SOCIAL WORK AND MORENO: A SYSTEMATIC REVIEW OF PSYCHODRAMA METHODS AND IMPLICATIONS

by

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May 2017

Acknowledgements

I would like to thank my supervising professor, Dr. Randy Basham, for his continued dedication to my academic process, professional development, and belief in the potential of psychodrama research. I would also like to thank and recognize my committee members, Dr. Diane Mitschke and Dr. Katherine Sanchez for their support, time, and extraordinary commitment to student development at the University of Texas at Arlington School of Social Work. I must express my gratitude towards my father, Mike Bendel, for his unfailing support and encouragement. I would also like to thank my aunt, Rhonda Pupella, for her constant reminders of my strengths and inherent value. This accomplishment would not have been possible without the support of these people I am so grateful to call friends and family: Chris, Whitney, Luke, Barry, Tia, Faith, Callie, Debby, Monica, Ashley, Caroline, Hannah, and Lizzie. Lastly, I want to dedicate this work to my mother, Paula Bendel, for her enormous and profound strength, unconditional love, and legacy that seems to bless me everywhere I go.

April 20, 2017

Abstract

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As defined by the National Association of Social Workers, a binding core value of all professional social workers is competency: the aspiration and action of contributing to the professional knowledge base (National Association of Social Workers, 2008). The intention of this systematic review is to advance professional knowledge base by providing a current review of empirical psychodrama literature and to advocate for further research and investment concerning psychodrama and its expansive potentials. The following research will seek to identify particular populations and problems most associated with effective use of psychodramatic techniques. Congruently, the work will also pursue a differentiation of what specific psychodrama methods and techniques are most often successfully implemented. Discussions and conclusions will highlight any specific gaps in current literature and research.

Keywords: Psychodrama; Sociodrama; Sociometry; Therapeutic Film; Cinema Therapy; Systematic Review; Empirical; Evidence-Based

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Jacob L. Moreno describes psychodrama as an "experiential method of group psychotherapy that uses action techniques to explore the root of psychological and social problems" (Konopik & Cheung, 2012). In the early formation of psychodrama, its methods and practice heavily influenced group psychotherapy. Unfortunately, over the last approximately 30 years, psychodrama has slowly faded from the realm of group psychotherapy practices in the United States (Ritchie & Kipper, 2003). As delivery of psychological therapy has advanced, some changes have been presented to the autonomy of professional and clinical judgment, leading the independence of clinical determinations towards codified, objective, and transparent knowledge (Barkham, Hardy, & Mellor-Clark, 2010, p. 3).

Although psychodrama began in the early 1940s its practice and research have failed to gain as much consideration as later developed methods, such as cognitive behavioral therapy, limiting its evident and codified knowledge base (Hamamci, 2006). Though psychodrama lacks research, a base of empirically validated psychodrama methods does exist (Ritchie & Kipper, 2003). There is a need to steadily review current empirical evidence for psychodrama so that the strengths the intervention can offer social work direct practice are apparent and well developed. The following study seeks to provide a current review of psychodrama literature between the years of 2003 and 2017.

Psychodrama, Sociodrama, and Sociometry: A Brief History

Compared to other intervention methods, psychodrama lacks a consistent and comprehensive foundation of evidence. Ritchi and Kipper (2003) speculate that practitioners who most use psychodrama are disinclined to participate in scientific research, resulting in a gap in evidence. They also theorize that as a result of minimal research, there is a deficiency of psychodrama academic curricula, causing prospective practitioners to be uneducated in

psychodrama and perpetuating the lack of subsequent evidence (Ritchi & Kipper, 2003). To make psychodrama a supported social work practice, the distinctions between psychodrama, drama therapy, sociodrama, and sociometry, should be clarified, as these terms are sometimes inaccurately used interchangeably (Kedem-Tahar & Felix-Kellermann, 1996).

For centuries drama has been a form of artistic verbal and non-verbal communication (Prentki, 2015). Jacob L. Moreno, psychiatrist and founder of psychodrama, first noted drama's ability to pair with plausible therapeutic methods. The concepts established by Moreno have largely contributed to the development of psychodrama and its subsequent branches of sociodrama, sociometry, drama therapy, and therapeutic film. Moreno, who was fascinated with theater arts, was intrigued by the transparency seemingly felt by actors on stage (Kedem-Tahar & Felix-Kellermann, 1996). After observing and examining theatrical performances that began with written materials, Moreno began to contemplate if there was therapeutic potential in playing a "role" that is not scripted and separated from the audience; from this Moreno slowly developed experimental theater (Kedem-Tahar & Felix-Kellermann, 1996). In his 1924 published work, *Theatre of Spontaneity*, Moreno outlined his philosophy for psychodrama, including his strong argument in the interest of improvisational theater, spontaneity, audience involvement, creative process, and his faith in the altruism of human beings (Fox, 2006).

Psychodrama developed gradually, as experimental theater gained a clinical dimension. There are various definitions of psychodrama that help illuminate its multiplicity of applications. Moreno defines psychodrama as "a way of practicing living without being punished for making mistakes" (Homes & Kirk, 2014). Psychodrama has also been defined as a "systematic approach for thinking and talking about the way people think and interact;" it is the idea that all individuals play social parts in their minds, and externally connect with other people who are also playing

internal and external roles (Blanter, 2005). The definitions provided by Moreno suggest psychodrama is a way to explore past and present experiences as well as to practice new behaviors, supporting the idea that psychodrama accommodates adaptable settings and purposes.

Theoretical Basis and Noteworthy Contributors

Moreno established novel concepts of psychology that contrasted with his colleagues' conceptions of previously established ideologies regarding human nature, social concepts, and therapeutic models. For example, unlike Sigmund Freud, who believed libido was a driving force of human activity, Moreno believed that "Spontaneity-Creativity" was the underlying energy of all human progress and interest (Nolte, 2014, p. 57). The concept of an “organic unity of mankind,” was also developed by Moreno, who argued that humans are habitually not animalistic, but altruistic in nature (Nolte, 2014, p. 57). Correspondingly, Moreno began to utilize a concept called the social atom. Social atom theory states that all individuals are born into a "model group," which is a collection of necessary supports for the individual, generally made up of family members (Lipman, 2003, p. 4). Roles learned in social atoms are transferred into new groups, identical to the learned models. (Lipman, 2003, p. 5) As the individual matures, the social atom expands to contain other members such as close friends, romantic partners, co-workers, etc. The concepts listed above, as well as many others, would continue to develop into a theoretical basis for psychodrama.

Psychodrama originated as a group therapy, and as such it has been greatly influenced by Irvin D. Yalom, a psychiatrist who developed a theoretical model for group work (Blanter, 2005). Yalom created eleven therapeutic factors: "instillation of hope, universality, impairing information, altruism, the corrective recapitulation of the primary family group, the development of socializing techniques, and imitative behavior," most of which are stressed is psychodrama

group work (Yalom & Leszcz, 2005). Similar to group work, family therapists also furthered psychodrama. Virginia Satir, a major contributor of family therapy approaches, consistently used psychodrama in her therapeutic model, helping to propel the method into acknowledgment.

Similar to Moreno's social atom theory, Satir developed ideologies and concepts that placed a specific emphasis on interpersonal relationships, especially in families (Haber, 2002). Satir pioneered family sculpting, a technique that seeks to analyze family functioning. Family sculpting incorporates the enactment of established familial roles and styles of communication, as perceived by the client(s) (Haber, 2002). During family sculpts, Satir would ask participants questions concerning familial communication and conflict, and would then request that the clients use their bodies to express and exaggerate feelings associated with the problem. The goal of this activity was to explore alternative dynamics and choices (Haber, 2002). Satir concentrated on affect and body when working with clients, as she believed they were the most direct alternative pathways to reach core issues of clients (Haber, 2002).

Sociodrama

Sociodrama, also developed by Jacob Moreno, can be defined as "a group learning process focused on providing practice in solving problems of human relations" (Sternberg & Garcia, 2000). While psychodrama centers on personal concerns of the individual, sociodrama addresses issues belonging to multiple people such as groups, communities, and non-clinical organizations (Rapley & Hansen, 2006, p. 593). Sociodrama is specifically concerned with role theory in the general and hypothetical form and never targets a member's exclusive issue (Sternberg & Garcia, 2000). Not only does sociodrama address group concern, but it also aids in the development of therapeutic group dynamics, allowing members to identify the group structure and intra-group process (Sternberg & Garcia, 2000). In social work practice,

sociodrama can be used in clinical environments, but also for non-clinical organizational development. Scholars describe sociodrama as an educational modality in which group members discover the challenges of professional settings and roles (Baile, De Panfilis, Tanzi, Moroni, Walters, & Biasco, 2012).

Sociometry

Moreno was well into his formation of psychodramatic theories and professional work when he initiated his significant contribution to the development of sociometry (Borgatta, 2007). Moreno helped develop sociometry for the purpose of integrating psychodrama and sociodrama with other diverse sciences (Moreno, 1948). Sociometry was also originated by the efforts by F. Znaniecki, W. Thomas, G. Simmel, C. Cooley, J. Baldwin, and E. Burgess—a diverse group of researchers studying appropriate measurement for social interaction (Moreno, 1948). According to Moreno, the principal methodological goal of sociometry is to reorient sociodrama in such a way that it can be applied successfully to social phenomena (Moreno, 1948). Essentially, sociometry is a quantitative research method that measures psychological aspects of populations and provides subsequent applications for intervention methods (Moreno, 1948).

In 1937, Moreno crafted a journal titled *Sociometry: A Journal of Inter-Personal Relations*, which details much of his work (Marieneau, 2007). According to Zerka Moreno, sociometric testing has historically applied to a multiplicity of settings such as the military, school systems, government, industry, prisons, and mental health institutions (Zerka, 1965, p. 115-116). Current applications for sociometry and psychodrama include identifying group process issues, as well as an understanding of group structure and individual roles within it (Gershoni, 2016). Researchers describe sociometry as a blueprint for psychodramatic work,

which guides directors to decisions that maximize, deepen, and provide group cohesion for the work (Gershoni, 2016).

Drama Therapy

Psychodrama is sometimes referred to as drama therapy, although the two concepts are distinctive in history and practice. Drama therapy was developed in the 1960s, around the same time as psychodrama (Kedem-Tahar & Felix-Kellermann, 1996). Drama therapy is the result of experiential theater that Moreno initiated; however, drama therapy is not Moreno's theory, nor any other *specific* theorist (Kedem-Tahar & Felix-Kellermann, 1996). The British Association of Dramatherapists (BADth) defines drama therapy as “a form of psychological therapy in which all of the performance arts are utilized within the therapeutic relationship” (British Association of Dramatherapists, 2017). Drama therapy embraces the concept of aesthetic distance: a balance of experiencing “a confluence of thought and feeling” which prevents underdistance and overdistance of emotions and thoughts (Pellicciari, Rossi, Iero, Di Pietro, Verrotti, & Franzoni, 2013, p. 608). Drama therapy also implements "exercises built on music, movement, sound, mime, physical relation, narrative, guided daydreaming, imagery and play" (Kedem-Tahar & Felix-Kellermann, 1996, p. 29). Drama therapy focuses considerably on creative expression and the imaginative, while psychodrama emphasizes reality and the practicing of new and more desired behaviors.

Psychodrama Structure

Primarily used as a group method, psychodrama usually involves at least one psychodrama therapist, referred to as the director, and approximately five to fifteen clients or participants (Holmes & Kirk, 2014). Psychodrama is a three-stage model consisting of the following phases: (1) warm-up, (2) action, and (3) sharing (Lipman, 2003, p. 8). Warm-ups are

indented to set a safe environment for the action portion of the work, as well as to give the director of the group a better understanding of each group member and the group dynamics (Lipman, 2003, p. 8). According to Holmes and Kirk (2014), the warm-up of a group can consist of various practices, including "movement-based physical exercises, to the use of stimulus via visual images, to exercises taken from theatrical group work" (Homes & Kirk, 2014, p. 13).

