**Processes of Splitting and Integration during Psychodrama Group Therapy:**

**An Action Research Study among Prisoners Released on License**

**Abstract**

This article provides a framework for understanding the potential of psychodrama group therapy to serve as a space for connecting with processes of splitting and for reinforcing integrative experiences. It considers participants’ stories from a year-long action research study conducted in Israel among a group of prisoners “released on license” who, as part of the conditions of their release, took part in a rehabilitative program. The participants’ stories illustrate manifestations of splitting and projection, alongside expressions of integration, which took place in the group setting. By analyzing these patient stories, the article contributes to understanding the qualities of the group setting and psychodrama tools for strengthening integrative experiences among challenging populations, such as prisoners undergoing rehabilitation.

**Introduction**

This article explores processes of splitting and integration among prisoners undergoing rehabilitation, and how these processes are manifest within the therapeutic space. The article is based on a year-long action research study conducted among prisoners “released on license”[[1]](#footnote-1) who were participating in a psychodrama group as part of a rehabilitative therapy program in Israel. By focusing on stories from two of the group participants, this article seeks to shed light on the potential of psychodrama group therapy to serve as a setting that enables recognition of experiences of splitting and strengthens the integrative dimension, among prisoners in rehabilitation.

**Expressions of splitting and integration among delinquent populations**

Splitting is a psychological phenomenon, commonly identified with Melanie Klein’s Object Relations Theory (1984, 2002). This theoretical approach views infants as being unable to yet perceive the mother as a whole entity. Instead, they relate to objects that partially represent the mother. At the beginning of their life, infants’ oral-libidinal and oral-sadistic impulses are directed, in part, towards the mother’s breast. As long as the breast provides for the infant’s needs, it is perceived as “good”. When the breast is withheld or does not satisfy the infant’s needs, it is perceived as “bad”, frustrating, or even harmful (Klein, 1984). This splitting is an expression of the paranoid-schizoid position that characterizes the first months of an infant’s life. However, the relationship between libidinal and sadistic impulses continue throughout a person’s life, in various ways and to varying degrees, as an expression of the merging between the life instinct and the death instinct. These opposing impulses produce contrasting emotions such as satisfaction and frustration, love and hate. Lack of integration of the self, and mechanisms of splitting in relation to the object, lead to experiencing these emotions in extreme contrast (Klein, 2002).

Klein’s approach presents these internalized object relations as naturally present and inevitable, derived from basic necessities and passions that are translated into projected and internalized fantasies that accompany every experience. In contrast, Fairburn views these internalized object relations as a result of inadequate parenting that does not satisfy the child’s needs for dependence and attachment. According to Fairburn, a child’s need for attachment to the parent causes the child to internalize unresponsive characteristics of the parent, such as depression, disconnection, and narcissism. Through the adoption of these pathological traits, the child can feel connected to a parent who is otherwise inaccessible. This internalization creates a split in the self: part of the self becomes immersed in the internalized objects to which it is attached, while another part continues to search for real objects and relationships in external reality. This corresponds with the split between the part of the self that experiences passion and hope, which Fairburn calls the “libidinal self,” and the self-hating part that avoids vulnerability and neediness, which Fairburn calls the “anti-libidinal self” (Mitchell & Black, 1995).

Like Fairburn, Winnicott’s perceptions are shaped by Klein’s conceptual world. According to Winnicott's view, motherhood that is inadequate; “not good enough” (either by being intrusive or by being non-responsive to the child’s spontaneous gestures, forcing the child to abandon his/her desires and adapt to the environment) causes a painful split between the "true self" that maintains a sense of vitality, leading to authenticity, passion, and creativity; and the "false self", which is obedient, inauthentic, rooted in having to please others and to respond to environmental demands (Mitchell & Black, 1995; Winnicott, 2009).

Thomas Ogden’s approach draws on the Kleinian conceptual system, as well as Winnicott’s ideas. Ogden deals with the mechanism of splitting in an ethological manner. He cites a chick’s instinctive reaction to perceiving the shape of a hawk’s wing. The chick does not attack the hawk, but flees to remove itself from danger (Ogden, 1986). Ogden writes about this in terms of the interaction between biological imprinting and psychological processing. He argues that the cognitive and emotional ability to organize experiences in patterns is based on a deep psychological foundation, common to all people, which gives unique meanings to innate biological impulses. The psychological manifestation of this mechanism includes avoiding an internal danger by completely rejecting it from its place within the self. This projection safeguards against anxieties, especially the fear of the destruction of self and significant others. Similarly, splitting allows a person to experience distinctive and unambiguous emotional states without ambivalence. Each emotional state is fully experienced in the present, while the emotional state that preceded it is completely erased (Ogden, 1986).

