



Journal Website

Article history:

Received 07 August 2024

Revised 11 October 2024

Accepted 29 October 2024

Published online 05 April 2025

International Journal of Education and Cognitive Sciences

Volume 6, Issue 1, pp 118-127



E-ISSN: 3041-8828

Comparison of the Effectiveness of Individual and Group Psychodrama on Life Satisfaction, Self-Compassion, and Positive Emotions in Depressed Patients

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Article Info

Article type:

Original Research

How to cite this article:

Bagherian, M., Azadi, M., Abdullahpour, M.A. (2024). Comparison of the Effectiveness of Individual and Group Psychodrama on Life Satisfaction, Self-Compassion, and Positive Emotions in Depressed Patients. *International Journal of Education and Cognitive Sciences*, 6(1), 38-50.

<https://doi.org/10.61838/kman.ijecs.6.1.12>



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ABSTRACT

Purpose: This study aimed to compare the effectiveness of individual and group psychodrama on life satisfaction, self-compassion, and positive emotions in depressed patients.

Methods and Materials: This quasi-experimental study employed a pretest-posttest with a control group design. The sample consisted of 45 women aged 25 to 45 years, diagnosed with depression based on the Beck Depression Inventory (BDI). Participants were randomly assigned to three groups: individual psychodrama (n = 15), group psychodrama (n = 15), and control (n = 15). The psychodrama interventions were conducted over 12 weekly sessions, each lasting 90 minutes. The Satisfaction with Life Scale (SWLS), the Self-Compassion Scale (SCS), and the Positive and Negative Affect Schedule (PANAS) were administered before and after the intervention, with a follow-up assessment after three months. One-way repeated measures ANOVA, followed by Bonferroni and Tukey post-hoc tests, were conducted to analyze within-group and between-group differences.

Findings: The results showed that both individual and group psychodrama significantly improved life satisfaction, self-compassion, and positive emotions compared to the control group ($p < .001$). Post-hoc analyses revealed that the increase in scores from pretest to posttest was statistically significant in both psychodrama groups ($p < .05$), with no significant difference between the two modalities ($p > .05$). The follow-up assessments indicated that these improvements remained stable over time.

Conclusion: These findings suggest that psychodrama, whether delivered individually or in a group format, is an effective intervention for improving life satisfaction, self-compassion, and positive emotions in depressed patients.

Keywords: Individual psychodrama, group psychodrama, life satisfaction, self-compassion, positive emotions, depressed patients.

1. Introduction

Depression is a prevalent and debilitating mental health condition that significantly affects individuals' psychological well-being, social relationships, and overall quality of life. Over the past decades, various therapeutic approaches have been developed to alleviate depressive symptoms and enhance positive psychological functioning (Heshmati et al., 2021; Shabannezhad, 2024). Among these, psychodrama has emerged as a promising intervention that facilitates emotional expression, cognitive restructuring, and interpersonal connection through dramatized role-playing (Biolcati et al., 2023; Giacomucci et al., 2022). Psychodrama operates on the principle that reenacting past experiences or future possibilities in a controlled, therapeutic setting can help individuals process unresolved emotions, develop self-awareness, and build adaptive coping mechanisms (Testoni et al., 2020).

The effectiveness of psychodrama in treating depression has been demonstrated across various clinical populations. Research has indicated that psychodrama can reduce depressive symptoms and improve emotional regulation by encouraging participants to externalize internal conflicts and reframe maladaptive thought patterns (Afrini & Hosseini, 2018; Dehnavi et al., 2016). A meta-analysis conducted on Chinese samples found that psychodrama interventions significantly decreased both depressive and anxiety symptoms, underscoring its potential as an effective psychotherapeutic approach (Wang et al., 2020). Furthermore, psychodrama has been successfully integrated into diverse treatment settings, including substance use recovery programs, chronic illness management, and prison-based interventions, highlighting its broad applicability (Meral & Yildirim, 2020; Testoni et al., 2020). Despite these promising findings, there remains a need for comparative studies examining different modalities of psychodrama, particularly the differential impacts of individual versus group formats on psychological outcomes.

Life satisfaction, self-compassion, and positive emotions are critical indicators of psychological well-being that are often compromised in individuals experiencing depression. Life satisfaction reflects an individual's overall evaluation of their quality of life and has been inversely correlated with depressive symptoms (Ashby et al., 2012; Nasiri & Jokar, 2008). Previous studies have demonstrated that psychodrama interventions can enhance life satisfaction by fostering self-exploration and facilitating meaningful social interactions (Örnek, 2023). Similarly, self-compassion,

which involves self-kindness, mindfulness, and a sense of common humanity, has been identified as a protective factor against depression and emotional distress (Tümlü & Şimşek, 2021). Psychodrama provides a structured yet flexible platform for participants to practice self-compassion by confronting their vulnerabilities in a supportive environment (Şener, 2022). Positive emotions, encompassing joy, gratitude, and hope, also play a crucial role in depression recovery by broadening cognitive perspectives and fostering resilience (Mitina et al., 2020; Yu et al., 2022). Psychodrama's emphasis on creative expression and spontaneous role-play can facilitate the cultivation of positive emotions, making it a particularly suitable intervention for individuals struggling with emotional dysregulation (Gonzalez et al., 2018).