The action stage facilitates the task of assigning roles to group members, as well as the actual enactment of roles in the applicable scene(s). During the action scene, there will always be a protagonist and at least one auxiliary. The protagonist is the focal point of the scene and most commonly leads the action with outlines influenced by personal story or experience and spontaneity. The auxiliaries' primary purpose is to provide support for the protagonist (Konopik & Cheung, 2015). Protagonists are therefore guiding the auxiliaries, as well as the director (Konopik & Cheung, 2015). The action stage will feature tools such as role training, auxiliary ego, doubling, role reversal, and mirroring (Holmes & Kirk, 2014).

Role training consists of role awareness and behavioral modification in which the protagonist identifies familiar and unfamiliar roles, and then practices adjusting the unhealthy roles into healthy functioning roles (Holmes & Kirk, 2014). The auxiliary ego serves as a significant other for the protagonists; this role can be an individual, such as a parent or abuser, or it can be an abstract idea, like strength or hope (Holmes & Kirk, 2014). Doubling is the process by which a group member adopts the role of the protagonist for a short or extended period, allowing the protagonist to accept or reject the impression given by the other group member, usually resulting in therapeutic dialogue (Holmes & Kirk, 2014). Similarly, a role reversal occurs when the protagonist takes on the role of a person, object, or concept (Holmes & Kirk, 2014). Mirroring involves the protagonist stepping out of the “stage,” and allowing another group

member to take on their role, permitting the protagonist to see themselves from a critical distance (Holmes & Kirk, 2014).

The sharing phase is intended to allow all participants to share how the psychodrama session impacted them, much like the traditional cognitive process group (Konopil & Cheung, 2015). However, according to Holmes and Kirk, sharing is meant to be a time of integration and catharsis, rather than critical feedback and analysis of the event portrayed (2015). Homes and Kirk refer to the sharing stage as a ‘love-back,' implying that the intention of sharing is for the group to express empathy and support for the protagonist. Sharing is also a time for closure, and usually, includes the process of de-rolling. De-rolling constitutes the process of consciously and emotionally separating oneself from the assigned role assumed and acted-out during the action process of psychodrama; this process is remarkably valuable to the effort of transitioning out of the altered reality, and back to the present moment (Moreno, 1999).

Psychodrama Treatment Applications

Psychodrama is primarily used as a group therapy method but can also be applied to individuals, couples, and communities. Psychodrama is largely associated with effective treatment for trauma survivors. For example, doubling is a tool used to cultivate trust and empathetic bonding in individuals with PTSD by prompting participants to experience another person's emotional reality (Carswell & Magraw, 2003). The technique of doubling has been found to reduce dissociation, as well as to increase self-disclosure and depth of experiencing in persons with PTSD (McVea, Gow & Lowe, 2011). Psychodrama has been known to enhance interpersonal skills among children with autism (J. Li, Wang, Guo and K. Li, 2015). Li and colleagues facilitated psychodramatic techniques for autism meant to increase eye contact, increase attention and focus, improve ability to follow instructions, and foster a capacity to

imitate (J. Li, Wang, Guo, and K. Li, 2015). According to their work, after implementation of psychodrama for three months, social barriers that result from autism were relieved (J. Li et al., 2015)

There is evidence for the use of psychodrama and the treatment of substance use disorders (SUD). Hagedorn and Hirshhorn's experiences with unsuccessful CBT interventions for SUD clients led them to examine the potential uses of psychodrama (2009). Researchers specifically advocated for the use of role-reversal to ignite self-awareness and empowerment in SUD clients (Hagedorn & Hirshhorn, 2009). Tian Dayton also promotes the use of psychodrama among individuals with SUD. Dayton gives particular attention to trauma in working with SUD clients and states she uses psychodrama to assist in the recovery process as clients grieve and mourn past losses, develop new attitudes and behaviors, and incorporate, restructure and reorient themselves inside their lives, which are often continuously shifting (Dayton, 2000). Dayton uses a model that includes warm-up, action, sharing, role reversal, creativity, doubling, ego auxiliary, mirroring, reconstructive scenes, and catharsis (Dayton, 2000).

Individual Therapy Approaches

Although psychodrama often used in groups, it can also enhance individual counseling. According to Holmes and Kirk, psychodrama in individual counseling is becoming more common (2014). There are specific therapeutic models than can be paired with psychodrama, and work best when merged in an individual setting. For example, when joining cognitive behavioral therapy (CBT) and psychodrama, individual therapy works best for implementation of CBT principles (Holmes & Kirk, 2014). Finding strengths for clients can often involve personal and cognitive collaboration between the therapist and client. In a review of psychodrama and social work completed by Konopik and Cheung (2012), the authors observe several studies

demonstrating psychodrama's ability to apply a strengths-based approach in individual settings, specifically in allowing clients to identify, through role play, solutions to problems by discovering and recognizing their strengths.

Family Therapy Approaches

Family therapists use psychodrama, particularly when introducing family dynamics. Depestele, Claes and Lemmens (2015) use family sculpting to demonstrate, in vivo, family relationships, and the influence eating disorders have on family systems and functioning. Psychodrama applied to family intervention is efficient as a single method or in conjunction with other intervention methods, such as solution-focused brief therapy (SFBT) and cognitive behavioral therapy (CBT) (Hamamci, 2006; Homes et al., 2014; Anderson-Klontz, Dayton, & Anderson-Klontz, 1999). Psychodrama interventions are a systematic approach, as role theory and the principal of social atoms are two primary ideologies that construct psychodrama theory. Psychodrama and family therapy both share a systems-based ideology, and can be used complimentary with one another, providing the following essential elements to family therapy: increase of empathy, giving opportunity for amendment of misunderstandings, and establishment of connection (Homes & Kirk, 2014).

Organizational Uses

Sociometric techniques have been found beneficial for group interactions in organizational development, as well as professional development. For example, the use of sociodrama when assigning staff to groups and projects has been proven to design the most efficient combination of workers (Ballesteros-Pérez, González-Cruz, & Fernández-Diego, 2012). There is also evidence supporting the use of psychodrama in the professional development of nurses. In a study conducted by Oflaz and colleagues, psychodrama techniques were used for

nurses to develop self-awareness, empathy for patients, and skills to elevate common communication barriers (Oflaz, Meric, Yuksel & Ozcan, 2011). Ozbas and Tel conducted a study to evaluate the effectiveness of psychodrama techniques in alleviating stress and feelings of powerlessness related to burnout of oncology nurses and found empowerment increased, and burnout decreased when participants attended "psychodrama-based psychological empowerment" programs (Özbaş & Tel, 2016).

Education

Psychodrama techniques have been applied at the university-level to facilitate communication, student interaction, personal exploration, and relationships (Kranz, Ramirez & Lund, 2007). Hinkle suggests psychodrama can be an educational tool used during supervision of mental health practitioners in training (Hinkle, 2008). Psychodrama is also utilized for the issue of parallel process in supervision; a scenario in which the supervisor/supervisee dynamic replicates the relationship between the supervisee and the client being discussed. Hinkle suggests using psychodramatic techniques, such as enactment, auxiliary egos, doubling, mirroring, and role reversal to examine and address parallel processing (Hinkle, 2008). Psychodrama is also implemented in grade school settings. Some researchers argue sociodrama can create nurturing and caring relationships between elementary students and their educators (Pecaski McLennan, 2008). At a higher level of education, nursing schools replicate organizational psychodramatic techniques used by nursing professionals, implementing psychodramatic methods into the classroom. Nursing students may be asked to perform action methods to help them develop a sense of actual engagement, self-reflection, and professional building of resources (McLaughlin, Freed & Tadych, 2006).

Training and Rehearsal for Situational Crisis and Disaster Response

Lee and colleagues found similarities between emergency-response exercises and group psychotherapy, suggesting emergency-response exercises may effectively utilize psychodramatic techniques such as role play and modeling (Lee, Trim, Upton, J., & Upton, D., 2009). Aradau and Munster propose psychodrama and sociodrama techniques may help in the conceptualization and enactment of trauma and crisis for organizations and government employees, breaking the work of gaining insight and catharsis into manageable pieces (2012). In a recent qualitative survey, researchers discovered that large-scale emergency-response exercises are likely to include physical stimulation that often incorporates role play (Lee et al., 2009). The same study also found that role play for emergency-response exercises is sometimes used between two or more emergency response teams, in which participants will verbally "talk through scenarios" over the telephone (Lee et al., 2009).

As it relates to a situational crisis and disaster response, Moreno developed a psychodramatic theory to treat trauma that operates on a triadic system, including intervention methods of sociodrama, sociometry, and psychodrama (Altinay, 2003, p. 167). In Moreno's theory, each method is informed by the following intentions: sociometry supports healing for the larger society or communities, sociodrama is utilized to address group issues, and psychodrama focuses on mental health of individuals (Altinay, 2003, p. 168). Altinay and colleagues used psychodrama for disaster relief when tremendous earthquakes hit in Istanbul in the late 90s, killing 30,000 people (Altinay, 2003, p. 167). Throughout his experiences with disaster response and trauma prevention, Altinay developed a model meant to reduce the impact of continuous aftershock and develop coping skills for trauma. Altinay's model stresses these four key elements: (1) introduce a protagonist-centered approach, (2) emphasize the significance of

support networks, (3) explain individual creative potential, and the relationship between creativity and vitality of life, and (4) cultivate the concept of a "safety net" of emergency services (Altinay, 2003, p. 173)

Electronic and Digital Media in Dissemination and Delivery of Psychodrama

Jacob L. Moreno suggests therapeutic film and television can be used cathartically for the audience, as well as the actors (Moreno, 1944). Unlike psychodrama, J.L. Moreno suggests therapeutic film can be utilized multiple times, therefore giving it the capability of broader uses (Moreno, 1944). Moreno acknowledged some difficulties psychodrama enactment might have as a form of digital media, suggesting there are few moments contained in psychodrama's spontaneous work that lends itself to videography (Moreno, 1944). However, Moreno advises the use of therapeutic film, in which the audience experiences film as "the patient," requiring the film to present whatever "audio-ego experiences" are needed by the audience, such as familial conflicts, suicidal ideation, poor self-esteem, etc. (Moreno, 1944). Moreno suggests that during patient or client viewing of a therapeutic film, the group leader (or director), should serve as a mediator, stopping the video when needed and offering explanations if appropriate (Moreno, 1944).

Videography in a therapeutic setting, such as individual sessions, has been used since the mid-seventies to provide clients with objective feedback and therapeutic insight (Johnson & Alderson, 2008). Since initial conceptualization of therapeutic film, production of advanced practice and research have expanded. Research has been conducted to measure the effects of video self-portraits and group video methods using expression and role reversal. Research of video self-portraits resulted in the following conclusions: (1) self-portraits aided in self-

disclosure, and emotional conflicts of young adults, (2) and group video methods enhanced group bonding (Hogan & Alger, 1969).

Johnson and Alderson conducted studies to evaluate the effectiveness of therapeutic filmmaking, a process described as a combination of traditional talk therapy, expressive art therapy (psychodrama), and narrative therapy. Findings suggest therapeutic filmmaking contributes to behavior changes, decision-making processes, heightened self-esteem, as well as social skill development (Johnson & Alderson, 2008). In addition to therapeutic film, cinema therapy has also developed as a therapeutic approach. When practicing cinema therapy, patients are asked to watch films for the purpose of establishing a therapeutic metaphor, or positive behavioral modeling (Johnson & Alderson, 2008). Research supports that cinema therapy can be used to facilitate communication, and decrease defense mechanisms among couples and families with dysfunctional systems and conflict (Ballard, 2012). Although therapeutic film and cinema therapy are becoming more widely used modalities, there is still a need for further research of this unique medium.

Research and Evaluation of Psychodrama

In 2003, Ritchie and Kipper completed a meta-analysis of psychodramatic techniques. The work put forth by Ritchie and Kipper is the most recent example of psychodrama synthesis and evaluation. The researchers detected studies by computer using resources like Social Sciences Index and PsycLIT (Ritchie & Kipper, 2003). Throughout their qualifying process, Ritchie and Kipper found 50 possible studies but determined only 25 met their requirement of an experimental design needed to establish a general effect size of psychodramatic techniques (Ritchie & Kipper, 2003). The researchers did not include any studies about sociometry. Through their work, the researchers discovered there was no significant difference regarding

successfulness of psychodramatic techniques for clinical, non-clinical and single or multiple session usages (Ritchie & Kipper). Ritchie and Kipper classified the 25 studies into four techniques: role reversal, role playing, doubling, and multiple techniques. Their research found there was an overall "moderate to large improvement" of effect size for every psychodramatic technique studied (Ritchie & Kipper, 2003).

