

# The Effectiveness of Psychodrama on Reducing Generalized Anxiety and Changing Metacognitive Beliefs in Women with Breast Cancer

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## Abstract

The present study aimed to investigate the effectiveness of psychodrama on reducing generalized anxiety and changing metacognitive beliefs in women with breast cancer. This is a quasi-experimental study with a pretest-posttest design with the control group. The statistical population included patients with breast cancer who were being treated in Mazandaran province, among whom, 50 patients with inclusion criteria were selected by convenience sampling and randomly assigned to control and intervention groups i.e. 25 people in the control group and 25 people in the experimental group. In this method, covariance was used to control the disturbing variables and determine the effectiveness of the treatment. To select samples from the study population, 50 people were selected voluntarily by available sampling and were randomly assigned to experimental and control groups. The research tools included Metacognitive Beliefs (MCQ-30) and Generalized Anxiety Disorder Questionnaires (GAD-7). The treatment protocol was performed in 16 sessions. The collected data were analyzed by covariance test. The results of the analysis indicated that the differences between the experimental and control groups in the generalized anxiety and metacognitive beliefs variables were significant. Therefore, psychodrama was effective in changing metacognitive beliefs and reducing pervasive anxiety in women with breast cancer ( $P = 0.01$ ,  $F = 47.99$ ). Psychodrama can relieve negative emotions and regulate them, resulting in reducing anxiety in the individuals by discharging emotions, creating in action and role-play. As a result, an individuals' beliefs about themselves and the world around them will change, so psychodrama was effective in reducing anxiety and changing metacognitive beliefs.

**Keywords:** Psychodrama, Generalized Anxiety, Metacognitive Beliefs, Cancer.

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## 1. Introduction

The mood is a penetrating and stable atmosphere that is experienced internally and affects a person's

behavior and perception of the world. People typically experience a wide range of moods, and their emotional manifestations are wide [1, 2]. People who are diagnosed with cancer particularly

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go through a life-changing experience of psychological and emotional stress. Chronic experience of negative emotions and negative evaluations, usually lead to some form of depression. Among the harms of this disease in the depressive stage can be lack of motivation, apathy, moodiness, job and education loss and even suicide attempts. Cancer causes severe anxiety in a person because it is a life-threatening disease or the diagnosis is often perceived as a death sentence [3]. In recent years, many studies have studied anxiety and explored it from different biological and psychological perspectives. For example, the study by Hugs, vatkinz, and Blomental showed an increase in the amount of norepinephrine metabolites in patients with anxiety and an increase in the sympathetic nervous system activity as the cause of death from this disorder. Psychologically, various studies have been conducted on the factors related to anxiety and anxiety disorders, including generalized anxiety disorder (GAD) [4]. According to Wales's model (2001), when a disturbing happening occurs to a person, the person's positive beliefs about worry are activated and cause anxiety. Then, if a person's negative beliefs about anxiety are activated, it can produce meta-worry, which is a pathological concern and is one of the main causes of GAD [5]. Drama therapy is one of the psychotherapy methods that arise from the combination of drama disciplines and schools of psychological therapy. The main goals of drama therapy are prevention, treatment, and promotion of mental health. In addition, drama therapy is one of the most widely used fields of psychological therapy in which clients reach a realistic understanding of their personality through improvisation (creative games to release inner forces) and observation of their actions. And one major advantage of this therapy is that one does not require special skills to participate in the treatment process [6]. The clients put themselves in different situations through dramatic improvisation to re-express their inner conflicts, contradictions and pressures and finally change their behavioral pattern [7]. Additionally, drama therapy is a combination of psychotherapy and social skills training that allows a person to better understand their feelings about the environment and others [8]. For example, in the psychological role-playing technique, the patient reaches the catharsis, vision and personality development, habit correction, increased self-confidence and emotional-cognitive-behavioural cohesion by playing the relevant role [9]. The drama therapist helps patients change their behaviors, cognitions, emotions, and other personal characteristics toward optimal treatment and improve their adjustment to social situations [10]. The dramatic art further provides the patient with the

