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Original Article

Comparing the Effects of Psychodrama with Cognitive Behavioral Therapy on Psychological Well-being of Women with Marital Conflicts

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Abstract

Background: Marital conflicts can exacerbate anxiety, depression, and stress in couples and adversely affect their psychological well-being. The present study aimed to investigate the effectiveness of psychodrama and cognitive-behavioral therapy on the psychological well-being of women with marital conflicts.

Methods: This was a quasi-experimental, pretest-posttest, follow-up study with a control group. The statistical population included all the married women with marital conflicts referring to the counseling departments of cultural centers in Isfahan Municipality in 2021. Sixty women were selected as the sample by cluster sampling method and randomly assigned to two experimental groups (cognitive-behavioral therapy and psychodrama) and a control group (20 participants per group). The first experimental group underwent twelve 180-minute sessions of cognitive-behavioral therapy, while the second experimental group received twelve 180-minute sessions of psychodrama. To collect data, Psychological Well-Being Scale was used. Data analysis was performed through repeated measures ANOVA.

Results: According to the results, these two methods affected the psychological well-being components of the women with marital conflicts ($P<0.001$). The mean±SD of psychological well-being in the post-test and follow-up stages was respectively 61.05±8.35 and 60.10±8.95 in the cognitive-behavioral therapy, and 46.15±5.87 and 45.00±5.17 in the control group. Moreover, the mean±SD of psychological well-being in the post-test and follow-up stages was respectively 65.80±7.54 and 64.67±8.22 in the psychodrama group. The results also revealed that the components of psychological well-being in the women with marital conflicts in the two experimental groups in the post-test and follow-up stages had a significant increase compared to those in the pre-test stage ($P<0.001$). The two methods were significantly different only in terms of the effects on environmental mastery ($P<0.001$). Psychodrama was found to be more effective than cognitive-behavioral therapy.

Conclusions: Psychodrama and cognitive-behavioral therapy can result in positive outcomes, such as improving psychological well-being in couples therapy and marital relationships. Therefore, the use of these two interventions could be recommended to psychotherapists for improving the psychological well-being of women with marital conflicts.

Keywords: Health, Family conflict, Cognitive behavioral therapy, Psychodrama, Women

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1. Introduction

Over recent years, the concept of well-being was considerably emphasized in both scientific and popular literature. In fact, well-being is often introduced as a national priority in public policymaking worldwide (1). Psychological well-being refers to interpersonal and intrapersonal levels of positive functioning, which includes individuals' relationships with others and their self-referential attitudes that includes their sense of mastery and personal growth. Subjective well-being reflects the dimensions of affective judgments regarding life satisfaction (2). Evidence showed the positive effects of marriage on psychological well-being (3). Literature also suggested that marriage further increases happiness, with the positive effects observed longer in women than in men on average (4).

Studies showed that those who do not have a happy life suffer more from physical and mental problems (5). Marital conflicts are considered the most unfortunate form of family conflict, usually emerging as disputes between spouses reflecting their different preoccupations. Therapists consider marital conflicts as arguments over the acquisition of power base and resources and the elimination of privileges controlled by another party (6). Marital conflicts can affect the psychological well-being of couples. Therefore, psychologists have always sought to use therapeutic techniques to reduce conflicts and improve their psychological well-being (7, 8).

Psychodrama is a structured therapy that has attracted a great deal of scientific attention. In this method, the therapist tries to use dramatic techniques to positively affect the patients and help them know themselves better, improve their thinking and behavior, and in general, better deal with their surrounding environment. Psychodrama is a method that uses play and drama to develop self-knowledge and improve personal and social relationships (9). Studies on the effectiveness of psychodrama showed that it is an effective technique for changing several personal characteristics of a human being and affecting interpersonal relationships (10, 11). It can also positively affect self-awareness, self-esteem, creativity, empathy, problem-solving, and emotional expression skills. Based on role-playing, psychodrama allows people to experience different roles they use in real-life situations by analyzing their personal skills and internalizing their psychodrama experiences (12).