Starting with splitting and projecting as primary mechanisms, we may progress to the integration of partial objects, and development of subjective experiences of the self that enable a continuous sense of self. Further, there is perception of the Other as an integrative subject, separate, and independent, which makes it possible to experience complex and ambivalent feelings towards them (Ogden, 1986). This reflects the transition from the paranoid-schizoid position to the depressive position, as described in Klein’s theory. The described process is one of integrating the “good breast” and the “bad breast”. Partial objects begin to be understood as parts of a whole and complex object, which is sometimes good and sometimes bad. This reduces paranoid anxiety about total evil. As anxiety decreases, so does the need for splitting and projecting. The destructiveness that is rejected in the paranoid-schizoid position then creates a deep fear regarding the effect that one’s own anger may have on the object. This is termed depressive anxiety (Mitchell & Black, 1995). As libidinal organization progresses, a certain balance is achieved between the libido and aggression, between the life instinct and the death instinct, and a basis for emotional stability is formed (Klein, 2002).

The split in the paranoid-schizoid position is illustrated by a case study of one of Klein's patients, called Rachel. After several years of analysis, Rachel brought up two tangible and powerful images that came to her as the treatment progressed. The first image was of small, delicate flowers. In front of this was another image of large and menacing human figures made of feces. Rachel felt that there was an affinity between the two images, but as much as she wanted them to merge, they remained separate. During the analysis, Rachel realized that both images represent the experiential qualities of her life: on the one side, a dark experience of destructiveness and hatred towards herself and others that she experienced as threatening; on the other side, moments of warm feelings within herself and in contact with others. This is the essence of the paranoid-schizoid position that splits "bad" from "good" as a mechanism for protection against the anxieties that can plague a person.

Various theorists have tried to find a causal link between psychopathology and delinquency. Some believe that psychopathological explanations are primarily relevant to delinquency that is a product of psychopathy, sadism, or an active, underlying mental illnesses. Others argue that even relatively routine offenses, such as using and selling illicit drugs, threats, property damage, and assault may be caused by psychopathology (Conrad & Schneider, 1980). Analytical theories view delinquency and crime as behaviors that originate in unconscious and primitive mechanisms associated with abnormal development during the stages of infancy and early childhood (Martin et al., 1981). According to the Freudian model, traumas or unresolved issues may increase the risk of delinquent behavior. Such behavior can result from a personality structure in which the ego indulges in delinquent perceptions. In contrast, it may result from a personality structure in which the superego is overly rigid, and the person feels a constant need to be punished.

Clinical literature discusses the link between traumatic injury or neglect during childhood and delinquency at a later age. This link is explained by the assumption that a traumatic event can cause a high level of anxiety, diminished sense of meaning and self-worth, and identification with the aggressor in order to regain a feeling of power. Such effects can lead to depression and guilt, or they can lead to amorality and delinquent behavior (Larnau, 2016).

In literature based on Klein’s Object Relations Theory and its successors, the mother-child relationship during the oral stage of development is described as significant for the processes of existential separation, as well as for establishing the content of the personality within the boundaries of the self (Shoham et al., 2004). A child whose mother is anxious, tense, or neglectful, or who rejects the child, may incorporate the feeling that “I am bad” as part of his or her personality content, within the boundaries of the crystallized self. Fixation at the early oral stage, when separation of the infant from the object has not yet taken place, contributes to a sense of the self as an evil that is surrounded by amorphous goodness. Conversely, if maternal deprivation and neglect take place in the later oral stages, after the separation between the self and the object, the boundaries of the self will include a positive self-image that fights and rejects the object: the “bad” mother. In either case, the deficiency may be translated into a personality structure that leads to delinquent behavior (Shoham et al., 2004).

Empathy is another significant dimension associated with the ability for emotional integration. Various studies distinguish between emotional (warm) empathy, characterized by the ability to experience an emotion that corresponds to the emotion experienced by the other, as opposed to cognitive (cold) empathy, characterized by an ability to understand the other’s point of view and mental state (Loewenstein, 2005; Smith, 2006). The research literature indicates that emotional empathy encourages altruistic and pro-social behavior, and may prevent delinquent behavior (Davis, 1993; Farrington, 1998; Smith, 2006). Jolliffe and Farrington (2004) found that high levels of emotional empathy may reduce violent behavior among adolescents. They found a negative correlation between empathy, emotional and cognitive moral development, versus recidivism and the risk of repeat crime (Bock & Hosser, 2014; Jolliffe & Farrington, 2007; van der Helm et. al., 2012).

**Group psychodrama therapy as a means of promoting integration and connection**

Many studies suggest that group therapy is an effective model of psychotherapy that can yield significant benefits, equivalent to those of individual therapy (Yalom, 1995). Throughout the development of the field of group therapy, leading theorists of the method have pointed out its benefits and therapeutic value. Foulkes, the founder of the group analysis approach, described a liberating and relieving process of reflection, in which an individual in the group sees him/herself reflected in one of the other group members. He emphasized the common interest that exists within the group, and viewed group therapy as a space for the unconscious to become conscious.

