Additions to Methodology section

Over the course of the year, 85 patients participated in the group. Of those, 51 were men and 34 were women. Ages ranged from 22 to over 70. The number of participants in each meeting varied from 4 to 11. The meetings were led by the author, and took place once a week in the morning, lasting about an hour. Each meeting began with introductions and short sharing session, then a warm-up session, psychodrama activities, group sharing, and parting.

Additions to Findings:

Alongside the depression, despair, and fatigue, some patients also expressed thoughts of suicide and the desire to die. These were not usually concrete ideas, but their presence was apparent in the group space.

The patients saw this opportunity to express distress within this accepting and supportive space of the group as beneficial to them – this space was better even than the outside world. Ella expressed this after telling about the tremendous loneliness she was experiencing:

Ella: “Here there’s this ‘togetherness,’ but in ‘the real world’ you’re alone. Each person on their own.”

I ask: “What’s ‘the real world’?”

Ella: “Outside.”

I: “What about in this room?”

Ella: “Here it’s better, here you’re not alone.”

I: “And what happens here, can it affect the outside, at least a little?”

Ella:” I hope so.”

It seems that this gesture of empathy moved David as well. This was written in the transcripts from the end of the same meeting:

At the end of the meeting, the participants went around the room and wished each other something nice for the day. There was a lot of warmth; David hugged everyone excitedly, then thanked me.

At times, besides restoring a sense of visibility for the patients, the double tried to serve as a voice for anyone who feels hurt and frustrated yet may not know how to express it:

Mayer spoke angrily in a seemingly disproportionate and extreme manner about the cafeteria that closed today without prior notice, and that this wasn’t the first time. He could not calm down from this.

I doubled him: “I am angry. They can’t do this, close without warning, without giving me a chance to prepare! And this isn’t the first time. It’s like they just don’t care about us, they completely disregard me. It’s infuriating and frustrating”

Mayer thanks me warmly. It seems he was moved by the double, and his anger subsided.

In another example, the group sharing provided an experience of universality when one of the participants shared her feelings of guilt with the group:

Alice describes the great difficulty she causes for her mother because of her illness. [She tells about] the guilt she feels towards her mother. She becomes emotional and cries.

We discuss feelings of guilt surrounding illness, as Alice has expressed, how it is an experience that other patients share as well. Elena and Rachel say they also feel guilt towards their families.

…At the end of the meeting Alice hugs Elena. She thanks her and says she feels much better now.

Jacob (another new participant) begins to tell about himself as well… He tells about his three daughters and several grandchildren, how none of them know that he is hospitalized here. That he especially doesn’t want his sons-in-law to find out. One of them is a doctor in a university, another is an engineer.

Diane asks to tell Jacob that he should tell them all that he is hospitalized, that he shouldn’t feel ashamed. That she was once in a closed psychiatric ward, and was also “the best attorney in the country.” Jacob smiles, and thanks Diane.

Response to reviewers:

1. An additional significant modification was made in the manner in which the group sessions were chronicled. Due to ethical concerns, sessions were not recorded, and there were no observers besides the facilitator and the participants. Each meeting was detailed with a verbatim transcript as accurately as possible, immediately at the end of the session. During the group process the texts were sent to the group facilitator’s clinical counselor, and were reviewed in the weekly clinical conferences (this was not stated in the previous version of the paper, but is stated in the current version in Section 2.3, Materials and data analysis). Moreover, in response to comments about methodological problems, and in addition to reformulating the article as a case study, during the revision period all of the transcripts were sent to a peer psychodrama practitioner to review, in order to provide an additional perspective and to validate the findings.
   1. Throughout the Results section, additional quotes were added from the meeting transcripts, wherein the patients express the positive effects of the group space (and various specific elements such as the *double* and *group sharing*), explicitly and through gestures of gratitude. See lines \_\_\_\_\_\_\_\_
   2. Introduction: The sentence about the criticism of biological and phenomenological approaches was removed.
   3. Lines \_\_\_\_\_\_ (176-184 in previous version) – more details were added: age range of the patients, sex of the patients, number of participants in each meeting, length of the meetings, and a breakdown of the phases in each meeting.
   4. \_\_\_ (275): Sentence corrected
   5. Vieira & Risques – Corrected
   6. In the Conclusions section, the description of the contribution of this paper was modified to emphasize the naturalistic features of the case study, the real-life setting in which it takes place, and deep introspection within the group and into the process.

Addiionally, as noted earlier, additional direct quotationss were added to the manuscript from the verbatim transcripts, of cases where the patients relate to the positive effect the group has for them, as well as specific techniques such as doubling and sharing (See lines \_\_\_).

The author would like to thank \_\_\_\_\_\_ for reviewing the transcripts and offering an additional opinion on the research findings.