Original Research

Evaluation Of The Effectiveness Of Psychodrama On Behavioral Improvement And Marital Relationship

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Abstract

Background: The aim of this study was to evaluate the effectiveness of psychodrama on behavioral improvement and marital relationship. Subjects had to have been out of their abusive relationships for at least two months before taking part in the study.

Method : The research was conducted by 10 couples. They were allocated at random to either an experimental group receiving psychodrama treatment or a control group receiving whatever treatment was available to them if the research was not taking place. In the following three weeks, each of three sections of psychodrama experimental groups met for one eighteen-hour weekend and for three, three-hour evening sessions.

Result: The Rathus Assertiveness Schedule and the Rotter I-E Scale were administered to both groups before and after treatment. Despite the fact that both the experimental and comparison groups showed substantial improvements in behavioral improvement and marital relationship from pre to post, the experimental group did not display significantly more gains than the comparison group.

Conclusion : The subjects who received psychodrama treatment were, however, reported feeling better and were enthusiastic about the process. Others, after attending psychodrama sessions, expressed interest in attending more psychodrama weekends.

Keywords: Psychodrama, Behavioral Improvement, Marital Relationship

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Introduction

Marital abuse is a massive issue that disproportionately affects women. In the United States, it is estimated that a wife is beaten by her husband every thirty seconds, with over one million victims every year [1]. According to Straus, et al (1980) [2], 28% of all couples interviewed recorded violent incidents at least once during their marriage, and the authors claim that these statistics are an underestimate of actual physical violence between couples [2]. Domestic violence has the potential to result in death. Husbands have killed their wives while battering them, and wives have killed their husbands in self-defense. During domestic dispute interventions, 20% of all police deaths occur [3]. Family violence is passed down over the generations. According to Straus et al (1980), one out of every four people who grew up in a home where their parents beat each other later use physical force on their own spouses. Child abuse is likely to occur in these families, and the family violence pattern is likely to be passed on to the next generation when the children marry [2].

Thorman (1980) [4] explains how spouse violence has serious psychological consequences on all members of the family. Depression and anxiety are common among the victims, as are feelings of helplessness and hopelessness. As families try to conceal the abuse, social isolation exacerbates the problem. Witnessing violence has a profound effect on children. Their loyalties are muddled, and they often experience terror and helplessness. They become mediocre students with disciplinary issues. When feeling insecure and in need of attention, Hale children sometimes act out aggressively. Female children also believe that they are of no value. They grow to be wary of men and to be afraid of sexual intimacy.

Despite the serious effects of spousal violence, little research has been done to investigate appropriate care for victims. Marital problems have existed for decades, but mental health practitioners generally overlooked it until the late 1960s. Since then, the host of the study has delineated the scope of the issue in American society, explained patterns of abuse, and looked at why victims remain in relationships [5]. Other studies (Orkibi, 2019) [6] concentrated on identifying the psychological features . Rogers & Kosowicz (2019) [7] claims that experience can explain a lot about the characteristics of domestic violence victims because repeated beatings and the couples failed attempts to control them lead to a sense of helplessness [7]. The traumatic experience treatment modality should acknowledge the couples' competency and include corrective experiences such as being in charge, claiming rights, and experiencing and identifying oneself as having more personal strength. The effects of psychodrama care on couples pre- and post-test scores on instruments of assertiveness and locus of influence, as well as depression, were assessed in this research. Couples who have problems in relationships also pursue counseling for themselves in order to reclaim their sense of personal control and to better appreciate in the hopes of not repeating it. Given the high social and individual costs of domestic abuse, research into the efficacy of recovery methods for victims is critical.

The theory used in this research study was psychodrama, which was conceived and developed by Jacob L. Moreno from 1908 to 1948. Moreno developed psychodrama as a philosophy and therapy based on empathy and experiential learning. Through a variety of techniques, problems are dramatized so that clients can explore issues and choices, try on new roles and behaviors, and thus, alter the way that they define themselves. Insight, catharsis and situational role-enactment are the corrective experiences that facilitate change. Moreno (1946) [8] defined psychodrama as "the science which explores the truth by dramatic methods" (p. a).