Purpose of the Study

The goal of this study is to develop a current review of evidence-based literature for psychodrama detailing the existing and potential implications for social work practice, comprising of psychodrama and sociodrama in clinical settings, non-clinical settings, and through the dissemination of electronic and digital media. Specifically, what psychodramatic implications for particular problems, populations, and settings, have gained the greatest evidence base in social work practice? Ritchie and Kipper completed a meta-analysis in 2003 detailing advances in psychodrama research spanning from the mid-1960s into early 2003. Therefore, this work will chronologically begin where Ritchie and Kipper ended. The hypothesis of this study is: From 2003 to 2017, the number of quantitative studies demonstrating psychodrama's effectiveness within clinical and non-clinical settings has increased. Work detailing recent advances in psychodrama delivery will be investigated, including therapeutic film and cinema therapy as they relate to psychodramatic techniques and theory. Gaps in knowledge of psychodrama will be assessed to distinguish the specificities of what future research is needed.

Methodology

The current study is a systematic review of empirical studies designed to assess effectiveness of psychodrama, including sociodrama. Therapeutic film and cinema therapy are search terms included for the purpose of exploring possible future developments for

psychodrama. Drama therapy is also incorporated as a search term, as researchers occasionally use the terms psychodrama and drama therapy interchangeably. In the interest of establishing guidelines for subject material, definitions of psychodrama, sociodrama, therapeutic film, and cinema therapy are briefly described.

Sample Types

Psychodrama is a method that uses individual personal experiences to dramatize a scenario, using at least one type of psychodramatic technique (doubling, modeling, role reversal, role play, sculpting, etc.) in an individual or group setting (Ritchie, 2003). Included in psychodrama is sociodrama, which is defined as a method that uses group, community, or organizational concerns to dramatize a scenario using psychodrama techniques in a group setting (Rapley & Hansen, 2006). Therapeutic filmmaking is a therapeutic method in which clients create short videos or films relating to personal experiences either scripted or unscripted (i.e., interpersonal problems, body image issues, addiction, etc.), usually including follow-up discussion/processing and feedback (Johnson & Alderson, 2008; Cox & Lothstein, 1989). Cinema therapy involves the viewing of films that are emotionally or contextually relatable (i.e., addiction, family conflict, grief, loss, or fear, anger, etc.) as a platform to construct and process any thoughts or feelings that may relate to therapeutic goals (Johnson & Alderson, 2008).

Data Collection

Quantitative and qualitative studies were searched for and gathered by computer and included the following databases: CINHAL Complete, Cochrane Library, ERIC, Health Reference Center Academic, MEDLINE (EBSCO), PsycARTICLES, Psychology & Behavioral Sciences Collection, PsychINFO, PubMed Central (PMC), ScienceDirect, Social Science

Journals Database (ProQuest), SpringerLink, and Wiley Online Library. A "reference harvest" will also be completed to examine references listed on qualifying articles that may have been absent when completing electronic searches (Littell, Corcoran & Pillai, 2008). Search terms for all databases will be fitted to each database and will contain Boolean phrases. The Boolean phrase used for each database included the following: psychodrama OR sociodrama OR drama therapy OR cinematherapy AND effect OR empirical. Search terms and strings included the phrase "drama therapy" although the outcomes of drama therapy are not the primary purpose of the research. The search term "drama therapy" is included as a synonym for psychodrama, as some researchers and practitioners use the terms psychodrama and drama-based therapy or drama therapy interchangeably.

Requirements for data collection are based on the methods implemented by Timothy D. Ritchie (2003) in the most current meta-analysis of psychodrama technique effectiveness. When selecting works, the following requirements were fulfilled: the work must have been written in English, published in peer-reviewed journals, white paper collections, or databases containing gray papers such as theses and dissertations. Subjects will comprise of published and unpublished quantitative research studies produced within the term of 2003 to 2017. All qualifying studies are included, regardless of unfavorable findings or conclusions.

Data Analysis

Searches completed were recorded using a QUOROM-type flow chart derived from the work of Littell, Popa, and Forsyth (2005). Searches include the following: database searched, date searched, total number of results, number of citations omitted based on irrelevance as determined by title and abstract, number of full texts available, disqualified studies, and included studies (Littell, Corcoran, & Pillai, 2008). The completed flow chart of results are in Appendix B

(Figure 1.1.). All approved data was analyzed and recorded using a model implemented by Timothy D. Richie (2003). Upon meeting qualification standards, data were organized into a structured Excel data sheet. The Excel sheet included the following: author(s), year published, publishing journal, database searched, experimental design, experimental group size, population addressed, specific problem addressed, technique(s) used, number of sessions implemented, measurement used for dependent variables (questionnaire, scale, etc.), results, and effect sizes (Ritchie, 2003).

Results

The quantity of results exceeded initial expectations. Final database results totaled at 463 studies. Works omitted based on irrelevance as determined by title and abstract included 381 studies. The number of remaining full-text articles was 81. Research including "cinematherapy" was excluded and placed into the "disqualified studies" category to produce a more relevant, narrow, and specific quality of work. Researchers excluded the following work: 6 cinematherapy studies, 21 studies combining therapeutic interventions (i.e.: psychodrama and CBT); 5 studies using intervention techniques other than psychodrama, sociodrama, or drama therapy (i.e.: creative drama class); and 12 descriptive studies that did not include quantitative or qualitative experimental designs. Except for results including "cinematherapy," no studies were disqualified that met original inclusion/qualifying standards. The final Excel document comprises of 38 qualifying works. Of the 38 qualifying studies, 22 utilized psychodrama, 15 used drama therapy, and 1 applied sociodrama.

Drama Therapy

Drama therapy and psychodrama have similar ideologies, but their techniques and purposes are different. Drama therapy was included for a generalist perspective as it is

psychodrama's sister intervention. However, drama therapy results will not be addressed in a detailed manner. Comprehensive results of psychodrama findings will be further explored in the narrative synthesis, while drama therapy results will end in this section. Similar to topics addressed in the psychodrama results, most problems treated with drama therapy fit under the umbrella of mental disorders, mental disorder symptoms, and stress/coping.

Problems featuring drama therapy as an intervention for mental disorders and symptoms included the following: Autism Spectrum Disorder (ASD) (Godfrey & Haythoren, 2013); education and/or employment skills for individuals with Asperger's Syndrome/ASD (Wilmer-Barbrook, 2013); social adjustment (Benoit, Gauthier, Lacroix, Alain, Rojas, Moran, Bourassa, 2007); attachment styles (Henson & Fitzpatrick, 2016); offenders with cluster B personality disorders and emotional deficit (Keulen-de Vos, Broek, Bernstein, Vallentin & Arntz, 2017); personality disorder and anxiety disorders with aggression and impulse control (Klees, 2016); self-esteem and self-stigma regarding mental illness (Orkibi, Bar & Eliakim, 2016); eating disorders (Pellicciari, A., Rossi, Iero, Pietro, Verroti & Franzoni, 2013); immigrant and refugee emotional and behavioral health (Rousseau, Benoit, Gauthier, Lacroix, Alain, Rojas, & Bourassa, 2007); Alzheimer's disease quality of life (Jaaniste, Linnell, Ollerton & Slewa-Younan, 2014).

All of the studies listed above resulted in some level of the desired outcome, usually including a decrease of symptoms or an increase in coping skills. However, Rousseau and colleagues found no improvement in their quantitative study with adolescent immigrant refugees (*N*= 477) focusing emotional health, behavioral health, and learning (Rousseau, Beauregard, Daignault, Petrakos, Thombs, Steele & Hechtman, 2014). Rousseau and colleagues used role-play, sculpts and improvisation, and found no difference in impairments after completion of the intervention (Rousseau, 2014). Problems featuring drama therapy as an intervention also

addressed aphasia; prevention of violence against women; scholastic under-performance; (Cherney, Oehring, Whipple, Rubenstein, 2011; Fong, 2006; McArdle, Young, Quibell, Moseley, Johnson & LeCouteur, 2016; Lewis & Banerjee, 2013). All of the studies listed above resulted in decreased symptoms or improvement (Appendix C). The majority of drama therapy studies between 2003-2017 addressed mental disorders and symptoms, and several problems had two or more psychodrama studies, including the following: ASD, personality disorders, and immigrant mental health (Appendix C, Figure 1.1).

Qualitative Psychodrama

Measurements of psychodrama effectiveness by use of qualitative experimental designs included the examination of a variety of problems relating mainly to mental health, but also to medical and school social work. Psychodrama was found to decrease symptoms of both Autism Spectrum Disorder and OCD. Li and colleagues completed a case study that implemented participant observation combined with the Autism Behavior Checklist (ABC); findings concluded that a single adolescent with Autism Spectrum Disorder who participated in six sessions of psychodrama experienced an overall decrease of symptoms (Li, Wang, Guo & Li, 2015). Results showed a decline in overall symptoms from severe to moderate with increased eye contact and attention span, but no change in physical touch or friendship development (Li et al., 2015). Similarly, Cohen and colleagues completed a case study using participant observation and discovered that psychodrama decreased OCD symptoms and resistance to treatment for a single adolescent who engaged in psychodrama interventions for over six months (Cohen, Delaroche, Flament & Mazet, 2014).

Psychodrama was also found to improve interpersonal skills and sense of self. A case study performed by McVea and Gow that utilized clinical observation indicated psychodrama

decreased emotional stress and improved interpersonal skills for a 50-year-old female with interpersonal and social support problems (McVea & Gow, 2006). A later study examining adults with unresolved pain determined that psychodrama reduces interpersonal distress and increases sense of self, but has no significant impact on general distress (McVea, Gow & Lowe, 2011). McVea and colleagues utilized participate observation, team constructed descriptions, groupings and maps based on themes, and brief structured recall method (BSR) (2011). Menichetti and colleagues implemented "in-depth interviews using an interpretative-phenomenological approach" and found adult cancer patients who participated in psychodrama experienced increased empowerment, and an increased sense of agency (Menichetti, Giusti, Fossati & Vegni, 2015). Oflaz and colleagues performed structured group sessions, implemented participant observation, and concluded that nurses who participated in psychodrama experienced an increased awareness of the intersectionality between emotions and thoughts and improved emotional regulation (2011).

A study examining mathematics anxiety among adolescents used structured interviews and questionnaires to concluded that psychodrama interventions resulted in no change in mathematics motivation, but correlated with improved grades, and improved attitude regarding mathematics (Dorothea, 2016). Lastly, researchers utilized semi-structured and extensive question-based interviews and discovered that clear instructions for warm-ups, setting goals for treatment, and a therapeutic alliance helped to improve psychodrama sessions among a group of adults with depression (Drakulić, 2011). Overall, the trend of problems addressed through the qualitative psychodrama research serves primarily in the mental health arena. The trend seen in the qualitative studies provides a strong predictor of results found in the quantitative work.

Quantitative Studies Evaluated by Narrative Synthesis

To enhance systematic review findings, researchers completed a narrative synthesis. The final 38 studies were narrowed down once more to provide a more precise and comprehensive analysis. Studies included in the narrative synthesis were restricted to those that met the definition for psychodrama including sociodrama, which is considered a particular form of psychodrama. Drama therapy was not integrated. Studies included in the narrative synthesis totaled to 13. The goals of the synthesis are the following: to provide a qualitative understanding of results, to determine what populations and problems psychodrama best support, and to develop an overall conceptual theory or model of how psychodrama works. The narrative synthesis is broken into three principal components: preliminary synthesis, relational study, and assessment of synthesis.

