

Effectiveness of psychodrama on reducing depression among multiple sclerosis patients

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Abstract

Introduction: Psychodrama, as a form of art therapy, helps people to enact and use role-plays for a specific problem, rather than just talking about it, in an effort to review the problem, gain feedback from group members, find appropriate solutions, and practice them for their life. The current paper aims to investigate the effectiveness of psychodrama therapy on the reduction of depression for multiple sclerosis (MS) patients.

Method: This research was a quasi-experimental study, using pre-post and follow-up testing plan with a control group. By using a convenience sampling technique, a total of 20 individuals were selected among clients with MS referring to the Iranian Multiple Sclerosis Society. The subjects were randomly placed into two control and experimental groups. The experimental group participated in a twelve-session therapy plan for 6 weeks, while the control group received no intervention. In order to collect data, the Beck Depression Inventory (BDI) and the demographical information questionnaire were used. Data analysis was performed by analysis of covariance (ANCOVA).

Results: The results revealed a decrease in the post test and follow-up test scores for depression, and such decrease is statistically significant.

Conclusion: The findings indicate the effectiveness of the psychodrama intervention to decrease depression among patients with MS. Due to increased group and social interactions and enhanced interpersonal experiences, psychodrama can relieve depression symptoms. Hence, participating in the psychodrama therapy will enable patients to decrease the levels of depression.

Keywords: Psychodrama, Depression, Multiple Sclerosis

Introduction

Multiple Sclerosis (MS) is among the most chronic and progressive diseases in the central nervous system [1]. The exact cause of this disease is unknown, and it is characterized as an autoimmune disorder, attacking the nervous system in people of all ages [2]. However, MS is common in young adults in the range of 20 -40 years of age and women are most frequently affected than men. This disease is the third leading cause of disability among adults [3].

It has been claimed that demyelination of nerve fibers not only affects the function of the sensory and the motor systems, but also may cause psychological symptoms and damages [4]. The empirical records indicate that there are high rates of mood disorders among MS patients, including depression [5],[6], and that such disorders are the most frequent psychiatric diagnosis in people with MS compared to the general population. According to different scholars, depression and fatigue yield to slow information processing and memory performance [7], [8]. Also, the studies have shown that psychological effects have a destructive impact on the functioning of patients [9].

Psychodrama is a branch of art therapy, providing different vision in the field of psychotherapy. In the early 1920s, this procedure was introduced by Moreno as the result of his discoveries on personal conflicts as to release suppressed emotions [10].

The artistic dimension of this process encourages people to make interactions with life, dreams and fantasies in an attempt to describe unexpressed feelings, gain new insights and understanding, and practice a more healthy and effective behavior [11]. In psychodrama, the therapist organizes group solutions that ultimately enables the patients to become aware of their social roles. During psychodrama meetings, patients find how to act best when interacting with the environment and people, and this helps them explore their own psychological aspects [12]. As a dynamic and experimental treatment, psychodrama puts a great stress on the present and "here and now", even when the person uses role-plays to express his/her problems of the past. Through "action and performance" and "active observation", rather the dialogue, the therapist deals with assessment and cognition of personality structure, interpersonal communication, internal conflicts, and emotional challenges of the patients, and provides them with opportunities to gain insight, personal growth and treatment [13].

Depression demonstrates a variety of symptoms, such as mood, emotional, cognitive, motivational and physical signs [14] and since psychodrama therapy pays a certain concern to these cases, it has been studied in the treatment field. There is a wide range of studies conducted on the effectiveness of psychodrama on the reduction of psychological signs and disorders [15, 16, 17, 18, 19].

According to the findings available in the scope of psychodrama and because of a remarkable attention to depression in MS patients, the current study aims to investigate the effectiveness of psychodrama on the reduction of depression among patients with MS. This is a novel exploratory intervention through the use of psychodrama techniques for depressed patients with MS.

Method

This research is a quasi-experimental study, using pre-post and follow-up testing plan with a control group. The statistical population consists of all the members of Iranian Multiple Sclerosis Society, located in Tehran (IRAN), during spring 2012. According to the literature review [14], a total of 20 individuals were selected using a convenience sampling technique, and were randomly divided into two control and experimental groups.