According to Carl Rogers, who coined the term “encounter group”, the group adds a dimension of humanity to interpersonal relationships, and is of great value in a society that encourages the suppression of emotions (ibid.). Yalom describes the change that takes place in group therapy as a complex interplay of interpersonal experiences that he defines as therapeutic factors. He presents eleven primary factors of the group therapeutic experience, including universalism, altruism, and catharsis (Yalom, 1995). The group also serves as a space where participants experience diverse emotions such as hate, love, jealousy, anticipation, pain, anger, attraction, and rejection. Within the group space, an encounter takes place between people’s inner reality and outer reality. This *potential space* (in Winnicott’s terminology) contains the past, through the elevation and reconstruction of previous experiences, while simultaneously helping participants prepare for the future by creating opportunities, within the group relationships, for learning and development, (Eyni-Lehman, 2015).

Psychodrama group therapy enables, among other things, the reconstruction of roles that people accept or take on in their lives, the echoing and validation of these roles,. Participants do not discuss their life in a detached way, but re-create their roles, in an integrative way, through role-playing (Holmes & Karp, 1991). Kellerman emphasizes the integrative dimension of experiential learning which is embodied in the psychodramatic action, as compared to that of talk-based analysis (Kellerman, 1992).

In fact, the approach of psychodrama is fundamentally designed to enable connection, integration, and human encounter. J. L. Moreno, the founder of psychodrama, believed that psychological problems are based on interpersonal interactions, and that the social world plays a significant and crucial role in the well-being of every individual. People’s relationships and their ability to connect with others in their core social group (social atom) allows them to live with a sense of well-being. When people have difficulty with this realm, they face isolation and distress (Blatner, 2000; Fox, 2008).

Many aspects of Moreno’s approach express the desire for connection. This perception finds expression in the idea of the encounter as described by Moreno in terms of touch, confrontation while simultaneously seeing others in an empathic way, and entering into each other. This exists in the idea of the “tele”, the emotion that arises in interpersonal encounters and in the interactions of different roles as an expression of relatedness and reciprocity. It is also seen in the concept of the social atom, a subsystem consisting of various tele-structures, which is part of a community-wide system of psychological networks (Blatner, 2000; Moreno, 1946). Additionally, key elements in the psychodrama technique represent the dimension of connection. Thus, the “auxiliary ego” technique in Moreno’s approach, constitutes a bridge to the outside world (Moreno,1939). The techniques of “doubling” and exchanging roles are based on the ability to empathize with and understand others, their feelings and values (Blatner, 2000). Further, the psychodramatic *sharing* that enables the protagonist to undergo a process of reintegration into the group system (Lipman, 2003) also represents the concept of human connection.

These features attest to the potential of the group therapy space, and psychodrama in particular, to promote processes of integration and connection. In the current paper, we seek to demonstrate this potential by describing stories from participants in a psychodrama group therapy conducted among prisoners released on license, who were participating in a rehabilitation program.

**Description of Current Research**

The stories presented in the article includes stories of two participants in a psychodrama group that operated within the comprehensive framework of Israel’s Prisoner Rehabilitation Authority. The participants in the group were prisoners released on the condition that they participate in a rehabilitation program. In addition to participating in group therapy, participants were required to meet individually with a social worker throughout the rehabilitation period, to do community service work, and to remain in their homes from ten o’clock every night.

This psychodrama group consisted of six participants. The sessions were co-facilitated by two therapists, one of which is the first author of this article. The sessions took place once a week over the course of a year, in the offices of the Welfare Department in a city in central Israel. Each session lasted an hour and a half.

Processes of splitting and integration that occurred in the group setting are exemplified through the stories of two participants (identified here as *A* and *D*). This allows a deep and focused observation of emotional processes undergone by individuals. However, since the processes described relate to the interaction between each participant and the group as a whole and with the other individual participants, other participants are also mentioned in the descriptions.

**Case 1: Participant *A***

*A* is 38 years old, married, and the father of one child. He works as a repairman and volunteers for an educational association. *A* was present at most of the treatment sessions during the year. His rehabilitation period was completed with the end of the group sessions.

When *A* came to the introductory meeting with the facilitators, he expressed a positive attitude and a desire to participate in the psychodrama group therapy. At the same time, he raised concerns about losing control during the meetings. It was possible to discern *A*’s contradictory and even polarized feelings: desire, curiosity, and openness to the process, alongside anxiety about how he would be able to deal with the therapy and with his groupmates.

