Psikodrama Grup Psikoterapisinin Spontanlık, Kaygı ve Öz Şefkat Üzerine Etkisi[*]

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Özet: Psikodrama, kişilerarası ve intrapsişik konularda psikolojik yardım sağlamak için rol yapma ve dramatizasyon gibi teknikleri kullanan terapötik bir süreçtir. Bu çalışma, psikodrama grup psikoterapisinin genç yetişkinlerin spontanlık, kaygı ve öz-şefkat düzeylerine etkisini incelemeyi amaçlamıştır. Ayrıca psikodrama grup psikoterapisi ile katılımcıların en çok hangi konularda yararlandığı da araştırılmıştır. Karma yöntem araştırmasını benimseyen araştırma, karma araştırma yöntemlerinden iç içe desende yürütülmüştür. Kolayda örnekleme yöntemi kullanılarak iki grup katılımcı seçilmiştir (Deney grubu=10; Kontrol grubu=6). Deney grubu 120 dakikalık 10 spontan psikodrama seansına katılmıştır. Veriler Spontanlık Değerlendirme Envanteri, Beck Anksiyete Envanteri, Öz-şefkat Ölçeği-Kısa Formu ve yarı yapılandırılmış görüşme formu aracılığıyla toplanmıştır. Araştırma sonuçları, psikodrama müdahalesi sonunda deney grubunun spontanlık ve öz-şefkat düzeylerinin arttığını ve kaygı düzeylerinin azaldığını göstermiştir olsa da bu değişmler anlamlı değildir. Kontrol grubunun ise kaygı ve spontanlık düzeylerinin sabit kaldığı ve öz-şefkat düzeylerinin düştüğü ortaya çıkmıştır. Nitel sonuçlar, psikodrama grup psikoterapisinin deney grubunun çeşitli konularda farkındalık kazanmasına, rahatlama yaşamasına, gelecek için umutlu olmasına ve yaşamlarında değişiklik veya değişim planı yapmasına yardımcı olduğunu göstermiştir.

Anahtar Kelimeler: Kaygı, Öz-Şefkat, Psikodrama, Spontanlık

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The Effect of Psychodrama Group Psychotherapy on Spontaneity, Anxiety and Self-Compassion

Abstract

The Psychodrama is a therapeutic process that uses such techniques as role-playing and dramatization to provide psychological help with interpersonal and intrapsychic issues. This study aimed to examine the effect of psychodrama group psychotherapy on the spontaneity, anxiety and self-compassion levels of young adults. It also aimed to investigate which subjects the participants benefit most through psychodrama group psychotherapy. Adopting the mixed method research, the study was conducted using the concurrent nested design. Two groups of participants were selected using the convenience sampling method (Experimental group=10; Control group=6). The experimental group participated in 10 spontaneous psychodrama sessions of 120 min length. The data were collected via the Spontaneity Assessment Inventory, the Beck Anxiety Inventory, the Self-compassion Scale-Short Form and a semi-structured interview form. The findings show that the experimental and control groups did not differ significantly after the experiment in terms of the measured characteristics. However, research results indicated that the spontaneity and self-compassion levels of the intervention group improved and their anxiety level decreased at the end of psychodrama intervention. It was also revealed that anxiety and spontaneity levels of the control group remained stable and their self-compassion levels decreased. The qualitative results showed that the psychodrama group psychotherapy helped the experimental group gain awareness about various issues, experience relaxation, be hopeful for the future, and make changes or plan in their lives.

Keywords: Anxiety, Psychodrama, Self-compassion, Spontaneous

Introduction

Developed by Jacob Levy Moreno in the early 1920s, psychodrama is a therapeutic process that uses role-playing techniques and dramatization to provide psychological help with interpersonal and intrapsychic issues. Influenced by many basic theories including Action Theory, Spontaneity-Creativity Theory and Role Theory, psychodrama has both a comprehensive theoretical system and can be integrated into other theoretical approaches (Giacomucci, 2019). The role theory of psychodrama offers a non-pathological understanding of personality by simplifying people's behavior or parts of themselves in an easy way. Moreno's theory of action states that healing and learning occur in action; spontaneity-creativity theory, on the other hand, suggested spontaneity as a healing factor in treatment (Moreno, 1972). Spontaneity is defined as the ability to respond appropriately to new situations and to respond to old and repeated situations in new ways (Moreno, 1953) and is considered to have an important contribution to well-being and mental health, along with creativity.

Psychodrama group psychotherapy has proven to be effective in many psychological issues. The effect of psychodrama has been investigated with experimental studies on depression symptoms and quality of life (Sproesser et al., 2010), anger management (Nooripour et al., 2016), treatment of painful emotional experiences (McVea et al., 2011), and irrational beliefs (Hamamcı, 2006). Psychodrama has multi-factor therapeutic effects at relational, emotional, cognitive, imaginary, behavioral, and non-specific levels (Kellermann, 1992). In this study, the effect of psychodrama on spontaneity, anxiety and self-compassion is examined.

Spontaneity is an important concept in the basic philosophy of psychodrama (Kipper & Hundal, 2005). Spontaneity means being in the moment. Moreno's concept of spontaneity-creativity is the cornerstone of psychodrama and action theory. It is stated that enactment should

not simply be confused with activity, that it includes sensitivity, peace, or humility as well as activity. Enactment is conceptualized as a spontaneous and creative problem-solving process (Schacht, 2013). According to psychodrama philosophy, spontaneity is a therapeutic power that increases creativity, removes obstacles and increases well-being (Moreno, 1964). Spontaneity, which is included in the basic philosophy of psychodrama, is also used technically in psychodrama group psychotherapies. For this reason, it is thought that psychodrama will be effective in increasing spontaneity. The opposite of spontaneity is anxiety (Fields, 2021).