A number of requirements is used for the selection of subjects: 1) diagnosis of Relapsing-Remitting MS (RRMS); 2) being on the suppression phase; (3) independent mobility; 4) minimum degree of high school diploma; (5) loss of drug abuse and psychological treatments throughout the study; 6) similar courses on training topics for all participants; 7) age range 20-52 years; 8) consent to participate in the research; 9) absence of other acute or chronic mental or physical disorders; 10) absence of speech and hearing problems; and 11) being a female.

The criteria to get removed from the study were: 1) drug abuse and concurrent participation in psychological therapies; 2) lack of tendency to participate in the

program; and 3) more than three absences from meetings.

When the informed consent was obtained, the experimental group was invited to participate in psychodrama meetings. This intervention was implemented as a twelve session, 2-hour therapy plan for 6 weeks, based on psychodrama principles in the Tehran office of Iranian Multiple Sclerosis Society (IMSS). It should be noted that at a one week interval, the post-test was carried out for both the control and experimental groups and then the follow-up assessments was conducted 2 months later. The psychodrama plan consisted of three distinct processes: the warm-up, the casting, and the sharing. The director performed four roles as stated by Clurman; namely, analyst, producer, therapist, and group leader. In the casting, the protagonist, or a person who discusses his/her problem in the group, was selected voluntarily or by the director [14]. The patients represented the audience. All 20 patients who were engaged in the research were participated in the pre-test, post-test, and follow-up stages. So no falls occurred during the study.

The first session was an introduction of members, and provided some descriptions about psychodrama, its techniques, rules and structure. In the second meeting, the effort was to establish a dialogue and define the problem in the group, in addition to building confidence and practicing speaking skills. During the sessions 3 to 6, the emphasis was on meditation practice; using a non-verbal way to understand feelings; familiarity with the body language; trying to develop mental abilities through innovation, and awareness of emotions in oneself and others; reinforced feelings of joy, sadness; and speech and behavior training. Sessions 7 to 11 were focused on encouraging the members to tell their problems in the form of role-plays, to use the psychodrama techniques, and to participate as a helper in the casting process and behavioral exercises. In these sessions, different techniques including duplication, role reversal, mirror, projection of future, monologue, and self-actualization, and also skills to establish communications, expressing both verbal and nonverbal emotions, and recognizing and controlling the feelings were examined according to the characteristics of the members and the group. In addition to the review and conclusion of activity sessions and discussions on achievements, the members terminated session 12 by addressing their plans for the continuation of life. Data analysis was carried out by using descriptive statistics and analysis of covariance test.

Beck Depression Inventory. It is widely used as a self-report questionnaire to assess depression, including 21 items or themes that have been obtained from screening general symptoms related to depressed patients. The respondents were asked to rate their severity on a scale from 0 to 3 [20] [20]. Using a translated version for a sample of 125 Iranian university students, the corresponding alpha coefficient was calculated 84%, while the test-retest coefficient with two-week interval was 70% [19].

Results

The total study sample consisted of 20 female; with the mean age and standard deviations of 26.8 ± 4.51 years old for the experimental group, and of 28.3 ± 4.05 years old for the control group. Among the respondents, 60 percent were single,

approximately 70% had earned a high school diploma and the remaining had higher education degrees.

Table 1 provides the mean and SD scores for depressions on the pre-test and the post-test phases in both the control and experimental groups

Table 1. Descriptive statistics for depression scale by individual group and test type

Variable	Phase	Group	Mean	SD	Min.	Max.	Number
Depression	Pre-test	Experimental	29.90	4.88	25	42	10
		Control	31.80	8.5	25	48	10
	Post-test	Experimental	7.90	3.47	2	13	10
		Control	31	9.05	22	48	10

The results indicate a decrease in the mean scores of depression on the post-test for the experimental group.

In order to measure the effectiveness of the treatment, an analysis of covariance was applied. The uniformity of slopes among the regression lines is one precondition of

doing correct analysis of covariance. The outcome ensures that this holds ($P > 0.05$, $F = 0.058$). The other precondition is the uniformity of variances. The results obtained from the Leuven test suggests that the precondition is holds ($P > 0.05$, $F = 2.984$).

