

Psychodrama: Mechanisms, Applications, and Future Prospects in Treating Depression

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Abstract: Being an alternative to commonly applied treatments for depression, psychodrama's significance and values as a type of creative therapy are often underestimated by contemporary researchers and mental health professionals; in turn, psychodrama has been less investigated and developed over the past century. Aiming to address the gap, this paper conducted a literature review on the key mechanisms, current applications, and future prospects of psychodrama in treating depression. The research has concluded that both individual and group psychodrama are effective in treating depression either by itself or integrated with antidepressants or cognitive behavioral therapy. For psychodrama to be applied to a wider population, further development of this approach can focus on adjusting its features to host traditional psychodrama frameworks via online platforms; it is also suggested to integrate themes stemmed from positive psychology with the form of psychodrama in order to benefit the healthy population with a psychopathology-oriented approach as well.

Keywords: Psychodrama, Application of Psychodrama, Depression Treatment, Treatment Integration.

1. Introduction

In recent decades, creative art therapies have been developed and widely applied to treat mental health issues, especially when traditional approaches such as medication or counseling fall short for some cases. For instance, when clients are reluctant in expressing their thoughts in face-to-face conversations, or when they have certain health issues (e.g. pregnancy) that prompt them to not take medications, creative therapies as alternatives are generally helpful in offering relaxation and empowering better understanding of themselves [1]. As a type of creative therapy, psychodrama stands out due to its unique group-based mechanism and expression-evoking dramatic elements; however, its application and future directions for development are less discussed in currently published research papers than common approaches.

Considering its great potentials, this literature review aims to investigate the key mechanism and discuss current applications of psychodrama when treating depression, then propose additional routes for further development and integration enhancing applicability and popularity of this approach. The study has significance as it provides deeper insights and advocate for a better understanding on psychodrama, ultimately broadening the scope of treatments available to clients and encouraging new developments for this approach.

2. Key Concepts of Research

2.1. Psychodrama

Psychodrama is an experimental creative art therapy originated by J. L. Moreno in 1912, utilizing role-play guided by professional facilitators that aims to help clients explore their personal experience and express their emotions directly in a fail-safe environment [2]. Drama, a creative approach for expressing one's inner thoughts, serves as a mediator during participants' reflection and sensation of themselves, allowing them to externalize those difficult to articulate [3].

The typical structure of psychodrama includes three phases: warm-up phase, when the protagonist builds trust with the facilitator, and other participants; action phase, when the hypothetical scenario begins, each participant becoming their role; and sharing phase, when the scenario ends and participants start discussing their experiences and reflections [3]. Two concepts, auxiliary ego and role reversal, are also crucial to facilitate psychodrama sessions. Auxiliary egos are any roles or abstract entities that have interactions with the protagonist who is the center of the play, aiming to assist the protagonist in expressing his/her emotions; during individual psychodrama, auxiliary objects can be used as alternatives [3]. Role reversal is the process of the protagonist switching to become another significant role in the scenario; this helps the client to gain insight into another person's emotions and motives, building empathy and a more holistic understanding from his own view [4]. Do not add any text to the headers (do not set running heads) and footers, not even page numbers, because text will be added electronically.

General group psychodrama operates by first letting a central participant to give a hypothetical scenario that they believe is crucial to their current mental status and have inflicted emotions hard to deal with; then, other participants or the facilitator will become auxiliary egos whereas the central participant becomes the "protagonist" – usually as him/herself in the scene [2]. The protagonist is then encouraged to express their feelings directly to other characters as they have "revisited" and even "relived" the moment, helping them get past such difficult times in life [5]. After each scenario, participants are encouraged to share their observations and feelings about the experience, fostering social support for the central participant which can help them feel "validated and understood" [3]. In turn, both the participant's self-expression and the support from other members as a result of a psychodrama session have therapeutic effects.

Furthermore, psychodrama can also be done individually in three types. They are monodrama, when the client plays all roles in the hypothetical scenario, allowing rapid changes of perspectives which facilitate more holistic understanding; individual psychodrama, when only the client and the facilitator are involved and have the facilitator play the auxiliary ego; and autodrama, where the facilitator does not involve in any parts of the scene but simply observes the client constructing his/her scenario [4]. These three types of psychodrama are often used when the client refuses to have other participants involved in his/her own therapeutic sessions, or when group psychodrama cannot be facilitated due to external concerns.