opportunity to discharge emotions, catharsis, discover talents, and express creativity and spontaneity through creativity and revelation. The creative scenes associated with drama activities can take an effective step to promote social adjustment, strengthen interpersonal relationships and regulate clients' emotions considering the requirements such as improvisation, visual skills, text memorization, ability to work with others, rhythm recognition, having expressive-physical-motor abilities to convey emotions and thoughts. Besides, a creative drama can deepen or expand one's understanding of life and increase one's ability to analyze, combine, and evaluate. It is now believed that drama therapy provides the opportunity to experience real-life without desiring to be punished for mistakes [11, 12]. By reducing isolationist tendencies and strengthening social skills, drama therapy can create coping patterns, and facilitate the expression of individual emotions. It also provides an opportunity for the individual to effuse unconscious material, and discover the connection between irrational behaviors and their hidden emotions during this process [13]. Moreover, drama therapy can put the patient in a position to understand cognitive errors and irrational beliefs to correct them. Some studies show the positive effects of art therapy in a variety of emotional stress conditions such as refugee children [14].

In view of the above-mentioned benefits of drama therapy under stressful conditions, therapeutic applications in cancer patients have also been evaluated. According to the findings of Mahroos (2015), theater therapy is effective in reducing aggression and anxiety among cancer patients [15]. The study by Nouri (2015) further showed that drama therapy reduces anxiety and increases life expectancy in cancer patients. In a study reviewing the studies related to drama therapy, Orkibi and Feniger-Schaal (2019) showed that this method has shown positive effectiveness on a wide range of health-related variables [16]. Moreover, the results of the study by Al-Howaish [17] indicated the positive effect of drama therapy on depression and anxiety in cancer patients. In another study, Kamışlı and Gökler (2010) found that drama therapy reduces stress and increases life adjustment in cancer patients [17]. Menichetti et al. (2016) found that drama therapy increases adaptation to disease and improves relationships in cancer patients [18]. This study seeks to explain the effectiveness of drama therapy in reducing generalized anxiety and changing the metacognitive beliefs of cancer patients. Psychodrama studies have usually focused on depression, anxiety, or other variables alone, not simultaneously, and psychodrama on metacognitive beliefs has not been studied on cancer patients. Accordingly, the present study

aimed to investigate the therapeutic effect of psychodrama on reducing generalized anxiety and changing the metacognitive beliefs and emotional schemas of women with breast cancer. To the best of the authors' knowledge, this is the first study of the kind in the world.

## 2. Methods

The present study is a quasi-experimental study with a pretest and posttest design along with a control group. The statistical population included patients with breast cancer who were treated in Mazandaran province. Among them, 50 patients with research inclusion criteria were selected by available sampling and randomly assigned to control and intervention groups: 25 people in the control group and 25 people in the experimental group. The inclusion criteria are as follows: having breast cancer, r, filling out an informed consent form, being able to participate in the study according to the provided schedule, having at least a diploma degree, receiving a GAD diagnosis based on a structured cognitive interview for mental disorders (SCID-I), and not using medication or psychotherapy in the past six months. In addition, the exclusion criteria are as follows: receiving a diagnosis of obsessive-compulsive disorder, paranoid and schizotypal personality disorder, symptoms of psychosis, substance abuse, and brain damage or other physical illnesses, including cardiovascular disease. The following tools were used to collect data:

**Generalized Anxiety Disorder Short Scale (GAD-7):** This scale was developed by Spitzer et al. It has seven main questions and one additional question that measures the degree of involvement of patients with individual, social, family and occupational disorders. The scoring of the scale is such that the numbers 0-3 assigned to the items not at all, to some extent, high, and very high, respectively. The total score is obtained after adding the scores of the questions. A higher score indicates more anxiety. Further, the cut-off score of the questionnaire has been determined as 10

(Naeinian, Shairi and Sharifi, 2011). According to Nainian et al. (2011), this scale has good validity and reliability as Cronbach's alpha is 0.85 and the retest coefficient is 0.48. Besides, Newman, Zolig, and Kachin Miran reported high levels of retest reliability and discriminant validity.

### **Short Form of Metacognitive Beliefs (MCQ-30):**

This scale was developed by Wales and Katright Hutton (2004). It has 30 sentences in which a person rates his/her agreement on a scale from 1 to 4. This questionnaire has 5 subscales as follows: 1) positive beliefs about worry, 2) negative beliefs about uncontrollability and danger, 3) negative beliefs about the need to control thoughts, 4) Positive beliefs about cognitive self-awareness, and 5) Negative beliefs about cognitive confidence. Answers are calculated on a four-point Likert scale (1- Agree, 2- Somewhat Agree, 3- Relatively Agree, 4- Strongly Agree). The questionnaire has 5 subscales. Shirinzadeh Dastgiri obtained its internal consistency coefficient using Cronbach's alpha coefficient for the total scale as 0.91 and for its subscales in the range of 0.71 to 0.87 and the reliability of retesting this test during four weeks for the total scale as 0.73.

