**Presence and Reconstruction of Object Relations among Children Experiencing Maternal Absence: A Case Study from Psychodrama Group Therapy**

**Abstract**

This article formulates a case study from the process of psychodrama therapy with a group of female elementary school students. Each has a personal history involving a deep and painful experience with a present-but-absent mother. The article aims to show how psychodrama offered the girls a stage on which to reconstruct their encounter with the pain from this profound absence. This was accomplished through interaction with the living presence of the therapist as an object. The group process interweaves various types of object relations, which are reconstructed vis-à-vis the maternal object present in the group. The girls’ relationship with the female therapist enabled them to express the trauma of not having a supportive and “holding” mother figure who could help them to mature and grow. The article presents the ways in which the group of participants in this case study reconstructed their pain through psychodrama, and how the group developed, in light of Byrne’s Object Relations Theory.

**Introduction**

This article describes a psychodrama therapy process that took place in an Israeli elementary school, in which four 4th-grade girls participated. Each of these girls perceived their mothers as being emotionally absent, to varying degrees, in differing ways. During the group’s work, the therapist was involved in the emotional processes of transference and projective identification, which reflected their role as a maternal object for the participants. Regarding the presence-absence dimension, on the one hand, the therapist saw herself as an object that was present for the participants, and on the other hand, an object that evoked and reconstructed each girl’s personal experience of maternal absence. Psychodrama creates a dynamic, creative stage and therapeutic space that encourage the expression of early object relations, which are reproduced throughout childhood. Psychodrama techniques allowed the girls to express themselves and their feelings in a safe way, by wearing a “costume”. The girls’ relationship with the female therapist enabled them to express the trauma of not having a supportive, caring mother figure who could help them to mature and grow.

In the past fifty years, psychoanalysis and psychodynamic approaches have emerged that view the development of the “I” in the context of relationships with significant others (Silverman, 1986). The earliest object relations develop in connection with the “Other”, who satisfies the infant’s needs. Bowlby’s (1982) theory on the development of the self and object relations focuses on the stages of a child’s development and their interactions with the important objects in their life. Internalization of early object relations can contribute to either a healthy or pathological development of the “I” and affect subsequent relations to the object (Bowlby, 1982). Object Relations Theory shifted the emphasis from the instinctive, intrapsychic realms that characterize Freud’s structural model, to the realm of interpersonal connections. According to this approach, the spirit/mind/soul/psyche aspires to make connections, which are based on internalizations, object representations, and the relations between these representations. These representations are influenced by one’s early patterns of contact with significant figures in their life.

Fairbrain (1944) described the libido as object-seeking. According to Melanie Klein (1935), the object relations that develop between an infant and mother significantly influence and shape the nature of that child’s future relationships with others. Klein defined two core mental positions: *paranoid-schizoid* and *depressive*. In the paranoid-schizoid position, the emotional experience is split into good and bad, and a core defense mechanism functions to preserve the “good” object. This results in fear of persecution and a lack of separation between the object and the self. The “Other” is perceived as part of one’s inner world, which operates according to the internalized object relations. These relations are projected onto their external reality.

In the depressive position, good and bad are integrated. The illusion of absolute good no longer exists, there is adequate space to internalize and experience reality as it is. The manic defense is central to the depressive position. This arises in response to the threatening perception of being dependent on the mother. The infant employs the manic defense to reject dependence on the object and to feel a sense of omnipotence, without a need for the “Other” (Klein, 1935).

Winnicott (1935) expanded upon Klein’s concept of manic defense and stressed that it is characterized by denying one’s inner reality. Through dreams, fantasies, and omnipotent manipulations of external reality, people distance themselves from their internal reality. This leads to a state of “suspended animation,” in which all emotions are subdued, vitality is suppressed, and the person becomes incapable of believing that the object can be loved (Winnicott, 1935).

André Green’s essay “The Dead Mother” (2007) discussed the emotional consequences of a mother’s emotional (not actual) death as a result of her absence as a consequence of depression. This transforms the living object into a figure who is distant in the infant’s psyche. According to Green (2007), if the mother withdraws her emotional investment, the infant experiences this lack of maternal love as a loss of meaning, and cannot understand the reasons for the mother’s extreme behavior. The infant perceives the depressed mother as being “dead” and will try, unsuccessfully, to revive her. This causes anxieties related to the loss of self and loss of the mother. Hence, the infant develops various defenses to escape this unbearable and inescapable emotional situation.

In therapy, the “dead mother” complex is expressed through transference, which resembles the manic defense described by Winnicott. The patient repeatedly attempts to revive the maternal relationship via the therapist but simultaneously experiences internal emptiness. These two mental states coexist. Following Winnicott, Green (2007) suggests that the therapist should act as a living maternal object by being interested in and attentive to what the patient says, and expressing vitality by conveying associative connections to the patient, while maintaining a neutral position.

The mother’s presence as a living object is critical for the child’s life and mental health. Winnicott (1956) asserted that in order to enable a child to encounter reality, mothers must provide the infant with support and “holding” from the moment of birth, but in a way that does not make them feel invaded or threatened. Maternal holding allows the infant to experience “going on being” – a sense of being immersed in a protected and tranquil world, without awareness of the mother’s presence or even the need for her presence. Winnicott (1956) termed this as “primary maternal preoccupation”.