Since anxiety includes thoughts and feelings that something bad will happen in the future, it will prevent being in the moment and destroy spontaneity. Anxiety is one of the most common psychological problems (Polanczyk et al., 2015). Anxiety, although not at a pathological level in every individual, negatively affects people's lives. Anxiety that can be encountered in every period of life appears in the form of separation anxiety at very young ages, then academic anxiety, social anxiety, health-related anxieties and death anxiety (Copeland et al., 2014; Essau et al., 2014; Waite & Cresswell, 2014). Effective intervention methods are needed, as anxiety problems that begin in childhood will continue in the later stages of life if left untreated (Copeland et al., 2014). There are meta-analysis studies showing that cognitive behavioral group therapy is effective in the treatment of anxiety (James et al., 2020). The action theory of psychodrama is thought to be useful because it requires confrontation to overcome anxiety. Psychodrama gives people the opportunity to encounter them directly instead of just talking about their problems (Özbek & Leutz, 1987). Thanks to the roles and actions, the participants encounter the anxiety-provoking situation and their anxiety can be reduced.

Another feature that is thought to be effective in psychodrama group psychotherapy is self-compassion. Compassion is defined as being sensitive to other people's pain and being able to meet it empathetically (Condon & Feldman Barret, 2013). Self-compassion is when the individual directs this compassion towards himself. Self-compassionate people can be kind to themselves when they experience a failure in their life and accept negative situations as a part of life (Neff, 2003). Self-compassion, which is a healthy way to cope with life's difficulties (Neff, 2003), is an important feature to protect mental health and overcome challenging life events. It is known that avoidant or very critical and aggressive behaviors in the face of failure or challenging experiences are dysfunctional. In contrast, self-compassion allows the individual to see this as an experience rather than blaming himself. At the same time, self-compassion enables one to live peacefully with painful emotions and to be accepting instead of suppressing them (Neff, 2003). With psychodrama group psychotherapy, individuals' self-awareness can be increased and they can be peaceful with themselves. Because, in psychodrama group psychotherapy, participants can see that they are not alone, that there are different solutions to their problems, thanks to role-playing, and they can find the opportunity to objectively evaluate their own lives with the mirror technique. In this way, individuals' self-compassion levels are increased and they gain skills to protect and improve their mental health.

Research has shown that university students face various challenges that can negatively impact their psychological health (Köksal & Topkaya, 2021; Richardson et al., 2017). In

addition, during this period, university students are expected to accomplish several developmental task. Especiallay anxiety is relted to various health, social, and demographic factors, including chronic illnesses, accommodation issues, and personality traits (Deveci et al., 2012). On the other hand, sponatnetiy and self compassion may be protector. These findings highlight the complex nature of anxiety among university students and the importance of considering multiple factors in addressing this issue. Recent studies on university students have explored the impotance of self-compassion, anxiety, and spontanity.

This study has many significances. The most important contribution to the field will be to examine the effect of psychodrama on these three variables. The aim of this study is to examine the effect of psychodrama group psychotherapy on the spontaneity, anxiety and self-compassion levels of young adults. Apart from these variables, it is to investigate which subjects the participants benefit through psychodrama group psychotherapy application.

Method

This study was conducted with concurrent nested design, one of the mixed method research designs, was used. The nested design is preferred in planning studies where a single data set is not sufficient, different questions need to be answered, and qualitative data are used to support quantitative data (Creswell & Plano Clark, 2018). The quantitative part of the study was planned with a pretest-posttest experimental design and a control group. The qualitative part is planned with a phenomenological pattern. In this study, in addition to using quantitative data to see the effects of the experimental application, qualitative data were embedded in order to understand the experiences of the participants during the implementation process.

Participants

In this study, there is an experimental group of 10 people and a control group of 6 people. Convenience sampling method was used in the selection of the participants. It has been announced that a psychodrama experience group will be held for all student groups in the education faculty of the university. 33 students applied to participate, but 11 students whose course hours were suitable and who were willing to participate after the preliminary interview were determined as the experimental group. However, one participant did not attend the sessions during the process. One of the experimental group participants is male. Other students remained as the control group. However, since only six students returned to the post-test application of the measurement tools, the pre-test data of the other participants were also excluded from the study. Attention was paid to the fact that the participants were not from the counseling department. Because the students in this department may come for the purpose of learning theory or practice, apart from getting help, it was thought that they could disrupt the dynamic of the group, and it was stated in the announcement that they could not participate.

Assessment Tools

Spontaneity Assessment Inventory (SAI-R)

This measurement tool has a 5-point Likert-type (1=not at all, 5=strong) 18-item three-factor structure, developed by Kipper and Hundal (2005) and revised by Kipper and Shemer (2006). The adaptation of the scale to Turkish culture was done by Şener (2018). After the language translation study was carried out within the scope of the adaptation, the test-retest reliability study and Cronbach Alpha (.89) internal consistency calculations were made. Within the scope of the validity study, confirmatory factor analysis was performed and the three-factor structure was confirmed as in the original scale.

Beck Anxiety Inventory

This measurement tool was developed by Beck to determine the severity of anxiety. The 21-item measurement tool was prepared in 4-point Likert type. Each item is charted on a 4 point scale ranging from 0 (not at all) to 3 (severely). The Cronbach alpha coefficient of the original scale was found to be .92. The Turkish adaptation of the scale was done by Ulusoy et al. (1998). After the language translation, the construct validity was examined and a two-factor structure emerged. It was found to be significantly associated with Beck depression inventory and trait anxiety scales. Internal consistency coefficient was .93, and test-retest reliability coefficients ranged from .46 to .72.

