

Abstract

Objective: The current study aimed to investigate the effectiveness of psychodrama therapy in relapse prevention (RP) and the reduction of depression among opiate-dependent male patients. **Method:** A quasi-experimental research design along with pre-post tests and follow-up and control group was employed for this study. Using convenience sampling method, the number of 20 opiate-dependent men who had referred to addiction treatment clinics in Kermanshah (Iran) and successfully passed detoxification program was randomly selected as the participants of the study. The experimental group participated in a twelve-session therapy plan during six weeks. Beck Depression Inventory (BDI) was used for data collection purposes. **Results:** The results of ANCOVA revealed the existence of a significant difference between the two groups in the post-test and follow-up scores. **Conclusion:** According to the findings, it can be argued that psychodrama intervention can be used as an effective program in the reduction of depression and relapse prevention among opiate-dependent men.

Keywords: Psychodrama, Depression, Substance Dependency, Relapse Prevention

The Effectiveness of Psychodrama in Relapse Prevention and Reducing Depression among Opiate-Dependent Men

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Introduction

Nowadays, addiction is categorized among the most pervasive social, cultural, and health crises and its destructive wave influences all the social, political, cultural, economic, psychological, and health aspects. Physical conditions, such as infectious diseases like hepatitis and AIDS, psychiatric disorders such as anxiety and depression, social problems such as an increase in drug-related crimes like robbery, murder, suicide, unemployment, domestic violence, child abuse, spouse abuse, increase of divorce rates, and increase of educational failure among the children with addicted parents can be regarded as the negative consequences of addiction (West, 2006). The problem of addiction withdrawal is one of the issues that has been always regarded by the authorities as well as sufferers of substance abuse and their families. The physical withdrawal of drug addiction is not a big problem; rather, the major problem in the treatment of addicts, even with prolonged periods of purity, is high relapse rates (Yan & Nabeshima, 2009). In a study, the relapse has been reported to be 75 percent (in Iran 50 percent) (Amini, Amini, Afshar & Azar, 2003). On the other hand, opiate addiction is a chronic disease that is often associated with another psychiatric illness. Mood disorders, especially depression are among the most common psychiatric disorders associated with addiction. The prevalence of major depressive disorder in individuals with mood disorders has been reported to be approximately 50-60 percent while the prevalence of minor depressive disorder has been reported to be nearly 10 percent (Ilegn, Jain & Trafton, 2008). Depression with the production of symptoms such as distress and inability is considered a barrier to deal with addiction withdrawal and to take advantage of available coping resources. This is mentioned as a research finding while some studies show that the treatment of mood disorders associated with addiction may reduce addiction initiation and relapse (Quello, Brady & Sonne, 2005; Sara, Rosemarie, Martin & Rohsenow, 2008; Fitzsimons, Tuten, Vaidya & Jones, 2007).

Group therapy is the preferred treatment for many psychological disorders and benefits from advantages such as saving time and energy, training of social skills, and improvement of interpersonal relationships. Such benefits have led to extensive use of this method as the preferred treatment method for drug-dependent patients (Brink & Hassen, 2006). Depending on the goals, group therapy has different approaches. Psychodrama is one of the common approaches in group therapy, which is used on a wide range of human problems. Psychodrama is a branch of art therapy that is viewed as a different perspective in the field of psychotherapy. This method was proposed as a therapeutic tool in the early 1920s by Moreno that was derived from some discoveries in connection with the existing conflicts in persons so that the person could release of his/her repressed feelings (Somov, 2008). Psychodrama is a collective method for the modification of behaviors and a relation-based approach that helps patients to

discover the psychological aspects of their problems. In this way, patients reconsider their problems not only through negotiations, but also through the display of their problems (Blanter, 2007). The patient during psychodrama finds how to act when dealing with the peripheral environment and making social and interpersonal relationships and this helps him/her explore the psychological aspects of his/her problem (Blanter, 2007). In psychodrama, as a dynamic and experimental therapy, the present time and "here and now" are strongly emphasized, even when the person places roles for his/her distant pasts. In this therapy, therapist, not only through dialogue but via "action and practice" and "active observation" tries to investigate and recognize the structure of personality, interpersonal communications, internal conflicts, and the patient's emotional issues and provides the conditions for insight, character development, and treatment (Chesner, 1994). Previous studies have shown that psychodrama is effective for the treatment of moderate depression (Hamamci, 2006), the treatment of addicted girls at risk of sexual abuse for coping with trauma (Somov, 2008), and the treatment of major depressive disorder (Bahari, Baniasad, Khedmatgozar & Eshaghi, 2011).