The mechanism through which psychodrama exerts its therapeutic effects can be understood through several psychological and neurobiological frameworks. From a cognitive perspective, psychodrama facilitates cognitive reappraisal by allowing participants to explore alternative interpretations of distressing experiences, thereby reducing negative automatic thoughts (Karimi Dastaki & Mahmudi, 2024). Emotionally, the enactment of personal narratives enables the processing of repressed emotions, leading to catharsis and emotional integration (Heshmati, 2023). Neurologically, psychodrama has been shown to enhance activity in brain regions associated with cognitive control and emotional regulation, such as the prefrontal cortex and the anterior cingulate cortex (Yu et al., 2022). A study investigating the neurobiological effects of psychodrama found that participants exhibited increased connectivity within the cognitive control network following treatment, suggesting that psychodrama may enhance self-regulatory capacities at a neural level (Wang et al., 2020).

Individual and group psychodrama differ in their structural components and potential therapeutic benefits. Individual psychodrama allows for a highly personalized approach, where the therapist can tailor interventions to address the specific needs and emotional states of the client (Giacomucci et al., 2022). This format may be particularly beneficial for individuals who experience social anxiety or difficulty expressing emotions in group settings. On the other hand, group psychodrama offers unique advantages by fostering social support and interpersonal learning (Erbay et al., 2018). The group setting enables participants to witness and engage in others' enactments, facilitating vicarious learning and the normalization of emotional struggles (Zarotti et al., 2021). Research has shown that group

psychodrama can significantly enhance social connectedness and reduce feelings of isolation, which are common features of depression (Afrini & Hosseini, 2018). However, studies directly comparing the effectiveness of individual versus group psychodrama on psychological well-being remain limited, necessitating further investigation.

In the context of depression treatment, psychodrama has also been explored as an adjunct to pharmacotherapy. A study examining the combination of antidepressants and psychodrama found that patients who participated in psychodrama sessions demonstrated greater improvements in coping strategies and emotional processing compared to those receiving medication alone (Yu et al., 2022). These findings suggest that psychodrama may enhance the efficacy of pharmacological treatments by addressing the underlying emotional and cognitive aspects of depression (Wang et al., 2020). Furthermore, psychodrama has been found to be particularly beneficial for individuals with treatment-resistant depression, offering an alternative therapeutic modality for those who do not respond adequately to conventional approaches (Heshmati, 2023).

Given the promising evidence supporting psychodrama's effectiveness, this study seeks to contribute to the literature by directly comparing individual and group psychodrama in the treatment of depression. Specifically, this research aims to assess the impact of these interventions on life satisfaction, self-compassion, and positive emotions.

2. Methods and Materials

2.1. Study Design and Participants

The statistical population consists of individuals who demonstrated a significant level of depression as measured by the Beck Depression Inventory. Participants were randomly selected and assigned to two groups: a control group and two experimental groups. The control group did not receive any intervention, while one experimental group underwent individual psychodrama and the other group participated in group psychodrama. The variables were assessed as a pretest using the Satisfaction with Life Scale by Diener, the Self-Compassion Scale by Neff, and the Positive and Negative Affect Schedule by Watson and Clark. At the end of the intervention sessions, posttest scores for these variables were reassessed using the same questionnaires. Depression levels were also recorded as a pretest using the Beck Depression Inventory, with posttest depression scores measured at the end of the study.

The sampling method employed in this study was simple random sampling from an available sample, and participants were randomly assigned to three groups. The sample size was determined based on the standard sample size for interventional studies. The inclusion criteria were being female, exhibiting a significant level of depression as indicated by the Beck Depression Inventory, being within the age range of 25 to 45 years, not having a serious psychological disorder or a history of hospitalization, not undergoing specific pharmacological treatment, not suffering from severe or chronic physical illnesses, having no history of violence, crime, or sexual assault, having no history of alcohol or substance abuse, and demonstrating willingness to participate in the study. The exclusion criteria included absence from sessions, experiencing extreme emotional distress, belonging to a minority or different cultural background, and lack of willingness to participate in the study.

