**The role of group sharing: an action research study of psychodrama group therapy in a psychiatric inpatient ward**

This article observes an open, psychodrama group on an inpatient, psychiatric ward. It focuses on the way in which the psychodrama group’s circle of sharing contributes to the creation of a supportive space enabling self-expression, reciprocity, and interrelatedness, and to the psychiatric inpatients’ ability to cope with the sense of isolation and distress they experience.

The founder of psychodrama, J.L. Moreno, claimed that the focus of the psychodynamic therapy process, that which also allows it to be of value in working with difficult mental illnesses and psychotic cases, does not take place in the transference between the client and the therapist, but rather in the encounter that takes place between people and between roles. Using the “tele,” the emotion that arises in interpersonal encounters and in the interaction between different roles, psychodrama aspires to induce the recovery process even in those people with mental illness that Freudian psychoanalysis avoided addressing (Moreno, 1939). This therapeutic dimension of interaction and interpersonal encounter is expressed via various components of the psychodrama work, among them the auxiliary ego, the double, role reversal, encounter, and psychodramatic sharing.

Sharing has become a widespread, fundamental concept throughout therapeutic culture and discourse, even beyond the psychodramatic sphere. Nicholas John dubbed the contemporary era “the age of sharing” and connected the prominence of the therapeutic ethos of sharing emotions to, among others, the digital cultural and sharing on the internet, especially on social networks (John, 2016). This, in a manner that corresponds to the Lacanian notion of extimacy (extimité), is the human condition in which the center of the subject is both external and internal to itself simultaneously. John joins Samuel Mateus in arguing that the subject only gets in touches with its selfhood by making it public and sharing it with others (John, 2016; Mateus, 2010).

John and others date sharing’s initial formulation as a concept—as it relates to the therapeutic context of sharing emotions in a group—to the *Oxford Group* founded in the United States of America in 1922, out of which emerged *Alcoholics Anonymous* (AA) about a decade later. This notwithstanding, we should note during that period, the notion of sharing was already quite clearly a component of Moreno’s approach to psychodramatic group work.

The psychodramatic sharing, also known as the sharing phase, is the phase in which the group members share their experiences and issues from their lives that relate to the work of the protagonist. Moreno describes sharing as the stage in which the focus moves from the stage to the audience, the phase in which “the strangers” in the group reveal their emotions and cease to be strangers. They repay the protagonist with love and gift both the protagonist and themselves the experience of group catharsis (Moreno, 1946). By sharing personal experiences relevant to the protagonist’s work, the group members ensure that the protagonist does not feel lonely or embarrassed at the end of his work, rather he feels like one of the many people who experience similar challenges.

The sharing helps the protagonist break free from his role and expedites his return to reality and to the group as one of its members. The protagonist who was previously—during the psychodramatic work—detached from the group, undergoes an accelerated reintegration back into the group structure via the sharing (Lipman, 2003). Sharing is an important phase for the group members as well. It grants them the opportunity to speak their own minds since each and every one of them is the protagonist for a moment.

Sharing is rarely dealt with in the research literature on psychodramatic therapy, so there is very little evidence-based study that sheds light on the influence of this therapeutic component. What is almost the only evidence-based research on the matter appears in a recent study that measured the ongoing influence of the psychodramatic therapeutic process on one of the participants (Gonzalez, Martins & Lima, 2018). In this study, the HAT (Helpful Aspects of Therapy) test was used to help the participants report on the events that occurred in the therapeutic framework, granting the events a score on the scale of one to five, as events that either helped or hindered the therapeutic process. The results of the HAT test revealed that out of the ten therapeutic categories—which included the main psychodramatic tools and the performance of psychodramatic vignettes on the stage—the therapeutic component that comprised the largest number of events reported as helpful to the process was “the sharing of the other group members” (24% of the events in the therapy) and right alongside this component was “the participant’s own sharing in the group” (18.5% of the total number of helpful therapeutic events occurred in this category). If we combine these two categories, we find that 42.5% of the events that were reported as helpful to the treatment were related to sharing, either the protagonist’s sharing or the group members.

The findings described above attest to the beneficial influence that group sharing should have in the framework of psychodynamic therapy; however, these are isolated findings. As a rule, the research literature does not address the contribution of sharing to the psychodramatic therapeutic process. By presenting a case study of a group of psychiatric inpatients, this article illustrates how group sharing in psychodrama helps create a supportive space for expression, reciprocity, and interrelatedness, and provides a therapeutic response that offers at least partial relief of the acute distress the inpatients’ experience.

**Findings**

**The Contribution of Group Sharing:**

The group space was almost always suffused with challenging emotions, such as depression, loneliness, despair and fatigue, helplessness, fear, and guilt. Oftentimes the agonizing feeling of loneliness was present in the room. Sometimes it was the loneliness of life beyond the hospital wall and sometimes it was the loneliness of the hospitalization itself and the disconnect it created from the outside world. Oftentimes it was internal loneliness, the disconnect of a person from himself, from his vitality and his *joie de vivre*.