Preliminary Synthesis: Textual Descriptions

The preliminary synthesis is comprised of individual textual descriptions for each included study. Every textual description is a summary and narrative of each qualifying study, meant to expand on the spreadsheet developed during the data analysis. In order to examine studies proficiently, the textual descriptions include a critical appraisal of the study design, bias risk, quality of reporting, intervention quality, and the generalizability. The information described through the completion of textual descriptions is used to develop groups of studies according to their defining characteristics (i.e.: psychodramatic technique used, population, problem addressed, and results). The researchers included two separate groupings to highlight the outcome patterns of following two elements: techniques used (Appendix D, Figure 1.2) and problems addressed (Appendix E, Figure 1.3). Textual descriptions are chronologically presented

by the age of the populationtion. The hope of this order is to give a slight preliminary note to the trend of populations as they correlate to intervention and problem differences and similarities.

Psychopathological conditions in adolescents.

Gatta and colleagues examined the efficacy of 12 psychodrama sessions regarding adolescents ages 15 to 18 years diagnosed with psychopathological conditions (2010). The study consisted of 12 participants with 6 belonging to the psychodrama group and 6 belonging to a control group. Psychopathological conditions varied widely and included depression, suicidal ideation, phobic syndrome—social and academic type, behavioral and emotional disorders, social isolation, anxiety, and obsessive-compulsive behaviors. Measures for the study were taken before, during, and after the psychodrama intervention using the Symptom Check List-90 (SCL 90 R). Each psychodrama group was 75 minutes long and semi-structured using a brief warm-up, action phase, and sharing phase. Each session used role play techniques. Gatta and colleagues found an overall decrease in psychopathological symptoms.

Generalizability of the present study is limited, as the experimental size was small, sampling was not random, and the experimental design consisted of a pretest and posttest with no follow-up (Gatta et al., 2010). The researchers imply that they used random assignment, stating that the control group age, gender, and psychiatric diagnoses matched the experimental group. Reporting of client demographics was very clear, with individual paragraphs describing each participant, their diagnosis, and observations noted during sessions. Conclusions offered by the researchers were brief and did not provide any particular definitions of findings, but instead stated, “treatment was effective in reducing the patients’ symptoms” (Gatta et al., 2010). The study provides an adequate base for future psychodrama research particularly for adolescents with psychopathological conditions.

Social anxiety in adolescents.

Akinsola and Udoka assessed the problem of social anxiety in adolescents (2013). The evaluators randomly selected 567 adolescents between the ages of 7 and 16 years from four Nigerian schools to be screened with the Children Social Anxiety Scale, Performance Anxiety Scale, and Parenting Style Scale. Of the 567, researchers selected 24 adolescents with the highest anxiety scores to participate in a psychodrama intervention. The psychodrama sessions consisted of the following: warm-up, action, and sharing. During the action stage, participants performed role plays using anxiety-provoking situations that were discussed by the group during the warm-up stage. The researchers designed scenes to illustrate to the children that anxiety is a distortion of the mind. A posttest was given to identify any significant changes in anxiety after three sessions of psychodrama. Experimental results demonstrated decreased anxiety levels among adolescents who participated in the psychodrama intervention.

The researchers state their sample is non-clinical. Therefore, generalizability for clinical anxiety may be limited. Additionally, descriptions of the psychodrama intervention indicate that discussion and feedback incorporated elements of CBT, such as cognitive reframing. Overall quality of reporting was disturbed by vague indications of CBT techniques used during the intervention. One could argue that the intervention was a combination of CBT and psychodrama, although a lack of detailed information makes the differentiation difficult. Akinsola and Udoka did specify their analysis of the effectiveness of psychodrama, in addition to correlations between social anxiety, performance anxiety, and parenting styles (2013). The researchers reported the experimental group comprised of children with the highest anxiety levels, and that those children with the highest levels of anxiety tended to have parents with permissive parenting

styles (Akinsola & Udoka, 2013). Consequently, this work may lend itself well to future psychodramatic research geared towards that particular client population.

Adolescent aggression: CBT vs. psychodrama.

Karatas and Gokcakan evaluated best practices regarding intervention techniques for adolescent aggression, specifically the efficacy of psychodrama as compared to cognitive-behavioral (CB) interventions (2009). The study consisted of a quasi-experimental, pretest, posttest, and follow-up with one control group and two experimental groups (psychodrama and CB). The study comprised of fourteen experimental sessions, with one session per week for fourteen weeks. The participants consisted of 9th-grade students. The Aggression Scale was used for measurement purposes. The psychodrama sessions comprised of a warm-up phase, action phase, and sharing phase described as "imagery relaxation, best emotion expression, meeting of angers, relaxation, anger machine-love machine, black box, opposites, unfinished businesses, our worries, obstacle game, positive personality characteristics, and our emotions," "role feedback and identification feedback" (Karatas & Gokcakan, 2009). Researchers reported the experimental group results included decreased total aggression, decreased anger, decreased hostility and decreased indirect aggression, and concluded CB is more effective than psychodrama.

This work has a higher internal validity than some of the other comparing studies, at it implements an experimental group and comparison group, as well as pretest, posttest, 16-week follow-up, and ANCOVA analysis. Generalizability of the work is limited because the sample size is small and taken from a single high school in Adana. Researchers reported that participants used role play, but the application of other *fundamental psychodrama* techniques (role reversal, empty chair, doubling, etc.) is uncertain. The transparency and rigorousness of the statistical analysis give this particular work a quantitative strength. Although this research confirms CB

was more effective than psychodrama, it also supports rigorous evidence regarding the effectiveness of psychodrama on adolescent aggression.

High aggression and low problem-solving skills in adolescents.

Karatas later independently examined the effectiveness of psychodrama as an intervention technique for students with high levels of aggression and low levels of problem-solving skills (2011). High school students with high aggression and low problem-solving skills were selected and divided into three groups: experimental, placebo, and control. The experimental group attended 10 sessions, each lasting 90-120 minutes. Psychodrama sessions consisted of a warm-up phase, action phase, and sharing phase. Role play was the primary technique used and was processed with role feedback and identification feedback. Karatas applied "The Scale for Identification of Conflict Resolution Behavior" to evaluate all students (Karatas, 2011). The researcher found that psychodrama decreased levels of aggression and increased problem-solving skills. Additionally, Karatas concluded that psychodrama is an effective intervention for conflict resolution skills. A 12-week follow-up revealed psychodrama has a long-term effect on aggression but does not have a long-term effect on problem-solving.

The rigorousness of this particular experimental design makes this study one of the stronger works represented in the systematic review. Karatas used a semi-experimental research design with pretest, posttest, 12-week follow-up, and included an experimental, placebo and control group. The sample size (150), experimental size (N= 36), and explicit population (high school in Niğde) slightly weakens generalizability, but the internal validity is strong (Karatas, 2011). Karatas failed to have transparency regarding the experimental group process and instead stated what "psychodrama sessions usually consist of" (Karatas, 2011). Lack of transparency

makes it difficult to determine what methods Karatas used and what possibly added to the success of his psychodrama sessions.

Bicultural coping skills for Latino adolescents.

Somokowski and Bacallao evaluated psychodrama and support groups as violence prevention for Latino adolescents (2009). Researchers randomly selected 81 Latino families who had a foreign-born adolescent (12-18 years old) and split them into two groups: 56 families in psychodrama, and 25 in unstructured support groups. Each group facilitated eight sessions (1x per week for 8 weeks). Psychodrama groups used the following techniques: role play, role reversal, mirroring, doubling, and the empty chair. Researchers stated that each psychodrama session was geared towards exploring interpersonal and intrapersonal situations and encouraged practicing behavior changes within the supportive group environment. Measurements used included the Child Behavior Checklist (CBCL), and the Conflict Behavior Questionnaire-20 (CBQ-20). Researchers recorded measurements at pretest, 3-month posttest, 6-month posttest, and 1-year posttest. Smokowski and Bacallao found a larger decrease in the conflict between parents and their children in psychodrama group compared to support group and fewer mental health problems in psychodrama group compared to support group.

Smokowski and Bacallao specified their intervention towards Latino family systems and youth, therefore limiting generalizability to that particular population. Radom selection, experimental size, pretest-posttest design, and multiple follow-ups (6 months, and 1 year) bring this distinct work credibility and strength. Unlike some of the other studies, Smokowski and Bacallao provide specific details regarding the interventions, including what particular psychodrama techniques were used. The researchers also incorporated a unique element to their psychodrama intervention, which included the concept of the "circular model of bicultural

development;" this theory informed protagonist scenes and provided a chance to discuss behavioral response options—an opportunity that should be offered during effective psychodrama interventions (Smokowski & Bacallao, 2009). Overall, Smokowski and Bacallao presented a methodical experimental design and robust transparency of their work, allowing for stronger empirical evidence of psychodrama effectiveness and potential social work implications.

Attachment styles of young adults.

Dogan assessed problems related to anxiety and avoidance attachment styles in young adults aged 23 to 29 years (2010). The researcher engaged 20 masters level students in the participation of the study, with 11 of the students participating in 12 sessions of psychodrama extended over a 3-month period. The 9 remaining students formed the control group. Psychodrama sessions involved role play, role-reversal, mirroring, group sculpture, and empty chair techniques with a warm-up stage, action stage, and sharing stage. The researcher used the Experiences in Close Relationships-Revised (ECR-R) to gather data. The study used mixed methods and included a pretest and posttest. In the quantitative research, Dogan found decreased anxiety and no significant difference between anxiety dimensions in experimental and control groups. In the qualitative work, Dogan found improved self-understanding, insight, awareness, interpersonal skills, self-confident, empathy and copy skills, and increased hope.

Dogan's use of triangulation, pretest-posttest experimental design with a control group and random assignment helped to strengthen the internal validity. Unfortunately, the use of small experimental and control groups limits generalizability (Dogan, 2010). Dogan offered substantial transparency of procedures, including sample recruitment and inclusion/exclusion criteria for participants (i.e.: exclusion of any participants who encountered significant psychological

problems during the preceding 6 months) (Dogan, 2010). Dogan also provided generous detail through the use of qualitative data, which gives this study a multidimensional layer that enhances its quantitative findings. Dogan ultimately concludes that psychodrama should join with cognitive behavioral therapy—an idea gently mentioned in Akinsola and Udoka's work (2013).

Adults with Depressive Disorder.

Costa and collaborators assessed the problem of mild to moderate major depressive disorder among adults aged 18 to 60 years old (Costa et al., 2006). Costa and colleagues selected 20 individuals who scored between 7 and 20 on the Hamilton Depression Scale to participate in the controlled, non-randomized study. All subjects were concurrently receiving psychotropic medications, with 10 participants also receiving 4 individual psychodrama sessions and 24 group psychodrama sessions. The 10 participants in the control group received psychotropic medications only. Psychodrama sessions consisted of role play and discussions of impact regarding emotions and actions relating to the dramatized circumstances. Participants received posttest measurements using the Social Adjustment Scale-Self Report and the Hamilton Depression Scale. Experimental results revealed that the psychodrama group showed significant improvement as compared to individuals in the control group.

Generalizability was skewed by a small recruitment of participants from the Mood Disorders Unit of the University of São Paulo (Costa et al., 2006). Researchers report a lack of randomization due to the naturalistic approach used, limiting the study's internal validity. Additionally, the experimental design was weak, with a pretest and posttest but no follow-up. Costa and colleagues do not provide extensive detail or transparency of the actual psychodrama intervention. Instead, Costa and colleagues reference how psychodrama has historically been used and associate their exploration of social relationships and social roles through the use of

role play with the historical use. The reports of the study were concise and lacked comprehensive explanations, but do provide preliminary evidence for the use of psychodrama in conjunction with psychotropic medications for the treatment of major depressive disorder.

Parents of children with Attention Deficit Hyperactivity Disorder (ADHD).

Vural and colleagues assessed the effects of psychodrama on parenting variables as they relate to ADHD (Vural et al., 2014). Authors of the study reference research that supports the following idea: parents of children with ADHD have more parental stress than other parents, and therefore usually have parenting patterns that are more controlling, overactive, critical, strict, and inconsistent. The goal of the psychodrama intervention was to improve insight and coping skills for the parents. The researchers collected samples through announcements made at a rehabilitation center. Seven mothers with children diagnosed with ADHD (between 6-11 years) were included. Twelve psychodrama sessions were completed (1x per week for 12 weeks), with each session lasting 120 minutes. Sessions included a warm-up phase, action phase, and process phase. Techniques used throughout the sessions included role play, role reversal, and empty chair. Qualitative and quantitative data were gathered at each session. The researchers found a decrease in statements that indicate negative parental attitudes and parental psychopathology, as well as increased empathy and communication skills.