### 2.1 Procedure

During the coordination with Nowshahr Health Department, the contact information of the clients who were suffering from generalized anxiety disorder according to the medical records of cancer patients as well as their psychiatric records was obtained. Then, during a call, they were asked to participate in the present study and fill in the metacognitive beliefs and generalized anxiety questionnaires, in which 50 people cooperated and completed the related questionnaires (pretest). Then, the protocol was performed virtually for 16 sessions for treatment due to the current situation in the country and the Coronavirus crisis, and then the patients were again given metacognitive beliefs and generalized anxiety questionnaires to complete (posttest). The table below describes the meetings.

**Table 1.** Contents of treatment protocol sessions

Sessions	Contents
Session 1	Familiarity, building trust, creating intimacy, establishing reciprocal relationships
Session 2	Familiarity with drama elements such as stage, text, actor, director and theater basics, awareness to the body parts and movements (body, expression and feeling)
Session 3	Increasing physical abilities, strengthening motor skills, strengthening motor and expressive organs; knowledge of body language (signs and gestures); physical coordination; strengthening the five senses; collective coordination and conformity; coordination of thought and physical action; physical and emotional harmony
Session 4	Strengthening speech skills; coordinating members with each other; catharsis; recognizing the personality dimensions; analyzing stories, characters and their relationships with each other; strengthening interpersonal relationships; shaping and strengthening creative forces
Session 5	Familiarity with the text, the subject of the play and the characters, practising telegnosis and analyzing the play

Session 6	Recognizing behavioral details; strengthening attention and concentration; understanding the dramatic space; rational approach to affairs; identifying one's rights and how to communicate with others; reviewing social roles; eliminating shortcomings in playing social roles; learning and jobs role-playing (hot seat techniques and empty seats)
Session 7	Self-expression, facilitating the effusion of feelings and emotions (suppressed), moving towards honesty and truthfulness; obviating sensitivity; reducing fear-avoidance responses; expressing fear-resulted avoidance responses, self-expression in public, multidimensional interaction; exchanging thoughts, showing simple and everyday actions, roles training, jobs game
Session 8	Improvisation; strengthening the imagination; Reviewing memories; increasing attention and concentration (psychological role-playing; showing memory)
Session 9	Identifying one's rights and how to communicate with others; how to ask questions and listen; identifying weaknesses; increasing empathy capacity; anger control; empathy (psychological role-playing)
Session 10	Being here and now - recognizing emotion through mental imagery - Metaphorical animating to emotion - Increasing positive emotion by creating a pleasurable experience - Talking about emotion - Coping response - Increasing physical activity - Focusing on an object in the present time- Describing the quality of emotion by focusing on a thought, sensitivity and emotion, Shifting attention consciously
Session 11	Being here and now - focusing on the present time using color - Awareness of physical feelings and talking about them - expressing an emotion using colors - Awareness of the effect of thought on emotion and behavior; emotion on thought and behavior; Behavior on Thought and Emotion - stress relieving - Conscious attention to emotion with a focus on breathing - Performing activities related to emotion - Focusing on the momentarily flow of self-awareness
Session 12	Being here and now - Mental imagery - Reconstruction of the emotional situation -Generating emotion using different sounds - Expressing feelings out loud -recognizing the behavior following emotion- achieving a wise mind-Performing conscious breathing - considering the feeling following thoughts, creating body movements to describe emotionally-loaded words
Session 13	Informed communication with others - reducing cognitive inconsistencies -emotion - relaxation - Considering emotion with an emphasis on breathing -creating body movements to describe an emotion -Putting emotions into action - Recognizing desires after emotion - Recognizing emotion
Session 14	Being here and now - Recognizing emotion and naming emotion - Transferring a mental plan to emotion on paper -Transforming emotion into a specific motor state - Expressing emotion in the form of facial expressions - Describing emotion with a specific physical state- lack of judgment about emotion - Increasing the level of physical activity - Talking about emotion - Attention to the discharge of thought and affect - Acceptance - expressing thoughts related to emotion - generating activity consistent with the emotion
Session 15	Being in here and now - Recognizing the feeling of belonging to any emotion - Increasing positive emotion by creating a pleasurable experience - Showing emotion in the form of physical movements - association of color and emotion related to emotion - describing emotion in the form of an appropriate physical mode - recognizing behavior following emotion - recognizing emotion-related behaviors - Awareness of the effect of emotion on behavior and thinking - describing emotion in the form of words - Conscious attention to activities related to emotion - Conscious attention to thoughts related to emotion - conscious communication with others
Session 16	Summary and Conclusion, expressing the feelings and opinions of each member towards this workshop; Post-test performance - feedback and final analysis

