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RESEARCH ARTICLE

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THE EFFECT OF PSYCHODRAMA THERAPY ON SOCIAL ANXIETY DISORDER AMONG UNIVERSITY STUDENTS

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ABSTRACT

This study aims to analyze the effect of psychodrama therapy on social anxiety among university students. The methodology adopted in this quasi-experimental pre and post-test research, the specialized random sample collection method has been used and the subjects of the study were university students. A total of 30 students were selected and divided into two groups experimental and control. The experimental group received twelve 90mins of psychodrama sessions. The control group didn't receive any treatment. Finally, a post-exam was conducted for both groups. Data was gathered using The Social Phobia Inventory ("SPIN"). The results show a significant difference between experimental and control groups in regards to the social anxiety variable. The psychodrama treatment resulted in the reduction of social anxiety for the experimental group. They present evidence that psychodrama therapy has a positive effect on improvement of social anxiety disorder. It is concluded that this method can be utilized for mental health improvement for those diagnosed with social anxiety. Prior to that, this therapy to be researched comprehensively and on a wider population.

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INTRODUCTION

By observing the daily performance of human beings, it can be easily understood that the social life of each person is an important part of their life and human beings have always needed peers to meet their needs (especially psychological needs) and have chosen social life. For this reason, it is necessary for a person to enter collective situations without fear of criticism, rejection, or evaluation of others and consider themselves valuable human beings¹ Failure in job opportunities and academic performance can lead to a significant downturn in people's mental status. If the feelings and thoughts related to it seriously affect a person's life, it would be considered a disorder within the range of psychology². One of the disorders that can create such a behavioural output, is social anxiety. DSM-5 criteria for social anxiety disorder include persistent and intense fear or anxiety about specific social situations because you believe you may be judged negatively, embarrassed, or humiliated. Avoidance of anxiety-producing social situations or enduring them with intense fear or anxiety.

Social phobia is usually becoming evident in the late teens, and after that, it is sustained throughout the lifetime and its development in youth has an overall effect on people's performance. Therefore, students in universities are an ideal group for early diagnosis of this disease, which makes them more motivated to seek help³. The prevalence of social phobia was reported to be 13 % throughout the lifespan and The peak of this disorder is in the second decade. This disorder has high comorbidity with internalizing disorders including major depressive disorder, generalized anxiety disorder, and post-traumatic stress disorder. Due to the fact that SAD will become chronic without receiving proper psychological treatment psychodrama is a suitable option because its methods are based on social interactions. Moreno (1977) defines psychodrama as an approach that studies the existence of humans and the realities in different life situations by using drama methods. From his point of view, the problem of each person is the inability to perform tasks related to a social role, and this approach is a way of practicing social roles in a group. Psychodrama gives individuals a chance to enact their problems rather than only talk about them (Blatner, 1996; Ozbek&Leutz, 1987; Schutzenberger-Ancelin, 1995). Thanks to a realistic enactment, the traumatic situation is re-created as it was in the past.

¹Felsman, Seifert & Himle(2019)

²Mosazade (2010)

³ Joseph(2018)

When referring to this recreation, Moreno states that “every second experience liberates people from the first” (as cited in Ozbek & Leutz, 1987). In psychodrama, past events, future hopes, and fears are transmitted to the present time and resolved. The double, mirror, and role reversal are basic psychodrama techniques. In addition, empty chairs and monolog/soliloquy are also among classical techniques.⁴ There has been a number of researches conducted on the effects of psychodrama in the various aspects of mental health. The literature shows that psychodrama group studies are also used on young adults’ avoidant attachment styles (dogan,2010) help the elderly at retirement homes cope with psychological and behavioral problems (Kalkan-Oguzhanoglu & Ozdel, 2005), and treat alcohol and substance addicts (Coskun & Cakmak, 2005; Somov, 2008) Patients with parallel treatment of psychodrama and medication have produced a significant reduction in symptoms of anxiety, and improvement in quality of life and social performance against patients who receive only medication (Tarashoeva&Marinova, 2017) one case study showed that psychodrama is an effective and suitable remedy for the treatment of social phobia (Porrezaian, 2016) psychodrama method had a positive effect on reduction of anxiety among male schizophrenic patients (Abeditehrani, 2018). Considering the high prevalence rate of these disorders and the high costs of individual treatments combined with the important fact that social anxiety disorder becomes more evident in interpersonal relationships and social encounters Psychodrama seems like an appropriate and effective treatment due to its method that guides the person in practical and cognitive terms to become more familiar with different aspects of their personality, limitations, and talents, and helps them interact more efficiently with other members of the group and society given that a large proportion of Iranian society includes youth that is obligated to interact in social activity’s more than others (like giving speech or attending classes in university or finding a job or life partner). According to the existing literature and relatively low usage of psychodrama therapy in Iran, research in this area seems useful. the main purpose of this study is to determine the effect of psychodrama on social anxiety disorder and the research question is whether psychodrama therapy is effective to reduce SAD?