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Psychodrama theory is based on Moreno's triadic conceptualization of humanity which includes cosmic, social and individual theories. His cosmic theory presents human beings as having the potential for co-creativity with the Godhead and the ability to be in control of their own life. This is explained in his theory of spontaneity-creativity. His social theory, utilizing his theory of sociometrist, presents human beings as products of their interactions with others. His individual or intrapersonal theory, called role theory presents the individual as an integration of somatic, social and psychodramatic roles learned and developed through experience [9].

To practice Bowen therapy with psychodrama might at first seem a contradiction. Murray Bowen was, in his day, the major theoretician of family therapy. A coherent theory was considered by him to be the essential basis for teaching, research, and clinical practice. Bowen (1978; Kerr & Bowen, 1988) [10] stressed a cerebral approach, in contrast with the experiential, no theoretical ways of working with families that were current at the time. It might therefore have been a more appropriate title for this article to use the term action methods, rather than psychodrama as such. However, psychodrama is a method that also involves discipline and thought, based on its own theory, which encompasses drama. The authors adapt psychodrama to follow the aims of Bowen, using, in particular, four of his eight interlocking theoretical concepts. The illustrations are taken from four case studies.

For Bowen, there are forces in a family for togetherness and opposing forces for individuality. The more that a person is self-motivated and able to operate as an individual, the less fusion there is between intellectual and emotional functioning. A very undifferentiated person has great difficulty in distinguishing thoughts from feelings and is prone to becoming emotionally reactive to the feelings and actions of others, particularly within the family. This family, if itself undifferentiated, is regarded also as fused - acting and feeling as a whole body, rather than in accordance with the purposes of its individual members. When there is an emotional oneness between family members, Bowen calls this the undifferentiated family ego mass. This can result in an emotional closeness so intense that family members cannot distinguish their own feelings and thoughts from those of other family members. Such over involvement, while superficially attractive and comfortable, can become like a prison, thwarting the individuality of the members and resulting in one or more members attempting to gain a sense of self by cutting themselves off emotionally and physically from the family. This, however, does not resolve the original attachments to the family of origin. The person who emotionally "cuts off" may feel more comfortable but, still lacking sufficient differentiation from the family members, often becomes very closely involved with other people who have a similar low level of differentiation and who originate, in turn, from another undifferentiated family.

Review of the Literature

Psychodrama, as a therapeutic technique was introduced over sixty years ago when Moreno wrote about his work with the prostitutes in the streets of Vienna. Since then, thousands of clinicians have been trained to use Moreno's methods. The Moreno Academy operated for forty-seven years in Beacon, New York. Currently training institutes operate from coast to coast in America and in many other countries including Germany, Japan, Australia, Argentina Sweden and France. [9].

In spite of the growing use and enthusiasm for this therapeutic method, its practitioners have tended to rely on clinical experience to prove its efficacy and have produced a paucity of empirical research. Most of the literature consists of case studies and theoretical discussions in an attempt to support the use of

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psychodrama with varied populations and in different settings [11].

Psychodramatists often offer compatibility with other therapies as evidence of effectiveness. Blatner (1973, p.25) [12] notes that dramatic doubling with a protagonist is very similar to Rogerian feedback. Behavioral practicing can be compared to Wolpe's reciprocal inhibition and other deconditioning techniques for the treatment of phobias (p.81). Blatner also reports the use of psychodrama by French psychoanalysts to illustrate the emergence of such psychodynamic themes as the Oedipal complex (p.127) [12].

Psychodramatic enactment of intrapersonal conflicts has been used to illustrate the concept of splitting in object-relations theory, incongruent and autonomous body language in Gestalt theory and archetypes and complexes in Jungian theory. Kellerman (1987) mentions that psychodrama has similar treatment approaches to the fixed role therapy of George Kelly and the social model learning of Albert Bandura [13].

Articles in the journals further attest to the adaptability and usefulness of this model. Altner and HeakmanLakanour (1987) [14], used psychodrama for training counter-terrorist teams. Nordin (1987) [15] reported success with psychodrama as treatment in a nursing home for the elderly. Newburger (1987) [16] treated phobias with psychodrama. He reported that seven months after treatment, eight of the ten subjects remained symptom free.

Locus of control is a measure of generalized expectancy. Rotter (1966) [17] describes the locus of control construct as follows: When a reinforcement is perceived by the subject as following some action of its own but not being entirely contingent upon this action, then in our culture, it is typically perceived as the result of luck, chance, fate, as under the control of powerful others, or as unpredictable because of the forces surrounding him [17]. When the event is interpreted in this way by an individual, we have labeled this a belief in external control. If a person perceives that the event is contingent upon his own behavior or his own relatively permanent characteristics, we have termed this a belief in internal control.