Despite the limited research on psychodrama compared to other therapies, existing studies indicate that both group and individual psychodrama are valid alternatives to other therapeutic approaches, particularly when addressing clients appearing reluctant when asked to express their inner thoughts in a causal counseling session [2].

2.2. Depression

Depression is characterized by persistent (more than two weeks) feelings of sadness, hopelessness, loss of interest and pleasure, and frequent thoughts or attempts to suicide accompanied with physical symptoms such as loss or gain of appetite and sleep [6]. It is a common mental issue that may occur

in most age groups. General treatments for this disorder applied around the world include medication and counseling supports; however, these measured may not be applicable to every client due to their acceptability, willingness to cooperate, response to side effects, etc. [7]. In this case, psychodrama can serve as an alternative for people in need of support. Additionally, psychodrama may be perceived as a relatively more enjoyable and creative medium for people to express themselves; such creativity makes psychodrama seemingly more interesting and engaging than commonly used approaches, which may attract clients (especially adolescents or adults who are willing to experience something “chill”) to participate [7].

3. Effect of Psychodrama in Treating Depression

3.1. Individual and Group Psychodrama on its Own

Bagherian et al. conducted a quasi-experiment investigating the effectiveness of individual psychodrama when treating depression, specifically looking at “life-satisfaction, self-compassion, and positive emotions” [4]. These three variables are used to operationalize symptoms of depression as they are descriptive scales of one’s depressive experience. A convenience sample were randomly selected from a pool of 73 individuals visiting a therapy clinic in Iran. The resulting sample consists of 30 females with age ranging from 25 to 45 years old, all were clinically diagnosed with depression using the Beck Depression Inventory Questionnaire. The experiment conducted 12 sessions of individual psychodrama with each participant as interventions, focusing on an activity that aims to enhance the client’s emotional awareness and coping skills that may be helpful for future challenges. Additionally, the final session utilizes role reversal techniques, letting the client receive direct empathetic feedback from the facilitator, which helps to consolidate understandings from the therapy. Each session lasts for 90 minutes, and one session is conducted per week.

Three different scales are used to measure life-satisfaction, self-compassion, and positive emotions of participants before and after all interventions. All three scales use either 5-point or 7-point Likert scale to obtain the final scoring. Pre- and post-intervention data were analysed using mean and standard deviation for within groups and repeated measures ANOVA test for between groups.

Results of the experiment show increases in all three variables being measured from pre- to post-intervention, and all differences in means observed are significant at either 1% or 1.5% significance level. This suggests that individual psychodrama is effective and has significant positive impact on life satisfaction, self-compassion, and positive emotions when treating clients with depression, marking it a valuable therapeutic approach for depression.

The finding also aligns with previous research by Örnek & Şimşek , a quasi-experiment investigating how ruminative thinking and dysfunctional attitudes as cognitive aspects of depression can be intervened with group psychodrama [8]. The study has a small sample size of 16 female participants with depression obtained through self-selected sampling; the experimental group (n = 8) were treated with 12 sessions of group psychodrama, 2 days each week for 6 weeks, and the control group (n = 8) did not receive any intervention. Researchers found that the experimental group had shown a significant scoring decrease in ruminative thinking and dysfunctional attitude scales from pre- to post- intervention than the control group, indicating that group psychodrama is effective in improving the two aspects which have positive influence on depressed patients.

Begherian et al. ’s study, however, has certain limitations. The sample size of 30 is relatively small, which made it hard to generalize findings to a larger population. The use of convenience sampling resulting in an all-25-45-years-old-female-from-a-same-region sample also hinders the study’s generalizability, as it fails to consider how different gender, different age group, or different geographical areas that may influence human development could impact how an individual respond to individual psychodrama [4]. Moreover, only quantitative data using self-reported scales are being

considered in the study; this may limit the extent which this study explore the underlying process of individual psychodrama – what is unique about this intervention from its mechanisms and theories that led to such results. Additionally, Begherian et al. applied pre- and post-intervention data and did not show attempts in controlling for most extraneous variables such as social support or important life events happened throughout the experiment [4]. This exposes the study's result to bidirectional ambiguity and hinders its internal validity as other variables that may have impacted the relationship. Furthermore, as a quasi-experiment, the study is not strong enough to imply a cause-and-effect relationship but can only be used to support the correlation between individual psychodrama sessions and signs of depression being treated. Method and data triangulation could be used as a further development: by collecting qualitative data through interview or written survey, the researcher could identify specific processes that were actually helpful to the participants and see if they align with psychodrama's theoretical mechanisms.