In connection with the infant’s experience of “going on being”, Winnicott coined the term “potential space”, which refers to the space between the mother and infant as the child begins to become aware and feel noticed. It is the space between the infant’s subjective inner feeling of omnipotence and ability to control the breast and the external objective environment. Over time, objective reality enters the infant’s subjective feeling of omnipotence. At the same time, this early experience allows infants to continue to own their desires and perceive them as real and meaningful. However, they must integrate these desires and adapt them to objective reality.

**A Therapeutic Group Based on Object Relations Theory**

Bion (1965) described the therapeutic group as a setting in which participants re-experience and reconstruct collective universal motifs and early object relations. In group therapy, pathological object relations are brought to the surface through the use of psychological mechanisms, such as splitting, projection, projective identification, and reflection. These serve as defenses against regression and psychotic anxieties. In unstructured analysis and therapy groups, participants undergo regression, through which they have an intimate encounter with the most problematic aspects of their personality (Bion, 1985).

Drawing on concepts proposed by Winnicott and Erikson, regarding the development of play among children and adults, Kosseff (1990) demonstrated how group therapy allows patients, especially those with severe disorders, to anchor themselves in the group and to search for, and find lost parts of the self. According to Kosseff (1990), games are tools that enable participants to release aspects of their spirit/mind/soul/psyche into the world around them and to build a creative space in which to search for missing parts of their whole personality and true self.

Yalom (2006) examined a group’s emotional reactions of fear and concern in response to a hypothetical situation of the therapist’s absence. The group members feared being left alone, without an appropriate outlet for expressing their anger and emotions or processing what was happening to them. Like parentless children, they felt distressed and disturbed by the therapist’s absence (Yalom & Welschach, 2006).

Byrne (1997) proposed a model portraying the group-facilitator relationship and relationships within the group itself as similar to an infant-mother relationship. He suggested that the group’s development can be analyzed based on the developmental stages in Klein’s Object Relations Theory. Byrne (1997) described five stages of development, with each stage providing examples of typical conflicts the group may face (based on Klein’s theory). The *phobic phase* is characterized by high anxiety and emotional stress with no relief or outlet since the group has not yet been defined as a safe enough space. This stage may manifest, for example, in long meaningless chatter, or in silence and restrained behavior. The *paranoid phase* is characterized by anxiety about the object (the facilitator or group), which is perceived as threatening, accusing, or persecutory. The group participant, who is the source of the anxiety, casts out internal aggression, splitting it from the self in order to preserve a positive self-image. The object of aggression is perceived as bad and destructive. This stage can manifest through solidarity among the group members against the facilitator, or an external figure. The *schizoid phase* involves an attempt to move past the paranoid phase by using defense mechanisms such as splitting. The group may be internally split between “good” and “bad”. The facilitator may sometimes be viewed as ideal, inclusive, and all-knowing, and at other times viewed negatively, as bad and unempathetic. The *manic phase* is characterized by the manic defense, during which participants strive to avoid the pain of reconciling the idea that the object is simultaneously good and bad. It is also used to ease the difficulties that emerge when the splitting mechanism is no longer employed. During this phase, group members may exhibit extroverted behaviors, experience joy and feel that their problems have been solved. Finally, in the *depressive phase*, the integration between positive and negative perceptions of the object is internalized. They feel that goodness and plenty coexist with evil. According to Byrne, at this stage, the group ceases to employ primitive defenses and begin to work together. They are aware that they have experienced a loss, but also that there is compensation for this loss. At this stage, trust in the therapist is restored. The attacks made against the object during the previous phases did not completely destroy trust in the therapist, and the relationship survives.

**Psychodrama as a Therapeutic Tool for Children**

Psychodrama is an active group therapy method that employs the stage as a tool to allow participants to act out their inner world and renew their contact with it (Kellerman, 1992). Through various techniques, psychodrama aims to minimize a person’s anxiety and to encourage natural human spontaneity (Govrin, 2013). Dr. Jacob Levy Moreno (1946), the founder of psychodrama, believed that significant change occurs as a result of “actionable insights”. This is the heart of psychodrama, in contrast to the intellectual insights that are considered the norm in classic psychotherapy.

Moreno highlighted psychodrama’s enormous power as a tool through which emotional experiences can be recreated through actions. He defined this power as therapeutic cultures in miniature; that is, a microcosm for human life that can be used as a healing laboratory. In the words of Artzi; “To use a parable, we can say that spontaneity is the stimulating force that preserves the vitality of the living spring within us, and that creativity emanates and flows from this spring,” (Artzi, 1991, p. 61).