*A* also expressed these contradictory and polarized feelings in the first group meeting, manifesting his need to split between the “good” and “bad” aspects. *A* introduced himself and explained that the name given to him by his parents conveys feelings of tenderness, love, and hope. However, immediately afterwards, when the group members were asked how they were feeling at the moment, *A* said that he felt anxious and uncomfortable, and did not know what to expect would happen in the group. The tenderness and hope *A* presented in the introductory round could not be completely contained, and therefore these feelings were immediately “attacked” by the expression of anxiety and uncertainty.

The session concluded with an exercise in which each participant was asked to say what he was taking with him from the session, and what he wanted to throw out or cast into an imaginary well in the center of the room. *A* said he did not want to leave bad things in the room. He said, “I want this to be a place for good things. The bad things, we are better off throwing out.” *A* walked to the window and threw the “bad” out of the room, listing what he was throwing out, and what he chose to leave in the room:

“I am throwing out the doubts about the group that I came here with, and that stayed with me until the middle of the session. From the middle, it started to get better. I received a lot of confidence. And you, the facilitators, gave me confidence during the private conversation. I am leaving here myself and my decision to be part of this group. I will try to come to every meeting.”

*A*’s words and actions expressed his desire to remove anxiety, doubts, and uncertainty from the group space, and perhaps from himself. He did not mention anything he wished to take with him, although this was one of the instructions given for the exercise. He threw out, from himself and from the therapeutic space, precisely the parts of himself that needed treatment; the parts he had an opportunity to deal with in the group space.

*A* did not attend the second meeting. He called one of the facilitators after the meeting and said that he did not wake up on time, even though he had set an alarm. Although *A* ended the first meeting with the statement, “I am leaving myself here” (in the therapy room), as if he entrusted everything into the hands of the therapists and the group, he nevertheless excluded himself entirely from the second meeting. It seems he considered absolute presence or absolute absence to be the only options, as if the partiality embodied in attending with doubts was not a possibility for him.

In the third session, the group worked with projective cards. *A* chose a card showing a large boy carrying a smaller boy on his back. He explained why he chose this card:

“The two children are both me. The small one is for the past and the large one is for the present. The large one carries the small one on his back. I used to be wild, taking army weapons and shooting at doors in my neighborhood. We would take a door and make a shooting target. Today, I volunteer with people who are having a hard time. My message is the possibility to change, to choose a different path.”

This was perhaps *A*’s first attempt to express a certain degree of integration during the group therapy, integrating the child he was in the past with the *A* of today, who carries the *A* of the past on his back.

In a subsequent session, another participant in the group, *D*, received a great deal of attention from the other participants. The following week, *A* spoke about the difficulty he experienced with some of his groupmates. He said that the previous week he had asked the person in charge to exempt him from participating in the group. He said that he had made a special effort to attend the meeting out of respect for the facilitators and the group. He added that it bothered him that *D* did not come continuously and did not commit to the group. He said:

“I’m fine with *D* and everything, but last week he came and took over. Well, I have no problem with him over this, it’s natural. We have not seen him for a long time and there are many questions for him and curiosity about what is happening to him.”

It should be noted that *A* and *D* shared a common past. They grew up in the same neighborhood, were good friends during their childhood and adolescence, were partners in criminal activities, and both even dated the same girl. Beyond their competition for attention and a place in the group, it seemed that *A* felt *D* was taking him back to a time in his life that he wanted to forget. His request to be exempt from participating in the group followed a meeting that centered on this participant who reminded *A* of his past, a past that he was trying to shed, to remove from himself. It seemed that *A* was vacillating between specific successes and failures to carry his past on his back, as indicated by the projective card he selected at the third meeting.

Several times during the year, *A* took on the role of assistant, supporter, and even mentor for his groupmates. In one meeting, another group member, *M*, indirectly expressed anger at his ex-wife. He also mentioned that he was supposed to meet with her and his family to celebrate their granddaughter’s birthday, and that he was very excited about this. One of the therapists acted as a “double” for *M,* serving to give legitimacy to his anger towards his ex-wife. Afterwards, *A* asked to serve as a double for *M* as well. Acting as a double *A* said:

“I miss the family and also you (referring to *M*’s ex-wife) and I realize how much I missed you.”

It was apparent that *M* was enthusiastic about the doubling exercise that *A* had done for him. *A* took the time to pour and serve *M* a glass of water. In making this gesture towards *M*, and especially in serving as a double for him, *A* embodied both integration and splitting. On the one hand, *A* was able to offer *M* a complex point of view that encompassed longing and a feeling of missing out, along with his anger at his ex-wife. The supportive role that *A* took on allowed him to contain a new emotional complexity. On the other hand, this doubling can also be seen as an attempt to “release” *M*, and perhaps *A* himself, from the permission to be angry, permission that had been granted a moment before by the therapist acting as a double for *M*. It seemed that this permission, with its inherent potential for expressing anger, was threatening to *A* and difficult for him to contain.