Table 2. Results of covariance analysis test for depression variable

Source of Variance	Sum of Squares	Degree of Freedom	Mean Square	F	Significance Level
Pre-test	99.821	1	88.821	2.271	0.150
Groups	2761.57	1	2761.57	62.84	0.0005
Error	747.0	17	43.95		
Total	11081.00	20			

As seen in the above table, the practice of the suggested treatment is effective ($P > 0.0001$, $F = 62.840$). To put it differently, the psychodrama intervention can result in lower scores in depression levels.

Discussion

The purpose of this study was to assess the effectiveness of psychodrama therapy on the reduction of depression among MS patients. The study result reveals the decreased levels of depression due to the practice of the psychodrama intervention. This is consistent with the findings of the studies by Bahari [19] *et al.* and Hamamci [21] carried out on the effectiveness of psychodrama on the reduction of depression. To explain this, psychodrama can be found as a group activity, offering an opportunity to share motivations, analysis, and repressed emotions, and to receive appropriate feedback. During psychodrama meetings, people learned to take the intuitive and excitedly made relationships with others [19].

Patients with depressive disorder reported some problems in social relationships. Participation in psychodramatic activities and experiences of positive interpersonal relationships led to decreases in detachment and social isolation in depressed patients. In addition, the play provides an opportunity for the patients to experience and repeat life situations and facts. Therefore, the participation in psychodrama treatment demonstrated clinical improvements in depression symptoms [14].

Drama is the cause of building confidence in human beings. Without any doubt, lack of self-esteem and self-confidence for people with depression is a key and controversial element. Lack of self-confidence in social

situations can yield to avoidance behavior and social isolation in patients with depression. Hence, the participation in psychodramatic activities is accompanied by higher self-confidence and lower depressive symptoms [20]. Psychodrama moves in a social direction and since, in this approach, individuals openly state their problems on stage, they will be able to think of solutions, discover final answers, and practice it on stage. Moreover, the most important feature is the practicality of psychodrama compared to other therapies. So the person here reviews the problem by engaging in an enactment rather than by just dialogue, and then finds a right answer. This approach tends to improve interpersonal communications when directly facing the feelings of related parties, and to demonstrate emotional challenges in everyday life. According to Moren, "a patient is a human with pathological ties, so what should be treated is the patient's relationships with others." Psychodrama is a group therapy modality for the purpose of behavior modification, as well as a relationship-oriented approach which is considered as one of the best treatments for self-centered personality disorder [21].

Psychodrama can encourage the participants to adopt subjective-practical activities as to reduce depression, and enable them to gain new insights into their identity and connections with others and to find the meanings of love, value, and freedom, through eliminating the feeling of hopelessness and loneliness and building strong coordination with life. Furthermore, the members can achieve their highest power and live a meaningful life by a more coherent understanding of themselves and adapt with difficulties [16].

To sum up, it can be concluded that psychodrama can lead to reduction of depressive symptoms by using different techniques including mirror, duplication, role training, hot chair, and monologue, and also through increasing group- and social- interactions and triggering interpersonal experiences. It seems that changes in cognitive insight, consciousness level, indirect training of social skills, depth and scope of individual experiences, understanding self-strengths and weaknesses, bringing an emotional and cognitive integrity, and catharsis are the key reasons for disorder symptoms reduction and treatment [14].

The primary limitation of the research was the lack of gender differences by eliminating males in the study because of potential physical connections between patients during the psychodrama practices. Other limitations included an improper place for holding the meetings, the relatively small size of the sample population which would challenge the generalizability of the study results, and the short period of follow-up. Future studies are recommended to consider both female and male populations across large separated samples. Moreover, it is suggested to complete all experiments in cold seasons, since patients with MS experience heat intolerance.

Conclusion

The findings indicate the effectiveness of the psychodrama intervention to decrease depression among patients with MS. Due to increased group and social interactions and enhanced interpersonal experiences, psychodrama can relieve depression symptoms. Hence, participating in the psychodrama therapy will enable patients to decrease the levels of depression.

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