Sometimes loneliness found loneliness staring right back at it:

*Sarit, a new participant, talks about the fact that she is very alone, and that for a lengthy period of time she had not left her rented room. That she has an internal voice (“not psychotic,” she emphasizes, “an internal voice like everyone has) that makes her despair.*

*I ask: “What does the internal voice say?” Sarit answers: It says that it will be bad.*

*Saul says that he does not know what it is like to not be alone, he had not learned how to get help from others, he lives his entire life with a fundamental sense of being alone, even when he had good periods and even though he has a family. He took part in the wars in 67 and 73 and that did not help him at all. Now, at the age of seventy-two, he feels like he has no friends. It is something deep in the soul.*

*Sarit responds emotionally to Saul’s words, saying that she feels exactly the same way.* [[1]](#footnote-1)

In group, Sarit and Saul express the loneliness they feel beyond the hospital walls, a deep, internal sense of isolation that constantly haunts them: Sarit’s “internal voice” which says “it will be bad,” and Saul’s “it is something deep in the soul.” Later during the session, which takes place on Memorial Day for Israel’s Fallen Soldiers, we listen to the song *Rikmah Enoshit Achat* (One Human Tapestry) which relates both to Memorial Day and to the way I experienced the group itself, as one human tapestry. Sarit rejects the song’s message angrily, saying “In reality you are alone, everyone is on his own.” Hackneyed phrases that preach “one human tapestry” do not speak to her. In contrast, her authentic encounter with Saul’s loneliness did manage to touch her. Alongside the manifestations of the inpatients’ loneliness and distress, one could also sense the presence of the psychodramatic space’s power: its ability to allow them to be seen, to instill hope, and to function as a stage for self-expression, support, and interrelatedness. From this perspective, sharing played a major role in the group.

When tremendous distress took center stage during group sharing, one could often see how the participants tried to support and empower one another, to offer a kind word, to encourage, and to offer solutions, different perspectives, and productive steps that could be taken:

*Laura talks about suicide: “I’ve been here for two months already and nothing is better. I want to die every day, but I promised that as long as I am here I will not do anything…People always tell me I look better, but I don’t feel any better.”*

*Sarit shares that she sees Laura’s suffering and depression and her wish for Laura is that she will feel better, that it is difficult for her [Sarit] to see Laura this way. She says that Laura is wonderful and she deserves to feel well. Abraham also speaks about despair, about his depression that arises from the fact that he has destroyed himself and lost everything, on his immense weariness; about the fact that he just wants to hide here from reality and sleep. Judah speaks about faith and tries to encourage Abraham.*

This illustrates how group sharing transforms the psychodramatic space into one of mutual support: Sarit tries to support Laura and Judah encourages Abraham. Later, the group showers Laura and Abraham with another gesture of encouragement and support. It is not always clear whether the distress heard was the personal distress of Laura or Abraham or whether the empowering voices are the private voices of Sarit and Judah. Sometimes it seems as if all the voices are the voice of the group itself; that each participant manifests distress and need, and at times despair, alongside of strength, optimism, and the desire to help. Group sharing created an important space for expressing these voices and enabling them to encounter one another.

Sometimes, when the group space is filled with distress and harsh emotions, the sharing takes on a ritual character. A group exorcism of sorts that is intended to inspire hope and to enable them to share their experience of coping with suffering takes place:

*I take boxes of paint that are in the room, and we begin placing them in the center of the circle, each one representing one of the bad feelings that had been expressed: sadness, anxiety, depression, stress, the wish to die, weariness, boredom, confusion, lack of control over one’s needs….*

*Afterward, I ask each group member, in turn, to remove a box of paint from the circle and share what the feeling/the thing is that he would like to expel. The group does this: Each participant takes a box of paint out of the center of the circle and shares what it represents and what he would like to do with it. We all repeat his words as if they were a mantra: “If only this weariness would go away,” “If only this sadness would depart.”*

In the session described above, in which Laura and Abraham shared their distress with the group, the subsequent sharing had a similarly ritual character. The sharing, which in this case took place via hoops that represented the feelings that were manifest in the encounter, allowed the participants to give away and take from one another some of their strengths as well as their distress, just like in a “magic store”[[2]](#footnote-2) in which barter based on altruism and generosity takes place. In this way, the notions of sharing and distributing the heavy burden at the heart of sharing took concrete expression. This brief manifestation of sharing provides a concrete example of how sharing works in psychodramatic groups as a receptacle of support, self-expression, mutuality, and relatedness, and as a therapeutic means that should relieve the acute feelings of loneliness and acute distress.

The research literature based on action research and cases studies strives to achieve an integrative understanding of complex phenomena through in-depth, concrete, and uncontrollable encounters with discrete cases, which are oftentimes singular occurrences, in their authentic surroundings and within a dynamic, real-life setting (Yin, 2009). This article provides the reader with the opportunity to observe a concrete encounter that includes manifestations of the distress psychiatric inpatients experience.

The findings reported in this article tell the story of group sharing as the space in which psychiatric inpatients distribute not only the heavy burden of pain and distress they experience, but also the belief, strengths, and resources they possess. This distribution instantiates Moreno’s concept of the group as the fabric of life and human encounter (Blatner, 2000), and it contains within itself the potential and the unique qualities of the psychodramatic group work that creates the space for reciprocity and human encounter as the therapeutic response, which offers at least partial relief to the experience of acute isolation and distress.

1. The indented and italicized passages are excerpts from verbatim transcripts, transcribed immediately after each session. Pseudonyms have been employed to protect client confidentiality. [↑](#footnote-ref-1)
2. The Magic Shop: One of psychodrama’s renowned exercises in which the participants engage in commerce, bartering traits, values, feelings, and more. [↑](#footnote-ref-2)