Sometimes, *A*’s way of dealing with and expressing anger was done through projecting anger onto the group facilitators. For example, *A* addressed them in this way at one of the meetings:

“I want to know how you feel, beyond the comments you make on the cellphones, the tardiness and the absences. I want to know what happens to you when you sit in the group. Last week, I felt that *T* (the female facilitator) was sitting here and getting mad at us and just wanting to shout ‘Shut up!’ and that we should regroup. You don’t express yourselves. I want to know what you are feel about us.”

In this case, *A* “invited” the therapists to express the anger he claimed they were feeling but not expressing. He asked them, in effect, to maintain the same emotional integration that he himself found difficult to maintain. He wanted the group facilitators to serve as a mirror that was not split or partial, but that reflected him in a holistic and integrated way.

A few weeks later *A* arrived to one of the meetings in a state of great excitement. Before the beginning of the meeting, he told the facilitators that he had missed them and that this was the first time he had waited in anticipation for the group meeting. During the meeting, *A* spoke about a client he had seen in his work as a repairman. *A* related that at some point he realized that this was a house he had broken into in the past. He felt the need to confess this to the homeowner, and apologize to him, and he did so. The homeowner appreciated *A*’s confession and even served him coffee and paid him generously, a larger sum than they had agreed to in advance. *A* left with a very positive feeling that his honesty and sincerity had been accepted by the victim of his crime.

Upon hearing the story, *D* (*A*’s former partner in some of the crimes) began verbally attacking *A.* He claimed that *A*’s confession to the homeowner could also endanger those who had been his partners in those previous burglaries. Other group members joined the criticism. *A* was clearly hurt by the distrust and the allegations against him, and seemed to have a hard time accepting these reactions. He got up several times and went to the window to throw out the fingernails he had bitten off. This seemed to be a sort of regressive response, which brought him back to the first meeting, and an expression of the anger and anxiety he said he wanted to throw out of the room. It is also possible to see the nail-biting as a subliminal, metaphorical alternative to digging his nails into *D*’s body. Towards the end of the meeting, *D* got up, hugged *A*, and told everyone that the two of them were childhood friends, and that everything was fine.

*A*’s action, his confession to the homeowner and decision to tell him about the break-in he had been involved in the past, enabled him to put his past and present into a common space. This act of integration earned *A* recognition and appreciation from the homeowner, the victim of the past offense. However, the group’s response, and especially *D*’s reaction to this confession, led *A* to again engage in splitting. He found it difficult to contain the group’s anger at him. Although he argued with the group and stood behind his action, he also seemed agitated and unsettled.

The following week, *A* asked to be excused from a group meeting scheduled to take place on his birthday. He spoke on the phone with *T*, one of the group facilitators, but she said he was required to come to the meeting. At that meeting, the following dialogue took place:

*A*: (to facilitator *T*): You told me straight-out ‘no’. I’ll tell you the truth, first I called *Y* (the other facilitator). Because he didn’t answer, I called you.

*T*: Because you thought he would give you approval and I would not?

*A*: Yes, or at least he would consider it. You said no right away.

Later, *A* referred to his confrontation with *D* during the previous meeting:

*A*: I understand why it’s important to you that I come, to talk about things and all that. But I’ve already talked to *D* and I don’t have anything to resolve. What *D* explained to me this week is that I could complicate things for myself ...

*D*: We did what we did, and it should stay in the past, it shouldn’t be brought up.

*A*: He told me, that in one moment I could have ended and destroyed everything I’ve built so far, because of something I did in the past. But there is nothing to nag about here. Enough. It already happened. Women love to nag.

*A*’s remarks in the group, and his request to be absent from the meeting, indicate he adopted *D*’s position and preference for avoiding bringing up the past. *A*’s willingness, during the rehabilitation, to integrate his past as a criminal with his normative present seemed to be replaced by a regression to splitting. This splitting was projected at the therapeutic authority figures, in the distinction that *A* made between the “lenient” and “enabling” facilitator and the “strict” facilitator, to whom his comment that “women like to nag” was addressed.

One of the last meetings, towards the end of the year, dealt with parting. *A* spoke about his parting from his father:

*A*: For many years, I was so disconnected that even when my father died, I couldn’t say goodbye to him. I did not cry. I sat at the *shiva* ... and ate, like it was nothing.

*Facilitator*: How old were you?

*A*: I was 18, maybe.

*Facilitator*: And since then, have you ever been able to say goodbye to him?

*A*: A few years ago, at the age of 35, I felt I needed to talk about it with someone. I turned to a friend. He told me ‘Talk to your father, that’s the best’. That’s what I did. I got in the car and started driving, and I started talking to him. I spoke and cried a lot ... I felt relief, but I also felt his absence for the first time. Until then, all these years, I was so disconnected that I convinced myself he was not really dead.