Self-compassion Scale-Short Form

The measurement tool was developed by Raes et al., (2011) to measure individuals' perceptions of their sensitivity to a failure situation. The reliability coefficient of the scale, which consists of six dimensions and 12 items, is stated as .86. It is stated that instead of using the sub-dimension scores separately, it is more functional to use the total score of the measurement tool. The adaptation study to Turkish culture was carried out by Yıldırım (2018). First, exploratory factor analysis was performed and one of the items was excluded because the factor load value was low. In addition, instead of the six-factor structure, a two-factor structure, positive and negative, emerged. The test-retest correlation coefficient was .84; the Cronbach Alpha reliability coefficient for the whole scale was found to be .75.

Semi-structured Interview Form

It was developed by the researcher to collect qualitative data. The questions on this form were not asked in a separate interview, but instead were asked at the end of each session. An average of 15 minutes was allocated to this interview at the end of each session. The following questions were asked to the participants.

1. What did you learn from today's activity? / What did you notice in this session?

2. What did you learn that has a connection to your life? / What was different for you?

3. How do you plan to transfer what you learned to your life? / How do you intend to use what you learned and gained in your life?

Data Collection and Analysis

The data were collected with two different data sets, quantitative and qualitative. Quantitative data were collected with the Spontaneity Assessment Inventory, Beck Anxiety Inventory, and Self-Compassion Scale. When the psychodrama group psychotherapy announcement was made, students who wanted to participate were asked to fill out the Google form via the link sent to them. In this form, along with the informed consent, measurement tools were also included. These data were collected online. Pre-test data were collected before the application and after the application, the link link was sent again to everyone who applied for participation and the post-test data were collected.

In the analysis of quantitative data, since the number of participants was too small, the pre-test scores of the two groups were not equal, and the numbers of the two groups were not equal, non-parametric tests and graphics were used for data analysis. Mann Whitney U Test was used for intergroup comparisons, and Wilcoxon Signed Ranks Test was used for in-group comparisons.

Qualitative data were collected in the process evaluation at the end of each session. Although an interview form has not been prepared for this purpose, some questions such as -"What did you notice in this session? What was different for you? How do you intend to use what you learned and gained in your life?" - were asked. These views were deciphered by taking notes in each session, and then analyzed and codes and themes were created. Qualitative data were analyzed using a content analysis method. In the analysis of the data the following process was followed (Creswell, 2014; Yıldırım & Şimşek, 2013): (1) In content analysis, the context unit is decided. (2) Eeach coding was analyzed for similarity or commonality with other codes by using content analysis techniques. Sub-categories were created by putting together related codes. (3) To write the latest state of the findings, the data is reduced to a small, manageable set of themes. This coding was done by the researcher. In addition, at the end of each session, supervision was received from a psychodrama trainer with the aim of evaluating sessions.

The Role of the Researcher

The researcher of this study is also the practitioner of the experimental study. The researcher works at a university with the title of doctor in the field of guidance and psychological counseling. In addition, s/he received 300 hours of psychodrama training, which lasted about four years, from an international institute. The training s/he received includes both theory and practice. This study was carried out immediately after the training. After each session of the application, supervision was received from the psychodrama trainer. During the supervision process, the practices in each session were evaluated and how to eliminate the deficiencies was also discussed. Each session lasted about 120 minutes and the supervision session lasted 45.

The Process of Psychodrama Group Psychotherapy

A psychodrama session consists of three phases: warm-up, enactment and sharing (Bannister, 2013). Five tools are used in these stages: scene, protagonist, leader, auxiliary egos, and audience. Psychodrama techniques are instructions given by the leader to help protagonists re-enact their experiences. This study is planned as ten sessions. Of the psychodrama sessions, only the first and last session was pre-configured by the practitioner, and the content of the other sessions was spontaneously formed by the needs of the participants during the session. The process, conducted in a flexible and spontaneous way, progressed appropriately to the group development theory which emphasizes the stages of groups as beginning, transition/ conflict, action/working, and termination (Yalom, 1995).

After determining the meeting and group rules in the first session, activities were carried out to teach the basic techniques of psychodrama, which are double, role reversal and mirror techniques, and the function of these techniques and how they are used are shown.

In the second session, we played games in which the strict roles of the members in their lives were revealed. In this session, the participants noticed the issues they were worried about and the obstacles. In the third session, one of the participants said that he wanted to work on his obsession with cleanliness and became a protagonist. In this study, members said they saw the link between their childhood experiences and their current behavior.

In the fourth session, one of the participants said that he had difficulty in making a decision and that he felt obliged to implement the decisions of others instead of his own. She volunteered to study the subject of indecision. In this session, the underlying reasons for not being able to say no and avoiding taking responsibility were revealed.

In the fifth session, one of the participants said that he could not express his feelings to his friends and that he was overwhelmed by this situation. At the end of the study, how avoidance behavior affects other areas of his life and the underlying causes of this situation were revealed.

In the sixth session, one of the members said that he wanted to study the violence his mother inflicted on him during his childhood. She saw that when these memories were talked about, she always thought of them as a memory that was laughed at, but realized how traumatic this work had created on herself.

In the seventh session, this issue was studied after one of the members stated that a breakup scene at a young age hurts him very much. The reason why this scene hurt, the meaning that the member ascribed to the memory and its relationship with other separation memories were revealed. Finally, what she wanted to do about it was studied.

In the eighth session, one of the members said that he couldn't act as he felt, and that he felt compelled to stop himself, especially to laugh and have fun, and this issue was studied. At the end of the game, the members realized how parental attitudes and gender roles were effective

in the formation of inhibitory factors.

