



The Effectiveness of Psychodrama in Improving Quality of Life among Opiate-dependent Male Patients

Saeed Dehnavi^{*1}, Mahin Bajelan², Setareh Javaher Pardeh³, Hamideh Khodaviren⁴ and Zahra Dehnavi⁵

¹M.A. in Clinical Psychology, Islamic Azad University- Science and Research Branch, Qazvin, Iran

²M.A. in Personality Psychology, Islamic Azad University- Karaj branch, Alborz, Iran

³M.A. in Clinical Psychology, Islamic Azad University- Science and Research Branch, Qazvin, Iran

⁴M.A. in Clinical Psychology, Islamic Azad University- Semnan branch, Semnan, Iran

⁵Ph.D. Student in Higher Education Management, Islamic Azad University- Science and Research Branch, Tehran, Iran

Corresponding Email: Saeed.dehnavi@ymail.com

ABSTRACT

The current paper aimed to investigate the effectiveness of psychodrama therapy in the improvement of the quality of life (QOL) for opiate-dependent male patients. It was a quasi-experimental research study, using pre-and post-testing plan with a control group. A total of 30 individuals were selected among male clients with opiate dependence, who were referred to addiction treatment clinics in Kermanshah (Iran) and successfully passed the detoxification programs, by a convenience sampling technique. The subjects were randomly placed into two experimental and control groups. The experimental group participated in a twelve-session psychodrama therapy plan for 6 weeks, while the control group received no intervention. In order to collect data, the SF-36 questionnaire was applied. Data analysis was performed by analysis of covariance (ANCOVA). The ANCOVA results revealed that there is a significant difference between two groups in the post-test stage. As seen from the findings, the psychodrama intervention can be used as an effective modality to enhance the quality of life among male patients with opiate dependence.

Keywords: Psychodrama, Quality of life, Substance Dependency, Males.

INTRODUCTION

Drug abuse is among the major challenges of the current era, which has spread worldwide. The millions of lives have been affected by this problem and it needs massive investment to battle or make compensation for the resultant damages. The number of victims greatly increases every day and its complications, including physical, psychological, familial, cultural, social, economic impacts can threaten human health and well-being [2]. Some damaging effects of addiction include aggression, neurological disorders, marital dissatisfaction of addicts and their spouses, and negative consequences on families, sexual behavior, and quality of life of patients [7]. Opiate withdrawal has been considered by the authorities, people struggling with substance abuse, as well as their families.

The quality of life (QOL) is regarded as a valid scale for assessing the outcomes of treatment and services for affected people [15]. The quality of life includes physical health, psychological mode, social relations, and personal spiritual beliefs, evaluated based on the subjective experience of people [13]. Over the past three decades, the importance of QOL has been increasingly highlighted in the measurement of consequences and effective treatments for physical and mental illnesses [8]. According to Nordonfelts [12] who defined life quality as the life satisfaction, the assessment of people's satisfaction can be carried out by individual experiences of reaching their goals. Such an

experience may have different meaning for different persons. One of the most important items assessed the quality of life is drug abuse.

There are a number of evidences confirming the relationship between the enhanced quality of life and effective treatments of opioid dependence. The life quality seems to be improved after the onset of treatment and during maintenance therapy and also increased in several aspects after the treatment of drug abuse (methadone maintenance therapy and psychological interventions) [11].

Psychodrama is a branch of art therapy, providing a different vision in the field of psychotherapy. In the early 1920s, this procedure was introduced by Moreno as the result of his discoveries on personal conflicts as to release suppressed emotions [14]. Psychodrama is a relationship-oriented approach that helps people discover the psychological dimensions of their problem; in this case, the individual concerns his/ her problems not only by dialogues, but also by visualizing them [1]. Among the most important values of psychodrama is to teach skills that go beyond the task of problem solution. This approach seeks to treat social and mental health issues which may be due to the lack of critical communication skills including dialogue, interpersonal skills, and self-awareness [14].