2.2. Data Collection Tools

The Beck Depression Inventory was developed to assess differential levels of depression. Goldman and Metcalf (1965) established that a score of 17 was an appropriate threshold to differentiate between depressed and non-depressed individuals. Metcalf also found a high correlation between clinical psychiatric assessments and scores on the Beck Depression Inventory. May et al. (1969) confirmed the diagnostic validity and predictive capability of this measure. Beck, Steer, and Garbin (1988) conducted a high-level meta-analysis, reporting internal consistency coefficients ranging from 0.73 to 0.92, with an average of 0.86. A study on the Persian version of the Beck Depression Inventory confirmed its validity and reliability, and multiple studies in Iran have supported its psychometric properties (Afrini & Hosseini, 2018).

The Satisfaction with Life Scale was developed by Diener et al. (1989) to assess the life satisfaction component of psychological well-being. This five-item instrument measures an individual's global cognitive judgment of life satisfaction and can be completed in approximately five minutes. The scale is rated on a seven-point Likert scale, where one represents "strongly disagree," two represents "disagree," three represents "slightly disagree," four represents "neither agree nor disagree," five represents "slightly agree," six represents "agree," and seven represents "strongly agree." The total score is obtained by summing the responses, yielding a range from 5 to 35. Multiple studies in

Iran have confirmed the validity and reliability of this scale (Nasiri & Jokar, 2008).

The Self-Compassion Scale was developed by Neff et al. (2003) and consists of 26 items measuring six components: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. The scale is rated on a five-point Likert scale, ranging from one ("strongly disagree") to five ("strongly agree"). Several studies, including those conducted on Iranian populations, have confirmed the validity and reliability of this measure (Janbozorgi et al., 2020).

The Positive and Negative Affect Schedule by Watson and Clark is a 20-item instrument designed to measure two mood dimensions: positive affect and negative affect. Each subscale contains ten items rated on a five-point Likert scale, ranging from one ("very slightly or not at all") to five ("extremely"). This self-report questionnaire can assess both state and trait affect depending on the instructions given. Various studies in Iran have confirmed the scale's validity and reliability (Karimi Dastaki & Mahmudi, 2024).

2.3. Interventions

Individual psychodrama, also known as dyadic psychodrama, involves a protagonist and a director. Sessions are conducted in a one-on-one format using empty chairs or auxiliary objects to represent roles requiring auxiliary egos. The director assumes the role of both therapist and auxiliary ego, facilitating role reversals as needed. Each session explores a new conflict or theme. Following the enactment, feedback is provided through the sharing of ideas, empathic feedback, and efforts to foster new perspectives between the protagonist and the director. In individual psychodrama, the first session focuses on introducing the protagonist to the director, establishing a therapeutic alliance, explaining session rules and structure, setting a schedule, defining goals, and creating a verbal or written contract. The second session builds trust through intimacy, attention-enhancing exercises such as ball games, sensory and motor coordination activities, rhythmic movements, breathing exercises, and developing a shared therapeutic goal list. The third session further enhances trust by engaging in creative activities to foster divergent thinking, open-ended questioning, and verbalizing thoughts aloud to facilitate cognitive and emotional processing. The fourth session emphasizes body awareness, including breath awareness, focusing on individual body parts, writing with the non-dominant hand, practicing balance, enhancing sensory

perception, and relaxation techniques. The fifth session targets emotional and physical expression by allowing participants to communicate emotions nonverbally through facial expressions, body movements, and pantomime, excluding verbal language. The sixth session works on interpersonal connection by introducing a role-playing exercise called the "Magic Shop," where the protagonist and director switch roles as buyer and seller to explore psychological perspectives. The seventh session fosters self-strengthening by focusing on desires, guided imagery, and expanding imaginative capacity in conversation about general topics. The eighth session continues self-strengthening, focusing on fear, utilizing the "Back to the Stage" technique, where protagonists enact difficult or taboo roles while facing away from the audience to reduce anxiety, shame, or distress. The ninth session enhances emotional security by addressing emotional challenges through future projection techniques and surrealistic role-playing to foresee potential difficulties and develop problem-solving strategies through emotional regulation. The tenth session prepares for confrontation by recalling conflicting memories, practicing assertiveness, using dual techniques (supportive, exploratory, and critical), and employing the empty-chair technique or auxiliary objects in tense or violent situations. The eleventh session facilitates confrontation, emotional catharsis, and security through the "Dark Corridor" technique, where the scene is slightly dimmed for participants who fear confrontation, allowing them to start their role-play in semi-darkness for a greater sense of safety. The twelfth and final session integrates confrontation, evaluation, catharsis, and perspective-shifting through dual techniques, role reversal, feedback collection, and the empathetic sharing of emotions between the protagonist and director, ensuring emotional processing and closure.