Moreno transformed children’s normal play patterns into a sophisticated treatment method for adults. Therefore, when psychodrama principles are applied in therapeutic play with children, they do not interfere with the modes of expression they naturally utilize at that age (Hoey, 1999). Didier Anzieu saw an example of Winnicott’s potential space in psychodrama’s symbolic work that is done through playing games, which revive early crises and renew interaction with them in the present time (Chabert, 2000). Therapeutic groups can possess tremendous healing power for children since they are appropriate to their stage of growth and emotional development. The creative activity includes an element of surprise and offers participants a new and unusual imaginary world. Children’s spontaneity and imagination enable them to see “disguised” elements of their soul. Children can create an imaginary world in the here and now, and live it as an actual reality (Hoey, 1999). In the psychodrama arena, they can enact, in the present moment, significant events from their past or fears about the future. Psychodrama enables children to experience an open, imagined reality, and this gives them opportunities to make contact and for emotional healing (Blatner, 1997). After this game, they may experience reality as more organized and are more likely to feel “held” (Artzi, 1991).

Psychodrama work with children is different from that with adults. For children, various kinds of creative and dramatic theater games are emphasized. In these games, the protagonist often emerges casually, during the course of the play (Naharin, 1985). Psychodrama activities, especially free exercises and warm-up games, develop children’s ability to imitate, identify with others, and empathize. Exposing children to each other through “light” games deepens their mutual involvement. The shared experiences and contact allow participants to connect with empathy and sympathy, and to share the group’s goals (Naharin, 1985).

In her book *Who Calls the Tune,* Hoey (1999) explained how psychodrama techniques can be safely used when working with children. Therapists should play at the child’s level but react as adults to the game’s therapeutic qualities. In other words, therapists create an unanticipated world together with the children, in which they act simultaneously as an instructor, therapist, and responsible adult. They should not impose their will on the children and should allow them to set their own limits. Thus, sometimes the therapist sets the tone and sometimes the child does, but the therapist does not only maintain the role of a playmate. The spontaneity that Moreno shares is the key to the process, but the play does not follow a completely unstructured route.

Additionally, unlike game theory, as it is implemented in psychoanalysis, in psychodrama with children, interpretation is indirect. It may take the form of a metaphor, or a doubling game for the protagonist. The game’s goal is to express through gestures, movements, or words, the unarticulated emotions underlying an imaginative act (Hoey, 1999). Therapists who work with children must be gentle and candid in their interpretations. Children’s response to overexposure or criticism may be an immediate defensive withdrawal and loss of spontaneity.

Hoey described five techniques that she employs in her work directing a psychodrama stage with children. *Building a scene*: the child describes an event, and the director helps create the scene as well as the surrounding environment according to the child’s instructions. *Doubling*: the director copies the movements and words of the protagonist or object of the game, fully adjusting to the child’s unarticulated inner state. *Mirroring:* the director reflects the protagonist’s mood, speech, or behavior. *Maximizing:* the director helps the protagonist intensify and expand an idea, mood, or response using dramatic means. *Concretizing:* the director promotes nonverbal exploration through the use of artwork, puppets as alter-egos, or pictures, that emphasize the play experience and bring a child’s words to life. In a children’s psychodrama group, the children themselves constitute an alter-ego for the protagonist, either as characters in a story or role-playing activity, or by assuming significant roles during spontaneous activities of emotional embodiment that are carried out within the group (Huey, 1999).

**Case Study Description**

The group’s activities took place in an elementary school in Israel’s socio-geographic center. The group included four girls in the 4th grade. They were chosen to participate since they were each identified as needing a safe place to express themselves freely and confidently, as well as to develop tools to strengthen their integration into their peer group. The psychodrama group was designed to encourage and invite emotional expression in a non-threatening manner within a group context, and to create a space that allowed them to process difficulties, share, and offer support. During the process, the facilitator had felt the presence of being an authoritative and parental object. This was in contrast to the participants’ experience of their mothers’ emotional absence. Throughout the process, each participant exhibited defensive patterns that negated the experience of maternal absence, “the dead mother”, to use Green’s terminology.

Two main dimensions of the case study will be presented: the individual and the group dimension. The individual dimension describes each participant’s experience of maternal absence, the emotional process they underwent in the psychodrama group, and an analysis of this process in the light of Object Relations Theory. The group dimension analyzes the group process in terms of Object Relations Theory, with an emphasis on Byrne’s model (1997).

The descriptions were written by the group’s therapist (the article’s first author), who refers to herself in the first person.

**Results**

**The Personal Dimension**

***Tal***

Tal is happy and energetic. Her father had been hospitalized for depression. Her mother described herself as exhausted and powerless. She doesn’t spend much quality time with Tal. She was concerned with setting boundaries and encouraging Tal to do her homework. She tried to protect Tal by hiding what was going on with Tal’s father. This created a barrier between Tal and her mother. Therefore, in addition to her father being absent, Tal also misses her mother’s presence. Tal needs her mother to see her. The mother, who is probably depressed herself, tries to protect Tal from reality, but this actually prevents her from satisfying Tal’s emotional needs.

Tal’s behavior illustrates the manic defense described by Klein. By presenting a bright and happy illusion of herself, Tal manages her external reality in a way that distances her from the pain of her absent parents and characterizes her parents’ depressive position as simultaneously good and bad. This conceptualization reveals Tal’s hidden anxiety about attachment, her lack of trust in internal objects, and her own depression, which arises from her environment and from within herself.

