

Theater-Based Interventions in Addiction Treatment: Clinical Observations and Implications

Bağımlılık Tedavisinde Tiyatro Temelli Müdahaleler: Klinik Gözlemler ve Çıkarımlar

 Mustafa Danışman¹

¹University of Health Sciences, Ankara

To the Editor,

Alcohol and substance use disorders are chronic and relapsing psychiatric disorders characterized by the continuation of substance-seeking and substance-use behaviors despite their negative consequences for the individual. Studies have shown that a substantial proportion of patients resume substance use within the first 3–12 months following detoxification treatment, and that most relapses occur within the first 30–90 days after discharge (Kaya et al. 2021). These findings indicate that short-term detoxification alone is insufficient to achieve long-term abstinence and underscore the necessity of structured rehabilitation programs following detoxification.

Psychosocial interventions play a fundamental role in addiction treatment by promoting the development of emotion regulation skills, enhancing social functioning, fostering the ability to avoid high-risk environments, and strengthening treatment adherence (Wang et al. 2023). Nevertheless, the limited availability of addiction rehabilitation services in our country leads to significant clinical challenges, particularly the discontinuation of follow-up after discharge and the occurrence of early relapses.

Arts-based psychosocial interventions are among the innovative approaches aimed at enhancing individuals' self-expression, emotion regulation, and social interaction skills. In particular, theater and drama activities may contribute to psychosocial recovery through processes that enable participants to assume roles, develop empathy, and express their experiences on a symbolic level (Fenech 2009, Zakaria et al. 2024). Theater-based interventions have been reported to support the recovery process by increasing social interaction, facilitating cognitive processes (e.g., memorization and role-playing), and providing individuals with structured and meaningful activities that help them acquire new roles and routines (Wasmuth and Pritchard 2016, Jennings et al. 2017). These characteristics are particularly important for addressing the structural voids commonly observed during the early stages of recovery (Hoxmark et al. 2012).

Our clinical observations, consistent with the psychosocial difficulties described in the literature, indicate that individuals with substance dependence experience significant challenges in emotion regulation, self-expression, social interaction, and sense of belonging (Berking and Wupperman 2012). In response to these needs, four theater plays focusing on addiction—Metamorphosis, My Head Was at Your Feet, Life Is Better Together, and Whatever I Say—all written by the author, have been staged over approximately four years with the participation of patients and healthcare professionals, beginning with the first performance on April 19, 2022. One of these performances was presented at the 14th National Congress on Alcohol and Substance Dependence, while the others were staged at various theaters in our city. As an example of these initiatives, our most recent performance was staged on February 2, 2026, at Ankara University

Address for Correspondence: Mustafa Danışman, University of Health Sciences, Center for the Treatment and Research of Alcohol and Substance Abuse (AMATEM), Ankara Training and Research Hospital, Ankara Türkiye **e-mail:** mustafa.danisman@sbu.edu.tr

Received: 08.04.2026 | **Accepted:** 11.06.2026

Faculty of Languages, History and Geography. However, the planning and implementation of these activities provided a multidimensional experience that involved not only therapeutic gains but also various clinical and operational challenges.

Although the duration of hospitalization in our clinic is primarily determined by patients' clinical needs, these lengths of stay are also influenced by systemic factors such as service accessibility and patient volume, given that our unit provides detoxification services rather than functioning as an inpatient rehabilitation center. Within this framework, and in accordance with evolving clinical practices as well as patients' expectations and treatment adherence, the duration of hospitalization in our clinic has generally ranged between approximately 3 and 4 weeks.

However, in our first implementation of the theater-based group intervention, a longer period of hospitalization was planned through prior discussions with voluntarily selected participants, and the patients were followed in the clinic for approximately three months, including theater rehearsals conducted three times a week under the supervision of a drama instructor. In planning this process, it was aimed not only to prepare for the theatrical performance but also to support the achievement of early remission—a major clinical goal in addiction treatment, defined as maintaining abstinence from substance use for at least three months.

Participants were informed from the outset that, except in exceptional clinical circumstances, the day of the performance would also serve as a planned discharge point. Through this approach, it was intended that the inpatient treatment process would conclude with an activity anticipated to support patients' self-efficacy. It was further considered that this arrangement could strengthen patients' adaptation to the recovery process following discharge.

