, she also beat Ruth (who favored her father) daily with hanger, brush, belt—even trying to break her arm one day in the yard until stopped by neighbors.

There were no laws then about mandatory reporting of abuse, and the paternal grandmother arranged with the elementary school that she be called if a teacher felt Ruth needed medical attention. She would then take Ruth to the doctor. This was done without the knowledge of either parent.

Ruth did not tell her father about the beatings.

Ruth told H.M. in the pre-group interview: “I’d like to hear what issues women my age are thinking about. I’ve spent so much time during my life squashing my problems, that I’m not sure I have issues at all.”

In early sessions, Ruth’s role as a “giver” and “doer” was apparent, volunteering to assist whenever practical help was needed. She was one of the last women to bring a personal issue to the group.

Between sessions Ruth wrote to H.M.: “During the last session, I admitted out loud for the first time in my life that I’m afraid to give in to physical pain, to be disabled by it. When I said that, along with stating my fear of depression, I got choked up, which surprised me. So I guess I should try to resolve this.”

In the following session, Ruth shared that she has an ongoing medical problem, causing great pain at times. “I’m willing to take strong pain medication, just to keep functioning... But I fight long-term dependence on medicines...”

As Ruth began revealing her fear of becoming disabled, it became apparent that shame was a central issue. "I'm embarrassed by the idea of being ill or depressed."

As the women responded and asked questions, the story of Ruth's childhood came out gradually. She later told us: "I was able to admit some things to the group that I've never admitted before ... I guess my being a 'doer' started when I was a kid, and I always needed to get up and go."

Ruth also shared some of the effects of her childhood on her own parenting:

Raising children was a challenge. When they were babies and would start crying, I would have strong urges to hit them. I made an arrangement with my husband: When this happened, I would close the door to their room and call him. I would stand outside and he would come home early from his nearby workplace.

As the story unfolded, one could sense the women's intense concentration. Among the spontaneous responses, many were supportive, relating to Ruth's pain as a child and her current fear, some analytic, some challenging. One articulate and insightful woman, Deana, was noticeably silent.

An expression of outrage by one woman seemed to have a strong effect on Ruth.

Sara: What stands out most strongly for me about your childhood is that you were abandoned ... I know it was a different time and I can't judge anyone, but you were abandoned by the people who should have protected you ... your father and your grandmother. The school too ... teachers saw you with bruises and sent you right back home. It makes me so angry that the people who were supposed to protect you didn't!

Something in Ruth's demeanor seemed to shift. She had told the group that anger usually scared her, but Sara's passionate expression of anger, straight from the heart, seemed to enable Ruth suddenly to see even more clearly the predicament of the girl she had been, so alone in her situation.

Later in that session, Ruth shared with the group that her mother had committed suicide when Ruth was a teenager. As she talked of her response on hearing this news, tears came to her eyes. Afterwards she told the group that this was new for her: "I never cry." An inner opening seemed to be occurring.

NARRATIVE WITNESSING

Later in the session, participants were given time to reflect on one or two of the following questions, based on a structured narrative witnessing process.⁹ Some women found it helpful to write their responses first.

1. As you listened to Ruth talking of her fear of disability and telling her story, did you find yourself resonating with any particular aspect? Did any mental images form?
2. What do you sense that Ruth values or holds precious in life?
3. What do you most appreciate about what it might take to live the story you just heard?
4. Does any of the above touch you in your own life?
5. In what way does this story challenge you or move your life forward?

Some participants now shared with Ruth how that image of her standing in the hallway, listening to her baby cry, affected them.

Sally (mentioned in an earlier example), responded to the conflicted feelings Ruth had shared regarding anger. The group had seen, over many sessions, how Ruth had learned to keep any difficult feelings firmly under rein. Yet when she talked of those times when her babies cried, the group was able to get a sense of what it must have been like to feel that her rage was about to erupt in an uncontrollable way.

Sally acknowledged the immense difficulty of those episodes, underlining Ruth's desire to protect her children, and then shared a little of her own journey with anger. She had felt stuck, numb and lonely in her difficult marriage. Only when she connected with her anger was she able to realize that she had to leave the marriage. Ruth's openness had helped her see how much more at home she felt with herself now.

Others related to Ruth's tremendous survival skills. Sara resonated with this and talked about her own inner conflict over showing weakness:

"Ruth, you know that I've grown up without a father. I've always felt, like you, that I have to be strong. It's been a huge struggle for me to ask for help. You've helped me to realize how connected those two issues are."

It was moving to witness and experience the relational process at work in the group. Many of the women had found themselves feeling certain emotions that Ruth, herself, had kept at bay for so long—the shock, the pain, the anger.