My hypothesis is that her father’s physical absence and her mother’s emotional distance arouse such intense anger, pain, and guilt that Tal cannot rebel or express her feelings. She fears that if she expresses these feelings, she would destroy her mother as a good and present object, and her already-distant mother may further ignore her needs. Therefore, Tal suppresses her true emotions and presents a false vitality.

Tal came to the group brimming with needs that her mother was not meeting. She was starved for love, connection, play, and sharing. In the initial stage, the therapy provided a safe space where she could present herself, her sadness, and her need for connection with an object that would not be destroyed. By the second meeting, she expressed a strong longing for me and remembered that I had been sick the previous week. I sensed that she was lingering more than the other girls. I interpreted the fact that she remembered that I had been sick as a fear that I would disappear, like her hospitalized father. Tal expressed disappointment that I would only be with them for one year and requested additional meetings. She imitated my movements and words as if echoing my presence. She would sit next to me, and even asked for my phone number. She also noticed my failures in the group, when I did not treat one of the girls with enough empathy, or any small instance in which I withheld my attention or presence.

At the fourth meeting, when Tal and her friend Rotem were both present, Tal shared a painful memory, the death of her grandfather. Tal was smiling, which I felt was a way for her to cope with her pain. In the psychodrama exercise Magic Shop, she purchased sadness, so that she would be believed that she is indeed sad. Sadness is a significant emotion for her, drawing attention to her difficulties and expressing her trauma, so she would no longer be invisible in her surroundings. In the Magic Shop, Tal chose to give up “remnants of joy” in exchange for the ability to express her sadness. Legitimizing her sadness was meaningful for Tal since she cannot do this with her parents; with them, she plays the role of a lively and happy child.

In another meeting, the girls were asked to draw a picture together. Tal sat next to me and drew what I drew, mimicking my actions. She was embraced and comforted by my presence and did not want us to part. However, she did not come to the last two meetings. From the beginning of the year, she seemed upset by the impending separation and became increasingly distant as the day of the separation approached. She could not allow herself to connect with the feelings of sadness and loss of my parental presence. I interpreted her absence as a way to avoid the pain of the recognition that soon I would not be there for her as an object.

***Rotem***

Rotem is sociable and pleasant. She radiates confidence, despite having low self-esteem. Her relationship with her father is weak and unsatisfying. He does not spend any quality time with his daughter and they have nothing in common to talk about. Her physical development is accelerated, and she receives hormonal therapy to inhibit her growth. During one conversation with me, Rotem’s mother mentioned that she is troubled by Rotem’s obesity, and criticized Rotem with behaviors such as stealing sweets, eating a lot while sitting in front of the television, and dropping out of her dance lessons.

Rotem feels that she is constantly failing, lacks control, and has low self-esteem. This causes her to try to fill her inner void in a different way. Stealing sweets and eating in front of the television are ways to express her distance from her mother and the standards she internalized from her mother’s criticism. The mother is present in Rotem’s life and worries about her health but does not accept her for who she is. Rotem’s mother wants her to be thinner, to dance, to be more confident, and she demands that Rotem change. The hormonal therapy can be seen as symbolizing Rotem’s mother’s attitude towards her. Rotem’s growth does not fit the norm, and her mother tries to change this, to change Rotem, with growth-inhibiting hormones. Rotem’s mother does not accept her authentic, vulnerable, and childlike aspects in a caring way. This reinforces Rotem’s feelings of worthlessness, and she employs the defense of the false self, in Winnicottian terms. The attempt to slow Rotem’s “overly rapid” physical development also prevents her authentic growth. In defense, she adopts the restrained behavior of an adult.

During the year, Rotem took on the role of a responsible adult. She supervised what I was doing, made sure I didn’t forget anything and paid attention to the meeting times. I felt that her behavior was restrained and not spontaneous. Additionally, she was more calculating than other children during the games. She showed a lack of confidence in her authentic and spontaneous self by withdrawing her interest and opposing whatever was done in the meetings. She did not want to expose herself, and when she did participate, she avoided delving deeply into her feelings. At the same time, she addressed my presence and role in the group. For example, she said that I sounded like a psychologist who is concerned about the group participants. Her preoccupation with my presence, alongside her avoidance of a committed and spontaneous involvement in the group, embodies Rotem’s internal conflict between the false and regulated persona she tries to present, and her true self, who longs for a benevolent and present caregiver to make her feel secure.

In the Magic Shop exercise, Rotem said she wanted to buy “a red and jelly-like nothing” She gave in exchange a “hard blue nothing” and asked me to wrap it for her. Rotem was apparently resisting the game by asking for nothing and giving nothing. She enjoyed the fact that the girls and I did not understand what she wanted. At the time, I interpreted this as a defensive avoidance of playing and expressing herself. In retrospect, I see Rotem’s choice in the Magic Shop as reflecting her wish to exchange her inner stiffness, the “blue nothing” inside her, for a soft, red, warm, enveloping, and maternal presence. Rotem wanted to get rid of the emptiness she feels and be filled with the vivid experiences that exist in another’s world and in external reality. At the same time, she wanted the hard, blue nothing to be wrapped, as if falsely protecting it, and to keep it. Rotem seemed to feel threatened by contact with a warm and authentic presence.