In group psychodrama sessions, the primary focus in the first session is to establish rapport and therapeutic interaction between group members and the director. Each session begins with warm-up techniques to help participants feel more comfortable and engage more effectively in role-playing. The sessions focus on the protagonist and their particular conflict. Since all group members must have the opportunity to enact their own roles, each session addresses the concerns of one or, in some cases, two individuals. During each session, one participant assumes the role of the protagonist, while others take on roles such as auxiliary ego, antagonist, spectator, and auxiliary objects. At the end of each session, time is allocated for providing feedback, sharing ideas and experiences, discussing therapeutic

effects, and clarifying any ambiguities. In group psychodrama, the first session introduces group members to each other, establishes the group structure, sets session rules and schedules, and defines shared objectives. The second session builds trust and cohesion through intimacy exercises, attention-enhancing ball games, sensory and motor coordination tasks, rhythmic movements, and breathing exercises. The third session continues trust-building by fostering creativity through open-ended questions and divergent thinking tasks, where participants anonymously write personal stories, shuffle them, and read them aloud as if they were their own, allowing for emotional distancing and shared narratives. The fourth session focuses on body awareness through breath control, body-part recognition, non-dominant hand writing, balance exercises, sensory strengthening, and relaxation techniques. The fifth session enhances emotional and physical expression by using nonverbal communication, including facial expressions, body language, and pantomime, without verbal articulation. The sixth session explores interpersonal connection by engaging in psychological role-switching through the "Magic Shop" exercise, where participants trade roles as buyers and sellers. The seventh session strengthens self-perception through guided imagination, where group members discuss general topics and explore details using their imaginative faculties. The eighth session addresses fears using the "Back to the Group" technique, allowing participants to enact difficult or taboo roles while facing away from the audience to alleviate distress, anxiety, or shame. The ninth session fosters emotional security by developing coping strategies for emotional challenges using future projection techniques and surrealistic enactments to anticipate potential problems and establish problem-solving mechanisms through emotional regulation. The tenth session prepares participants for confrontation by recalling conflicting memories, practicing assertiveness, utilizing dual techniques (supportive, exploratory, and critical), and incorporating the empty-chair technique or auxiliary objects in stressful or aggressive scenarios. The eleventh session facilitates confrontation, emotional catharsis, and security through the "Dark Corridor" technique, where the scene is dimmed slightly to provide a sense of safety for participants struggling with confrontation, enabling them to begin their role-play in semi-darkness to ease into emotionally charged

scenes. The twelfth and final session integrates confrontation, assessment, catharsis, and perspective transformation using dual techniques, role reversal, feedback collection, and empathetic emotional sharing among group members, fostering therapeutic closure and reflection.

2.4. Data Analysis

The data analysis for this study was conducted using SPSS version 28 to examine the effectiveness of individual and group psychodrama on life satisfaction, self-compassion, and positive emotions in depressed patients. Descriptive statistics, including means and standard deviations, were calculated for each variable across the three groups (control, individual psychodrama, and group psychodrama) at pretest, posttest, and follow-up stages. A one-way repeated measures ANOVA was performed to assess within-group and between-group differences over time, determining whether psychodrama interventions significantly influenced the dependent variables. The Levene's test was used to ensure homogeneity of variances, while the Shapiro-Wilk test checked for normality of distribution. To further explore significant findings, Bonferroni post-hoc tests were conducted to compare pretest and posttest scores within each intervention group, identifying specific changes due to psychodrama. Additionally, a Tukey post-hoc test was employed to compare the effectiveness of individual and group psychodrama interventions against each other. The significance level for all statistical analyses was set at $p < .05$, and effect sizes were calculated to determine the magnitude of observed changes.

3. Findings and Results

The demographic characteristics of the participants indicate that among the 45 individuals in the study, 14 participants (31.11%) were aged between 25 and 30 years, 12 participants (26.67%) were between 31 and 35 years old, 10 participants (22.22%) were between 36 and 40 years old, and 9 participants (20.00%) were between 41 and 45 years old. These results demonstrate a balanced distribution of participants across different age groups, ensuring representativeness within the selected sample.

Table 1

Descriptive Statistics of Research Variables

Variable	Control (M ± SD)	Individual Psychodrama (M ± SD)	Group Psychodrama (M ± SD)
Life Satisfaction (Pretest)	19.67 ± 4.69	18.60 ± 3.74	18.40 ± 3.68
Life Satisfaction (Posttest)	20.80 ± 4.36	26.47 ± 2.59	25.07 ± 2.89
Life Satisfaction (Follow-up)	21.20 ± 4.95	26.80 ± 2.68	25.67 ± 3.31
Self-Compassion (Pretest)	79.07 ± 20.20	77.47 ± 16.81	76.93 ± 16.11
Self-Compassion (Posttest)	79.40 ± 21.21	113.20 ± 9.26	113.53 ± 7.67
Self-Compassion (Follow-up)	79.33 ± 20.74	113.93 ± 8.29	111.60 ± 10.06
Positive Emotions (Pretest)	50.40 ± 8.12	49.80 ± 5.76	49.47 ± 4.87
Positive Emotions (Posttest)	52.13 ± 8.05	62.40 ± 3.56	64.27 ± 2.91
Positive Emotions (Follow-up)	52.07 ± 8.05	65.07 ± 2.96	65.33 ± 3.79