RESEARCH METHODOLOGY

This research is a quasi-experimental study, using pre-post and follow-up testing plans with a control group. The statistical population consists of all the students of Karaj Azad university located in Iran, Alborz province, during the 2018-2019 academic year.

First, all undergraduate students who were willing to participate in the treatment sessions attended the university’s consulting office. then, a total of 30 individuals were selected using a Convenience Sampling technique and were randomly divided into two control and experimental groups therefore each group contains 15 members. The criterion for entry into this study was as follows:

- Participant's scores on social phobia questionnaire
- Their ability to participate in group meetings (considering the number and timing of meetings)

The experiment group received a psychodrama treatment, and the control group did not receive any intervention besides pre and post-test. At the end of the sessions, participants were tested again and their scores were used to examine the effect of therapy.

Instruments⁵: Social Phobia Inventory (Spin Connor et al. 2000): The Social Phobia Inventory (“SPIN”) is a 17-item self-rating for social anxiety disorder (or social phobia). This inventory includes items assessing each of the symptom domains of social anxiety

disorder (fear, avoidance, and physiologic arousal). The SPIN was initially developed because the available self-rated social phobia scales did not assess the spectrum of fear, avoidance, and physiological symptoms, all of which are clinically important. The SPIN demonstrates solid psychometric properties and shows promise as a measurement for the screening and treatment response of social phobia. It was developed in 2000 by Connor et al. at the Psychiatry and Behavioral Sciences Department, Duke University, USA.

Psychodrama protocol: This protocol included 12 sessions of 90 minutes which was based on Moreno, Blatner and Holmes theories and treatment plans. In Table 1, the content and purpose of each session is briefly explained:

Participants in meetings

- **Protagonist:** the person whose issues are being explored
- **Auxiliary Egos:** participants from the group who stand in to play the supporting characters of the protagonist’s story
- **Double:** serves as the protagonist’s alter ego, voicing thoughts and feelings that the protagonist may be resisting
- **Director:** the facilitator or therapist; helps the protagonist to set scenes, provides safety, and helps the client explore the problem in action
- **Audience:** the group who witnesses the action and from which roles are selected

The relevant ethics committee has approved this study. Also, this study was registered as a Clinical Trial. We described the purpose and duration of the study to the participants and assured them that their information would remain confidential. Written consent forms were also obtained from the participants. The researcher is a Master of Clinical Psychology and received training in psychotherapy and psychodrama. The supervisor, who specializes in clinical psychology and group therapy, supervised all stages of psychodrama in this research.