In psychodrama, patients are not just performers; they try to play the roles of their real selves on the stage, which helps them become closer to themselves. An advantage of psychodrama is the transformation of a person's extroverted tendencies into an internal processing channel. Studies also showed the effect of psychodrama on psychological well-being (13, 14). Kaya and Deniz (15) found that psychodrama would increase levels of psychological well-being by observing its effect on the subscales of positive interpersonal relationships, environmental mastery, purposefulness, and self-acceptance. Katmer and colleagues (16) found that the mental well-being scores of students in the psychodrama group increased whereas the frustration scores decreased significantly compared with those of the control and placebo groups in their study. Cheraghi and NematTavousi (17) found psychodrama training can effectively improve the psychological balance, spiritual well-being, and optimism scores of the elderly.

Among the common therapeutic approaches, cognitive behavioral therapy is also widely applied in marital problems owing to its emphasis on cognition and behavior, which can play an effective role in improving people's psychological well-being (18, 19). Cognitive behavioral therapy is a structural and collaborative psychotherapy method that emphasizes the links between thoughts, emotions, and behavior in mental disorders (20). The therapist helps patients examine and correct their wrong thoughts and cognitive errors regarding external phenomena. The most important principle of cognitive behavioral therapy is that negative or positive feelings result from negative or positive mindsets (21). Cognitive-behavioral therapy is an eclectic approach based on a combination of cognitive techniques and behavior modification theories. It usually includes cognitive restructuring, facing stressful situations, and doing assignments (22).

As opposed to cognitive behavioral therapy, patients use role-playing in psychodrama to display their psychological and social problems rather than just talking about them. In addition, psychodrama can empower the therapeutic alliance. Patients are involved in the therapeutic bond between the group members who provoke emotions by role-playing and playing supporting roles in the performance of other members to help the treatment (23). Since marital conflicts can exacerbate anxiety, depression, and stress in couples and adversely affect their psychological well-being, well-known methods, such as cognitive behavioral therapy, have been widely employed to solve these problems in couples therapy. At the same time, psychodrama methods have been put in use for improving psychological variables over the recent years; however, these methods have received little attention in marital problems. Thus, based on the issues outlined above, the present study aimed to investigate the effectiveness of psychodrama and cognitive-behavioral therapy on psychological well-being of women with marital conflicts.

2. Methods

This quasi-experimental study was a pretest-posttest-follow-up research design with a control group. The statistical population included all the married women with marital conflicts vesting the counseling departments of cultural centers in Isfahan Municipality in 2021. The cluster sampling method was adopted to randomly select 60 women as the research sample. From the 15 municipal districts of Isfahan and a total of 38 cultural centers, two cultural centers were randomly selected from each district. They were then equally assigned to cognitive-behavioral therapy, psychodrama, and control groups (20 participants per group). The sample size consisted of 60 women with marital conflicts (n=20 participants per group), based on G-Power software with effect size (1.08), alpha (0.05), and test power (0.90) (24).

For randomization, the participants were divided into experimental and control groups by coin tossing. The inclusion criteria were as follows: signing informed consent to participate in the meetings, having been diagnosed with marital problems based on the opinion of the counselors, not having severe mental disorders, such as personality disorders, intellectual disorders, and other similar conditions according to the opinions of the experts and counselors, not being on any medications at the time of the implementation of the program, and having at least junior high school education (middle school). The exclusion criteria were as follows: participation in other treatment at the same time, being absent for more than two sessions, and filing for divorce during the treatment program. The ethical considerations in this study included confidentiality of information, completion, and signing of the consent form to participate in the research, and having the right to choose to continue or withdraw from the study in therapeutic sessions.

2.1. Procedure

This study was conducted in coordination with the counseling departments of cultural centers in Isfahan. To compare psychodrama and cognitive-behavioral therapy in terms of their effects on the psychological well-being of women with marital conflicts, the women with this problem were primarily selected by the inclusion criteria. They were then randomly assigned to psychodrama, cognitive-behavioral therapy, and control groups. The participants of each group were then informed about the research objectives. In the next step, the research questionnaires were completed by the participants of all three groups. After the pre-test, the two experimental groups independently underwent 12 sessions of psychodrama and 12 sessions of cognitive-behavioral therapy. Treatment sessions were held once a week for 180 minutes. Following the treatment sessions were completed, a post-test was conducted on all three groups. After 60 days, follow-up was done in three groups.