Deana in particular had been brought by Ruth's story to an inner place, beyond words. It was only after having had time to ponder the witnessing questions that she was able to share the following:

"I had felt so overwhelmed earlier in the session ... It's hard to grasp everything you've been through"... Her voice began regaining strength ... "But thinking about your story ... You've gone through this twice. The first time you were the victim. The second time, you stopped it ... You and your husband found a way to keep the children safe."

Ruth, visibly moved: "Yes ... with a lot of hard work."

Then Deana was able to reveal a fear that she had carried for many years of her life:

“As you talked of being afraid of becoming disabled, I was suddenly put in contact with a very raw place inside ...

I haven’t yet shared with the group ...

I have a handicapped sister ... My parents worked so hard with her and fought for her to be mainstreamed ... One of my biggest fears has been ... that if I would have a child, s/he might be born disabled ... My worry was that I wouldn’t be able to measure up.”

The tears in her eyes as she spoke testified to the depth of this feeling that she had carried with her for so long.

There was silence as participants absorbed what they had heard. Some women’s eyes were on Deana and some on Ruth. In that moment, there seemed to be an intense awareness in the room of the ripple effect of Ruth’s sharing of her experiences and inner struggles.

A deep trust had developed within the group and when the 16 session series had ended, Ruth chose to continue, along with other participants, in a peer-led group.

A year later, she wrote sharing that her husband had been very ill.

I’ve learned in the group to accept that I don’t have to only rely on myself as I did as a kid. I’ve been able to accept offers of assistance, and to admit that “I can’t do it all myself.” This has been humbling but also enlightening ... almost a “eureka experience.”

A closer look at some of the segments from the above session reveals a lively relational interplay between strength, vulnerability, inner defenses and emotional movement. Ruth had needed for many years to show strength in the traditional sense, blocking, to a great extent, feelings of pain, sorrow or anger. During this group, she had developed a different kind of strength: the courage to speak aloud her pain and vulnerability, and through the process, experiencing an inner opening.

When Ruth was a child, even those who saw her abuse, acted like “bystanders,” enabling the situation to continue. Ruth may have built thick walls, dissociating from emotions and perceptions to such an extent that her experience may have felt like fragments of sensory information (van der Kolk, 1989). The group helped Ruth to tell her story in a fuller way than ever before. As the women listened, with a range of emotional reactions, she was able to see herself, mirrored in their eyes and feelings. This may have enabled a “knowing” of her story on a new level (Nasim & Nadan, 2013).

Sara's strong outrage at Ruth's abandonment was a moment of authentic expression and clarity. When Sara used the word "abandoned," it rang true for the listeners in another way: Sara had shared earlier that her father had left her when she was a baby. She had never used the word "abandoned" when talking about her own situation, but her life story enabled her to tune in strongly with Ruth's experience. Perhaps in turn, Ruth's story had connected her back to her own.

Deana at first seemed overwhelmed, yet later explained that she had felt a need to stay silent, while Ruth was sharing her raw, painful story. During the witnessing, Deana, who had been a caring, strong figure in the group, was moved to reveal more of her own vulnerability.

Several other women could not respond immediately. Some may have been dissociating from the painful images being painted before them. Others, like Sally, may have experienced the triggering of their own painful memories.

SPONTANEITY AND STRUCTURE, AS SEEN IN THIS SESSION

Times for free interaction in sessions reflected the fact that the group belonged to the women. There was space for the use of communication skills and the sharing of insights, based on long life experience. Many conscious and unconscious responses arose, weaving themselves into a tapestry.

When we chose in this session to move to a more structured narrative witnessing process, all had a chance to step back, breathe and enter a state of reflection. This was a stage, where there would be a clear, conscious focus on the story and responses just heard, with each of the witnessing questions having a different effect. Narrative witnessing, in its original and most commonly used form, is called "outsider witnessing" (Russell & Carey, 2003). In that format, witnesses discuss with each other their responses, while the original speaker listens, without being directly addressed. Our view, however, is that in an ongoing group, where deep personal sharing takes place, it is crucial that witnesses address the original speaker directly.

In answering the question: "What do you most appreciate that it might have taken to live through this experience?" certain women acknowledged Ruth's survival skills as a child and her power and caring, as seen in her adult life. (See White, in Denborough (2006), whose work with trauma survivors was transformative, noting and building on their *responses* to trauma.).

The last two questions demonstrate the rebalancing effect of a narrative witnessing approach, as they invite participants to "give back" to Ruth, by sharing how her story and the responses have touched or challenged them in their own lives. (See Weingarten's, 2003, work on "Compassionate Witnessing").