In the ninth session, we studied future anxiety. One of the members said he was worried about the estimated five years ahead. We reenacted five years later, they saw what the participant was dreaming of, whether the dreams were realistic and how to achieve them.

In the tenth session, what the members gained from these sessions, how they would transfer these gains to life and their feelings about being here were discussed. Finally, the process was concluded with the feedback of the members to each other.

Table 1

Psychodrama Group Psychotherapy Sessions

Session	Topic	Content of Sessions
1	Warm-up	Acquaintance, group rules, basic techniques of psychodrama
2	Strict roles	Playing scenes in which the strict roles of the members in their lives were revealed and the participants noticed the issues they were worried about and the obstacles.
3	Obsessive-compulsive	Participants clarified the link between their childhood experiences and their current obsessive-compulsive behavior.
4	Inability to take responsibility and to decide	The underlying reasons for not being able to say NO and avoiding taking responsibility were revealed.
5	Inability to open up	How avoidance behavior affects other areas of life and the underlying causes of this situation were revealed.
6	Childhood trauma	They realized how the violence s/he suffered from his/her mother during his childhood affected his/her personality
7	Incomplete work	The participant said goodbye to the friend s/he left without saying goodbye.
8	Social pressure	Participants realized how parental attitudes and gender roles were effective in the formation of inhibitory factors.
9	Future anxiety	We reenacted a scene from five years later, they saw what the participant was dreaming of, whether the dreams were realistic and how to achieve them.
10	Sharing on experiences of process	Sharing what the members gained from these sessions, how they would transfer these gains to life, and their feelings about being here and leaving.

Ethical Procedure

This study was completed in accordance with the Helsinki Declaration. In line with this, the study was permitted by X (excluded for anonymous) University, Social and Humanities Ethics Committee (REF: 72321963-020-E.32293). An Information sheet on the questionnaire was given to all individual participants and no identifying details (name, surname, and dates of birth, identity numbers, and other information) of the participants has been gathered and collected. Additionally, data tools in the study were only distributed to volunteer participants. Additionally, participants were informed that they could withdraw from the study at any time during data collection. Researchers don't have any opportunity to identify any specific participant.

Results

In this section, firstly, quantitative findings are presented with tables and graphics. Afterwards, the qualitative findings were presented in tables as themes and codes. First, the Mann Whitney U Test was used to determine whether there was a significant difference between the spontaneity pre-test and post-test scores of the experimental and control groups, and the results are presented in Table 2.

Table 2

Results of the Comparison of Spontaneity Pre-Test and Post-Test Scores in Terms of Groups

Variables	Group	Mean	Mean Rank	Sum of Ranks	U	Z	p
Pre-test	Experimental	3.07	8.95	89.50	25.500	-.490	.65
	Control	3.08	7.75	46.50			
Post-test	Experimental	3.37	9.40	94.00	21.000	-.981	.36
	Control	3.05	7.00	42.00			

Experimental N=10, Control N=6

As seen in Table 2, the spontaneity levels of the experimental and control groups do not differ in terms of pre-test scores (p> 0.05). This finding shows that the scores of the two groups before the experiment were close to each other. This means that the experimental and control groups are similar to each other in terms of spontaneity before the experiment. In the post-test measurement after the experimental intervention, the spontaneity score of the two groups did not show a significant difference (p> 0.05). This finding indicates that experimental intervention may be ineffective. However, another analysis -Wilcoxon Signed Ranks Test- was performed to test the effectiveness of the experimental intervention: It was also examined whether the pretest and posttest scores of the experimental and control groups differed significantly within the groups, and the results are presented in Table 3.
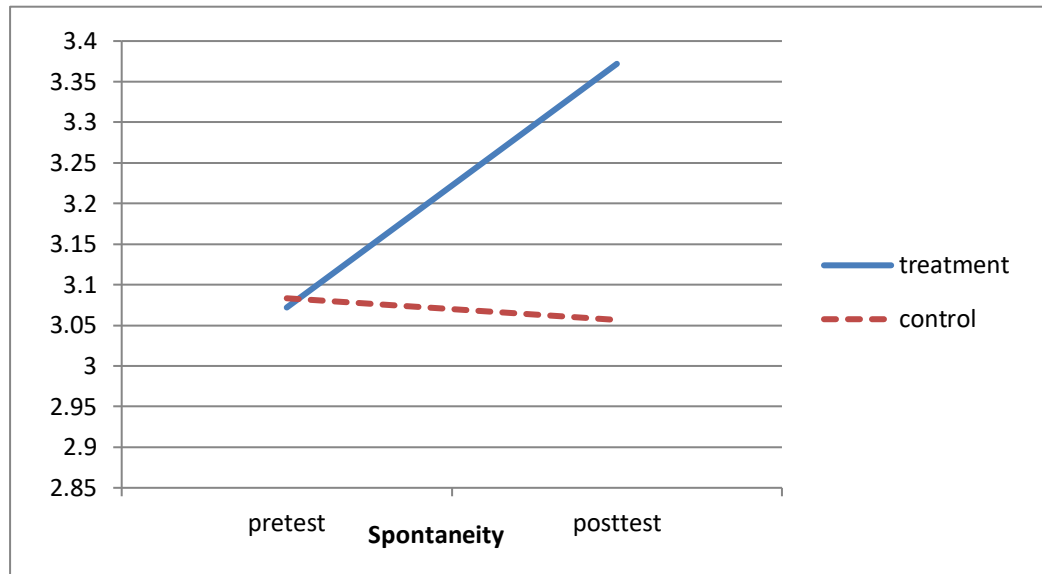
Table 3

The Results of the Spontaneity Pre-Test Post-Test Score Comparison of the Experimental and Control Groups

Group		N	Mean Rank	Sum of Ranks	Z	p
Experimental	Negative ranks	2	6.25	12.50	-1.186	.23
	Positive ranks	7	4.64	32.50		
	Ties	1				
Control	Negative ranks	1	3.00	3.00	.00	1.00
	Positive ranks	2	1.50	3.00		
	Ties	3				

As seen in Table 3, it was found that there was no significant difference between the spontaneity pretest and posttest scores of both the experimental group and the control group (p> 0.05). Although the change is not significant, the change in the spontaneity scores of the experimental and control groups is presented in Figure 1.