2.2. Research Instrument

Ryff's Psychological Well-Being Scale (PWB) (25) was utilized for well-being measurement. This questionnaire consists of 18 items and six components (namely autonomy, personal growth, positive interpersonal relationships, purposefulness, self-acceptance, and environmental mastery). Each component of the PWB scale has three items, scored on a six-point Likert scale ranging from "strongly disagree" (1) to "strongly agree" (6). The scores for each component range between 3 and 18, with a higher score indicating greater psychological well-being. The Content Validity Ratio (CVR) (0.92) and Content Validity Index (CVI) (0.94) confirmed the PWB's content validity (26). Khanjani and colleagues (26) reported an alpha Cronbach coefficient of 0.71 for the questionnaire.

2.3. Intervention Programs

2.3.1. Cognitive-Behavioral Therapy: This intervention was implemented by the researcher for twelve 180-minute sessions based on the content of Delgadillo's (22) cognitive-behavioral therapy training sessions. Table 1 presents an overview of the cognitive-behavioral therapy intervention sessions.

2.3.2. Psychodrama Intervention Program: This program was based on a manual of clinical experts for psychodrama (10). The program was implemented by the researcher for 12 sessions of 180 minutes. Table 2 depicts an overview of the psychodrama intervention sessions.

2.4. Statistical Analyses

This study used descriptive and inferential statistics with mean and standard deviation for the descriptive method and repeated measures analysis of variance (ANOVA) and Least Significant Difference (LSD) post hoc test in inferential statistics. Data analysis was performed using SPSS version 22.

3. Results

The participants included 60 women with marital conflict with an average age of 36.25±8.47. A comparison of the demographic characteristics of women in this study is presented in Table 3.

Table 4 illustrates the mean and standard deviation of psychological well-being in the experimental groups and the control group. The table indicates a change in the post-test and follow-up scores of the psychological well-being of both experimental groups compared with those of the control group.

Table 1: An overview of the cognitive behavioral therapy intervention sessions

Session	Description
First	Goal: determining the structures of sessions, rules, and regulations and familiarizing the members with each other Content: familiarizing women with the roles of meaning and thinking in uncomfortable feelings
Second	Goal: preparing a list of marital conflicts and identifying the roles of one's automatic thoughts in creating conflicts Content: learning how to identify automatic thoughts and knowing about the guided discovery and use of imagery
Third	Goal: learning how to check and respond to negative thoughts Content: learning how to find approving and disapproving evidence, providing alternative explanations
Fourth	Goal: learning methods of identifying the problematic underling rules and assumptions Content: learning how to identify musts and the content of one's own thoughts
Fifth	Goal: revising assumptions and rules of life Content: learning behavioral tests in relation to spouses
Sixth	Goal: forming new beliefs about family life Content: learning how to create alternative main beliefs and play a rational-emotional role
Seventh	Goal: identifying and examining cognitive errors and replacing them with good thoughts Content: knowing about cognitive errors of negative filter, exaggerated generalization, neglecting positive things, and hasty conclusions in relationships
Eighth	Goal: identifying and examining cognitive errors and replacing them with good thoughts Content: knowing about cognitive errors of macroscopic and microscopic vision, emotional reasoning, and should-thinking, labeling and personalization in relationships
Ninth	Goal: teaching communication skills to communicate through conflict resolution and negotiation Content: learning skills of listening, empathizing, and giving feedback
Tenth	Goal: teaching problem-solving and anger management skills in marital conflicts Content: an overview of the correct and incorrect methods of dealing with marital problems and the effects and results of each of them
Eleventh	Goal: preventing recurrence and putting knowledge into practice Content: learning how to investigate the occurrence of marital conflicts and the correct method of dealing with their recurrence
Twelfth	Goal: summarizing the trainings, answering questions, and teaching the latest techniques Content: evaluation, post-test, and closing ceremony