Generalizability of this work is limited. Samples for the study were obtained through announcements at The Institution of Social Services and Child Protection in Turkey, with a final experimental size of 7. The absence of a control or comparison group and a lack of follow-up limited internal validity. Contrastingly, the study did provide transparency of the psychodrama process. Vural and colleagues reported the use of group and protagonist plays in conjunction with role feedback and sharing. Role feedback and sharing resulted in "gained insight" of "self-

stigmatization" and its obstruction of effective communication. Vural and colleagues provide insightful information regarding the importance of role feedback and sharing after the completion of role play.

Adults with HIV and AIDS.

Karabilgin and collaborators evaluated the use of psychodrama as an intervention technique used to increase coping skills and quality of life among individuals with HIV/AIDS (Karabilgin et al., 2012). The study consisted of seven participants all assigned to a psychodrama intervention facilitated by ten group sessions with each being six hours long. Karabilgin and colleagues state, "different psychodrama techniques such as warm-ups, protagonist plays, group plays, sociodrama, and vignettes were used" but they do not specify any details regarding how each technique was implemented in the context of the study's purpose (Karabilgin et al., 2012). The researchers report two psychiatrists and psychodramatists supervised the psychodrama sessions. Researchers measured the pretest and posttest with a mixed methods scale called the self-evaluation short-form scale (SF-36). The research report psychodrama intervention resulted in improved insight, improved awareness, improved coping skills, and improved relationships.

Like many of the studies presented in this systematic review, the generalizability of Karabilgin and colleague's work was limited due to a small experimental size. Demographics specificities are limited, but the researchers insinuate that the psychodrama work took place in Turkey. This geographic location will need to be considered by practitioners when advancing cultural competency and generalizability. Internal validity is challenged in this work by lack of randomization, no control or comparison group, and no follow-up. However, like Vural and colleagues, a strength of this work is its use of qualitative and quantitative data, which provide a substantial amount of transparency and descriptive properties to the experimental results.

Karabilgin and colleagues provide valuable information regarding the use of sharing, role reversals, and re-enactments, which they state, "help improve insight, self-awareness, and coping mechanisms," a theme that was also seen in the work accomplished by Vural and colleagues (Karabilgin et al., 2012).

Adults with professional burnout.

Kahonen and colleagues examined the use of psychodrama to decrease levels of burnout among professionals age 31 to 59 years working in public service occupations (Kahonen et al., 2012). The study consisted of 77 participants total with 25 assigned to an analytic group, 24 assigned to a psychodrama group, and 28 assigned to a control group. Kahonen and colleagues use a measurement titled Orientation to Life Questionnaire during intervention and follow-up. The intervention was a total of 64 sessions (16 days and 4x per day) and occurred over the span of 6 months. The authors give a vague description of what techniques were used stating, "the psychodrama method was based on many different kinds of psychodrama techniques" and only specifically reference the use of role play (Kahonen et al., 2012). Kahonen and collaborators discovered during the development of the intervention that psychodrama intervention a higher increase sense of coherence (SOC) than the analytic, but during the follow-up, the psychodrama group had lower SOC than the analytic group.

Kahonen and colleagues report the use of a small experimental size, which limits generalizability. Additionally, researchers describe a weakness in the internal validity due to the extent of randomization, which they state only pertained to the two intervention groups, but not the control group. The validity of findings was tampered by an inclusion of techniques that are a defining characteristic of drama therapy methods, such as art, music, and imagery (Kedem-Tahar

& Felix-Kellermann, 1996). A mixture of qualitative and quantitative data could have improved the moderate level of transparency and intervention details provided by the researchers.

Empowerment and burnout of nurses.

Ozbas and Tel believe powerlessness is linked to burnout, and that empowerment may reduce levels of burnout (2016). These researchers recruited a total of 82 oncology nurses from two separate hospitals and randomly assigned 38 to the psychodrama group and 44 to the control group. Individuals who scored higher than 17 on the Beck Depression Inventory and who had a physical or mental illness were excluded from the study. Each session included a precise module with particular scenarios for participant role play. Role play was followed by a sharing phase. Researchers concluded the psychodrama intervention resulted in lower emotional burnout, decreased desensitization, and higher personal achievement.

Random assignment and use of measurements administered at pretest, posttest and one and three-month follow-ups strengthened internal validity (Nurse Work Empowerment Scale, the Psychological Empowerment Scale, and Maslach's Burnout Inventory)(Ozbas & Tel, 2016). Work completed by Ozbas and Tel took place at an adult oncology unit in the Hacettepe University Oncology Hospital and the Gazi University Health Research and Application Center in Ankara, Turkey (Ozbas & Tel, 2016). Again, location and the specific population will need to be considered when attending to generalizability. Researchers stated the scenarios used in their experiment were designed to "increase participant self-recognition, to allow them to develop creative solutions to problems, and to implement conflict resolution skills" (Ozbas & Tel, 2016). Self-recognition, problem-solving, and interpersonal skills were also present in experimental goals and findings established by Vural, Karabilgin and colleagues (Vural et al., 2014; Karabilgin et al., 2012)

Psychological functioning in families.

Weinhold and colleagues assessed the effectiveness of family constellation, based on psychodrama family sculpting, on psychological health (Weinhold et al., 2013). Researchers randomly selected 208 adults and randomly assigned them to the intervention groups. Family Constellation Seminars (FCS) are predominantly based on family sculptures, which originated from psychodrama. These sculptures are meant to identify patterns in family dynamics. Each seminar included three sessions completed throughout the course of one week. Facilitators of the group were licensed psychiatrists or psychotherapists, had 20 years of professional experience, and 10 years experience with FCS. Researchers found improved psychological functioning, a decrease in psychological distress, and reduced motivational incongruence.

Generalizability was limited by the researchers' use of self-selection sampling. Researchers reported that individuals who responded to the advertisement were mostly well-educated, fully employed females (Weinhold et al., 2013). The selected experimental design presented solid internal validity. Weinhold and colleagues described their work as a monocentric, single-blind, stratified, and balanced randomized control trial (RCT) (Weinhold et al., 2013). Measurements included the Outcome Questionnaire (QQ-45.2; QQ-TOT), Questionnaire for the Evaluation of Treatment Progress (FEP; FEP-TOT), Incongruence Questionnaire (INK-SF), and Reliable Change Index (RCI). In addition, follow-ups were completed at 2-week and 4-month posttest. Weinhold and colleges offered clear transparency and a moderate experimental design with ample opportunities for further research, including replication of results among clinical populations (Weinhold et al., 2013).

Effects of playing the protagonist role.

In 2003, Kim evaluated the outcomes of representing the protagonist during psychodrama role play. Twelve participants from Korea aged 22-46 years engaged in the study. The experiment utilized ten sessions over the course of four days with each session being three hours long. Each session consisted of a warm-up, enactment, and sharing. Kim describes each session as having "various dynamic activities, recognized for stimulating group members' spontaneity and creativity" (Kim, 2003). Researchers used several scales to measure outcomes, including the following: Yalom's Therapeutic Factor Scale (YTF), Emotional Appraisal Questionnaire (EAQ), and Session Evaluation Questionnaire (SEQ). The researcher concluded the subsequent outcomes: "protagonist roles are more therapeutic than audience member roles," and the most meaningful therapeutic factors are family reenactment, instillation of hope, existential factors, self-understanding, and universality (Kim, 2003).

Generalizability of this particular work appears meager due to the small experimental size and style of recruitment. Participants responded to an add "placed in a counseling center for adolescents in Kwangju City, Korea" (Kim, 2003). Internal validity is difficult to fully determine due to a lack of information regarding randomization. However, it can be concluded that researchers used a pretest-posttest without follow-up, and with a comparison group. Scales and questionnaires were administered before participants became the protagonist, immediately after playing the protagonist, and after observing the session as an audience member. Results of the study should be used with caution as generalizability is lacking. However, Kim does provide excellent introductory data regarding the potential benefits of protagonist role play and therapeutic factors as defined by Yalom and in context of psychodrama.

Relational Study: Data Grouping

Data grouping provides a basis for analysis and discussion of similarities and differences between data as well as a platform to examine why studies may differ in levels of effectiveness. The data grouping demonstrates prominent associations and variances between studies. Figure 1.2 features a data grouping organized by technique. When analyzing Figure 1.2 it should be noted that role play is the most commonly used psychodrama technique reported, with all (13/13) researchers reporting the use of role play. The use of role play is not unpredicted, as psychodrama requires the use of role play to substantiate its characterization. Role-reversal and the empty chair are the second most commonly used techniques, with three (3/13) studies reporting utilization of role-reversal and the empty chair. Doubling is the third most frequently used technique, with two (2/13) studies reporting use. Mirroring, sculpting, and vignettes have the smallest representations, with only one (1/13) reporting use. Figure 1.2 constructions a data grouping organized by problem. There are two primary groups of problems: (1) mental disorders and symptoms, and (2) stress and coping. The third group is identified as "group therapy" and features one study, which evaluates the effectiveness of playing the protagonist in psychodrama role play (Kim, 2003).

Mental disorders and symptoms.

Six (6/13) studies fall into the mental disorders and symptoms category. Two of the six studies find psychodrama's effectiveness as an intervention for adolescents with aggression. Although evidence suggests psychodrama reduces aggression in adolescents, the work completed by Karatas & Gokcakan reports CBT is more effective than psychodrama in decreasing aggression (Karatas & Gokcakan, 2009). Aggression was the only problem with multiple supporting articles. Other studies in the mental disorders and symptoms category included the

following: social anxiety in adolescents, psychopathological conditions (depression, suicidal ideation, phobic syndrome—social and academic type, behavioral and emotional disorders, social isolation, anxiety, and obsessive-compulsive behaviors), depression, and psychological functioning (psychological distress and motivational incongruence). Interestingly there is a trend in population. Four of the six articles (4/6) in this category were designed for adolescents, while one (1/6) was for adults and one (1/6) was for families. Only one of the six studies (1/6) report use of more than one psychodrama technique. Weinhold and colleagues were the only researchers to use more than role play, citing sculpting as the primary technique (2013).

Stress and coping.

Like mental disorders and symptoms, stress and coping also comprised of six (6) supporting studies. Of the six (6) studies, two (2/6) aimed to assess psychodrama's effectiveness in reducing professional burnout. Other studies included the following problems: bicultural coping skills; attachment styles (awareness and coping skills); negative parenting variables affecting children with ADHD (coping skills); and HIV/AIDS (quality of life and coping skills). Unlike mental disorders and symptoms, articles in the stress and coping group featured much more diversity regarding techniques used with four (4/6) of the studies utilizing three (3) or more techniques. Contrast to mental disorders and symptoms, most stress and coping studies were designed for adults with five of the six (5/6) studies including adults, and only one (1/6) study addressing adolescents.

Assessment of Narrative Synthesis

Referencing the Excel document (Appendix B), psychodrama studies kept for the narrative synthesis were limited to the quantitative or mixed-methods studies. Out of all qualifying studies, these findings arguably have the biggest evidence for generalizability. Of the

13 studies, 10 featured at least one comparison or control group. Out of the 13 studies, 12 completed a pretest and a posttest, with just 1 study administering a posttest only. The 12 studies included in the "mental disorders and symptoms" and "stress and coping" groupings vary widely, specifically concerning the mental disorder, mental disorder symptom, or stress and coping problems most consistently treated with psychodrama. Fortunately, 13 of the 13 studies represented in the narrative synthesis demonstrated results indicating improvement (i.e.: decreased symptoms) of the problems post psychodrama intervention. Only 1 of the 13 studies established that psychodrama is less effective than other intervention methods, such as CBT (Karatas & Gokcakan, 2009).