Figure 1

Pre-test and post-test scores on the spontaneity of the experimental and control groups

As seen in Figure 1, while the spontaneity pretest scores of the experimental and control groups are close to each other, a slight decrease was observed in the scores of the control group, there was an increase of more than 10% in the scores of the experimental group.

The second finding of the study is related to the anxiety level of the participants. In this context, the Mann Whitney U Test was used to determine whether there was a significant difference between the anxiety pre-test and post-test scores of the experimental and control groups, and the results are presented in Table 4.

Table 4

The Results of the Anxiety Pre-Test Post-Test Score Comparison of the Experimental and Control Groups

Variables	Group	Mean	Mean Rank	Sum of Ranks	U	Z	p
Pre-test	Experimental	1.05	6.00	60.00	5.000	-2.724	.005
	Control	1.69	12.67	76.00			
Post-test	Experimental	.88	6,50	65.00	10.000	-2.173	.031
	Control	1.69	11.83	71.00			

As can be seen in Table 4, the anxiety levels of the experimental and control groups differ in terms of pre-test scores (P≤ 0.05). This means that the experimental and control groups are significantly different to each other in terms of anxiety before the experiment. Even in the post-test measurement after the experimental intervention, the anxiety scores of the two groups show a significant difference (P≤ 0.05). This finding indicates that experimental intervention may be ineffective. However, another analysis -Wilcoxon Signed Ranks Test- was performed to test the effectiveness of the experimental intervention: It was also examined whether the pretest and posttest scores of the experimental and control groups differed significantly within the groups, and the results are presented in Table 5.

Table 5

The Results of the Anxiety Pre-Test Post-Test Score Comparison of the Experimental and Control Groups

Group		N	Mean Rank	Sum of Ranks	Z	p
Experimental	Negative ranks	5	5.10	25.50	-.356	.72
	Positive ranks	4	4.88	19.50		
	Ties	1				
Control	Negative ranks	4	2.50	10.00	-.677	.49
	Positive ranks	1	5.00	5.00		
	Ties	1				

As seen in Table 5, it was found that there was no significant difference between the anxiety pretest and posttest scores of both the experimental group and the control group (p> 0.05). Although the change is not significant, the change in the anxiety scores of the experimental and control groups is presented in Figure 2.

Figure 2

Pre-test and post-test scores on the anxiety of the experimental and control groups
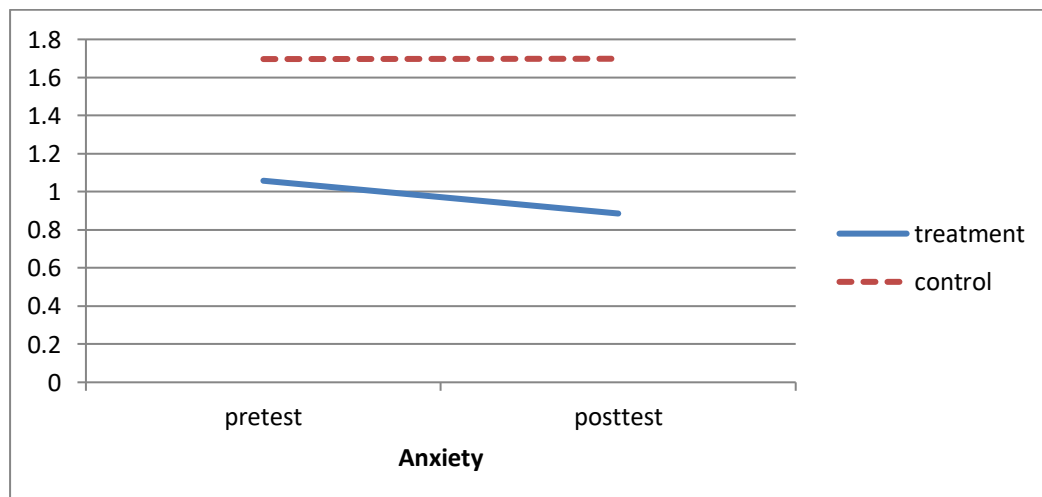
As can be seen in Figure 2, the pre-test scores of the experimental and control groups regarding the anxiety levels are different from each other. Anxiety scores of the control group were 60% higher. Similarly, the post-test scores are also different. However, while the anxiety level of the control group remained the same throughout the process, the anxiety level of the experimental group decreased by 10% after the treatment.

The last quantitative finding of the study is related to the self-compassion levels of the participants. In this context, the Mann Whitney U Test was used to determine whether there was a significant difference between the self-compassion pre-test and post-test scores of the experimental and control groups, and the results are presented in Table 6.