Carroll (2018) [18] proposed a literature review which explores the possibility of therapeutic enhancement through a hybrid approach to cognitive behavioral therapy and expressive arts therapy. The proposal for a hybrid approach is based on an investigation into the published literature and historical texts of each modality, their underlying theories, an analysis of the strengths and weaknesses, potential overlap of the two modalities, and gaps that may be filled by a tandem application. The final component of this literature review provides samples for application by focusing on adolescents with anxiety as a target population. The research presented here encourages practitioners to perform further research on the utilization of this particular hybrid approach and opens the door for further communication about other potential hybrid approaches.

Dogan (2018) [19] investigated the effects of psychodrama on the counseling skills (mainly empathy) and on increasing the self-awareness of 23 counseling undergraduate students [19]. Participants attended 12 psychodrama sessions over 3 months. Data were gathered by using the Empathic Tendency Scale and a personal information form. The study used the mixed method research design, which combines qualitative and quantitative methods. The quantitative aspect of the study involved the use of pretest–posttest experimental and control group design with random assignment, while the qualitative aspect utilized the methods of case study, observation, and interview. The quantitative and qualitative results showed that psychodrama increased students' empathy, counseling skills, and self-awareness.

Giacomucci (2019) [20] outlined two trauma-

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specific psychodrama models (Therapeutic Spiral Model and Relational Trauma Repair Model) with their emphasis on strengths, containment, and safety. The clinical research and integrated neurobiology research were presented as a growing evidence base for psychodrama and experiential trauma therapy. An overview of the state of sociometry, psychodrama, and experiential group psychotherapy education were outlined to provide a global and historical contextualization with an emphasis on experiential education and its complimentary nature with social work education. Finally, an MSW course curriculum was provided to mediate the existing hole in social work education resulting from the decline of group psychotherapy training

Orkibi (2019) [6] introduces positive psychodrama as a framework for practice and research that builds on a sustainable and growing body of research indicating that a complete notion of mental health consists not only of the absence of mental illness symptoms but also the presence of mental health indicators [6]. The author addresses the question of how does psychodrama look through the lens of positive psychology. After an overview of psychodrama background and research, positive concepts in J. L. Moreno's psychodrama theory and philosophy are revisited and linked to contemporary positive psychology literature. Empirically-supported positive psychology interventions are also reviewed and examples of positive psychodrama activities are presented. Psychodrama therapists and researchers are encouraged to focus not only on decreasing mental illness but also on improving mental health, thereby contributing to the growing body of literature on this topic.

Rogers and Kosowicz (2019) presented a review which explores the development of and rationale for psychodrama, the stages of the process, the contemporary models and applications, particularly its use with those recovering from trauma, and the wider evidence base [7].

Kushnir and Orkibi (2021) generated an empirically based conceptualization and operationalization of concretization as well as to identify the clinical benefits in psychodrama [21]. To this end, semistructured in-depth interviews were conducted with seven experienced psychodrama therapists. Using a grounded theory approach for the data analysis, the model that emerged consists of three pathways toward concretization: realistic concretization, symbolic concretization, and integrated concretization. The findings suggest a sequential multistep operation that can be linear or nonlinear, depending on the protagonist's need. The findings also underscore four benefits of concretization as a mechanism of change in psychodrama: reducing the ambiguity of the problem, externalizing the protagonist's problem, enhancing the therapist-protagonist therapeutic bond, and bypassing the protagonist's defense mechanisms.

López-González et al (2021) [5] carried out a systematic review of controlled clinical trials in order to identify both specific populations and social issues which may benefit from the effective use of psychodrama psychotherapy [5]. A search was conducted in the WoS, SCOPUS, PsychINFO, Medline, Academic Search Ultimate, ProQuest, and PubPsych databases, complemented by a manual search on relevant websites and in the reference lists of the selected studies. Randomized controlled trials (RCTs) and quasi-RCTs of group-based psychodrama psychotherapy were included. The Effective Public Health Practice Project (EPHPP) tool was adopted to assess the methodological quality of the included studies. The search identified 14 RCTs and one quasi-RCT evaluating the effects of group-based psychodrama psychotherapy. Despite psychodrama's long history, most clinical trials in this field have been published this century, which suggests not only that this

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psychotherapeutic practice remains relevant today but also that it continues to attract substantial interest among the scientific community.