3.2. Integrating Psychodrama with Other Common Approaches

Another study by Yu et al. examines the effect of psychodrama accompanied with antidepressants when used for treating childhood trauma-associated major depressive disorder (MDD) through a lab experiment [9]. The sampling is very purposive as it was recruited from patients at a specific hospital department; resulting sample consists of 46 participants between 18-50 years old currently in a MDD episode with at least nine years of schooling, had only been prescribed first-line antidepressants, and with at least one traumatic experience from childhood. Handiness was also considered when recruiting the sample and only righthanded participants are included, since the study uses brain imaging techniques, namely magnetic resonance imaging (MRI) and functional MRI, which may be influenced by handedness and therefore impact the study's result. Participants are separated into a control ($n = 17$) and an experimental ($n = 29$) group with mean age 25-28; over the span of 6 months, Yi Shu psychodrama – a specially designed treatment stemmed from traditional three phases of group psychodrama but incorporated elements from the traditional Chinese culture (e.g. “Yuan Qi”) – was conducted in small groups of 6-10 members in the experimental group for 4 consecutive days in each 2 months, while the control group only received general health education from distributed health manuals. All participants continued their regular medication (SSRIs and SNRIs) throughout the experiment to observe the effect of integrating antidepressants with psychodrama treatments.

Pre- (baseline) and post-intervention data was collected with 3 scales measuring the severity of depressive symptoms and 1 scale measuring both positive and negative coping strategies, accompanied by MRI and resting-state fMRI scans. For numerical data obtained, mean and standard deviation were used as descriptive statistics, and the Mann-Whitney U test were used to justify the results' significance between groups.

Results of the experiment show that the experimental group had a greater level of reduction for degree of depressive symptoms plus increase in positive coping styles than the control group after intervention. All differences are statistically significant at either 1% or 5% significance level. This suggests that group psychodrama combined with antidepressants as an integrative approach is effective in treating childhood trauma-associated depressive symptoms and foster healthier coping styles which can benefit clients in the long term. Researchers also observed an increase in node efficacy (ability of a node to transfer information) of brain area No. 60 for the experimental group compared to a decrease in the control group after intervention, aiding the recovery of depressive patients. This indicates that the effect of such integrative approach can be reflected in neuroimaging evidence, further strengthening the value of the use of psychodrama combined with antidepressants.

The finding of how psychodrama can work when combined with traditional approaches to treat depression is similar to previous research by Hamamci, an experiment investigating the effect of group psychodrama combined with cognitive behavioral therapy (CBT) when treating moderate

depression [10]. The study has a sample size of 31 university students (15 female and 16 male) with an average age of 19.52 self-selected by responding to advertisements. They were all interviewed prior to the study to ensure that they met criteria of having moderate depression. Participants (n = 10) in psychodrama-CBT group attended group psychodrama sessions with CBT-based techniques integrating in its framework (the three stages) 3 hours each week for 11 weeks, whereas those in CBT group (n = 10) only received traditional CBT sessions according to Beck's treatment manual 1-1.5 hours each week for 11 weeks. The control group (n = 11) did not receive any treatments. Researchers found that although no significant differences in effectiveness was observed between psychodrama-CBT and CBT group, both of them are attributable for reducing level of depressive symptoms for the participants compared to the control group. Hamamci indicates group psychodrama, when integrated with CBT, will not compromise the treatment's effectiveness; this also makes group psychodrama promising if clients would like to try a novel approach.