RESULTS AND STATISTICAL ANALYSIS

The description of the demographic population according to gender and age has been shown in Table 2: Table 3 shows the mean value and the standard deviation of the social anxiety variable in the experiment and control groups :As noted, the mean value in social anxiety post-test scores for the experimental group had a significant decrease compared to their pre-test scores. Meanwhile, the post test scores of the control group didn’t show any significant change. Prior to the hypotheses test, the test assumptions were investigated. In Table 4, the amount of significance in Shapiro–Wilk test is higher than 0.05, which indicates that the distribution of data is normal. Also in Table 5, other Assumptions were examined :The results of Table 4 shows that the significant level of Levene’s Test for the social anxiety variable is(p=0/046) the assumption of variance homogeneity was not established. Nevertheless, the bias from the assumption is not severe (considering significant levels) and it can be expected that this amount of bias from the assumption does not affect the results of the analysis. Also, the assumption of Homogeneity of regression slopes was maintained (p=0/128) for the social anxiety variable. The results of the hypotheses test are based on Table 5. Table 5 shows that the calculated F index (50 / 91) was larger than 0.01 F with degrees of freedom 1 and 27, Therefore, the null hypothesis, which meant the Average equality of post-test scores in the two groups (experimental and control), is rejected with 99% confidence after removing the effect of pre-test scores. There is a significant difference between the experimental and control groups in terms of social anxiety variables(f=0/001, P=24/29). Table 6 shows that there is a difference between the means of the experimental and control groups, and based on the results of the analysis of the covariance table, it can be concluded that the intervention has reduced the social anxiety variable. Therefore, in testing the hypothesis, it was concluded that psychodrama treatment is effective on social anxiety in students.

⁴Dogan (2010)

⁵ Connor KM, et al. Psychometric properties of the Social Phobia Inventory. Br J Psych 2000; 176: 379-386.

Table 1. Content and Purpose of Psychodrama Sessions

| Session | Technique | Purpose |
|--------------------|--|--|
| First | Introduction of members; creating an intimate and safe atmosphere | Answering the questions and resolving ambiguities scheduling future meetings |
| Second | Short remarks about the stage, role-selection, pairing, role speaking and role abandonment /magic-shop technique | Increase group info about the treatment/identify problems and register problems and conflicts |
| Third | The mirror technique | Introducing problems and sharing emotions and experiences |
| Fourth and Fifth | Family imagination technique/ empty-chair technique | Reviewing role-related problems and challenging problems; assertiveness training |
| Sixth | Future projection | Allows the protagonist to explore alternative possibilities, including the rehearsal of scenes that may or may not occur in the future |
| Seventh | Role-reversal technique | Assigning responsibility to the members in order to make them watch themselves from outside |
| Eighth | Brainstorming technique | Exhibiting the real self/ideal self with the use of monologues |
| Ninth | Surplus reality | Creating a real-life situation for acting according to emotions and feelings to achieve catharsis |
| Tenth and Eleventh | Doubling technique/Concretization | Articulating what is not said but may be experienced unconsciously/externalizing in service of healing; giving shape and form to the intrapsychic world of the protagonist |
| Twelfth (Final) | Investigating group experiences and feelings by over viewing each session and checking the remaining issues for the members and conducting a post-test | Examining current thoughts and feelings of members; and focusing on self-control in the members |

Table 2. Demographic Population

| Percentage | Number | Age range | Group |
|------------|--------|------------|------------|
| 50 | 7 | 18 till 25 | Experiment |
| 35/71 | 5 | 25 till 35 | |
| 14/28 | 2 | 35over | |
| 57/14 | 8 | 18 till 25 | Control |
| 35/71 | 5 | 25 till 35 | |
| 7/14 | 1 | Over35 | |
| Percentage | Number | Gender | Group |
| 57/14 | 8 | male | Experiment |
| 42/85 | 6 | female | |
| 50 | 7 | male | Control |
| 50 | 7 | female | |

Table 3. Mean Value and the Standard Deviation of the Social Anxiety Variable and Normalization

| Shapiro-Wilk test | | | Standard deviation | Average | Group | Stage |
|-------------------|----|------------|--------------------|---------|------------|-----------|
| Sig | df | Statistics | | | | |
| 0/115 | 10 | 0/875 | 1/20 | 54/90 | experiment | Pre-test |
| 0/117 | 8 | 0/859 | 3/57 | 40/25 | control | |
| 0/169 | 10 | 0/890 | 60/1 | 13/50 | experiment | Post-test |
| 0/194 | 8 | 0/881 | 0/75 | 40/26 | control | |

Table 4. Testing Results of defaults in Homogeneity of variance and regression slopes

| Sig | F | df ₂ | df ₁ | default |
|-------|------|-----------------|-----------------|----------------------------------|
| 046/0 | 67/4 | 16 | 1 | Homogeneity of variance |
| Sig | F | MS | df | SS |
| 128/0 | 61/2 | 79/18 | 1 | 07/263 |
| | | | | Homogeneity of regression slopes |