Psychodrama is widely used in the treatment of addicted patients. Moreno treated alcoholics with psychodrama (Rustin & Olsson, 1993). The effect of this treatment on control of spatial variability and relapse prevention (Hadian, Noori & Malekpour, 2010), treatment of alcohol and drug dependence (Greve, Stickle, Bianchini & Stanford, 2005), production of a negative attitude to addiction and its withdrawal (Eiser, Staphan & Mallary, 1978), as well as relapse prevention (Somov, 2008) has been confirmed. Few studies have been undertaken on the effects of psychodrama on the treatment of addictive disorders such as anxiety and depression. Considering the important role of psychological aspects in addiction treatment, reduction of relapse, loss of patients from treatment, increased levels of tolerance for addiction withdrawal, this study aimed to examine the effectiveness of psychodrama in the reduction of depression and prevention of relapse in opioid-dependent men.

Method

Population, sample, and sampling method

A quasi-experimental research design along with pre-post tests and follow-up and control group was employed for the conduct of this study. All the opiate-dependent men who had referred to addiction treatment clinics in Kermanshah constituted the statistical population of the study. The number of 20 opioid addicts admitted to treatment centers of Kermanshah was selected through convenience sampling method as the participants of the study and they were randomly assigned to control and experimental groups. The criteria for the inclusion of participants in this study were as follows: Opioid dependence based on Diagnostic and Statistical Manual of Mental Disorders criteria (the fifth

edition), absence of signs of psychosis and severe mental disorders based on Diagnostic and Statistical Manual of Mental Disorders criteria (the fifth edition), the minimum education of primary school, completion of detoxification program in opioid -dependent subjects, negative urine tests for opiates, aged between 20 and 50 years, being male. On the other hand, the exclusion criteria were as follows: being absent more than 3 sessions during the period, simultaneous participation in other treatment programs, suffering severe psychiatric disorders or severe physical illnesses that prevent participation in therapeutic sessions.

After the announcement of written consents, the participants in the experimental group were administered to an intervention, including 12 two-hour sessions during six weeks based on the principles of psychodrama. It should be noted that one week after the completion of sessions, the experimental and control groups were given posttest and the follow-up was conducted two months later. The conduct of psychodrama in each session consists of three phases: preparation, execution, participation and termination. In this study, the performance of director has been based on four roles of analyst, producer, therapist, and leader of the group.

A protagonist or an individual who raised his/her issue in the group was selected by the director or on a voluntary basis in the initial phase (Kellerman, 1992). Audience in this study were the participating patients. In the first session, some explanations were given about psychodrama, its techniques, rules and structure of the sessions in addition to familiarization of members with each other. In the second session, confidence-building and expression-raising were practiced and it was attempted to put the group in the path of dialogue and question. From the third to sixth sessions, the emphasis was placed on concentration practices, the use of non-verbal approach to make the clients aware of feelings, familiarity with body language, effort to develop mental abilities in a creative way and consciousness of one's and others' emotions, reinforcement of happy and sad feelings, and speech and behavioral training. From the seventh to eleventh sessions, the main focus was on the encouragement of members to recount their problems in the form of role playing and use of psychodrama techniques; and members' participation in the implementation process and behavioral exercises was also focused. During these sessions, additional techniques, role reversal, mirror technique, projection technique in the future, monologues, and self-actualization techniques were used. Moreover, considering the characteristics of the members of the group, communication skills, skills in expressing emotions verbally and non-verbally, and identification of feelings and control of them were practiced. In the twelfth session, the sessions were reviewed and summed up and achievements of members of the group were described, and the members discussed their plans to survive.

Instrument

1- Beck Depression Inventory (BDI): This self-report questionnaire is widely used to measure depression and contains 21 items resulting from the symptoms of depressed patients. These items are each scored based on the reported severity of the patient's status from 0 to 3. Ghasemzadeh et al (2002), translated the scale and administered it to 125 Iranian students and reported Cronbach's alpha coefficient and test-retest coefficient of the scale equal to .78 and .73, respectively (cited in Rajabi, 2007).

2- Urine test: It was used to check any possible relapse.

Results

The mean (standard deviation) pertaining to the age of the experimental and control groups was 29.80 years (4.51) and 27.30 years (4.05), respectively. Descriptive statistics of depression are presented in the table below for each test and group.

Table 1: Descriptive statistics of depression for each test and group

<i>Stage</i>	<i>Group</i>	<i>Mean</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>N</i>
Pretest	Experimental	29.90	4.88	25	42	10
	Control	31.80	8.5	25	48	10
Posttest	Experimental	7.90	3.47	2	13	10
	Control	31	9.05	22	48	10

The figure pertinent to depression scores is presented below for each group and test stage.