Method

The research was conducted by 10 couples. They were allocated at random to either an experimental group receiving psychodrama treatment or a control group receiving whatever treatment was available to them if the research was not taking place.

Participants were randomly assigned to either a psychodrama group or to a comparison group of equal original size. Each psychodrama group met for 27 hours, including one 18-hour weekend and three, weekly, three-hour evening meetings. After the four week treatment interval, the psychodrama participants and the comparison group subjects were given the Rotter Internal-External Scale and the Rathus Assertiveness Schedule as post-tests. The Beck Depression Inventory and the Eysenck Personality Inventory (EPI, Eysenck and Eysenck, 1968) were also given as post-tests. Comparison group subjects were offered the opportunity to be included in the next psychodrama group. The psychodrama groups followed Moreno's (1946) [8] classical methods (described in Appendix C) and included warm-ups, action dramas and sharings [8]. These groups were each led by two licensed therapists who are trained and experienced in the psychodrama method. The experiementer was also present at each group meeting. This study employed the Pretest-Postest Control Group Design [19]. The following null hypotheses were tested: 1. There will be no significant difference in gains on assertiveness as measured by the Rathus Assertiveness Schedule between the treatment groups and the comparison groups. 2. There will be no significant difference in changes from external to internal locus of control as measured by the Rotter I-E Scale between the treatment groups and the comparison groups. 3.There will be no significant relationship between assertiveness as measured by the Rathus Assertiveness Schedule and locus of control as measured by the Rotter I-E Scale for couples. Demographic variables were examined by Chi Square Test to determine if there was group equivalency. Means and standard deviations were determined for all instrument scores and were tested for normal distribution. Pearson product-moment correlations were done on all variables, as data were normally distributed, in order to describe significant correlations. The effects of psychodrama treatment on the outcome variables of assertiveness and locus of control were statistically tested by computing univariate analysis of gain scores for each of the outcome variables. Additionally, to test for the third hypothesis, pretest scores of assertiveness and locus of control were correlated to determine the relationship between these constructs.

Result

The major findings of this study were based on several principal hypotheses. Hypothesis 1. The first experimental hypothesis was that there would be a significant gain on assertiveness, as measured by the Rathus Assertiveness Schedule, between the experimental and the comparison groups at the end of the treatment period. Specifically, the experimental group was expected to make the greatest gain. Research results actually confirmed a null hypothesis of no difference between the groups. On the basis of an alpha level of $p < .05$, there was no difference between experimental group change scores and comparison group change scores. Both groups made changes toward more assertiveness equally. Paired t-tests were calculated for change scores collapsed for groups on the Rathus Assertiveness Schedule. Differences were found between pre and post test scores. Hypothesis 2. The second experimental hypothesis was that experimental subjects would show an increase in internal locus of control orientation relative

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to comparison subjects. Again, study results actually found no differences on the I-E scale between groups, supporting the null hypothesis. There was no difference between experimental group change scores. The third experimental hypothesis was that there would be a significant relationship between assertiveness as measured by the Rathus Assertiveness Schedule and locus of control as measured by the Rotter I-E scale. This hypothesis was proven valid. A Pearson Product Correlation Coefficient of was shown by the study for the relationship between the scores for the Rotter I-E Scale and scores for the Rathus Assertiveness Schedule.

Discussion

The treatment of psychodrama was not measured to be effective for significantly changing assertiveness, depression or locus of control. Although subjects from both treatment and comparison groups made significant changes in the desired direction for depression and assertiveness, changes for the experimental group were not significantly greater than those for the comparison group. There were no significant changes for either group on the locus of control measure. These results are in line with those of Straus et al (1980) [2], Orkibi (2019)[6] .

he improvement on assertiveness and depression for the comparison group may be attributable to maturation [7], effects of testing or the effect of hopefulness following the initial contact for therapy. As was discussed earlier, subjects for this study had a readiness to seek help and the coping skills for finding it. The results of this study fail to show psychodrama to be effective for improving assertiveness and locus of control for couples. The changes for the treated subjects were not significantly greater than the changes for the comparison subjects although all changes were in the desired direction.

Conclusion

Overall, people who received psychodrama treatment felt better and were more enthusiastic about the process. Others, after attending psychodrama sessions, expressed interest in attending more psychoderma weekends.

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