Previous research reveals that psychodrama would be an effective modality for addicted women being at risk of sexual abuse to cope with traumatic events, treat alcohol and drug dependence, reduce depression in opioid-dependent addicts [3], as well as prevent relapses .

Given the significant role of psychological aspects in addiction treatment, and since psychological therapies have often not dealt with the improvement of QOL as a most important treatment objective, the purpose of this study is to investigate the effectiveness of psychodrama therapy in the improvement of the quality of life (QOL) for opiate-dependent male patients.

MATERIALS AND METHODS

Study Design & Sampling

This is a quasi-experimental research study, using pre- and post- testing plan with a control group. The study population included all male clients with opiate dependence, referred to addiction treatment clinics in Kermanshah (Iran) in summer 2014. A total of 30 individuals referred to addiction treatment clinic of Tavalod-e-Dobareh (Rebirth) in Kermanshah were selected using a convenience sampling technique, and randomly divided into two control and experimental groups.

The following requirements were used for the selection of subjects: (1) a characteristic of opioid dependence according to the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (DSM-V, 2013); (2) minimum degree of high school diploma; (3) detoxification completion; (4) negative urine opiate tests; (5) age range 20 - 52 years; (6) having male gender.

The criteria to remove from the study included: (1) more than three absences from meetings; (2) concurrent participation in other psychological therapies; (3) severe psychiatric disorders or severe physical illnesses that prevents sessions to be treated.

When the informed consent was obtained, the experimental group was invited to participate in psychodrama meetings. This intervention was implemented as a twelve 2-hour session therapy plan for 6 weeks, based on psychodrama principles. It should be noted that at a one week interval, the post-test was carried out for both the control and experimental groups.

The psychodrama plan consisted of three distinct processes: the warm-up, the casting, and the sharing. The director performed four roles; namely, analyst, producer, therapist, and group leader. In the casting, the protagonist, or a person who discussed his/her problem in the group, was selected voluntarily or by the director (Clurman, 1992). The patients represented the audience.

The first session was an introduction of members, and provided some descriptions about psychodrama, its techniques, rules and structure. In the second meeting, the effort was to establish a dialogue and define the problem in the group, in addition to building confidence and practicing speaking skills. During the sessions 3 to 6, the emphasis was on meditation practice; using a non-verbal way to understand feelings; familiarity with the body language; trying to develop mental abilities through innovation, and awareness of emotions in oneself and others; reinforced feelings of joy, sadness; and speech and behavior training. The sessions 7 to 11 were focused on encouraging the members to tell their problems in the form of role-plays, to use the psychodrama techniques, and to

participation as a helper in the casting process and behavioral exercises. In these sessions, different techniques including duplication, role reversal, mirror, projection of future, monologue, and self-actualization, and also skills to establish communications, express both verbal and nonverbal emotions, and recognize and control the feelings were examined according to characteristics of the members and the group. In addition to the review and conclusion of activity sessions and discussions on achievements, the members terminated the session 12 by addressing their plans for the continuation of life.

For the study, the SF-36 questionnaire was applied. As an ideal scale to measure individuals' perception of their own health, it consists of 36 items in eight subscales; physical function, physical role functioning, body pain, social role functioning, emotional role functioning, general health perceptions, vitality and mental health. In fact, the questionnaire addresses both physical and mental approaches. The reliability and validity of the questionnaire were first evaluated by Montazeri (2005) on 4163 people aged 14 years or older, with alpha coefficient of 78%, while the test-retest coefficient with one-week interval was 95% [16]. Here, the Cronbach's alpha for the entire scale was 84 %.

Data analysis was carried out by using descriptive statistics and analysis of covariance test.