Table 6

The Results of the Self Compassion Pre-Test Post-Test Score Comparison of the Experimental and Control Groups

Test	Group	Mean	Mean Rank	Sum of Ranks	U	Z	p
Pre-test	Experimental	2.82	9.05	90.50	24.500	-.600	.56
	Control	2.68	7.58	45.50			
Post-test	Experimental	3.19	9.50	95.00	20.000	-1.089	.31
	Control	2.96	6.83	41.00			

Experimental N=10, Control N=6

As can be seen in Table 6, the self-compassion levels of the experimental and control groups do not differ in terms of pre-test scores (p> 0.05). This finding shows that the scores of the two groups before the experiment were close to each other. This means that the experimental and control groups are similar to each other in terms of self-compassion before the experiment. In the post-test measurement after the experimental intervention, the self-compassion score of the two groups did not show a significant difference (p> 0,05). This finding indicates that experimental intervention may be ineffective. However, in order to test the effectiveness of the experimental intervention, it was also examined whether the pretest and posttest scores of the experimental and control groups differed significantly within the groups, and the results are presented in Table 7.

Table 7

The Results of the Self Compassion Pre-Test Post-Test Score Comparison of the Experimental and Control Groups

Group		N	Mean Rank	Sum of Ranks	Z	p
Experimental	Negative ranks	0	.00	.00	-2.207	.02
	Positive ranks	6	3.50	21.00		
	Ties	4				
Control	Negative ranks	1	3.00	3.00	-1.21	.22
	Positive ranks	4	3.00	12.00		
	Ties	1				

As seen in Table 7, it was found that there was a significant difference between the self compassion pretest and posttest scores of the experimental group (p≤ 0.05), but not for the control group (p> 0.05). The change in the self compassion scores of the experimental and control groups is presented in Figure 3.

Figure 3

Pre-test and post-test scores on the self-compassion of the experimental and control groups
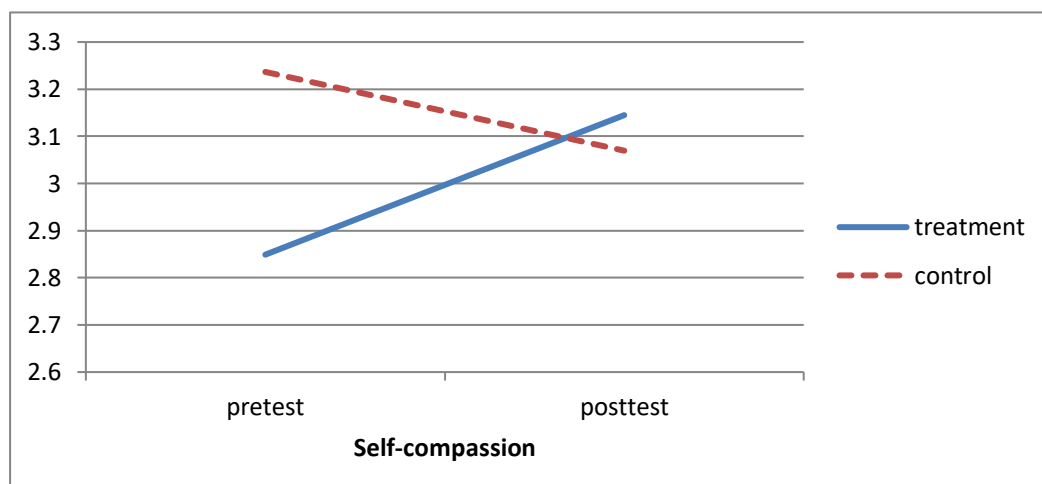
As can be seen in Figure 3, the self-compassion pretest scores of the experimental and control groups are quite different from each other. The pre-test scores of the control group seem to be 15% higher. However, when the post-test scores were examined, the scores of the control group decreased, while the scores of the experimental group increased and became higher than the control group. While the self-compassion scores of the experimental group increased by 10%, the scores of the control group decreased by 5%.

In addition to the quantitative findings, the content analysis of the participants' sharing was

made and qualitative findings were obtained. These findings consist of four themes and ten sub-themes. Themes, sub-themes and codes are presented in Table 8.

Table 8

Themes, Sub-Themes and Codes of Qualitative Results

Themes	Sub-themes	Some Examples of Codes
Awareness	Self-awareness	Thanks to these sessions, I began to focus more on myself.
		I realized that I had never taken time for myself before.
		I also saw my own obsession in my friend's obsession with cleaning game, the game there was like my game.
		I was so tired of the cruel mother role and realized that she was not suitable for me.
	Awareness of others	I realized that I was unfair to my family. I could have been more understanding towards them.
		During the game, I realized that by empathizing with my friend, I was unfair to my friend and made him wait a long time. I felt a little guilty about it, but I'm determined to make up for it.
		I have seen how cultural factors shape my inner speeches and how my inner conversations affect my behavior without realizing it.
	Awareness of events, relationships	I realized that I was avoiding conflicts, avoiding expressing myself, and putting my problems inside myself.
		I saw the similarity of my inability to express my true opinion to my friends with my relationship with my father. So if I can change one, the other will change too.
Planning (improvement)	About relationship	For the first time, I decided on my own, without asking my sister, when shopping for clothes, which is an important issue for me.
		I want to say that I am not in debt to my sister. I don't want to feel indebted anymore. I've rehearsed how to speak here.
	About self	The caring neighbor role suited me very well. I have already seen what kind of person I will be in the future. I made sure these personality traits were the ones I had and wanted to continue.
		I realized that in order to achieve my dream life, I need to give importance to my academic studies and I will work harder.
	Unfinished work	I want to meet again as soon as possible with my childhood friend whom I could not say goodbye to. I will try to find him on his social media accounts and communicate with him.
Hope	During practices	I was happy to see that we have common points.
		There were moments when I felt very helpless while in the game. I am thankful that I do not have such a challenging life. I felt lucky to have my mother always by my side.
	About the future	I realized how my parents suppressed me, but I believe I will break my shell. I am determined to be myself.
Relaxation	Process oriented	When I am here, I leave my some responsibilities out and come, I relax here.
		It is comforting to know that I will be listened to in the group without being judged.
	Solution oriented	Encouraged by my role here, I talked to my friend with whom I had a conflict, and the pessimistic scenario in my head disappeared. I am very relieved now.
		I feel relieved to have completed my breakup scene with a reunion.