*A*’s story, which he shared with the group in preparation for parting from them, demonstrated his ability to maintain emotional integration, even if not continuously. This integration was expressed in *A*’s story and description of crying and mourning for his father, and saying goodbye to him. It was equally expressed in the act of sharing, in *A*’s ability and willingness to share his private pain in the group space.

**Case 2: Participant *D***

*D* is about 35 years old. He is the process of divorce. He works as a plumber. *D* arrived at the first group meeting about half an hour late. He stood in the doorway of the room, and announced that he could not stay because he had to take care of a client’s pipe that had burst. Despite the group facilitators’ request that he stay at the meeting and take care of the burst pipe later, *D* chose to leave. Even as he stood in the doorway, *D*’s apprehension and his difficulty in joining and committing to this new framework and group was apparent. Aside from the burst pipe, it seemed that emotional barriers kept *D* standing in the doorway and prevented him from attending the first meeting.

In the following sessions, *D*’s difficulty in being in the therapy room was evident. He was not relaxed. He often asked to go out to smoke, and protested angrily when the facilitators did not allow him to do so. In one of the first sessions, an exercise was done in which participants were asked to pass around a skein of yarn, so that each time they held onto a bit of the yarn and passed the end to another participant, while asking him a question on a subject of interest to them. In this way, a web was woven among the participants. The end of the yarn was passed to *D* many times during the exercise - more than any other participant. However, *D* ignored most of the members of the group. He repeatedly chose to pass the end of the thread to *A*, his childhood friend, and asked him questions concerning their common past as criminals. In doing so, *D* essentially split the group, creating a subgroup of only himself and *A*. This seemed to be a sort of acting-out, an expression of *D*’s opposition to the exercise, and perhaps to the whole therapeutic process. He expressed his rebellion explicitly at the end of the exercise, after the therapist spoke about the movement of the yarn around the room as a demonstration of how they were creating a relationship between group members, cultivating mutual trust and their ability to count on each other. In response, *D* said:

“What is that, to trust the group? Are we planning a robbery here? I don’t understand. Who should I make a commitment to here? I come here because I have to, not because I want to let everything hang out, to share. I don’t understand what you want from me with all these exercises. Leave me alone.”

Although *D* had been given a central stage at that meeting, and held many points along the length of yarn (both physically and metaphorically), he found it difficult to hold on to a sense of centrality, and rejected the possibility of integrating and making the interpersonal connections represented by the yarn. *D*’s expressions of resistance recurred throughout his participation in the group. For example, in one of the first meetings, he said:

“Listen, I’ve been in lots of groups, and never got anything out of any group or from any therapist. And I’m not going to get anything out of this either. I’ve learned in my life that either I learn things by doing them, or later, when I’m home alone, I do the thinking and come to conclusions. A person has all the answers for himself. A person knows himself best. He can help himself best.”

Sometimes *D*’s expressions of resistance created openings for dialogue and connection, even if they were only momentary. In one meeting, *D* explained his opposition to participating in the group’s role-playing games and psychodrama exercises:

“I see everyone participating, and think that maybe something is wrong with me. I don’t feel like I belong. What can I do? I can’t do these things. It’s insane and ridiculous, it’s like a bunch of crazy, mentally ill people.”

This was another expression of *D* engaging in splitting, excluding himself from the group and its therapeutic goals. At the same time, he also expressed feelings of alienation and his sense of not belonging, his feeling of being “insane”. When asked later in the meeting whether in the past he had felt a sense of not belonging, *D* replied: “Of course! I always felt that way around friends.” But when asked if he could recall a particular moment when he felt that way, *D* refused, saying: “I don’t go back to the past, not in thought or in dreams. What once was, remains in the past, and I don’t go there.”

*D* returned to his familiar, default position of refusing to make a connection to his past or touch upon his weaknesses and vulnerabilities. His momentary contact with the emotional realm, along with his panic and inability to stay in it for long, was evident in the meeting during which his friend, *A*, said he had confessed to a client whose home he had once broken into. *D*’s reaction to the story was aggressive. He expressed great anger that his friend had confessed to past crimes, which could possibly endanger *D*, an accomplice to some of the break-ins. However, when the therapist tried to address *D*’s anger, *D* rushed to negate it, said he was not angry, stood up, went to *A*, hugged and kissed him, and said, “We’ve been friends since we were kids.”

Later in the meeting, *D* allowed some gentler feelings to be expressed, feelings of compassion and empathy for those who are victims to crimes:

*D*: Do you know what it is like to have your house broken into? It’s like someone broke into your soul.

Therapist: Sounds like rape.

*D*: Exactly! You need to send your children to psychologists for life. It’s a harsh feeling, it’s like contaminating you.