After this meeting, I felt as if Rotem was asking me to be present for her in a holding and inclusive way, to be a kind of substitute for her absent mother in a way that would allow her to be more spontaneous and expose her wounds. Psychodrama began to serve as an effective tool that allowed Rotem to express her childlike longings and wishes, her feelings of worthlessness, anger about the way her mother was treating her, and the warmth she desired, but lacked. The Magic Shop exercise gave Rotem a chance to bring out her resistance to the “parental demand” that she should play and act like the other children in the group, as well as to express the emptiness of her inner world. I felt as if during this activity Rotem was “stealing” again, this time from the Magic Shop, by hiding what she needed from everyone so that I would see her distress and the drama unfolding inside her.

***Einav***

Einav suffers from Attention Deficit/Hyperactivity Disorder (ADHD), which impedes her, socially and academically. Her younger brother has a rare disease that affects his appearance and speech. He studies at the same school and they share a room at their home. Einav’s parents are so involved in caring for her brother that they are not sufficiently available for her needs. Einav’s mother went through the trauma of having a stillborn baby and was pregnant once again during the time that Einav participated in the psychodrama group. Einav’s mother admitted that she finds it difficult to be available and present for her and that she is unable to deal with Einav’s outbursts of crying and uncontrollable behavior at home.

Einav’s mother kept comparing her to the stillborn baby, noting the physical similarity between them. She seemed to fantasize about replacing the dead baby with Einav. She also seemed to want to re-raise Einav in a way that would allow her to better deal with her. During my meeting with Einav’s mother, I felt that she was preoccupied with my appearance. She compared the way she had imagined me with who I am in reality. I felt that she was deeply depressed, and obsessed with fantasies about the ideal daughter, ideal mother, and ideal therapist. She is not emotionally involved in her daughter’s reality and is distant from her, a kind of “dead mother” to use Green’s terminology, an object who is emotionally absent from her home life.

During the meetings, Einav tested my boundaries and my role as a responsible parental figure who can give her the space she deserves. She would suggest ideas and optional activities and brought coloring pages that she got from her personal therapist. She pointed out situations in which the other girls were being disruptive or the group was not being held together properly. It was apparent that Einav needed to feel my motherly presence by testing my boundaries, challenging my authority, and noting when I was not in control of the group; that is, situations in which I was absent.

Einav mentioned her personal therapist many times, implying that she was getting deeper and more individualized treatment elsewhere. I felt that with these statements, she was trying to provoke a reaction from me and make me jealous. She made many accusations against the group and against me, and said she felt her needs were not being met. It seemed that she felt insecure in the group, and therefore wanted to emphasize to the other girls that she was special. Throughout the year I noticed that Einav was demanding and anxious about her place in the group. She was extremely disturbed when one of her classmates wanted to join our group. Einav may have feared the birth of a “new sister”. This could explain her insistence that I should not allow the other girl to join, and that I should keep the group united and unchanging, no matter what. I felt that Einav wanted me to give her the parental protection she did not receive at home, and to provide her with a special place in the group. In school, Einav acted worried and angry if other girls tried to touch her possessions, which she saw as an intrusion of her personal space. She felt similarly intruded upon when her brother would tell people at school that she was his sister.

I interpreted Einav’s behavior as an expression of a deep fear regarding the birth of a new sibling, and her own “rebirth” as a child who will be given even less attention. Throughout the year, it was apparent that Einav had a deep need for belonging, for her own place, and for unconditional love. In one meeting, Einav spoke about her mother’s “quiet birth” (stillborn baby), which happened about a year previously. She shared her feelings of loneliness and the injustice at never seeing the baby girl, who her mother said looked similar to pictures of her as a newborn. She wanted a sister, and this made it even more difficult for her to accept her soon to be born brother. In retrospect, I wonder whether she saw her sister’s death as the death of her mother, or her own death as the only daughter in the family. The mother’s perception that the dead baby resembled Einav was so disturbing and confusing that Einav may have felt that the baby’s death was actually her own death. In the intense longing for her dead sister, Einav was actually expressing a longing for her mother’s life.

Einav has a hard time dealing with the flood of emotions and stimuli surrounding her since she absorbs everything. In the Magic Shop exercise, she asked to buy more “concentration” to help her be a better child to her mother and family, without causing problems. However, Einav was not ready to give up “auditory sensitivity”, which gives her the right to receive treatment. In other words, she thought she would only be taken care of as long as she exhibited high auditory sensitivity and paid attention to everything happening around her. Einav longs to be cared for by her mother. She wants to be seen as a special child, not one that resembles a dead baby. She is sensitive, she hears and understands everything that is happening around her. At the same time, Einav wants to let her mother have some peace and quiet.