In line with the planned process, a controlled discharge and transition procedure was implemented on the day of the performance in order to support patients in assuming responsibilities outside the structured clinical environment and to allow the final stage-specific preparations to be completed in the actual performance setting. Within this framework, the necessary clinical arrangements related to the participants' treatment processes (e.g., prescriptions and follow-up appointments) were completed, and the participants were transported to the performance venue by hospital vehicle under the supervision of the drama instructor and designated security personnel. The pre-performance preparation process was managed by this team, while the clinical staff continued their routine clinical duties within the unit.

Approximately two hours before the performance, during a brief period after the security personnel had left the venue due to the end of their working hours and before the clinical team, including myself, had arrived at the theater, it was later learned that some participants had obtained alcohol from a sales outlet located within the event area during a rehearsal break. When we arrived at the theater approximately one hour before the performance, it was noticed that a patient who had a central role in the play had been injured as a result of an argument that occurred under the influence of the alcohol consumed. The patient was immediately taken to a healthcare facility, where the necessary medical intervention requiring suturing was provided. Following the intervention, the patient returned to the theater with us and was kept under appropriate supervision.

Although the participant stated that he wished to go on stage, it was determined that he was not in a condition to perform due to being under the influence of alcohol. This situation raised the possibility of canceling the performance and created a serious crisis within the team, given that the audience was expected to arrive at the venue shortly. During this process, another participant, who had been assigned a different role, stated that he had memorized the lead actor's lines during the rehearsal period and would be able to assume the role. A brief rehearsal was conducted, and with the use of a Bluetooth earpiece for technical support, the performance was successfully completed without the audience noticing any disruption.

This experience demonstrated the critical importance of maintaining continuity of supervision in situations that extend beyond the structured clinical environment. Particularly among individuals with substance dependence, even brief periods without supervision may lead to high-risk behaviors. Therefore,

organizational safety measures should be considered a fundamental component in the integration of arts-based interventions into clinical practice.

In addition to this experience, the observations we obtained following our performances enabled us to draw important clinical implications regarding the implementation process. In particular, during the initial applications, relapse was observed in a considerable proportion of patients who were discharged immediately after the theatrical performances. Indeed, following the first performance, it was learned that a substantial number of the patients who had taken part in the theater production gathered together after the performance day and used substances collectively. This finding suggests that risky behaviors may be reinforced, particularly through the influence of group dynamics, and that the risk of relapse increases significantly during periods outside structured clinical processes.

These early experiences demonstrated that unstructured post-discharge periods carry a high risk for relapse and that discharge planning should be carefully structured. These findings suggest that theater-based interventions may not be sufficient as a standalone approach in addiction treatment; however, when integrated with appropriate patient selection, proper timing, and structured follow-up processes, they may be clinically safer and more effective.

In light of these observations, the timing of discharge was revised in subsequent implementations, and some patients were kept under clinical follow-up for a period of time after the theater activity. It was considered that this approach could contribute to the clinical stabilization of the intense emotional arousal that may accompany the activity process and facilitate patients' readjustment before discharge. In addition, organizational arrangements were made to ensure the uninterrupted continuation of professional supervision throughout the theater rehearsals and performance processes.

Another important issue we observed during our subsequent theater performances was the development of relational dynamics associated with the increased interaction between patients and healthcare staff. In particular, the increased time spent together during rehearsal and staging processes, the intensification of emotional sharing during role work, and the strengthening of collaboration within the team occasionally made it difficult to maintain professional boundaries. This situation led some patients to develop attitudes such as expectations of privileges and seeking closeness beyond their assigned roles that were not compatible with the clinical framework.

On the other hand, despite these challenging experiences, our clinical observations and the feedback we frequently received from our patients suggest that our theater activities had positive effects on patients' treatment motivation, sense of group belonging, and social interactions. However, it should be noted that these observations were not supported by structured measurements.

Taken together, these findings suggest that theater-based interventions in addiction treatment can provide therapeutic benefits while also carrying certain clinical risks under specific circumstances. Therefore, such interventions may be safer and more effective when integrated with appropriate patient selection, proper timing, and structured follow-up processes.

To the best of my knowledge, theater-based interventions of this kind in the field of addiction in our country have not yet been evaluated using a systematic research design, structured participation criteria, and objective follow-up measures. I believe that controlled and methodologically rigorous studies in this area will provide a clearer understanding of the effectiveness, potential risks, and appropriate implementation conditions of arts-based interventions in addiction treatment. I also believe that sharing these clinical observations may contribute to the more balanced and evidence-based development of creative psychosocial interventions in addiction treatment.

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Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript

Peer-review: Externally peer-reviewed.

Ethical Approval: This letter to the editor does not require ethical clearance.

Conflict of Interest: No conflict of interest was declared.

Financial Disclosure: No financial support was declared for this study.