The practice of *sharing* in therapy is a therapeutic tool that promotes emotional connection, awareness, and self-expression among participants; it establishes trust and a sense of closeness among fellow group members. Sharing is not limited to a specific therapeutic stage and is undertaken in a wide range of group therapies (Lupton, 1998; Moskowitz, 2001). This practice is simultaneously a means of expression and an establishment of intimacy—both in the personal sense of heightening emotional awareness and in the group sense of strengthening interpersonal connections (John, 2016). Sharing plays a distinct and significant role in promoting many of Yalom’s therapeutic factors for group psychotherapy (Yalom, 1983, 1995), which are of great significance concerning acute distress such as in the cases described in this paper. Moreover, the sharing of emotions in group therapy and the establishment of awareness, self-expression, closeness, and trust in the group, all complement the goals that Yalom defines for group psychotherapy within an inpatient setting (Yalom, 1983, 1995).

Psychodramatic sharing, which is a distinct stage immediately following the work of a protagonist, adds to these important factors. The cruces of this therapy are the mobilization of group members in support of the protagonist, the resonance of the psychodrama work’s content with the group, and the integration that is made possible as a result. Kellermann (1992) emphasizes the existential and universal validity that that group imparts to the protagonist via sharing, and how psychodramatic sharing serves as a means of personal and emotional identification with the protagonist. This contrasts with the processing that takes place within psychodrama training where there is also resonance with the protagonist’s work—although in a distanced and intellectual way—as it often contradicts the supportive and accepting nature of sharing.

In the group of inpatients presented in the paper, the work space was divided multiple times among all the participants and was not necessarily subjected to the psychodrama work of a single protagonist. However, the frequent expressions of distress, emotion, or acute need by the group participants (sometimes several times in one session) led to an unplanned performance by a momentary protagonist who expressed emotion and experience to the group through psychodramatic means or suchlike. This was fervent content that touched the other group members as it related to their own experiences, and they then engaged with the performance via “share-back,” to use the term coined by Olsson (2017). Sharing occasionally occurred spontaneously, at the participants’ initiative, but it mostly had a structured and distinct space—a group participation space—whether it occurred as part of the group “pulse” at the start of the sessions (where sharing was mainly related to experiences of being admitted to hospital or life within it) or part of structured sharing toward the end of the sessions. This built-in space for sharing at the end of the sessions did not consistently meet all the criteria of a sharing phase that occurs after the protagonist’s work in classical psychodrama. It was distinct from the sharing that occurred at the start of the sessions as it was fed by the work that had taken place within the group and tended to be more integrative in how participants’ content resonated with each other’s and helped form meaningful individual and group experiences from the work that had taken place in the session. The sharing at the end of the sessions enriched the work with partnership, interpersonal affinity, humanity, and hope. In this way, the sharing also served as a space for closure that helped soften the “reentry” (Blatner, 1996) into their lives as inpatients in a psychiatric hospital.