RESULTS

The study subjects were all males; with the mean age and standard deviations of 31.4 ± 4.37 years old for the experimental group, and of 29.6 ± 4.12 years old for the control group. Among the respondents, 70 percent were single. Approximately 60% had earned a high school diploma and the remaining had lower education degree. Table 1 shows the mean and SD scores for the QOL on the pre-test and post-test phases for both the control and experimental groups. As seen, the results indicate an improvement in the mean scores of QOL on the post-test for the experimental group.

Table 1- Descriptive Statistics for QOL Scale by Individual Groups and Test Types

Group	Pre-test		Post-Test	
	Mean	SD	Mean	SD
Experimental	16.82	4.27	25.74	4.16
Control	17.91	5.12	16.25	3.51

In order to measure the effectiveness of treatment, an analysis of covariance was applied. The uniformity of slopes among the regression lines is one precondition of doing correct analysis of covariance. The outcome ensures that this holds ($P > 0.05$, $F = 0.068$). The other precondition is the uniformity of variances. The results obtained from the Leuven test suggest that the precondition is holds ($P > 0.05$, $F = 2.794$).

Table 2- Results of Covariance Analysis Test for QOL

Source	Sum of Squares	Degree of Freedom	Mean Square	F	Significance Level	Effect Size	Statistical Power
Groups	583.45	1	583.45	93.84	0.0005	0.714	1
Error	325.67	27	12.21				

As seen in Table 2, the practice of the suggested treatment is effective ($P < 0.0001$, $F = 93.84$). To put it differently, the psychodrama intervention can result in improved scores of QOL levels.

DISCUSSION AND CONCLUSION

The purpose of this research was to assess the effectiveness of psychodrama therapy on the improvement of QOL among opiate-dependent male patients. The result reveals the improved levels of QOL due to the practice of the psychodrama intervention. This is consistent with the findings of studies by Dehnavi, Ayazi & Bajelan [3]; Sumo (2008); Ghasempour & Mahdavi [5]; and Gru et al. (2005) about the effectiveness of psychodrama on the psychological improvement of drug addicts. To explain this, psychodrama can be found as an effective modality where through "action and performance" and "active observation", rather the dialogue, the therapist deals with assessment and cognition of personality structure, interpersonal communication, internal conflicts, and emotional challenges of the patients and provides them with opportunities to gain insight, personal growth and treatment.

In psychodrama, the therapist organizes group solutions that ultimately enable the patients to become aware of their social roles.

During psychodrama meetings, patients find how to best act when interacting with the environment and people, and this helps them explore their own psychological aspects. In addition, the play provides an opportunity for the patients to experience and repeat life situations and facts. Therefore, the participation in psychodrama treatment demonstrated improvements in QOL levels.

It seems that a person himself thinks of the solutions and plays the final solution, since psychodrama has social trends and he/she enacts the problem on the scene. Further, because the most important aspect of psychodrama is to be practicality compared with other therapies; through this approach, the individual reviews the problem by engaging in an enactment rather than by just dialogue, and then finds a right answer. Psychodrama is used to increase the scope of interpersonal exchanges in a direct confrontation with emotions of people involved and to demonstrate their emotional struggles for daily lives [1].

In sum, it can be concluded that psychodrama can lead to improvement in life quality by using different techniques including mirror, duplication, role training, hot chair, and monologue, and also through increasing group- and social-interactions and triggering interpersonal experiences. It seems that changes in cognitive insight, consciousness level, indirect training of social skills, depth and scope of individual experiences, understanding self strengths and weaknesses, bringing an emotional and cognitive integrity, and catharsis are the key reasons for QOL enhancement [3].

There are some limitations. The primary limitation of the research was the relatively small size of the sample population which would challenge the generalizability of study results. Moreover, such a small size of participants may lead to a lower statistical power and make data analysis more difficult. Other limitations included the short period of follow-up, the use of self-reporting method for data collection, and few therapy sessions. Further studies are recommended to apply larger samples, and implement long-term follow-up stages to examine the effectiveness of treatments. In order to generalize the findings to larger communities, similar research are required on different age groups as well as women populations.

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