Miller (1988) wrote of "strategies of disconnection" (even from oneself), that are developed as a response to stressful situations. Yet she linked this to

a simultaneous yearning for connection. It was poignant to witness a mutual process, which enabled Ruth to open more fully to connection with herself and others.

REFLECTIONS FROM THE THREE AUTHORS

These groups were created by listening to women's desires and reflecting them in a combination of structure and spontaneity, honoring the skills and life-wisdom of 45- to 70-year-old women.

The themes of vulnerability and strength emerged as central in the groups over the 8 years. Some women were able to connect more deeply with their vulnerability, enabling fuller emotional expression. Others gained from reflective work, fostering increased clarity, and from processes of mutual empowerment and witnessing. We saw, as R.C.T. scholars state, that strength and vulnerability go hand in hand. It is heartening to witness the development of the two self-led circles, which are now taking the work in new directions.

T.H.: Working with this group of women was eye-opening. These women had experienced much more of life than me, and I felt it was an enormous privilege to get a glimpse of their stories, as they grappled with midlife issues. The women challenged my conception of midlife, and I in turn reflected my awe at their journeys back to them.

T.V.: I found it moving to see women learning and gaining confidence as they witnessed each other's process. As the more verbal participants shared their stories, eventually revealing raw, previously hidden, inner parts, some shyer or more defended women began finding the courage to acknowledge, in writing or in the group space, their own vulnerabilities and inner struggles, often becoming extremely receptive to feedback from others.

H.M.: After my initial sense of disempowerment in trying to adopt a previously existing approach to group therapy, I now deeply appreciate the value of the co-creative approach. I have benefited greatly from the perceptive comments and cross-generational perspective of students and most recently, from the writing ability of my co-authors. I learned an immense amount from participants, whose courage and knowledge of life could only partly be described in this article. Understandings from narrative "re-authoring" have been reflected in my own parallel process, in preparing this article. In sifting through the myriad memories from the six groups, I had an opportunity to clarify which of the insights gained, "I hold most precious," having no choice but to winnow out other valuable recollections.

As we integrated feminist-relational and narrative approaches, we observed the power of inner process, in the form of writing/drawing and work in pairs, to enhance the group work. We see the potential in the field for further integration of the above approaches and rejoice when we see signs of dialogue in the journals and books of each school.

Remen (1996), whose expressive work seems so closely related to R.C.T. concepts, writes about the importance of reclaiming during adulthood parts of ourselves that we may have hidden when we were younger (p. 38):

In order to gain a “full range of power and response to life,” we need to recognize that: “Sometimes our vulnerability is our strength, our fear develops our courage, and our woundedness is the road to our integrity.”

ACKNOWLEDGMENTS

The authors wish to acknowledge with gratitude the contributions to our learning from the group members and from our colleagues: Bella Savran, and Iris Singer and the staff at C.C.W.; the Qesem Center narrative therapy consulting group, led by Yishai Shalif and Rachel Paran; Dr. Karen Skerrett, Sarah Kreimer, Frayda Wiesenthal-Shimron, Lauren Mervis and the late Debbie Porten. Deep appreciation to Dr. Shimon Ilani.

NOTES

1. Margalit Glenda Jakob has developed a method for unblocking creativity, called “Written Visualization Therapy.”

2. Miller initiated theories of the Self-in-Relation, that later came to be known as Relational Cultural Theory. The following theorists quoted in this article all belong to the R.C.T. school: Walker, Jordan, Fedele and Surrey.

3. See Yalom (1975) on the importance of continually “shepherding” participants to the “here and now” (p. 134). I (H.M.) acknowledge Yalom’s encyclopedic work on group psychotherapy, and note that due to changes made in later editions of his classic work I now feel less conflicted concerning his descriptions and suggestions about group work. See Yalom (1985, 1995).

4. The individual psychotherapy population at C.C.W. includes Israeli Arab women and our program for training mental health professionals in women’s psychology includes East Jerusalem Palestinian women. See Baumgold-Land’s (2011) discussion of the gap between desires and reality in this context.

5. Due to lack of space, we could not bring examples of the use of drawing in the groups.

6. Participants’ names and identifying details have been changed.

7. Some women had years of experience in voluntary/work settings, where the ability to take a stand in a clear and assertive way was essential. They were often seen as models by other participants, whose work in the groups sometimes led to further communal involvement.

8. See Nasim & Nadan (2013)’s work on the role of the witness. They have developed an approach, using relational and narrative psychotherapy with trauma survivors.

9. See Freedman and Combs (1996), Russell and Carey (2003), for summaries of the narrative witnessing process.

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