The descriptive statistics for the three groups—control, individual psychodrama, and group psychodrama—are presented in Table 1. The mean life satisfaction scores increased from pretest (19.67, SD = 4.69) to posttest (20.80, SD = 4.36) and follow-up (21.20, SD = 4.95) in the control group, from pretest (18.60, SD = 3.74) to posttest (26.47, SD = 2.59) and follow-up (26.80, SD = 2.68) in the individual psychodrama group, and from pretest (18.40, SD = 3.68) to posttest (25.07, SD = 2.89) and follow-up (25.67, SD = 3.31) in the group psychodrama group. Similarly, self-compassion increased in both intervention groups but remained stable in the control group. Positive emotions followed the same trend, with noticeable improvements in the intervention groups.

To ensure the validity of the statistical analyses, assumptions of normality and homogeneity of variance were tested. The Shapiro-Wilk test was used to assess normality, yielding a statistic of 0.9456 ($p = .0346$) for life satisfaction, 0.8897 ($p = .0005$) for self-compassion, and 0.9260 ($p = .0068$) for positive emotions. Although the p -values for self-compassion and positive emotions were below .05, indicating slight deviations from normality, the large sample size mitigates the impact of these deviations. Additionally, Levene's test for homogeneity of variance was conducted, confirming that the assumption of equal variances was met across groups ($F = 1.82$, $p = .170$), allowing for the application of parametric tests such as ANOVA.

Table 2

ANOVA Summary for Life Satisfaction, Self-Compassion, and Positive Emotions

Dependent Variable	Source	SS	df	MS	F	p
Life Satisfaction	Group	345.62	2	172.81	24.53	<.001
	Error	302.14	42	7.19		
Self-Compassion	Group	6875.40	2	3437.70	19.28	<.001
	Error	7476.62	42	178.06		
Positive Emotions	Group	879.15	2	439.57	21.94	<.001
	Error	842.60	42	20.06		

Table 2 presents the ANOVA results, indicating that the effect of group type was statistically significant for all three dependent variables: life satisfaction ($F(2,42) = 24.53$, $p < .001$), self-compassion ($F(2,42) = 19.28$, $p < .001$), and

positive emotions ($F(2,42) = 21.94$, $p < .001$). This suggests that individual and group psychodrama significantly influenced these psychological factors.

Table 3

Bonferroni Post-Hoc Comparisons

Variable	Group Comparison	Mean Difference	p-value
Life Satisfaction	Control vs. Group Psychodrama	3.44	.0158
	Control vs. Individual Psychodrama	4.62	.0010
	Group Psychodrama vs. Individual Psychodrama	1.19	.5796
Self-Compassion	Control vs. Group Psychodrama	34.13	.0031

Positive Emotions	Control vs. Individual Psychodrama	33.80	.0025
	Group Psychodrama vs. Individual Psychodrama	0.33	.9885
	Control vs. Group Psychodrama	12.14	.0023
	Control vs. Individual Psychodrama	10.27	.0045
	Group Psychodrama vs. Individual Psychodrama	1.87	.9456

Table 3 presents the Bonferroni post-hoc test results, which compare pretest and posttest scores within each group. The results indicate that both individual and group psychodrama led to significant improvements in life

satisfaction, self-compassion, and positive emotions compared to the control group ($p < .05$). However, the difference between the two intervention groups was not statistically significant for any of the variables.

Table 4

Tukey Post-Hoc Test

Group 1	Group 2	Mean Difference	p-value	95% CI (Lower, Upper)
Control	Group Psychodrama	3.44	.0158	(0.56, 6.31)
Control	Individual Psychodrama	4.62	.0010	(1.75, 7.50)
Group Psychodrama	Individual Psychodrama	1.19	.5796	(-1.69, 4.06)

The results indicate that both individual and group psychodrama were significantly more effective than the control group in improving life satisfaction ($p < .05$). However, no significant difference was found between the two psychodrama interventions ($p = .5796$), suggesting that both were similarly effective.

4. Discussion and Conclusion

The findings of this study indicate that both individual and group psychodrama interventions were effective in improving life satisfaction, self-compassion, and positive emotions in individuals with depression. Participants who received psychodrama therapy exhibited significant increases in these psychological well-being indicators from pretest to posttest, with the effects persisting in the follow-up assessments. Notably, there was no statistically significant difference in effectiveness between individual and group psychodrama, suggesting that both modalities provide comparable therapeutic benefits. These results align with previous research emphasizing the effectiveness of psychodrama in enhancing emotional well-being and alleviating depressive symptoms (Afrini & Hosseini, 2018; Erbay et al., 2018; Wang et al., 2020).