As can be seen in Table 8, the theme of awareness is the most coded and consists of three sub-themes. Participants stated that they gained awareness about themselves, others and their relationships. Some examples of what the participants shared about each sub-theme are presented below:

"*I realized that I had never taken time for myself before.*"

"*I realized that I was unfair to my family. I could have been more understanding towards them.*"

"*I realized that I was avoiding conflicts, avoiding expressing myself, and putting my problems inside me.*"

In the planning change theme, the participants stated that they made a change or planned a change. Below are some examples of sharing for these sub-themes:

"*For the first time, I decided on my own without asking my sister when shopping for clothes, which is an important issue for me.*"

"*I realized that I need to give importance to my academic studies in order to achieve the life of my dreams and I will work harder.*"

In the theme of hope, on the other hand, it is seen that the participants both have instant hopes and hope for the future thanks to the practices. Below are the posts on this subject:

"*I was happy to see that we have common points.*"

"*I realized how my parents suppressed me, but I believe I will break my shell. I am determined to be myself.*"

In the relaxation theme, the members stated that they were relieved both because they felt safe and shared and because they completed their unfinished work.

"*It is comforting to know that I will be listened to in the group without being judged.*"

"*I feel relieved to have completed my breakup scene with a reunion.*"

Discussion and Conclusion

In this study, psychodrama group psychotherapy was found to be effective in increasing self-compassion, but not spontaneity and anxiety. It was found that there were small, albeit insignificant, changes in the spontaneity and anxiety levels of the experimental group after the experiment. In addition, the participants also stated that their awareness and hope increased, they provided relaxation during the therapy process, and they made positive changes in various issues in their lives or they planned to change.

Spontaneity

In the study, it was found that psychodrama group psychotherapy is not significantly effective on spontaneity. However, while the spontaneity scores of the control group decreased slightly, the spontaneity levels of the experimental group increased by more than 10%. The reason why this change was not significant may be that the students were studying at the same

school. This may have limited the spontaneity of the participants, so they cannot behave spontaneously. They may need longer group studies, too. This finding indicates that psychodrama group therapy is relatively effective in increasing spontaneity. Similarly, Şener (2018) found in an experimental study that psychodrama increased the spontaneity levels of university students. Spontaneity is a therapeutic factor in classical psychodrama (Kipper & Hundal, 2005). Spontaneity means living in the moment and adopting it as a lifestyle. As a therapeutic factor, spontaneity is a healing factor that increases open-mindedness, reduces inhibitions and supports the psychological well-being of the person (Moreno, 1964). In psychodrama action, participants are encouraged to release their bodies more. In addition, because the participants knew that they would not be judged, they were encouraged to speak and act as they wished. It is thought that thanks to these activities, they cracked their shells, expanded their borders and became more spontaneous.

Anxiety

It is noteworthy that pre-test anxiety scores of the control group were much higher than the scores of the experimental group. It is thought that those who have high anxiety among those who have applied to participate may have given up participating after the preliminary interview about the therapy process. Because it is seen that role plays in psychodrama practices can increase anxiety. There is a significant difference between the anxiety levels of the two groups after the application. However, since the scores of the groups were also significantly different before the application, it should be noted that the difference after the experiment is not due to the intervention. However, while the anxiety scores of the control groups remained the same, a relative -but not significant- decrease was observed in the anxiety scores of the experimental group. Another thing to consider is that the post-test application coincides with the exam week. The actual effect of the therapy on anxiety may be overshadowed, as students will often be more anxious during exam week.

Psychodrama group psychotherapy was found to be effective in reducing anxiety symptoms in juvenile delinquents (Sharma, 2017) and citizens of Bulgarian descent (Tarashoeva et al., 2017). Similarly, in a meta-analysis study, psychodrama studies conducted in China were found to be effective in reducing anxiety (Wang et al., 2020). Anxiety is the fear experienced without being exposed to a threat. Therefore, people cannot realistically evaluate the anxiety-provoking situation (Kring & Johnson, 2017). Since people do not encounter this threatening situation, anxiety continues constantly. In psychodrama group psychotherapy, worrisome stimuli are encountered thanks to techniques such as role playing and role changing. In this case, the participants make sense of anxiety and discover ways to cope. They also gain confidence by seeing how other members succeed in their protagonist's case. In this way, it is thought that anxiety is relatively reduced, even if it is not significant.

Self-compassion

In this study, while the self-compassion levels of those who participated in the psychodrama application increased, the scores of those who did not participate decreased. In support of this finding, it was found that psychodrama practice was effective in some dimensions of young

adults' self-compassion characteristics (Ülker Tümlü & Kırlangıç Şimşek, 2021). Similarly, it was found that self-compassion scores increased in the 21-week semi-structured psychodrama application conducted with breast cancer patients (İren Akbiyik, Arapaslan & Yardimci, 2020).