The descriptive statistics (mean and standard deviation), Pearson correlation and inferential statistics were used to analyze the research data. Analysis of covariance (ANCOVA) was used to analyze the data of the effectiveness section and these data were analyzed by SPSS software, version 26.

### 3. Results

The findings of the study were analyzed in three sections: demographic, descriptive and inferential as follows.

#### 3.1 Demographic findings

The participants in the present study included 50 women with breast cancer, of whom 25 were in the experimental group and 25 ones in the control group. The mean age of the respondents is 43.54 years. 22% (11 subjects), 12% (6 subjects), 50% (25 subjects), 14% (7 subjects), and 2% (1 subject) have diploma and under-diploma, upper-diploma, undergraduate, graduate and doctorate educations, respectively.

**Table 2.** The descriptive indicators of data obtained from pretest and posttest separately by groups

	Group	Type	Mean	SD	Skewness	Elongation
Anxiety	Experimental group	Pretest	12.84	1.90	0.41	0.53
		Posttest	9.88	1.69	0.65	-0.11
	Control group	Pretest	14.40	1.77	-0.37	0.47
		Posttest	13.84	1.95	-0.26	-0.04
Belief	Experimental group	Pretest	75.84	4.74	0.28	0.86
		Posttest	64.24	5.19	0.91	0.25
	Control group	Pretest	75.24	4.66	-0.56	-0.43
		Posttest	74.48	5.65	-0.63	0.81
Adaptive schemas	Experimental group	Pretest	56.48	6.21	0.45	-0.08
		Posttest	69.92	6.63	0.83	0.02
	Control group	Pretest	61.69	5.07	-0.75	0.01
		Posttest	60.97	5.53	0.41	1.08
Maladaptive schemas	Experimental group	Pretest	33.00	4.00	0.15	-0.26
		Posttest	46.68	5.68	0.39	0.18
	Control group	Pretest	43.32	4.67	0.15	-0.22
		Posttest	44.88	4.93	-0.38	-0.01

According to the results of the Kolmogorov-Smirnov test, the research variables have a normal distribution.

To obtain the best chromatographic conditions and shortest separation time was investigated, the influence of the analytical parameters in mobile phases with different pH values, and column oven temperatures. The aim of this study is to develop a simple, accurate and sensitive HPLC method for simultaneous determination of vitamin C in *S.Vermiculata*.

The results of Levene's test indicates that there is an equality between the variance errors of the variables, so this assumption is also observed.

**Hypothesis 1: psychodrama affects reducing generalized anxiety in women with breast cancer**

Studying the results of the analysis indicated that the difference between the experimental and control groups is significant. Therefore, psychodrama is effective in reducing generalized anxiety in women with breast cancer ( $P = 0.01$ ,  $F = 47.99$ ).

**Hypothesis 2: Psychodrama affects changing metacognitive beliefs in women with breast cancer**

Examining the results indicates that the difference between the experimental and control groups is significant. Therefore, psychodrama is effective in changing metacognitive beliefs in women with breast cancer ( $P = 0.01$ ,  $F = 147.36$ ).

**Table 3.** The results of studying the normality of the distribution of research variables

Variable	Test value	Significance level
Anxiety	0.171	0.057
Metacognitive beliefs	0.125	0.200
Adaptive schemas	0.134	0.200
Maladaptive schemas	0.149	0.155

**Table 4.** Levene's test, assumption of variance error equality

Variable	F value	Degree of freedom 1	Degree of freedom 2	Significance level
Anxiety: posttest	0.001	1	48	0.984
Metacognitive beliefs: posttest	0.813	1	48	0.372
Adaptive schemas: posttest	0.169	1	48	0.683
Maladaptive schemas: posttest	0.001	1	48	0.991

**Table 5.** Studying the effectiveness of psychodrama training on reducing generalized anxiety among women with breast cancer