The significant increase in life satisfaction among participants receiving psychodrama interventions supports prior findings that experiential therapies can enhance individuals' subjective well-being by facilitating emotional expression and cognitive reframing (Örneke, 2023; Testoni et al., 2020). Life satisfaction, which represents an individual's overall evaluation of their quality of life, is often negatively

impacted by depressive symptoms (Nasiri & Jekar, 2008). The observed improvements in this study align with research showing that psychodrama interventions provide a safe and supportive space for participants to externalize their struggles, explore alternative perspectives, and ultimately reframe their life experiences in a more adaptive manner (Gonzalez et al., 2018). Additionally, the role-playing component of psychodrama has been identified as a key mechanism in fostering greater cognitive flexibility, which may contribute to the observed improvements in life satisfaction (Meral & Yildirim, 2020).

The increase in self-compassion among participants following psychodrama therapy is consistent with prior studies suggesting that experiential therapies, including psychodrama, promote self-acceptance and emotional resilience (Şener, 2022; Tümlü & Şimşek, 2021). Self-compassion plays a crucial role in mitigating depressive symptoms by encouraging individuals to respond to their distress with kindness rather than self-criticism (Heshmati, 2023). This study's findings align with previous research indicating that psychodrama facilitates self-compassion by allowing individuals to confront their emotional vulnerabilities in a non-judgmental and supportive environment (Giacomucci et al., 2022). The reenactment of personal experiences in psychodrama enables participants to view themselves from an external perspective, fostering greater empathy toward their own struggles and reducing self-judgment (Biolcati et al., 2023).

The observed increase in positive emotions following psychodrama therapy further supports the effectiveness of this intervention in enhancing psychological well-being.

Previous research has established that positive emotions play a vital role in counteracting depressive symptoms and fostering resilience (Mitina et al., 2020). The findings of this study are consistent with prior investigations demonstrating that psychodrama enhances positive emotions by providing participants with opportunities for creative expression, spontaneous play, and meaningful social interactions (Testoni et al., 2020; Wang et al., 2020). The improvisational nature of psychodrama allows individuals to engage in novel and emotionally rewarding experiences, which may explain the sustained improvements in positive emotions observed in the follow-up assessments (Gonzalez et al., 2018).

Despite the robust therapeutic effects observed in both individual and group psychodrama, the lack of significant differences between the two modalities suggests that both formats are equally effective in promoting psychological well-being. This finding aligns with prior research suggesting that the core mechanisms of psychodrama, such as emotional expression, cognitive restructuring, and interpersonal engagement, are present in both individual and group formats (Afrini & Hosseini, 2018; Örnek, 2023). While individual psychodrama provides a more personalized and tailored therapeutic experience, group psychodrama offers the added benefit of social support and vicarious learning (Erbay et al., 2018; Zarotti et al., 2021). Given that social isolation is a common feature of depression, the opportunity for interpersonal connection in group psychodrama may be particularly beneficial for some individuals (Meral & Yildirim, 2020). However, for individuals with severe social anxiety or difficulties with self-disclosure, the individualized nature of one-on-one psychodrama may be preferable (Giacomucci et al., 2022).

In light of these findings, the results of this study provide further evidence supporting the efficacy of psychodrama as an intervention for depression. Previous studies have highlighted psychodrama's effectiveness in various clinical populations, including patients with treatment-resistant depression, individuals with comorbid anxiety disorders, and those recovering from substance use disorders (Heshmati et al., 2021; Wang et al., 2020; Yu et al., 2022). The findings of this study contribute to this growing body of literature by demonstrating that psychodrama not only alleviates depressive symptoms but also enhances broader psychological well-being indicators such as life satisfaction, self-compassion, and positive emotions. The sustained effects observed in the follow-up assessments further support the long-term benefits of psychodrama, suggesting that the skills and insights gained during therapy continue to

have a lasting impact on participants' lives (Biolcati et al., 2023; Gonzalez et al., 2018).

Despite its strengths, this study has several limitations that should be acknowledged. First, the sample size was relatively small, limiting the generalizability of the findings to broader populations. A larger sample would provide more robust statistical power and allow for a more comprehensive analysis of potential moderating variables, such as gender, severity of depression, or prior therapeutic experiences. Second, the study relied on self-report measures to assess life satisfaction, self-compassion, and positive emotions, which may be subject to response biases such as social desirability or recall errors. Future research could incorporate physiological or behavioral assessments to complement self-report data. Third, while the follow-up period provided insights into the sustained effects of psychodrama, a longer-term follow-up (e.g., six months or one year) would be necessary to determine whether the observed improvements remain stable over time. Finally, this study did not examine potential mediating factors that could explain the mechanisms through which psychodrama exerts its effects. Future research should explore variables such as emotional regulation, cognitive restructuring, or neurobiological changes to gain a deeper understanding of the underlying processes driving therapeutic outcomes.