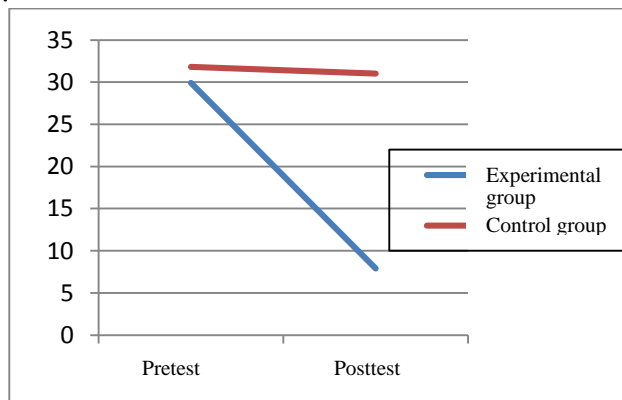


Figure. 1: Pretest and posttest scores of depression in two groups

Analysis of covariance was used to evaluate the effectiveness of treatment. One of the assumptions of using this test is the equality of the slope of regression lines. The results suggest that this assumption has been met ($P > .05$, $F = .058$). Another assumption is equality of variances. This assumption was also satisfied. ($P > .05$, $F = 2.984$).

The results of analysis of covariance for depression variable are shown in the table below.

Table 2: Results of analysis of covariance representing the effectiveness of psychodrama in depression

<i>Sig.</i>	<i>F</i>	<i>Mean Square</i>	<i>df</i>	<i>Sum of squares</i>	<i>Sources of variance</i>
.150	2.271	99.82	1	99.82	Pretest
.0005	62.84	2761.57	1	2761.57	Group
-	-	43.95	17	747.00	Error
-	-	-	19	11081.00	Total

As it is observed in the above table, psychodrama therapy is effective in depression ($P > .001$, $F = 62.840$). In other words, the intervention has reduced depression scores in the experimental group.

In the follow-up stage, the members of the experimental and control groups were studied in terms of relapse or lack of relapse. The results of the follow-up revealed that only two people in the experimental group and 7 participants in the control group experienced relapse. Fisher z-transformation was used to examine the difference in ratios and the results showed the presence of a statistically significance difference. This means that the treatment has been effective in reducing relapse ($P < .01$, $Z = 2.25$).

Discussion and Conclusion

The aim of this study was to evaluate the effectiveness of psychodrama in the level of depression in the men dependent on opiates. The results showed that the psychodrama intervention reduced depression. This finding is consistent with findings of previous research done by (Hamamci, 2006; Somov, 2008; Hadian et al., 2010) which asserts that psychodrama is effective in psychological improvement of drug abusers. In addition, Bahari, et al. (2011) demonstrated the effectiveness of psychodrama in treatment of depression in patients with major depression. To account for the above finding, one can claim that psychodrama is a group activity and an opportunity to share the motivations, analyses, and repressed emotions and receive good feedback. In psychodrama sessions, individuals learn to take the initiative and communicate with others in a motivated fashion. In depression disorder, the existence of some problems in establishing social relationships is reported by sufferers. Participation in psychodrama activities and experience of positive human relations lead to the reduction of social isolation in people with this disorder. In addition, psychodrama provides these people with an opportunity to experience situations and the realities of life. Therefore, symptoms of depression after participating in psychodrama sessions recover. In order to explain the findings of this study, one can argue that psychodrama has a social direction and people think about solutions and deal with the discovery of the final solution at the scene because they demonstrate their problems at the scene. Moreover, since practicality is the

most important aspect of psychodrama therapy compared to other methods, individuals review their problems and find solutions for them by visualizing the problem rather than by talking about problems. Psychodrama is used to increase the exchanges between people in direct confrontation with emotions of the involved parties and to show their emotional struggles in everyday life (Blanter, 2007). Murano said: "The patient is a human with sick relationships; therefore, what should be corrected and treated is the patient's relationship with others". Psychodrama is a group method of behavior correction and a relationship-based approach, which is considered as the best treatment for depression (Blanter, 2007).

In general, it can be argued that psychodrama leads to the reduction of depression symptoms due to the use of techniques such as mirrors technique, additional technique, role reversal, empty chair, and monologue and also due to the increase of social between-group interactions and expansion of interpersonal experiences. It seems that changes in cognitive insight, awareness level, indirect training of social skills, expansion of individual experiences, understanding of strengths and weaknesses, production of emotional and cognitive integrity, and psychological refinement are among the reasons for the improvement in the symptoms of disorders and treatment.

The small number of participants in this study was one of the limitations of this study which makes it difficult to generalize the results to some extent. Furthermore, the small number of subjects decreases the statistical power and makes the analysis results of the results difficult. The impossibility of long-term follow-up, use of self-report methods for data collection, and the few number of treatment sessions were among other limitations of the current study. It is suggested that future studies be done with larger samples. It is also suggested that long-term follow-up be done to examine the effectiveness of the therapy. In order to generalize the results to larger communities, it is necessary to conduct similar studies on different age groups as well as women.

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