Table 2: An overview of the psychodrama intervention sessions

Session	Description
First	Techniques of the warm-up stage: group familiarization and trust-building exercises; creating a suitable environment Techniques of the Implementation Stage: trying to create a friendly and intimate atmosphere by the therapist; explaining psychodrama
Second	Techniques of the warm-up stage: storytelling Techniques of the implementation stage: self-expression; expression of feelings
Third	Techniques of the warm-up stage: attention–concentration Techniques of the implementation stage: doubling technique
Fourth	Techniques of the warm-up stage: next step Techniques of the implementation stage: role reversal technique
Fifth	Techniques of the warm-up stage: colored papers Techniques of the implementation stage: desensitization Technique
Sixth	Techniques of the warm-up stage: static exercise Techniques of the implementation stage: empty chair technique
Seventh	Techniques of the warm-up stage: walking with emotions Techniques of the implementation stage: future projection technique
Eighth	Techniques of the warm-up stage: tone exercise Techniques of the implementation stage: image description and eye contract technique
Ninth	Techniques of the warm-up stage: easy life, hard life Techniques of the implementation stage: mirroring technique
Tenth	Techniques of the warm-up stage: commercial advertisement Techniques of the implementation stage: role playing technique and behavioral training
Eleventh	Techniques of the warm-up stage: walking with shut eyes Techniques of the implementation stage: magic shop technique
Twelfth	Techniques of the warm-up stage: rhythmic movements and physical exercises Techniques of the implementation stage: evaluation, post-test, and closing ceremony

Table 3: Demographic characteristics of the studied women with marital conflict

Groups	Age (years)	Marital duration (years)	Education		
			Middle school n (%)	High school n (%)	College education n (%)
Psychodrama	37.43±9.62	9.75±2.45	6 (30%)	8 (40%)	6 (30%)
Cognitive behavioral therapy	35.29±8.17	8.58±2.09	5 (25%)	8 (40%)	7 (35%)
Control	36.66±8.37	8.86±2.98	7 (35%)	9 (45%)	4 (20%)
P value	0.788	0.308	0.872		

Table 4: Mean and standard deviation (SD) of the components of psychological well-being in the experimental and control groups in the pre-test, post-test, and follow-up

Variables	Phases	Psychodrama	Cognitive behavioral therapy	Control	P value (between group)
		Mean±SD	Mean±SD	Mean±SD	
Self-acceptance	Pre-test	7.85±1.46	8.70±2.68	6.90±1.94	0.088
	Post-test	11.15±2.23	10.75±2.47	7.50±1.93	0.001
	Follow-up	11.55±2.35	10.50±2.65	6.35±1.73	0.001
P value (within group)		0.001	0.016	0.333	-
Positive relations with others	Pre-test	7.65±1.79	8.75±2.02	7.80±1.96	0.801
	Post-test	10.90±2.86	10.40±2.09	7.25±2.07	0.001
	Follow-up	10.90±2.55	10.40±1.96	7.10±1.62	0.001
P value (within group)		0.001	0.015	0.225	-
Autonomy	Pre-test	7.25±2.05	7.80±2.31	6.90±1.83	0.572
	Post-test	10.70±2.05	9.65±2.80	6.85±2.06	0.001
	Follow-up	10.60±1.85	9.55±2.50	6.30±1.45	0.001
P value (within group)		0.001	0.028	0.935	-
Environmental mastery	Pre-test	7.75±2.02	8.10±2.02	6.75±2.20	0.142
	Post-test	11.55±2.28	9.60±1.90	6.80±1.82	0.001
	Follow-up	11.55±2.39	9.45±1.90	6.35±1.93	0.001
P value (within group)		0.001	0.020	0.938	-
Purpose in life	Pre-test	8.65±2.50	8.40±2.52	8.00±2.70	0.434
	Post-test	10.50±2.12	10.55±2.70	8.45±2.48	0.001
	Follow-up	10.40±2.23	10.30±2.43	8.15±2.03	0.001
P value (within group)		0.015	0.012	0.586	-
Personal growth	Pre-test	7.95±1.85	7.20±1.99	6.85±1.57	0.061
	Post-test	11.75±2.34	10.10±2.25	6.30±1.84	0.001
	Follow-up	11.75±2.40	9.85±2.39	5.75±1.59	0.001
P value (within group)		0.001	0.001	0.315	-
Psychological well-being (total)	Pre-test	47.10±6.67	48.95±7.21	45.20±6.38	0.089
	Post-test	65.80±7.54	61.05±8.35	46.15±5.87	0.001
	Follow-up	64.67±8.22	60.10±8.95	45.00±5.17	0.001
P value (within group)		0.001	0.001	0.627	-