Self-compassion consists of self-judgment against self-kindness, isolation against common humanity, and over-identification against mindfulness (Neff, 2003). When we look at the actions and the application process in psychodrama group psychotherapy, it will be seen that the increase in self-compassion scores is an expected result. That is because, in psychodrama practice, a group unity is formed as the participants play many roles together as protagonist or auxiliary ego. Members may have felt that they belonged to the group thanks to the members' supportive feedback to each other. This may have reduced isolation and increased coexistence. Members are also expected to have increased insights through actions and feedback. This insight will reduce over-identification. Finally, they will have realized that the problems they experience are not only their own, but that there are possible situations that every person can experience. Thanks to this awareness, they are expected to reduce self-criticism or over-identification. It is thought that all these practices increased the self-compassion levels of the participants.

Relaxation

Members who participated in psychodrama group psychotherapy stated that they experienced relaxation thanks to group activities "*When I am here, I leave my some responsibilities out and come, I relax here.*". Psychodrama is a group therapy method for behavior change as well as a relationship-oriented approach. By using different techniques such as psychodrama, self-presentation, role reversal and future projection, it encourages participants to talk to others and provides relaxation (Sharma, 2017). In psychodrama therapies, people learn to establish intuitive and exciting relationships with others (Rajabi, 2007). These changes in cognitive insight provide participants with the opportunity to understand their own strength, to experience and repeat life situations and realities. They feel positive after catharsis and sharing. In this study, the participants not only experienced catharsis through role playing and sharing, but also gained relief by sharing, gaining insight, and seeing that they were not alone. In this therapeutic relationship, the participants stated that they felt relieved from their experiences such as resting without being judged, completing their unfinished work, and rewriting their worst-case scenarios.

Awareness

Most of the participants in this study stated that they gained awareness. While some participants realized that they needed to devote more time to themselves, others discovered the causes of their problems "*I was so tired of the cruel mother role and realized that she was not suitable for me.*". Another important awareness of the participants is what their responsibilities are in the problems they experience. Instead of blaming others, they realized that they also contributed to the problems they experienced. Looking at the literature, it has been found that psychodrama is effective in increasing the self-awareness of psychological counseling department students (Doğan, 2018).

Awareness is about focusing on the present and turning to momentary subjective experiences, and acceptance, non-judgment and observation are the main components of awareness (Marcu & Zgierska, 2009). It is stated that people with high awareness have higher emotion regulation skills (Coffey & Hartman, 2008), suppress emotions less and have fewer psychological problems (Brown & Ryan, 2003). In this study, it is thought that the members took responsibility, observed the games and received feedback from the participants, reducing the criticism. It is thought that thanks to this awareness, the participants will take a step towards change and that they will be relieved thanks to acceptance, and that awareness will contribute positively to their mental health in the long run.

Hope

As the participants saw that they were not alone in their problems and were not in a worse situation, their hopes were increased as they developed a belief that they could change many things if they wanted to. Hopelessness consists of three dimensions: negative feeling about the future, negative expectation and loss of motivation (Beck et al., 1974). It is stated that hopelessness includes the risk of depression and suicide for emerging adults (Troister & Holden, 2013).

According to Yalom (1995), one of the healing factors of group therapies is instilling hope. Psychodrama seems to be effective in reducing loss of motivation and hopelessness (Cesur Atintas & Kirlangıç Şimşek, 2020). In psychodrama, members gain different perspectives on events by playing roles and watching the roles of other members. By seeing solutions from other members, they have developed a belief that they can also succeed. In this way, with a more positive evaluation of their own future, their hopes may have increased.

Planning/Improvement

During the psychodrama practices, some participants started to make various changes in their own lives, while others stated that they were planning what kind of changes they would make "*For the first time, I decided on my own, without asking my sister, when shopping for clothes, which is an important issue for me.*". Psychodrama is concerned with practical application rather than simply getting participants to talk about their own contradictions. Participants can better define themselves and face conflicts by releasing their inner emotions such as anger, conflict, sadness, fear and tension through techniques such as self-presentation, role switching and future projection. Also, with a better understanding of himself and others, he becomes ready to play new roles, to process himself and to apply them in real-life situations (Dadsetan et al., 2008). In fact, relaxation, awareness, hope and planning, which participants see as gain, are closely related. That is because; the participants have seen and accepted the causes of the problems thanks to awareness. This acceptance gave them hope for change. Thanks to Hope, they made a realistic and attainable change plan. Thanks to this plan, they experienced relief both for the moment and for the future, and their well-being increased. As a matter of fact, psychodrama has been found to increase the well-being of counseling students (Kaya & Deniz, 2020).

Recommendations for Researchers

1. The school setting may have limited spontaneous behavior. Future studies should consider more flexible or varied environments.

2. Anxiety levels may have been affected by exam periods. The timing of interventions should be carefully planned.

3. To assess the sustainability of changes, long-term effects of psychodrama should be monitored.

4. Experimental and control groups should be set more balanced.

Recommendations for Practitioners

1. Psychodrama can reduce self-judgment and enhance self-sompassion, thus support self-compassion development bu psychodrama.

2. A non-judgmental environment encourages participants to express themselves freely.

3. Include follow-up sessions to support participants in putting their plans into action.

Limitations and Recommendation

This research has several strengths and limitations. One of the strengths is that the practitioner has received psychodrama training. In addition, the applications were carried out with supervision. Another strong point is that spontaneity and anxiety, which are included in the basic philosophy of psychodrama, are examined together. Its limitations are that the participants could not be determined by purposive sampling. In addition, the very small numbers of the control and experimental group are another limitation. For experimental studies, it is expected that the pre-test scores of the groups are close. This condition was not met in one variable for this study. In order to tolerate this problem, both inter-group and intra-group comparisons were made.

Collection of qualitative data has some limitations. The most important one is, the practitioner is also the researcher. Thus, participants' comments and evaluations can include bias and social desirability. Since the participants were university students, the results should be interpreted in this context.

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