***Gaia***

Gaia is very quiet. During the group meetings, she cooperated but rarely spoke. She avoided confrontations, did not express her opinion at all, and wholeheartedly respected what was said. She did not act with any spontaneity in the cooperative games and did not express anger or disappointment towards the group or me and was resigned to whatever happened. She often seemed inaccessible and difficult to understand by the other girls in the group, and her silence occasionally made them angry.

Gaia’s parents are professional therapists, and she comes from a home with a high level of awareness of therapy’s potential. Gaia’s mother arrived at the meeting with me full of life and energy and told me that Gaia is an extremely shy child, and can spend whole days at home without doing anything. She said that Gaia recently had experienced anxiety attacks, which Gaia described as asthma attacks. Gaia felt that there was something “wrong” deep inside of her. She has been examined by physicians several times, but no physiological problem was found.

The main message that Gaia received from her parents was dissatisfaction with her silence. They want a talkative and opinionated daughter, but she is not that way inclined. Given that her mother is energetic and lively, I interpreted Gaia’s silence as a reaction to her surroundings, a way of disappearing. Gaia sees and absorbs what is happening around her; she sees but is unseen. Gaia’s mother appeared to be a caring and holding figure, who knows about therapy and is familiar with psychological theories about social anxiety. However, in practice, she is not attuned to Gaia’s emotional needs. She demanded that Gaia be different from who she is, which gives her the message that her silence is an ailment and unacceptable. Gaia perceives her mother’s liveliness as intrusive, not protective. This makes her reality even more difficult. Gaia’s mother does not provide her with an environment that is safe enough, in the Winnicottian sense, for the authentic and spontaneous aspects of her personality to emerge.

Gaia’s silence deepens as the demand for her to express herself intensifies, even in the psychodrama group. During the year, the girls in the group saw Gaia’s silence as disturbing and strange and expressed anger toward her. Her silence evoked their own experiences of absence. They criticized her and made sarcastic comments. Even when they weren’t attacking her, they made it clear that they thought she should talk more. For example, when the group gave a round of wishes, the girls told Gaia: “I wish you would have more self-confidence” or “If only you would talk more”. Tal and Rotem, two more dominant girls, were absent from one meeting, and Gaia admitted that it was easier for her, and she did participate more than she had in other meetings. Gaia clearly needs an enabling and inviting environment that will allow her to find her place and express her thoughts and feelings.

I experienced Gaia as being present with me. Her silence has meaning. There is a large quantity of deep emotion and creativity going on behind the scenes. My main therapeutic work was allowing her to remain invisible in the group, just as she is. My message as a present parental figure was that I see her and know that her emotional world is rich and colorful. I accepted her quiet manner and understood her. I legitimized her silence and validated her needs and her fears of spontaneously expressing her emotions. This eventually enabled Gaia to make more direct eye contact with me and to seek my approval. I felt that she needed me and my support in the group, which apparently reproduced her natural, demanding environment.

At first, my presence, which recreated the object relations with her mother, was not strong enough to give her encouragement or allow her to take up more space. However, over time I felt more significant to her. At the end of the year, Gaia gave me a gift and a letter in which she had written: “Thank you for understanding me and listening to me, and helping me in the group”. This gesture acknowledged my benevolent presence and strengthened my hypothesis that Gaia needs an accepting maternal presence who is attentive to her rhythm and challenges.

**The Group Dimension**

***Contact with the group pain***

At our closing meeting, I read aloud to them from the children’s book *An Act in Five Balloons*. They were happy and excited to be like kindergarten kids during story time again. Afterward, we played a game. Each girl had two balloons. Following my instructions, they walked around the room at various paces and held the balloons with different parts of their body. When I said “freeze” they had to do a simple action (for example, look at each other group member or at myself). Sometimes the balloon would slip out of their grip. After that game, I put a balloon in the center of the room and everyone had to try to catch it.

I chose the balloon activity because of its central theme: the process of attachment to an object, separation from it, and coming to terms with losing their grasp. It expressed a deep issue in the unconsciousness of the individuals and the group. In his article on the manic defense, Winnicott (1935) wrote that in fantasies and imaginative play, balloons symbolize the mother’s body, her breasts, or her pregnant belly. When I read this, I realized that the balloons could powerfully symbolize the girls’ absent mothers; both the emotionally absent mothers at home, as well as the present mother in the group who would soon be absent – that is, myself.

When I re-read my notes on their reactions to the activity with the balloon at the farewell meeting, this image became even more apparent. Gaia said; “A balloon is both happy and sad since we’re always happy to see a balloon, it reminds us of a birthday, but it can also pop.” This reflects Gaia’s depressive position, and her ability to internalize the parental object in the group as both good and bad. Additionally, I felt she trusted me, as expressed in her farewell gift and letter, and that I survived the process of “attacking the object” and her test of whether I accepted her as she is, with her silence.