Discussion

The literature produced between 2003-2017 indicates that few recent studies have rigorously and successfully implied causation of psychodrama effects. The current systematic review and narrative synthesis suggest mental health is the most developed area of modern (2003- 2017) psychodrama research (Karatas & Gokcakan, 2009; Karatas, 2011; Akinsola & Udoka, 2013; Gatta, et al., 2010; Costa et al., 2005; Weinhold et al., 2013). A mental health focus is appropriate, as it sustains psychodrama's original identity and goal. Psychodrama's fundamental objective is to present a therapeutic intervention, usually involving at least one therapist and approximately five to fifteen clients, meant to accommodate exploration of individual or group problems through the use of enactment and feedback (Konopik & Cheung, 2012; Holmes & Kirk, 2014).

The narrative synthesis indicates that recent quantitative research for psychodrama as an intervention for mental disorders/symptoms has been studied most with adolescents (Karatas & Gokcakan, 2009; Karatas, 2011; Akinsola & Udoka, 2013; Gatta, et al., 2010). Research

produced between 2003-2017 supports the use of psychodrama with the following mental disorders or mental disorders symptoms: OCD, Autism, Anxiety, Depression, and aggression. The literature also suggests that psychodrama as an intervention for stress and coping has been studied the most with adults, and varies greatly regarding applications to specific problems. Stress and coping problems treated with psychodrama include the following: bicultural coping, professional burnout, HIV/AIDS, attachment styles, and negative parenting variables (Smokowski & Bacallao, 2009; Ozbas & Tel, 2016; Karabilgin et al., 2012; Dogan, 2010; Vural et al., 2014).

Works completed between 2003 and 2017 are heavily focused on adolescents and adults with mental health problems. Reported use of psychodrama techniques lacked variation overall, with role play having the most consistent presence across studies. Counseling goals that have sustained the most success in recent psychodrama research have specifically involved the development of interpersonal skills and sense of self, as well as decreasing psychological symptoms associated with psychopathological diagnoses such as anxiety and depression. When using psychodrama, it is important to maintain standard psychodrama structure: warm-up, action phase, and sharing phase. The systematic review consisted of researchers who structured their interventions/experiments using these classic psychodrama stages. During the sharing phase, facilitators should give participants the opportunity to process and share feelings and thoughts concerning the action phase of a psychodrama intervention. Sharing can be used to challenge cognitive processes (Karatas, 2011). Discussions concentrated on the action phase may enable cognitive restructuring linked to role play (Akinsola & Udoka, 2013).

Limitations

Search criteria for the study should have initially excluded drama therapy. Due to the amount of qualitative and quantitative psychodrama studies found, the researchers did not analyze studies claiming to examine drama therapy, which the researchers initially planned to study and explore for dual relationships with psychodrama. The researchers failed to record duplicates when searching databases, which will have slightly altered the number of results they reported as excluded based on abstract and title. The researchers did not include qualitative studies in the narrative synthesis, which may have changed the groupings based on techniques and problems. Additionally, more time and resources would have allowed for a further investigation of psychodrama literature produced between 2003-2017 that involves the pairing of psychodrama with another intervention such as CBT. Those interventions that merged psychodrama and another intervention method were excluded in the database search but would have provided a more comprehensive understanding of social work implications.

Social Work Implications

Social workers should thoughtfully assess psychodrama outcomes when developing intervention strategies and theoretical foundations for practice. Research occurring during the period under review demonstrates effective implementation of psychodrama in a variety of social work settings. Implications for social work and psychodrama are primarily represented within mental health settings but have also been utilized within school, organization, and medical settings. Contemporary empirical literature suggests that psychodrama improves interpersonal skills across a range of populations and problems—a trend seen throughout most of the systematic review (Akinsola & Udoka, 2013; Dogan, 2010; Karabilgin et al., 2012; Karatas & Gokcakan, 2009; Li et al., 2015; McVea & Gow, 2006; McVea et al., 2011 Smokowski &

Bcallao, 2009). Therefore, psychodrama applications for social work may find aptitude in client development of interpersonal skills.

Social work implications are primarily dedicated to furthering the vigorousness of psychodrama literature. Therefore, social work implications are significantly related to future research. Social workers should seek to create, define, and implement a standard practice for psychodrama research including scales specific to psychodrama inputs and outcomes. Standard practice for empirical psychodrama should be standardized and repeated in a manner that advances the vigorousness of psychodrama research and creates evidence for a model of best psychodrama practices. Repeated psychodrama studies should include the honing of regulated techniques paired with an exclusive problem and population.

As Kipper and Ritchie discussed, "observers of psychodrama have been torn between the favorable clinical impression of the method" and "the absence of empirical validation for its multifarious interventions" (2003). Psychodrama's strength and weakness is that its potential implications vary extensively. The implications for this work are similar again to those Kipper and Ritchie found. Techniques belonging to psychodrama can be used conjunctively with other forms of psychotherapy such as cognitive behavioral therapy or solution focused therapy. Perhaps psychodrama's future is within the development of conjunctive methods. This work omitted conjunctive methods from the qualitative evaluation, although the researcher found twenty-one studies between the years of 2003 and 2017 that combined the use of psychodrama with another form of psychotherapy.

Future Research

Future systematic reviews for psychodrama may specifically address the conjunctive use of psychodrama with other forms of psychotherapy. As it pertains to the general empirical

advancement of psychodrama, only one study in the period under review sampled participants under the age of 12 (Akinsola & Udoka, 2013). The use of psychodrama for children is underrepresented in recent quantitative research and presents a gap in contemporary psychodrama literature. As mentioned previously, there is an obligation to build a concentrated area of existing psychodrama research, which seeks to find repeated evidence for the effectiveness of psychodrama as it relates to each distinct problem. Producing empirical evidence for a large variety of problems with a limited number of studies per problem must be avoided. Findings from the narrative synthesis indicate the most substantial evidence for psychodrama is found in quantitative measures of psychodrama as it relates to the problem of mental disorders and symptoms. Therefore, future experimental research should continue to refine psychodrama as a treatment method for mental disorders and symptoms.

It could be argued that the gaps in psychodrama research should be further addressed, such as evidence for the use of psychodrama in schools, medical, and organizational settings. However, research for problems relating to mental disorders and symptoms should also be further evaluated. Problems associated with mental disorders and symptoms should be allocated more resources to further build their evidence for several reasons. First, psychodrama's original purpose was founded within group psychotherapy methods. Second, although the quantitative data for psychodrama applied to mental disorders is the largest existing category, it still varies greatly regarding specific disorders and symptoms most effectively decreased or improved. The groupings established in the narrative synthesis suggest a foundation for reasonably amendable gaps in literature regarding psychodrama as an intervention for mental health. If amended, the concentrated evidence could build a thorough base for best psychodrama practices as applied to specific mental health disorders, and stress and coping.

Conclusion

The present systematic review and narrative synthesis suggest the following: the number of empirical studies demonstrating psychodrama's effectiveness within clinical and non-clinical settings increased between the years of 2003-2017. Recent empirical psychodrama literature broadened the preliminary evidence for the use of psychodrama in an extensive assortment of contexts. From the years 2003-2017, problems identified as having been successfully treated with psychodrama lack multiple and repeated findings that indicate generalizability for any one specific problem. Nonetheless, empirical evidence has grown. Social workers should thoughtfully evaluate empirical psychodrama outcomes before developing intervention strategies and theoretical foundations for practice.

Recent quantitative research includes successful psychodrama interventions applied to psychopathological conditions, anxiety, mild to moderate depression, aggression, psychological distress and motivational incongruence, attachment styles, bicultural coping skills, negative parenting variables, and quality of life with HIV/AIDS. A theme in the quantitative and qualitative findings is psychodrama’s ability to improve interpersonal skills across a variety of populations and problems such as children with Autism Spectrum Disorder, adolescents with aggression, adolescents developing bicultural coping skills, adolescents and young adults with anxiety, adults with emotional distress, and adults living with HIV/AIDS. Psychodrama as an intervention for mental disorders and symptoms has been recently studied among adolescents the most. Contrast to mental disorders/symptoms, psychodrama as an intervention for stress and coping has been primarily studied among adults.

Future research should address all gaps in psychodrama research, including a need for more rigorous evidence supporting the use of psychodrama as an intervention technique for

mental disorders and symptoms. Prospective research should contribute to the advanced examination of psychodrama's effectiveness on interpersonal skills. Future psychodrama literature should also consider the gaps in research for specific populations. The majority of empirical findings from this systematic review apply to adolescents and young adults. Therefore, future research should explore the effects of psychodrama as an intervention technique for children.

Appendix A

GLOSSARY OF TERMS

1. **Audio-ego**: the demonstration of an absent individual, hallucination, delusion, ideal, symbol, animal, or objects (Moreno, 1987, p. 9).
2. **Audience**: participants who observer of psychodrama scenes or action, providing feedback to the actors, but who may also become part of the "problem" or focus of a scene (Moreno, 1987, p. 15).
3. **Auxiliary ego**: actors participating in psychodrama; "extensions of the director, exploring and guiding" but also "extensions of the subject, portraying the actual or imagined personae of his/her life drama" (Moreno, 1987, p. 15).
4. **Catharsis**: concept of the release and purification of emotions, heavily influenced by Greek drama and Eastern religions (Moreno, 1987, p. 49).
5. **De-rolling**: a process in which group members who were auxiliary roles share how they did or did not connect to their experience of playing the role; this process clarifies and prevents transference (Gershoni, 2003).
6. **Director**: during implementation of psychodramatic methods, the director serves as the leader, producer, analyst, and counselor (Moreno, 1987, p. 15).
7. **Doubling**: a psychodrama technique meant to aid in the establishment of empathy, in which one actor will attempt to enter into another's emotional reality, like an emotional synchronization. In classic doubling one individual will stand slightly behind another in the same body position, and imagine himself or herself as the other, including emotions and thoughts (Gershoni, 2003).

8. **Enactment**: verbally "pretending to be in a role." Enactment involves acting out a present problem, or "testing oneself for the future" (Moreno, 1987, p. 14).
9. **Mirroring**: a psychodrama technique in which the protagonist becomes an audience member, while the auxiliary ego takes the role of the protagonist, allowing the protagonist to see himself or herself as others do (Toeman, 1946).
10. **Protagonist**: the subject of psychodramatic methods; portrayal of his/her private life becomes the central theme of the psychodramatic work (Moreno, 1987, p. 14)
11. **Role**: "the actual tangible forms which the self takes"; "the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved (Moreno, 1987, p. 62).
12. **Role play**: participants enact roles such as student, employee, parent, child, etc. Protagonists are given the chance to try and fail at roles, with multiple opportunities to try alternative roles or new approaches to situations (Moreno, 1987, p. 10).
13. **Role reversal**: participants are asked to switch roles with another participant (i.e.: wife becomes husband, and husband becomes wife) (Moreno, 1987, p. 8).
14. **Role theory**: part of a concept developed in the mid 1900s meant to merge concepts of sociology and psychology relating to the idea that all individuals take on identities based on specific situations and in certain settings (Moreno, 1987, p. 62).
15. **Social atom**: a description of sociometric connections, including individuals and groups of people, at any specific time and particular situation.
16. **Warm-up**: a group activity or process that begins any psychodramatic session, meant to energize and induce honesty from participants. Warm-ups can include a variety of psychodramatic techniques such as mirroring, and role reversal (Moreno, 1987, p. 14).