Future research should focus on exploring the differential effectiveness of psychodrama across various subgroups of individuals with depression. For example, examining whether psychodrama is more beneficial for individuals with specific personality traits, coping styles, or attachment patterns could provide valuable insights into optimizing treatment outcomes. Additionally, comparative studies that evaluate psychodrama against other therapeutic modalities, such as cognitive-behavioral therapy, mindfulness-based interventions, or pharmacotherapy, could help clarify its relative advantages and potential synergies with other treatments. Longitudinal studies with extended follow-up periods would be particularly beneficial in assessing the durability of psychodrama's effects and identifying any potential relapse patterns. Further research should also investigate the integration of psychodrama with technological advancements, such as virtual reality-based role-playing interventions, to expand accessibility and enhance engagement for individuals who may not have access to traditional psychodrama sessions.

Given the strong evidence supporting psychodrama's effectiveness, mental health practitioners should consider incorporating psychodrama techniques into therapeutic

settings for individuals with depression. Clinicians should assess patients' preferences and comfort levels when deciding between individual and group psychodrama, ensuring that the chosen format aligns with their specific needs. Training programs for psychodrama facilitators should emphasize the importance of creating a safe and supportive environment to maximize therapeutic benefits. Additionally, integrating psychodrama with other therapeutic approaches, such as cognitive restructuring exercises or mindfulness techniques, may enhance treatment efficacy. Mental health institutions and community centers should explore ways to make psychodrama more accessible, particularly for underserved populations who may benefit from experiential therapies but face barriers to traditional treatment. Finally, further collaboration between psychodrama practitioners and researchers is needed to refine intervention protocols and ensure that psychodrama continues to evolve as an evidence-based practice for mental health care.

Authors' Contributions

This article is derived from the first author's doctoral dissertation. All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We hereby thank all individuals for participating and cooperating us in this study.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

References

- Afrini, Y., & Hosseini, E. (2018). Examining the Effect of Psychodrama on Treating Depression in Patients Recovering from Substance Abuse. *Quarterly Journal of Horizon of Knowledge*, 24(2), 96-102. <http://imtj.gmu.ac.ir/article-1-2883-fa.html>
- Ashby, J. S., Noble, C., & Gnilk, P. B. (2012). Multidimensional Perfectionism, Depression, and Satisfaction With Life: Differences Among Perfectionists and Tests of a Stress-Mediation Model. *Journal of College Counseling*, 15(2), 130-143. <https://doi.org/10.1002/j.2161-1882.2012.00011.x>
- Biolcati, R., Ambrosini, F., Albani, A., & Di Stefano, G. (2023). Videoconferencing analytic psychodrama in treating young adults' psychological suffering: preliminary results [Original Research]. *Frontiers in psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1112711>
- Dehnavi, S., Hashemi, S.-F., & Zadeh-Mohammadi, A. (2016). The effectiveness of psychodrama on reducing depression among multiple sclerosis patients. *International Journal of Behavioral Sciences*, 9(4), 246-249. https://www.behavsci.ir/&url=http://www.behavsci.ir/article_67930.html
- Erbay, L. G., Reyhani, I., Ünal, S., Özcan, C., Özgöçer, T., Uçar, C., & Yıldız, S. (2018). Does Psychodrama Affect Perceived Stress, Anxiety-Depression Scores and Saliva Cortisol in Patients With Depression? *Psychiatry Investigation*, 15(10), 970-975. <https://doi.org/10.30773/pi.2018.08.11.2>
- Giacomucci, S., Marquit, J., Walsh, K. M., & Saccarelli, R. (2022). A mixed-methods study on psychodrama treatment for PTSD and depression in inpatient substance use treatment: A comparison of outcomes pre-pandemic and during Covid-19. *The Arts in Psychotherapy*, 81, 101971. <https://doi.org/10.1016/j.aip.2022.101971>
- Gonzalez, A.-J., Martins, P., & Lima, M. P. d. (2018). Studying the Efficacy of Psychodrama With the Hermeneutic Single Case Efficacy Design: Results From a Longitudinal Study [Original Research]. *Frontiers in psychology*, 9. <https://doi.org/10.3389/fpsyg.2018.01662>
- Heshmati, R. (2023). The Effects of Intensive Short-Term Dynamic Psychotherapy on Depressive Symptoms, Negative Affect, and Emotional Repression in Single Treatment-Resistant Depression: A Randomized Controlled Trial. *Psychotherapy*, 60(4), 497-511. <https://doi.org/10.1037/pst0000500>
- Heshmati, R., Javadpour, S., HajiSaghati, R., & Haollahzadeh, S. (2021). The effect of intensive short-term dynamic psychotherapy (ISTDP) an emotional suppression and negative affect in patients with treatment-resistant depression: a single-subject study. *Journal of Research in Psychopathology*, 2(6), 31-39. <https://doi.org/10.22098/jrp.2022.10218.1057>
- Janbozorgi, F., Darbani, S. A., & Parsakia, K. (2020). The structural model of predicting family health based on communication patterns and self-efficacy with the mediating role of self-compassion in women. *Psychology of Woman Journal*, 1(3), 66-80. <http://psychowoman.ir/article-1-22-en.html>
- Karimi Dastaki, A., & Mahmudi, M. (2024). The Effectiveness of Life Meaning Workshops on Resilience, Negative Affect, and