	Total squares	Degrees of freedom	Mean squares	F	Significance level	Effect size	Observed power
Anxiety-pretest	71.55	1	71.55	38.02	0.01	0.44	1.00
Group	90.31	1	90.31	47.99	0.01	0.51	0.00
Error	8.44	47	1.88				

**Table 6.** Studying the results of the effectiveness of psychodrama on changing metacognitive beliefs in women with breast cancer

	Total squares	Degrees of freedom	Mean squares	F	Significance level	Effect size	Observed power
Metacognitive beliefs -pretest	821.184	1	821.184	64.92	0.01	0.58	1.00
Group	1443.09	1	1443.09	114.00	0.01	0.71	1.00
Error	594.95	47	12.65				

#### 4. Discussion

The results of the present study showed that the differences between the experimental and control groups were significant. Therefore, psychodrama was effective in changing metacognitive beliefs in women with breast cancer ( $P = 0.01$ ,  $F = 147.36$ ).

Various studies have shown that the use of psychodrama improves the psychological factors of vulnerable or injured people [19]. In addition, the research conducted by Rahgoy (2016) titled the effect of psychodrama on depression in women hospitalized with long-term mental disorder showed that performing group psychotherapy reduces the rate of depression in patients with chronic mental disorders [22-20]. During this method of treatment, individuals allow others to share their traumatic experiences and practice acceptance and honesty skills based on similar conditions in the group [23]. Similar conditions of members in psychodrama treatment groups form a therapeutic bond among members, helping to stimulate positive emotions in members to act in the group and accept themselves and others [24]. As the disease progresses, patients are exposed to a variety of ailments. These discomforts often manifest as anxiety and impatience; especially in

the advanced stages of the disease, the person experiences strong fear of death and the person's resilience to problems and the ability to adapt positively to difficult stages of life decreases. Psychodrama, which is a dynamic and experimental therapy, places a lot of emphasis on time and puts the approach here and now. The "present" gives patients hope in the basic concept of unity, i.e., oneness and connection with the presence of others, even when one plays the role of the problems of the distant past [24]. In addition, studying the present study data indicated that the difference between the experimental and control groups is significant. Therefore, psychodrama is effective in changing metacognitive beliefs in women with breast cancer ( $P = 0.01$ ,  $F = 147.36$ ).

Psychodrama is a general, reinforcing method of psychotherapy in which people display and examine their lives at present, past and the future [25]. The reason for choosing this approach to treatment is that non-judgmental spontaneous expression allows one to speak freely about repressed thoughts and feelings, without threatening the reaction of others, and express inner secrets and harmonize inner life with the same objective life is the same as the discharge of affect burden. Group implementation of this

approach and the role of individuals in the group are aimed at expressing deep emotions [26]. Psychodrama clarifies feelings and thoughts and creates a safe atmosphere and motivation in patients, results in the discharge of affect, recognizing and correcting habits and increasing self-confidence and personal satisfaction in a short while, encourage one to experiment and familiarize one with new aspects of oneself, provides people with new ways to solve problems, allows practising new skills and enables learning among people [27]. This approach helps the person reconsider an issue through incarnation and role-playing, discover the connection between mood and negative thoughts, and prevent its recurrence. Patients often suffer from feelings such as loneliness, inner emptiness, boredom, lethargy, rejection, anger and sadness constantly, and only find a way to deal with such feelings [28]. In the psychodrama method, some significant personality traits, interpersonal relationships, conflicts and psychological conflicts, as well as emotional disorders are observed and examined by special dramatic methods [29]. Drama therapy is effective in a variety of psychological intervention programs due to its breadth, depth, diversity and practical vision of various aspects of human life [32-30].

## 5. Conclusion

Psychodrama, as a psychotherapy approach, is a tool to meet the basic psychological needs of cancer patients to improve their quality of life. Psychodrama can regulate emotions by relieving the emotions that occur in acting and role-playing, which in turn reduces anxiety. As a result, one's beliefs about themselves and the world around them can change, so psychodrama was shown to be effective in reducing anxiety and changing emotional schemas and metacognitive beliefs in breast cancer patients.

## Conflict of interest

There is no conflict of interest.

## Ethical considerations

This research was approved by the ethics committee of Islamic Azad University, Tonekabon branch and has an ethics code with IR number: IAU.TON.REC.1399.094.

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