Appendix B

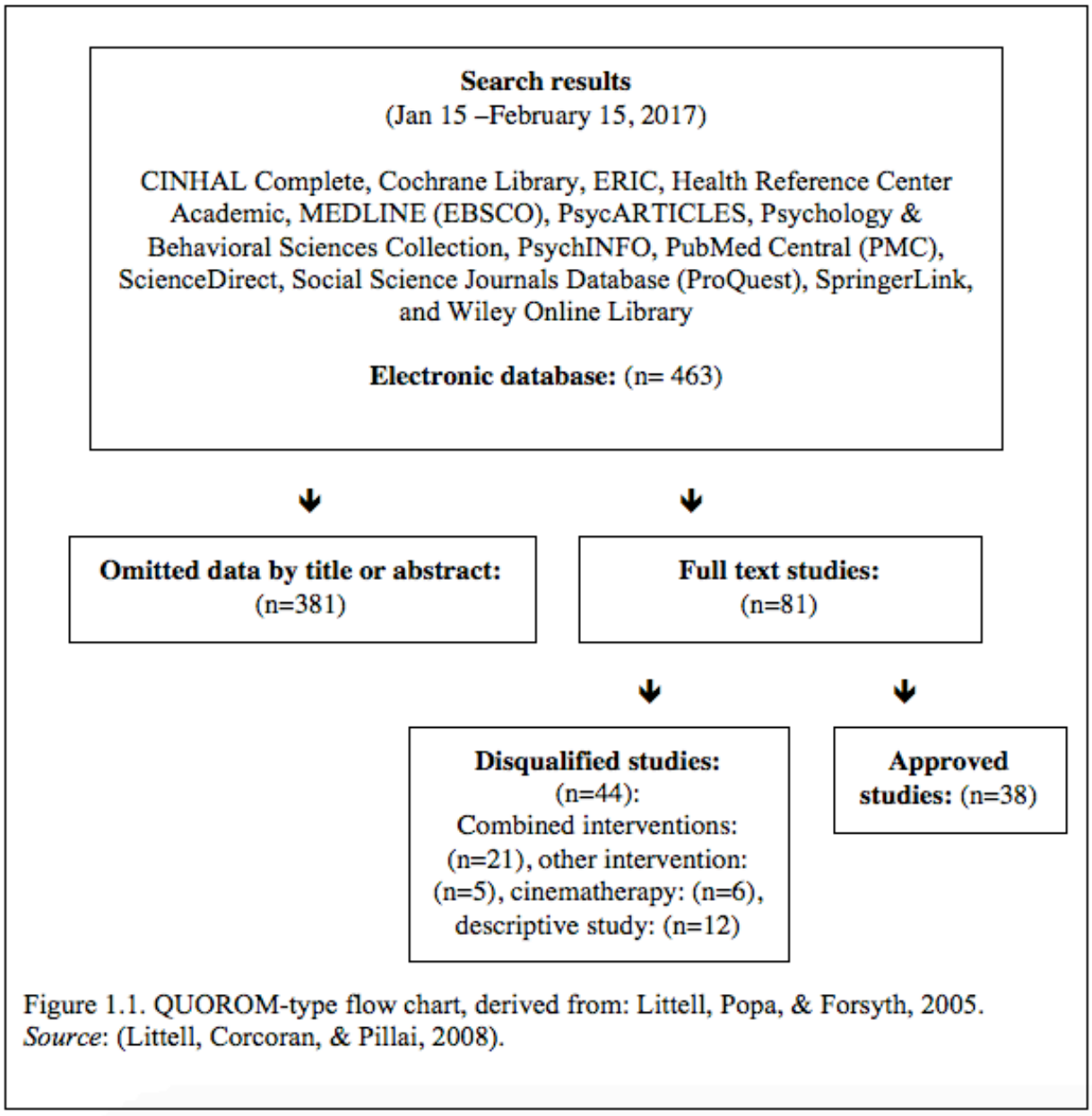

Figure 1.1. QUOROM-type flow chart, derived from: Littell, Popa, & Forsyth, 2005. *Source*: (Littell, Corcoran, & Pillai, 2008).

Appendix C
Excel Document of Data Searches

Author(s)	**Date**	**Experimental Design**	**Experimental Group Size**	**Population**	**Problem**	**Techniques**	**Effect**
Akinsola & Udoka	2013	quantitative: pretest-posttest, random selection	n= 24	children and adolescents from Nigeria (7- 16yrs)	social anxiety, and school performance anxiety	psychodrama: role-play	decreased anxiety
Benoit et al.	2007	quantitative: pretest-posttest control group	n=136 (experimental group= 66, control group= 57)	immigrant and refugee k-12 students; age 12-18; 60% boys, 40% girls	social adjustment	drama therapy: role play, sculpting, doubling	decrease in perception of impairment
Cherney et al.	2011	quantitative: pretest-posttest	n= 7	adults (5 men, 2 women, age 31-76)	aphasia: communication and mood	drama therapy: role play, fluid sculptures, sociogram, improvised storytelling, performance	improved communication and mood
Cohen et al.	2014	qualitative case study	n= 1	adolescent (14 yrs, female)	obsessive-compulsive disorder	psychodrama: role-play, role reversal	decreased symptoms/ resistance to treatment

Costa et al.	2005	quantitative: pretest-posttest controlled group, non-randomized	n= 20 (psychodrama group n=10; control group n= 10)	adults (18-60 yrs)	mild to moderate depression	psychodrama: role-play	significant improvement compared to control group
Dogan	2010	mixed-methods: pretest-posttest controlled group, randomized	n= 21 (psychodrama group n= 11; control group n= 9)	adults (master's level students; control group: 7 female, 2 male, 24-29 yrs; experimental group: 8 female, 3 male, 23- 29 yrs)	attachment styles of young adults	psychodrama: role-play, role-reversal, mirroring, group sculpture, empty chair	decreased anxiety; improved interpersonal skills, self-confident, empathy and copy skills, increased hope
Dorothea	2016	mixed-methods case study	n= 5	adolescents (17-19yrs; 4 female, 3 male)	mathematics anxiety (somatic and physical symptoms, stress level, working memory, low self-esteem and motivation to learn mathematics)	psychodrama: role-play, doubling	no change in motivation; improved grades, improved attitude regarding mathematics
Drakulić	2011	qualitative pretest only control group	n= 40 (depression diagnosis n= 20; no psychiatric symptomatology n= 20)	adults (40 female, 0 male; age 19-28; 20 adults with mild or moderate depressive disorder, 20 adults with no psychiatric symptoms)	effectiveness in psychodrama structure	psychodrama: role-play, vignette, mirroring, role reversal, auxiliary-egos	clear instructions for warm-ups, setting goals for treatment, and a therapeutic alliance improved psychodrama sessions.

Fong	2006	qualitative one-shot case study	n=19	young women (age 15-20 yrs)	prevention of violence against women	drama therapy: role play, performance	increased empowerment and confidence, increased awareness of skills and community resources
Gatta et al.	2010	quantitative prettest-posttest control group	n= 12 (experimental n= 6; control n= 6)	adolescents (15- 18 yrs; IQ > 85; 2 female, 4 male)	psychopathological conditions	psychodrama: role-play	decreased symptoms
Godfrey & Haythoren	2013	qualitative: posttest only	n= 42 (comments analyzed with IPA)	children/adolescents	Autism Spectrum Disorder (ASD)	drama therapy	5 themes reported: feelings (safe place to explore), peers (inclusion and friend making), social skills (practicing social skills), structure (predictability lessens anxiety), families (supportive of whole system)
Henson & Fitzpatrick	2016	qualitative: case study	n=6	single mothers with children in behavior modification day-treatment (26-46 yrs old)	attachment styles and therapeutic techniques	drama therapy: empty chair, and role reversal	dismissive clients prefer projective techniques; fearful clients prefer a balance of techniques

Jaaniste et al.	2014	mixed methods: pretest-posttest control group	n= 13 (drama therapy n= 4; movie group n= 9)	adults (61-88 yrs; 1 female)	Alzheimer's disease quality of life	drama therapy: role-play, group-improvisation and reflection	Improved QOL
Kähönen et al.	2012	quantitative: control group time series	n= 77 (analytic: n= 25; psychodramatic: n= 24; control: n= 28)	adults (31- 59 yrs)	group psychotherapy sense of coherence (SOC) in employees with severe burnout symptoms	psychodrama: role play	psychodrama group had a higher increase of SOC than analytic group during the development of the intervention & lower SOC than analytic group during the follow-up
Karabilgin et al.	2012	mixed-methods: pretest-posttest	n= 7	adults (5 male, 2 female)	quality of life and coping strategies for individuals with HIV/AIDS	psychodrama: role-play (protagonist plays and group plays), sociodrama, vignettes	improved insight, improved awareness, improved coping skills, and improved relationships
Karatas & Gokcakan	2009	quantitative: pretest-posttest and follow-up control group	n= 36 (psychodrama n= 12; CBT n= 12; control n= 12)	9th grade students	aggression	psychodrama: role play	decreased aggression, anger, hostility and indirect aggression; CBT more effective than psychodrama

Karatas	2011	quantitative: pretest-posttest and follow-up placebo control group	n=36 (psychodrama n= 12; placebo n= 12; control n= 12)	high school students (9th, 10th, 11th grade; 60 boys and 90 girls)	high aggression levels and low problem solving levels	psychodrama: role play	decrease levels of aggression; increased problem solving skills
Keulen-de Vos et al.	2017	quantitative: single-system (AB); repeated measures ANOVA	n= 9	adults (male; cluster B personality disorders)	offenders with cluster B personality disorders and emotional deficits	drama therapy: culminating enactment/realistic play; role-play, role reversal	increased emotional vulnerability, no significant change in anger
Kim	2003	quantitative: pretest-posttest	n=12 (protagonist n= 10; group/audience members n= 2)	adults (22 - 46 yrs, *M*=30.4); (1 male, 11 female)	effectiveness of the protagonist role in psychodrama	psychodrama: role play	protagonist roles are more therapeutic than audience member roles
Klees	2016	qualitative case study	n= 1	adult (female, 50 yrs)	personality disorder and anxiety disorder; aggression and impulse control	drama therapy; role method: role play, role reversal	decreased anxiety, increased confidence, improved emotional regulation, increased self-awareness

Kahonen et al.	2012	quantitative: pretest-posttest and follow-up randomized with control group	n=94 (analytic (N = 25), psychodramatic (N = 24), control (N = 28)	public service employees; age 33-59 (mean=48, 73% women, 27% men)	severe burnout (low sense of coherence)	psychodrama and drawing, music and writing (no specified psychodrama techniques)	increased sense of coherence (SOC)
Lewis & Banerjee	2013	qualitative: posttest	n= 3	children (students, K-12)	autistic spectrum disorder	drama therapy	participants showed ability to pretend and use story as potential methods of learning social skills
Li, Wang, Guo & Li, K	2015	qualitative: simple time series	n= 1	child (male, 5-years-old, diagnosed with severe autism spectrum disorder)	Autism Spectrum Disorder (ASD)	psychodrama: role-play	decreased from severe to moderate level of autism; increased eye contact and attention span; no change in resistance of physical touch or friendship development
McArdle et al.	2011	quantitative: latent growth model (LGM)	n=122	K-12 students	TRF Scores: scholastic under-performance, family problems, ill-nourished or poor appearance, impaired peer relationships, behavioral/emotional difficulties	drama therapy: role-play	TRF scores declined (performance improved)

McVea & Gow	2006	qualitative case study	n= 1	adult (female, 50 yrs old)	emotional distress due to interpersonal/social support problems: grief and guilt; interpersonal skills	psychodrama; Therapeutic Spiral Model (TSM): role play, auxiliaries, role reversal, doubling	decreased emotional stress; increased interpersonal skills
McVea, Gow & Lowe	2011	mixed-methods case study, comprehensive process analysis	n= 17	adults (12 female, 5 male; age 27- 66 yrs)	unresolved painful emotional experience	psychodrama: role-play, role reversal, doubling, mirroring, and concretization	reduced interpersonal distress and increased sense of self; no significant change of general symptom distress (SCL90-R)
Menichetti et al.	2015	qualitative case study, comprehensive process analysis	n= 8	adult (cancer patients; 47-73 yrs; 2 male, 6 female)	adjustment to cancer	psychodrama: role play, role reversal	increased empowerment, sense of agency, and self-disclosure
Oflaz et al.	2011	qualitative case study	n= 42	nurses (2-10 years clinical experience)	self-awareness in nurses as it relates to thoughts and emotions	psychodrama: role-play, role reversal, and concretization through selecting an object for recall	increased awareness of the intersectionality between emotions and thoughts; increased emotional regulation