- Perceived Social Support in Students. *Journal of Psychological Dynamics in Mood Disorders (PDMD)*, 3(1), 187-197. <https://doi.org/10.22034/pdmd.2024.448984.1063>
- Meral, D. K., & Yildirim, E. A. (2020). The Effect of Psychodrama Group Therapy on the Role Skills, Adaptation Process, Quality of Life and Depression Applied to Mothers of Children With Type 1 Diabetes: A Mixed Methods Study. *Journal of Academic Research in Nursing*. <https://doi.org/10.5222/jaren.2020.23500>
- Mitina, M., Young, S., & Zhavoronkov, A. (2020). Psychological aging, depression, and well-being. *Aging*, 12(18), 18765-18777. <https://doi.org/10.18632/aging.103880>
- Nasiri, H., & Jokar, B. (2008). The Relationship between Life's Meaningfulness, Hope, Happiness, Life Satisfaction and Depression. *Woman in Development & Politics*, 6(2). https://jwdp.ut.ac.ir/article_27413.html
- Örnek, B. Y. (2023). The Effects of Group Psychodrama on the Ruminative Thinking Style, Dysfunctional Attitudes, Anxiety and Depressive Symptoms: A Quasi-Experimental Study. *Archives of Psychiatry and Psychotherapy*, 25(3), 84-93. <https://doi.org/10.12740/app/166563>
- Şener, Ö. (2022). Effect of Psychodrama on Fibromyalgia Patients' Pain Levels, Quality of Life, and Skills of Expressing Emotions. 4(4), 361-369. <https://doi.org/10.35365/ctjpp.22.4.07>
- Shabannezhad, A. (2024). Comparison of Cognitive Behavioral Therapy and Mindfulness on Anxiety, and Positive and Negative Affect in Female Students. *Journal of Adolescent and Youth Psychological Studies (JAYPS)*, 5(1), 133-141. <https://doi.org/10.61838/kman.jayps.5.1.16>
- Testoni, I., Bonelli, B., Biancalani, G., Zuliani, L., & Nava, F. A. (2020). Psychodrama in attenuated custody prison-based treatment of substance dependence: The promotion of changes in wellbeing, spontaneity, perceived self-efficacy, and alexithymia. *The Arts in Psychotherapy*, 68, 101650. <https://doi.org/10.1016/j.aip.2020.101650>
- Tümlü, G. Ü., & Şimşek, B. K. (2021). The effects of psychodrama groups on feelings of inferiority, flourishing, and self-compassion in research assistants. *The Arts in Psychotherapy*, 73, 101763. <https://doi.org/10.1016/j.aip.2021.101763>
- Wang, Q., Ding, F., Chen, D., Zhang, X., Shen, K., Fan, Y., & Li, L. (2020). Intervention effect of psychodrama on depression and anxiety: A meta-analysis based on Chinese samples. *The Arts in Psychotherapy*, 69, 101661. <https://doi.org/10.1016/j.aip.2020.101661>
- Yu, R., Tan, H., Wang, E., Huang, J., Wang, P., Li, X., Zheng, H.-H., Lv, F., & Hu, H. (2022). Antidepressants Combined With Psychodrama Improve the Coping Style and Cognitive Control Network in Patients With Childhood Trauma-Associated Major Depressive Disorder. *World journal of psychiatry*, 12(8), 1016-1030. <https://doi.org/10.5498/wjp.v12.i8.1016>
- Zarotti, N., Eccles, F. J. R., Foley, J. A., Paget, A., Gunn, S., Leroi, I., & Simpson, J. (2021). Psychological interventions for people with Parkinson's disease in the early 2020s: Where do we stand? *Psychology and Psychotherapy: Theory, Research and Practice*, 94(3), 760-797. <https://doi.org/10.1111/papt.12321>