The assumption of distribution normality of the dependent variable in groups was examined using the Shapiro-Wilk test, which confirmed the hypothesis. An assumption was the homogeneity of variance-covariance matrices, which was confirmed using Box's M test. The results showed that the variance-covariance matrix was homogeneous. The assumption of the equality of variances was analyzed in Levene's test, whose results implied no significant differences between the experimental and control groups in terms of the variances of research variables. Therefore, the assumption of the equality of variances was also confirmed. The results of Mauchly's test showed that the assumption of the equality of variances of dependent variables was met in three stages of measurement.

The findings through repeated measures ANOVA demonstrated the significant effects of time (pre-test, post-test, and follow-up) on the components of self-acceptance (F=24.53, P=0.001), positive relations with others (F=24.12, P=0.001), autonomy (F=34.03, P=0.001), environmental mastery (F=34.17, P=0.001), purpose in life (F=24.77, P=0.001), and personal growth (F=19.66, P=0.001).

Table 5: Results of pairwise comparison of the psychological well-being across time series

Variables	Groups	Mean difference	Standard error (SE)	P value
Self-acceptance	Psychodrama – Cognitive behavioral therapy	0.20	0.55	0.716
	Psychodrama - Control	3.27	0.55	0.001
	Cognitive behavioral therapy - Control	3.07	0.55	0.001
Positive relations with others	Psychodrama - Cognitive behavioral therapy	-0.03	0.85	0.955
	Psychodrama - Control	2.43	0.85	0.001
	Cognitive behavioral therapy - Control	2.47	0.85	0.001
Autonomy	Psychodrama - Cognitive behavioral therapy	0.52	0.59	0.386
	Psychodrama - Control	2.83	0.59	0.001
	Cognitive behavioral therapy - Control	2.32	0.59	0.001
Environmental mastery	Psychodrama - Cognitive behavioral therapy	1.22	0.56	0.032
	Psychodrama - Control	3.65	0.56	0.001
	Cognitive behavioral therapy - Control	2.42	0.56	0.001
Purpose in life	Psychodrama - Cognitive behavioral therapy	0.10	0.70	0.886
	Psychodrama - Control	1.65	0.70	0.021
	Cognitive behavioral therapy - Control	1.55	0.70	0.030
Personal growth	Psychodrama - Cognitive behavioral therapy	0.77	0.57	0.174
	Psychodrama - Control	4.18	0.57	0.001
	Cognitive behavioral therapy - Control	3.42	0.57	0.001

In other words, the estimated mean scores of the psychological well-being components from the pre-test, post-test, and follow-up stages were significantly different. The results of variance analysis with repeated measures for psychological well-being components by the group indicated significant effects of the interventions (the psychodrama, cognitive-behavioral, and control groups) on the components of self-acceptance (F=8.42, P=0.001), positive relations with others (F=15.02, P=0.001), autonomy (F=19.45, P=0.001), environmental mastery (F=16.07, P=0.001), purpose in life (F=3.80, P=0.006), and personal growth (F=22.60, P=0.006). In other words, the estimated mean scores of the psychological well-being components of psychodrama, cognitive-behavioral therapy, and control groups were significantly different.

An LSD post hoc test was conducted to determine the differences between groups. Table 5 presents the results of this analysis. According to the results, both psychodrama and cognitive-behavioral therapy groups made significant differences in psychological well-being components compared with the control group and increased the mean of psychological well-being components in women with marital conflicts.