In the final meeting, Rotem said, “I was upset when my balloon fell because I was afraid that someone would take it from me.” Rotem seemed attached to the balloon and did not want to lose it, she was jealous of it and tried to guard it at all costs. At the same time, Rotem felt anxious, aggressive, and angry about the separation, but did not express her emotions directly. It is possible that this is an expression of a paranoid position. She did not recognize her aggression and maintained a split between the good breast (the balloon) and the bad breast (the group of girls). The balloon, which represented her mother, was preserved as being good. This may have reflected her longing for closeness with a good, gentle, accepting mother. She did not want to destroy her mother or their relationship. This was expressed through the use of the defensive pattern of the false self. In summarizing the balloon activity, Einav said: “Also, I didn’t want the beautiful color I chose to be taken from me. Things are always taken from me in this group.” Einav’s words expressed her feelings about her position in the group: unsatisfied, testing boundaries, deprived, and disappointed. This statement about parting shows that Einav was in a paranoid position. She was anxious about the absent object, her “dead mother” and because I would be leaving her as well. She was also anxious about the end of the group, which was a meaningful process for her, even though she perceived the group as persecutory, threatening, and inattentive to her needs, and that people kept taking things from her. She viewed me as an unprotective mother and maintained her self-image as a good daughter who does not want to cause disappointment.

Tal did not come to the final meeting. After finding out that I would not continue with the group, she decided not to say goodbye. She said, while laughing, that parting is like a dying process. In this way, Tal “killed” me prematurely in order not to deal with the external reality of the group’s mother figure becoming absent. She preferred to focus on her inner reality, controlled by the familiar manic mechanisms, thus protecting herself from the difficulty of experiencing me as a good and present object, and also as a bad and absent object.

In retrospect, I think that by choosing the book *An Act in Five Balloons* I was trying to draw attention to the missing object. This touches on the common theme of pain that the group unconsciously dealt with throughout the year. I think my underlying desire was to give the girls some “provisions for the road” that would cushion my absence in their shared journey. These “provisions” alleviated my heavy (if unconscious) guilt about abandoning the girls and leaving them with yet another absent object. I was afraid that they would internalize another experience of pain and disappointment, emanating from myself. Following Winnicott’s claim that balloons symbolize the mother’s body, choosing this book reflected my sense that I was a present mother figure, a different “color” for each girl, and I was afraid of exploding, disappearing, or hurting them. In the book, there is one balloon, belonging to the character Alon, that does not pop, but is blown away by the wind. The characters in the book look up at it and says “Shalom, shalom, red balloon.” I would like to believe that the balloon that didn’t pop represents myself or the group, a kind and benevolent figure that has moved away but continues to float without exploding.

**Between Presence and Absence**

 This section analyzes the group’s dynamics and development in terms of an absent object. The relationship with a present object in the group who represented the absent mother was embodied in different ways at various stages. These stages were not chronological but emerged and faded according to the group dynamic, or the ways I was represented through projective identification.

***Phobic phase***. At the beginning of the year, the phobic phase characterized all of us, including myself as a facilitator. For example, my fear that the group was not yet a safe place, led me to propose “common regulations” to make the group rules clear to everyone. Each girl used defensive patterns in establishing contact, either by talking a lot or by being quiet and displaying avoidant behavior. They all feared being swallowed by the group and losing their uniqueness or lack of social acceptance. During this phase, the girls displayed a lack of spontaneity and creativity. They were concerned about how each would find her place. I felt this as projective identification, emerging from my need to be seen as an authority figure who helped the group feel held together and set boundaries. This came out of my personal anxiety that there wouldn’t be adequate discipline, that I wouldn’t be respected, or that we wouldn’t be able to go through a joint process.

***Paranoid phase***. In our group, the paranoid phase was manifested through an “attack” on myself. I sensed that the girls were afraid that I would be a threatening object and not benevolent enough, hence, they united as a cohesive group of “good girls” and directed their aggression toward me. The attack manifested itself through questions about my family situation: how old I was, if I was married, whether I was a mother, and who my family was, if not them? They attacked me when I refused to tell them more. I felt they all, as participating subjects, were united against the cruel therapist: “She insists on not telling us who she is outside the group.”

This phase manifested also itself in the alliance of girls against an external enemy, not present in the room: the boys’ group. They needed to define themselves as a group of cool girls and not annoying boys. This allowed them to split the good from the bad. At this point, there was minimal spontaneity. The play and drama activities didn’t always work. I felt that there was a barrier within the group, and no collaboration, authenticity, or creative expression.

***Schizoid phase***. This phase involves an attempt to move past the paranoid position and stop using the mechanism of splitting the group into good and bad. Tal and Rotem, the more outgoing girls, had extremely difficult childhoods. Einav and Gaia, the quieter girls, had good childhoods, both in my assessment and in the way they perceived it themselves. Coincidentally, or not, at one meeting only Tal and Rotem were present, and only Einav and Gaya came to the next meeting. This split did make things somewhat calmer, both in their attitude towards me as holding the group together, and in the way each girl positioned herself. In the meetings in which everyone participated, I felt, through projective identification, an oscillation between being containing, holding, and meaningful to them, and being out of control, absent, and not fully understanding what was happening in the group.

One example of this split occurred when I gave out chocolate at the beginning of a meeting to Einav and Gaia, who were there on time, and there was none left for Rotem and Tal, who came late. The situation was complex, because I also experienced a split between good and bad, as I felt angry at Rotem and Tal for being late. In the girls’ view, I was simultaneously the indulgent and good parent and the unfair, hated parent.