Orkibi, Bar & Eliakim	2014	quantitative: ABA single-case (14 time points)	n= 12	adults (22 -60yrs; 5 with mental illness, 7 without mental illness)	self-esteem and self-stigma regarding mental illness	drama therapy: role-play, role-reversal,	increased self-esteem and decreased self-stigma for participants with mental illness; decreased public stigma for participants without mental illness
Ozbas & Tel	2016	quantitative: pretest-posttest follow-up control group	n=82 (experimental group, n= 38; control group, n= 44)	oncology nurses (18 yrs and above, male and female)	professional burnout	psychodrama: role-play	lower emotional burnout, lower desensitization, and higher personal achievement
Pellicciari et al.	2013	quantitative: pretest-posttest	n=15	adolescents(14-19yrs; 14 female, 1 male)	eating disorders	drama therapy: role-play and performance	decreased obsessive thoughts; improved mood, and spontaneity; decreased anhedony
Rousseau et al.	2007	quantitative: pretest-posttest	n= 136	adolescents (12-18yrs old; 60% boys, 40% girls; immigrants and refugees)	immigrant and refugee emotional and behavioral health	drama therapy: role-play and playback theater in a safe and controlled environment	no improvement in self-esteem or emotional and behavioral symptoms; lower mean levels of impairment by symptoms as compared to the control group
Rousseau et al.	2014	quantitative: cluster randomized-controlled trial	n= 477 (treatment group, n= 140; theatre, n= 157; tutorship, n= 180)	adolescents (grades 7-11)	immigrant and refugee mental health (emotional, behavioral, and learning difficulties)	drama therapy: role-play, fluid sculptures, improvisation	no significant difference in self-reported impairment and symptom

Smokowski & Bacallao	2009	quantitative: pretest-posttest follow-up controlled group, randomized	n= 81 (psychodrama: n= 56, support group: n= 25)	Latino adolescents (12- 18 yrs, foreign-born)	bicultural coping skills for Latino adolescents	psychodrama: role-play, role reversal, doubling, mirroring, empty chair	decrease in conflict between parents and their children; fewer mental health problems
Vural et al.	2014	mixed-methods: single system repeated measures	n= 7	mothers of children with ADHD between 6-11 yrs	negative parenting variables that affect children with ADHD	psychodrama: role-play, role-reversal, doubling, empty-chair	decreased statements indicating negative parental attitudes and parental psychopathology; increased empathy and communication skills
Weinhold et al.	2013	quantitative: monocentric, single-blind, stratified, and balanced randomized controlled trial (RCT)	n=208	adults (M=48 yrs, SD=10; 79% women)	psychological distress and motivational incongruence	psychodrama: family sculpt	improved psychological functioning, decreased psychological distress, and reduced motivational incongruence
Wilmer-Barbrook	2013	qualitative: pretest posttest	n= 8	adolescents and young adults (16- 24 yrs.)	Asperger's syndrome and autistic spectrum disorder: education and/or employment skills	drama therapy: role-play., improvisation, story and movement work	Increased self-confidence, self-esteem, social skills, ability to co- operate, ability to express emotions, communication skills
Zachariah & Moreno	2006	qualitative case study	n=24	children (4th grade students)	interpersonal skills: hierarchy, and conflict	sociodrama: role play, role reversal, doubling	increased sense of inclusion and increased positive talk

Appendix D
Technique Data Grouping

Technique	Problem	Population	Results	Author(s)
Role play	Social anxiety and school performance	Children and adolescents (7- 16 yrs)	Decreased levels of anxiety	Akinsola, E., & Udoka, P, 2013
	Mild to moderate depression	Adults (18-60 yrs)	Decreased symptoms	Costa, E., Antonio, R., Soares, M., & Moreno, R., 2005
	Attachment styles	Adults (24-29 yrs)	Decreased anxiety; improved self-understanding, insight, awareness, interpersonal skills, self-confident, empathy and copy skills, increased hope	Dogan, T., 2010
	Psychopathological conditions	Adolescents (15-18 yrs)	Decreased symptoms	Gatta, M., Lara, Z., Lara, C., Andrea, S., Paolo, C., Giovanni, C., PierAntonio, B., 2010
	Group psychotherapy sense of coherence (SOC) in employees with severe burnout symptoms	Adults (31-59 yrs)	Psychodrama group had a higher increase of SOC than analytic during intervention; lower SOC than analytic group during the follow-up	Kähönen, K., Näätänen, P., Tolvanen, A., & Salmela-Aro, K, 2012

	Quality of life and coping strategies for individuals with HIV/AIDS	Adults	Improved insight, improved awareness, improved coping skills, and improved relationships	Karabilgin, Ö., Gokengin, G., Doganer, I., Gokengin, D., 2012
	Aggression	9th grade students	Decreased total aggression, anger, hostility and indirect aggression; CBT more effective than psychodrama	Karatas, Z., Gokcakan, Z., 2009
	High aggression levels and low problem solving levels	High school students (9^{th}, 10^{th}, 11^{th} grade)	Decrease levels of aggression; increased problem solving skills	Karatas, Z., 2011

Role play Cont.	Effectiveness of the protagonist role in psychodrama	Adults (22 - 46 yrs.)	Protagonist roles are more therapeutic than audience member roles; most meaningful therapeutic factors are family reenactment, instillation of hope, existential factors, self-understanding, and universality	Kim, K., 2003
	Professional burnout	Oncology nurses (18 yrs. and above)	Lower emotional burnout, and desensitization; higher personal achievement	Ozbas, A., Tel, H., 201
	Bicultural coping skills	Latino adolescents (12- 18 yrs., foreign-born)	Larger decrease in conflict between parents/children in psychodrama group compared to support group; fewer mental health problems in psychodrama group compared to support group	Smokowski, P.R, & Bcallao, M., 2009

	Negative parenting variables that affect child ADHD	Mothers of children with ADHD between 6-11 yrs.	Decreased statements indicating negative parental attitudes and parental psychopathology; increased empathy and communication skills	Vural, P., Akkaya, C., Küçükparlak, I., Ercan, I., & Eracar, N., 2014
	psychological distress and motivational incongruence	Adults (M=48 yrs)	decreased psychological distress, and reduced motivational incongruence	Weinhold, J., Hunger, C., Bornhauser, A., Link, L., Rochon, J., Wild, B., Schweitzer, J.

Role-reversal	Attachment styles	Adults (24-29 yrs)	Decreased anxiety; improved self-understanding, insight, awareness, interpersonal skills, self-confident, empathy and copy skills, increased hope	Dogan, T., 2010
	Bicultural coping skills	Latino adolescents (12- 18 yrs, foreign-born)	Larger decrease in conflict between parents and their children in psychodrama group compared to support group; fewer mental health problems in psychodrama group compared to support group	Smokowski, P. R., & Bacallao, M., 2009
	Negative parenting variables that affect child ADHD	Mothers of children with ADHD between 6-11 yrs.	Decreased statements indicating negative parental attitudes and parental psychopathology; increased empathy and communication skills	Vural, P., Akkaya, C., Küçükparlak, I., Ercan, I., & Eracar, N., 2014

Empty Chair	Attachment styles	Adults (24-29 yrs)	Decreased anxiety; improved self-understanding, insight, awareness, interpersonal skills, self-	Dogan, T., 2010

			confident, empathy and copy skills, increased hope	
	Bicultural coping skills	Latino adolescents (12- 18 yrs, foreign-born)	Larger decrease in conflict between parents and their children in psychodrama group compared to support group; fewer mental health problems in psychodrama group compared to support group	Smokowski, P. R., & Bacallao, M., 2009
	Negative parenting variables that affect child ADHD	Mothers of children with ADHD between 6-11 yrs.	Decreased statements indicating negative parental attitudes and parental psychopathology; increased empathy and communication skills	Vural, P., Akkaya, C., Küçükparlak, I., Ercan, I., & Eracar, N., 2014

Doubling	Attachment styles	Adults (24-29 yrs)	Decreased anxiety; improved self-understanding, insight, awareness, interpersonal skills, self-confident, empathy and copy skills, increased hope	Dogan, T., 2010
	Bicultural coping skills	Latino adolescents (12-18 yrs., foreign-born)	Larger decrease in conflict between parents and their children in psychodrama group compared to support group; fewer mental health problems in psychodrama group compared to support group	Smokowski, P.T., & Bacallao, M., 2009
	Negative parenting variables that affect child ADHD	Mothers of children with ADHD between 6-11 yrs.	Decreased statements indicating negative parental attitudes and parental psychopathology; increased empathy and communication skills	Vural, P., Akkaya, C., Küçükparlak, I., Ercan, I., & Eracar, N., 2014

Mirroring	Attachment styles	Adults (24-29 yrs)	Decreased anxiety; improved self-understanding, insight, awareness, interpersonal skills, self-confident, empathy and copy skills, increased hope	Dogan, T., 2010
	Bicultural coping skills	Latino adolescents (12- 18 yrs)	Larger decrease in conflict between parents/children in psychodrama group compared to support group; fewer mental health problems in psychodrama group compared to support group	Smokowski, P. R., & Bacallao, M., 2009

Sculpting	Attachment styles	Adults (24-29 yrs)	Decreased anxiety; improved self-understanding, insight, awareness, interpersonal skills, self-confident, empathy and copy skills, increased hope	Dogan, T., 2010
	psychological distress and motivational incongruence	Adults (*M*=48 yrs)	Decreased psychological distress, and reduced motivational incongruence	Weinhold, J., Hunger, C., Bornhauser, A., Link, L., Rochon, J., Wild, B., Schweitzer, J., 2013

Vignettes	quality of life and coping strategies for individuals with HIV/AIDS	Adults	Improved insight, improved awareness, improved coping skills, and improved relationships	Karabilgin, Ö., Gokengin, G., Doganer, I., Gokengin, D., 2012

Figure 1.2: Table, derived from: Popay, Roberts, Sowden, Petticrew, Arai, Rodgers, Britten, Roen, & Duffy, 2006.

Appendix E

Problem Data Grouping

Grouping	Problem	Population	Technique(s)	Result	Author(s)
Mental Disorders and Symptoms	Aggression	Adolescents	Role play	Decreased total aggression, anger, hostility and indirect aggression; CBT more effective than psychodrama	Karatas & Gokcakan, 2009
				Decrease levels of aggression; increased problem solving skills	Karatas, 2011
	Social anxiety/ school performance anxiety	Adolescents and Children	Role play	Decreased levels of anxiety	Akinsola & Udoka, 2013
	Psychopathological conditions	Adolescents	Role play	Decreased symptoms	Gatta, et al., 2010
	Depression	Adults	Role play	Psychodrama group had significant improvement compared to the control group which used pharmacotherapy alone	Costa et al., 2005
	Psychological functioning, psychological distress and motivational incongruence	Families	Family-sculpt, role play	Improved psychological functioning, decreased psychological distress, reduced motivational incongruence	Weinhold et al., 2013
Stress and Coping	Bicultural Coping	Adolescents	Role play, role reversal, doubling, mirroring, empty chair	Larger decrease in conflict between parents/children in psychodrama group compared to support group; fewer mental health problems in psychodrama group compared to support group	Smokowski & Bacallao, 2009

Stress and Coping Cont.	Attachment styles	Young adults	Role play, role-reversal, mirroring, group sculpture, empty chair	Decreased anxiety (no significant difference between experimental/control), improved self-understanding, insight, awareness, interpersonal skills, self-confident, empathy and copy skills, increased hope	Dogan, 2010
	Negative parenting variables affecting children with ADHD	Adults	Role play, role reversal, doubling	Decreased statements indicating negative parental attitudes and parental psychopathology; increased empathy and communication skills	Vural et al., 2014
	Professional Burnout	Adults (nurses)	Role play	Lower emotional burnout, and desensitization higher personal achievement	Ozbas & Tel, 2016
	Professional Burnout	Adults (public service)	Role play	Psychodrama group had a higher increased sense of coherence (SOC) than analytic group during the development of the intervention, but had lower SOC than analytic group during the follow-up	Kähönen et al., 2012
	HIV/AIDS	Adults	Role play, sociodrama, vignettes	Improved insight, improved awareness, improved coping skills, and improved relationships	Karabilgin et al., 2012
Group Therapy	Effects of playing the protagonist	Adults	Role play	Protagonist roles are more therapeutic than audience member roles	Kim, 2003

Figure 1.3: Table, derived from: Popay, Roberts, Sowden, Petticrew, Arai, Rodgers, Britten, Roen, & Duffy, 2006.

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