*D* continued to talk about the harm and humiliation experienced by the victims of the crimes. His tone softened as he talked about it. The therapist responded by saying:

“I hear from what you say that you have compassion. That with your difficulty in accepting what *A* did [in confessing to the client that he had previously broken into his home], you feel and are aware of the distress of the people whose homes you have broken into.”

When *D* heard this, he had obvious difficulty in containing his emotions. He was visibly restless, often standing up and sitting down. Shortly afterwards, *D* seemed to close down and went back to expressing emotional disconnection. A week later, *D* referred back to his confrontation with *A* at the previous meeting, and the aggression and anger he had expressed.

*D* (to the therapists): “Believe me, I think you all came out of that last meeting much more agitated than we were.”

*Therapist*: Do you think we were scared?

*D*: No, you have nothing to be afraid of, but it seems to me that you took it harder than we did.

By telling the therapists they were the ones who had been upset at the previous group meeting, it seemed that *D* was adopting a coping strategy of splitting and projecting his own difficulty onto the therapists. However, later he expressed reflexive insight and acknowledgment of his emotional difficulties:

“I want you to understand something about me. When I don’t know how to react, or what to do at that moment, I turn the situation into a joke and make fun of it. At that moment, that’s my truth. But then I think about it and look at it. Believe me, every day I do a spiritual accounting of everything I did that day. But first, I turn it all into one big joke.”

The final meeting in which *D* participated took place immediately after he completed his probationary period as a prisoner released on license. *D* entered the room highly agitated, after a hearing with the parole board, during which the judge read him the report written by the therapists facilitating the group. He was offended that the therapists reported him being late or missing meetings. He claimed this could have led to his return to prison. *D* focused his anger on therapist *T*:

*D*: Who wrote that report? She must have written.

*Therapist Y*: We both wrote the report.

*D*: I wasn’t born yesterday. I have been a criminal since the age of 12. I know how to read people. When I look into someone’s eyes, I know who is a good person, who is for me. And I know you’re a good man. It’s her. You are destroying everything for yourself. You will not have a group this way. I was going to keep coming here after my release, but now, I will never come again in my life.

This seemed to be *D*’s way of parting. It indicated his need for splitting, for making a categorical division between who is “for me” and who is not. It also illustrated *D*’s significant difficulty in maintaining emotional integration, both within himself and between himself and the group participants and therapists. In a phone call initiated by therapist *T* a few days later, his tone had softened, and said he would come to the next group meeting. But he did not do so, and he did not return to the group after the end of his probationary period.

**Discussion**

These stories of *A* and *D* illustrate some of the failures and successes in working with the group members, and the oscillation between splitting and integrating that took place in the therapeutic space. We chose to focus this article on two participants and to almost completely exclude the others from the stories described. This also expresses our own need, as authors, for splitting. It is possible that the splitting served in this case not only to make the group drama more accessible to the reader, but also to clarify it for ourselves, both cognitively and emotionally. As Ogden (1986) argues, splitting does not create meaning, but it does create order and organizes the experience.

The case study of Rachel presented by Klein (Mitchell & Black, 1995), with the images of delicate flowers and menacing human figures composed of feces, may also illustrate *A*’s need, at the beginning of the therapeutic process, to protect the “good” from the “bad”, the delicate flowers from the menacing figures of feces. *A* did this in an almost physical way, by throwing the “bad” out the window and preserving only the “good” in the room. Other participants in the group also did this, many times and in various ways. *D* did so by resisting and refraining from engaging with the more difficult content issues, or with anything that pertained to his past.

The group facilitators’ interventions, and the psychodrama techniques and exercises they initiated, were designed to reflect back to the participants the acts of splitting they were engaged in, and to help them create experiences of integration. Transition from the paranoid-schizoid position to the depressive position occurs when partial objects, split into “good” and “bad”, begin to be understood as parts of a holistic and complex subject that encompasses both (Klein, 2002; Mitchell & Black, 1995; Ogden, 1986).

In the exercise in which *A* chose a projection card showing a picture of a larger boy carrying a smaller boy on his back, representing the older *A* of today and the younger *A* from the past, he said he saw himself in both, and they no longer existed as separate entities. There seemed to be a process of integration or merging. *A* did not split from the criminal part of his self, but contained it, “carrying it on his back” as an adult undergoing rehabilitation. In contrast, *D* seemed to find it more difficult to integrate and contain the various parts of himself that existed over time. However, there were moments of emotional connection, such as the meeting in which he described the serious injuries suffered by those whose houses he robbed: “Do you know what it is like to have your house broken into? It’s like someone broke into your soul.” In such moments, he expressed empathy and emotional integration, even if only for a short time.