***Manic phase.*** The purpose of the manic phase is to avoid the pain of recognizing the object as both good and bad. This was felt in meetings in which we avoided talking about difficult subjects such as death, and the need to pass over certain topics and not hold on to my words. For example, at the final meeting, the group was in a festive mood, and there was an idyllic feeling that the group, though it was ending, had been fun. Everything was good, all the problems had been solved and there were no difficulties. I considered holding the final meeting outside because the art room was disorganized, and I did not want to waste time on cleaning and organizing. However, without my asking, the girls mobilized and worked together as a group. Rotem led them in tidying up and cleaning the art room so that we could work in it. The girls took control and even directed me, with resourcefulness and maturity. I felt that this was a defense against the realization that the room was ours but soon would not be anymore.

***Depressive phase.*** The last phase in Byrne’s model, the depressive phase, was not experienced during the year. The group did not reach the stage in which they could internalize an integration of me as a good and bad mother. Only Gaia reached this stage during the process. She saw me as good and whole but was also able to relate to my absence and unavailability after the group ended.

**Discussion**

These girls, at the age of latency, have experienced distress due to parental absence. This was expressed through object relations patterns vis-à-vis the group and myself. We tried to address their pain through various group activities. During the year, the group “touched and avoided” emotions related to primary needs, and formed a healing bubble in which they could reconstruct their emotional experiences. The work using symbols and metaphors that we did through the Magic Shop and other inter-group events created a potential play space. This space made it possible to play safe and non-threatening games that reconstructed primary disappointments and allowed them to renew contact in the present.

All of the four participating girls had to grow up before their time and felt that they were adults who had to care for their parents. They all experienced the absence of a motherly figure who was supportive and attentive to their needs. Each came from a different background and had her own reasons for feeling this way. Gaia remembers her mother as being responsible for her. Tal had the role of bringing joy into the house. Rotem was expected to be a self-controlled and mature miniature adult, compatible with her mother’s standards. Einav was supposed to be a ‘big girl’ who shares her space, makes life comfortable, and is not a tragic dead baby. Each, in her own way, lost her inner spontaneity and ability to be an immature, free, and creative child (Winnicott, 1971).

The girls’ internalized object relations with their present-but-absent mothers played a significant role and affected the quality of their interpersonal relations. Each girl internalized relational representations and developed object relations patterns that reflect the reality of her life, and they tried to reproduce these in the group (Bion, 1965). This affected the relationships among the girls, and between each of them and myself. I was involved in five relationships: with each of the four girls, and with the group as a whole. With each girl, I experienced different transference processes and projective identification. In the projective identification process, the girls’ experiences of maternal absence were transferred onto me personally, activated me, and controlled me. As Klein (1935) described, I identified with girls’ projections, went through my own personal process with them, and behaved accordingly. Following Klein’s theory, I felt that each girl was in some phase of the paranoid-schizoid position, splitting their perceptions of me into good and bad. They were afraid of losing the absolute benevolent presence that they so desperately needed, and created through their object relations with me. I was present for them in the external reality but within the limitations of my time and personality. That is, I was present, but would be absent in the future, and used various defenses including the manic defense and the defense of the false self (Klein, 1935; Winnicott, 1935).

The psychodrama group engaged in expressive and creative joint activities, games, and theatrical play that allowed the girls to move freely within the group’s potential space, to spontaneously interact with each other and with myself, and to allow their authentic experiences to come to light. As Kosseff (1990) wrote, the unconscious projection in games allowed the girls to lower their defenses and the secrecy that characterizes the age of latency. Likewise, the girls’ gradual exposure to each other through “light” games strengthened their ability to have a shared experience and to connect with empathy to each other, the group, or the goals of the game during the meeting (Naharin, 1985). For example, the psychodrama activity Magic Shop allowed each girl to safely express, through fantasy, her true needs and her desire to change herself or her environment.

I believe that games (among other things) created such an open space since this type of work helped to bring their emotions to the surface and make them accessible, without the interpretive verbal dialogue that might have been intimidating or inappropriate for them. Psychodrama had the optimum therapeutic potential for the girls, but I didn’t feel it was always realized. During the year, it sometimes seemed that the group process was a failure. I was not always satisfied with my ability to work with the group. I felt frustrated. Although I got the girls to act, I did not realize my potential or the tools I brought with me. Psychodrama itself felt like an absent object for me, a holding parental figure that I didn’t trust to be there for me in times of crisis. I had present-but-absent object relations with psychodrama. I apparently took this perception from the girls through projective identification. I wanted a supportive, adaptive, and benevolent environment, but this was absent for me.

I went through a journey in which psychodrama was the mother that brought me into the world. While writing this article, I freed myself from the shackles of birth and was able to establish a reflective point of view that revealed layer by layer the nature of my difficulty with group work. As a novice therapist guiding a group, and also as a young mother, I felt my persona as a therapist was being built and created in front of the girls in the group. At the same time, I realized that I was like a child who was becoming more self-sufficient, asking questions about the tools I work with, and how to use them in the most appropriate way.