The significant limitation of Yu et al. 's study lies on its limited sample size and sampling method. The sample size of 46 is relatively small, which makes it hard to generalize findings to a larger population. Additionally, although the study's sample is highly selective which minimizes the effect of participant variability, it was still obtained using opportunity sampling [9]. Although having a smaller target population, people in China, this still limits the study's generalizability, as it fails to consider how different geographical areas within the country that may influence human development could impact how an individual respond to psychodrama. When the study was conducted (around 2019), China was a country where financial gaps were large and had great impact to one's learning environment, family structure, received cultural influence, etc. For example, people with low socio-economic status might be taught to have a problem-solving mindset or are pressured by family obligations, so they may seek for a quicker, more straightforward treatment (such as medication only) for their problems rather than engage in creative therapies that are time-consuming and costly; this may hinder the effectiveness of group psychodrama on them. Since Chongqing (where the sample was selected in this study) is a highly developed and urbanized city, opportunity sample selected from such region might not be representative to the target population [9].

4. Discussion and Suggestion

4.1. Discussion of the Current View

Overall, it has been evident that psychodrama, both individual and group, can have a positive impact when used to treat depression among adolescent and adults under 50 years old. Psychodrama can decrease the level of cognitive factors like ruminative thinking and dysfunctional attitudes that negatively impact one's recovery from depression while increasing factors having a positive impact like life-satisfaction, self-compassion, and positive emotions [4, 8]. It is also effective in combination with antidepressants and CBT when treating childhood trauma-related MDD which respond poorly to other common approaches only, indicating psychodrama's prospect as part of mixed therapeutic approaches [9-10].

However, very few research papers had been developed related to this creative and relatively newly developed therapeutic approach. Those with valid findings also suffer from small sample size and common sampling biases that greatly limit their generalizability [4-10]. This suggests the effect of psychodrama on mental disorders may not be entirely supported for a wide portion of the current population, including elders or those with a significantly different cultural or educational background than samples of each study.

Additionally, when applying research findings to practical treatment sessions, current training resources for qualifying psychodrama session facilitators are limited, since the public generally prefer other more common and accessible treatment methods such as medicine and counseling which occupy

most professionals and available resources [3]. Moreover, traditional psychodrama, especially those happening in groups, are difficult to facilitate for most circumstances, since it requires more resources, more specific environment or set arrangement, and more people (either qualified facilitators or strangers), not to mention the time necessarily spent to build trust between participants [2]. In this case, it is inevitable that first-line treatments for depression are far more accessible and less demanding than psychodrama. Such consideration shrinks the scope of application suitable for psychodrama to a very limited extent.

4.2. Suggestion for Further Development

To let psychodrama be “seen” more by the public, two suggestion is proposed by this paper. On one hand, researchers and psychodrama specialists should consider integrating digital tools and online platforms with traditional psychodrama frameworks. This allows the treatment to be applied both face-to-face and virtually, expanding the choices for clients in certain geographical areas where offline psychodrama sessions are unavailable. In fact, Biolcati et al. had already tested the effect of analytic psychodrama sessions conducted through videoconferencing in treating mental health issues of undergraduates recently [11]. The results indicate a significant decrease in scores measuring anxiety-depressive problems and increase in emotional intelligence, showing promising prospects in developing certain psychodrama techniques to make them applicable to virtual situations such as online conferencing or self-help tools.

On the other hand, it is also possible for the professionals to integrate ideas of positive psychology with psychodrama, so that this approach will not only be used as a treatment for mental health issues but also as a measure for healthy people to cultivate more positive feelings. Proposed by Orkibi , positive psychodrama uses the traditional framework of the three phases (warm-up, action, and sharing), but targets on fostering better communication skills and self-discovery for people without being diagnosed with mental health issues [12]. This aligns with the rationale of positive psychology which values empowering the healthy population by enhancing their psychological well-being and building resilience when encountered with stressful events. Since psychology is not just about psychopathology, positive psychodrama can address more of the world’s population which does not suffer from mental health issues, thus popularizing psychodrama by spreading its influence on a wider population.

5. Conclusion

Overall, psychodrama as a creative therapy has its unique contributions to people with depression and is a generally effective treatment either used by itself or in combination with other traditional approaches. However, it is less known by the public so far compared to more common treatments, which may have caused it to be less developed and therefore less suitable for needs of the current population. For further development, professionals could focus on both letting psychodrama’s traditional framework adapt to the growing digital world by adjusting its practices to make it suitable for online scenarios and integrating it with ideas of positive psychology so that more of the “healthy” population can be addressed.

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