Much of the therapeutic work occurred within the group dynamics, in which processes of splitting and integration were manifest. One of the therapeutic factors of a group, as described by Yalom (1995), is group cohesion. Cohesion enables acceptance, intimacy and understanding within the group. At the same time, cohesion allows for expressions of hostility and conflict. Yalom and many others see open conflicts as crucial for group cohesion. As conflicts surface, they can be processed individually and as a group. From this, an integrated relationship that allows a place for the bad alongside the good is able to develop. It is actually hidden, unspoken hostility that is dangerous to group cohesion (Yalom, 1995). In this context, the difficulty *D* had in staying in the conflicts that arose became apparent, as happened when his groupmate, *A,* said he had confessed to a crime he had committed in the past. *D* verbally attacked *A*, then hastened to dismiss his feelings of anger and the conflict between them. *A* also found it difficult to openly express his conflicts with *D* that pertained to their common past. Only in a meeting at which *D* was not present did *A* express his difficulty with *D*'s participation in the group. *A* paid a price for his difficulty in openly expressing the conflict with *D*, namely that it was precisely *A*, who was committed to the group, who felt disconnected and wanted to leave the group at that time.

In other situations, themes that touch on splitting within the system of relationships in the group were echoed by the group in such a way that contributed to the protagonist having an experience of integration. For example, at one of the meetings *A* acted as a double for *M*, reflecting the sense of longing and loneliness that he felt about being separated from his family. *M*’s enthusiastic reaction from the doubling exercise that *A* did for him gave his feelings emotional validity, thus also validating *A*’s own experience of integration. In psychodrama, the role of the double is described as one of creating a sense of identification, connection, and empathy for the protagonist (Artzi, 1991; Blatner, 2000; Holmes & Karp, 1991). The empathy that *A* managed to feel for *M*’s personal story also contributed to the holistic integration of *A*’s own personal experience.

The stories of *A* and *D* reveal gaps between the empathic abilities of the various group members and their perspectives on their roles as criminals. *A* seemed to have a heartfelt desire to stay away from the world of crime. He demonstrated his ability to feel empathy and deep remorse for hurting others. *D*, throughout the year, seemed to have not yet completely separated himself from the codes of the criminal world. Nevertheless, he expressed empathy when describing the psychological damage done to victims of crime. However, he was unwilling to connect with the emotions this recognition might evoke. Using Smith’s (2006) terminology, it can be said that *A* was able to feel and express deep *emotional empathy*, while his friend *D* expressed *cognitive empathy*. This is consistent with research that found a negative correlation between emotional empathy and recidivism and a tendency towards violent delinquency (Bock & Hosser, 2014; Jolliffe & Farrington, 2007).

Empathy is part of a spectrum of emotions, positive and negative, that exist within a group. Eyni-Lehman (2015) uses Winnicott’s term of *potential space* to describe a space enabling the expression of a range of emotions and experiences that connect past and future, so the group can serve as a bridge to the outside world. She contended that the participant is exposed to the perspective of the other members of the group, who embody the outside world. This broadens the participant’s experiences, self-image, and view of the world. The psychodrama doubling that *A* enacted allowed *M* to expand his perspective on his life. In another situation, not described in the above case stories, the mature perspective expressed by another participant, *N*, on his relationship with his family, allowed *A* to expand his insight into his own personal and family life, and led him to decide to take corrective action.

A significant part of the therapeutic work on strengthening experiences of integration by the group members involved the development of their ability to contain and “hold” their past together with who they had become in the present. According to Kellerman (1992) psychodrama techniques present the "there and then" within the protagonist’s “here and now” and enable integrative learning that stems from sensory understanding. *A* shared his farewell to his father, which he was able to complete only years after his father’s death, and described how he “talked” with his late father and cried over him. In this way, he connected, in a tangible way, his past and present, and demonstrated this in the meeting, in the here and now.

Moreno (1969) proposed applying tools of creativity and surplus reality, as well as his unique, integrative conception of the dimension of time, as a means of changing reality in the here and now. This is, in fact, the essence of *A*’s action when he conversed with his late father, striving to correct the past in the present, and have closure regarding the loss of his father. Thus, *A* used the psychodramatic dimension of surplus reality outside the framework of the psychodrama group, years before the group was formed via the Prisoner Rehabilitation Authority. Nevertheless, his sharing of the story with the group was an act of connection and integration in both the intrapersonal and the interpersonal realms. Further, this story represents multiple other events that took place in the group, that included surplus reality or the interpersonal encounter embodied in the double, in role reversal, in sharing, and in other aspects of therapeutic work in general and psychodrama in particular. These events allowed participants to make contact with parts of themselves they had split off and discarded, demonstrating the ability of psychodrama group therapy to serve as a space for recognition of experiences of splitting and strengthening the integrative dimension.

1. A “prisoner released on license” refers to a prisoner who was released early, subject to certain conditions that include, among other things, a commitment to participate in therapy and rehabilitation until the end of the sentence. Prisoners who do not adhere to the imposed conditions may be returned to prison for the remainder of the sentence. [↑](#footnote-ref-1)