Table 5. Univariate analysis of covariance in psychodrama therapy test on social anxiety variable

| Test power | η | Sig | F | MS | df | SS | Source of variation |
|------------|--------|-------|-------|--------|----|---------|---------------------|
| 0/996 | 0/618 | 0/001 | 24/29 | 505/86 | 1 | 505/86 | Social anxiety |
| | | | | 82/20 | 15 | 312/29 | Error |
| | | | | | 18 | 5759/00 | Total |

Table 6. Weighted means of the experimental and control groups in the post-test

| Standard deviation | Means | Social anxiety variables |
|--------------------|-------|--------------------------|
| 2/81 | 3/69 | Experimental |
| 3/42 | 32/50 | Control group |

CONCLUSION

The findings of the present study showed that psychotherapy has a positive effect on reducing social anxiety. Findings of the present study are consistent with the researches of Pourrezaian (2015), Tahvilian (2015), Ishaqzadeh and Abbaspour (2016), Najafabadi (2014), and Tarashova and Marinova (2017) and Akinsola and Odoka (2013) that the treatment of psycho-drama Reduce social anxiety and thus improve social functioning and mental health. In explaining these findings, it should be said that probably the most important factor in its effectiveness is being drama-oriented, which, by providing the possibility of reconstructing anxious social situations, helps clients find the underlying factors of anxiety in a safe environment without fear of error or embarrassment, and take steps to address them through repeated dramatic exercises. Because, according to Felsman (2018), a disorder such as social phobia that prevents proper interaction with other people, especially in a group such as students who are required to participate in group activities can be very disruptive and anxious. In behavioral methods based on reinforcement, planning, homework, and other similar techniques, it is the therapist who manages and shapes the client's behaviors, but in psychodrama, in addition to the clinical focus on the client's behaviors, personal management techniques are taught to the individual. Also, in other methods of treatment, it is not possible to follow the client's behaviors in real situations and when dealing with stressors again, while all psychodrama sessions are similar to reality, so that after a few moments, the client feels which is in a real environment and not even a pseudo-real one and therefore shows all the reactions of the real world.

According to Moreno's role theory, one can use psycho-drama to re-examine, re-discuss, and socialize the social roles one plays, and come up with different ways to play them. And playing multiple roles also allows participants to come into contact with parts of their being that they were not previously aware of, which means recognizing and redefining their role in society and interacting with others, and gaining a realistic perspective about the. Therefore, it can be said that being aware of the group therapy feedbacks in which a person's actions are formed is a determining and important factor for those involved with the social phobia disorder. From what has been said, it can be seen that psychodrama as a face-to-face and show-based treatment can be used as a therapy for social anxiety. According to the official definition of social anxiety disorder, the center of a person's fear is to act in front of other people, their evaluations and to be ridiculed. In psycho-drama, people are forced to face their fears and act in front of a group, and so facing this basic fear and going through this stage is the main factor in the effectiveness of this treatment. In addition to the mentioned features, emphasis on creativity and improvisation in psychotherapy sessions with psychodrama plays an important role in the healing process.

Respecting the creativity of the clients and not adhering to the stereotypical frameworks of treatment can be considered as one of the reasons for the effectiveness and continuity of the results of psychodrama treatment on social phobia. Because psychodrama is a group therapy process that addresses interpersonal and interpersonal issues by portraying the past, present, or predicting life situations and linking roles for better understanding, emotional discharge, and reversal roles, it is suggested that this treatment method be used in the form of workshops and also by including it in-class programs, especially for students who are anxious at times such as presenting materials and answering professors' questions. Among the limitations of the research, it can be mentioned that the research was conducted cross-sectionally and it was not possible to follow up the research results.

Therefore, it is suggested that in future research, the continuity of the intervention results be examined with follow-up periods of several months. Also, in the present study, the researcher was not able to control possible influential variables such as gender, socio-economic class, and marital status, so it is suggested that further related research be conducted on ordinary people with different socio-economic classes.

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