4. Discussion

The present study aimed to investigate the effectiveness of psychodrama and cognitive-behavioral therapy on the psychological well-being of women with marital conflicts. The results indicated the effectiveness of these two methods on women's psychological well-being while no significant differences were detected about their effectiveness on different components of psychological well-being except for environmental mastery. This finding is consistent with the results of previous studies (15, 16, 27).

Results of the present study showed that psychodrama methods seem to use techniques and teachings that can improve the components of psychological well-being. In this method, clients identify their problems and learn about coping mechanisms by displaying their intrapersonal and extrapersonal issues creatively, facilitating self-acceptance, self-growth, and purposefulness (27). During the process of psychodrama, people also recognize their role in their problems and receive feedback from the director and other members of the group. Techniques, such as doubling, mirroring, role reversal, hot seat, dark room, and the empty chair can help emotional refinement and improve relationships. Emotional refinement can also lead to the discharge of grudges, anger, and hatred, which would bring more autonomy and personal growth. Psychodrama is a group therapy process that uses the intrapersonal and interpersonal issues of people through displaying the past and present or predicting life situations and communicating roles to release emotions (16). Psychodrama can refine and purify suppressed and hidden negative

emotions. The internal purification of suppressed and unconscious negative emotions and feelings can undoubtedly contribute to improved psychological well-being. Psychodrama provides a person with new experiences and new situations by playing games and group activities as well as performing various techniques in the warm-up phase. They can experience unprecedented situations or those to which less attention was paid during their life. Pleasant experiences create a sense of positive change and vitality in the clients (23).

The effectiveness of cognitive behavioral therapy on the components of well-being which was shown in the present study is supported by several other studies (18, 28, 29) since cognitive behavioral therapy is an eclectic approach based on a combination of cognitive techniques and behavioral modification theories. It usually includes cognitive restructuring, facing stressful situations, and doing homework. Due to its emphasis on the role of cognition and thoughts on behavior, this therapeutic method can effectively improve self-expression. In other words, cognitive behavioral therapy is structural and collaborative psychotherapy that emphasizes the link between thoughts, emotions, and behavior in mental disorders (28). Moreover, cognitive behavioral techniques can lead to self-acceptance, proper interpersonal relationships, optimal autonomy, adequate environmental mastery, purposeful life, and personal growth by modifying cognitions to improve behavior and emotions; for example, techniques used to accurately recognize problems as well as illogical and logical thoughts set accessible goals, recognize cognitive distortions, identify automatic thoughts, challenge negative thoughts, validate thoughts based on their usefulness, and increase awareness about emotions and attitudes, which altogether can lead to psychological well-being (19).

The results of the present study revealed that psychodrama therapy was more effective than cognitive behavioral therapy in terms of environmental mastery component, which is possibly due to the fact that, compared with cognitive behavioral therapy, psychodrama had many practical exercises during training. Therefore, the patient can receive various instances of feedback. The resultant boost in self-confidence can act as a mediating variable for environmental mastery, resulting in its improvement.

4.1. Limitations

A limitation of this study was the time restriction, which led to the intensive implementation of treatment courses. Moreover, this study was conducted on women with marital conflicts in Isfahan, which should be considered while generalizing the results to other groups. In this study, both interventions were conducted by a psychotherapist, leading to potential bias. It is recommended to conduct studies in different communities and use separate therapists to provide intervention programs.

5. Conclusions

Psychodrama and cognitive behavioral therapy effectively improved the psychological well-being components of women with marital conflicts. Similar to cognitive behavioral therapy, psychodrama was associated with positive outcomes, such as increased psychological well-being in couples therapy and marriage. It is hence a suitable method for dealing with the negative outcomes of marital conflicts.

Ethical Approval

The study was approved by the Ethical Committee of Islamic Azad University-Isfahan, Khorasgan Branch with the code of IR.IAU.KHUISF.REC.1400.083. Also, written informed consent was obtained from the participants.

Conflict of Interest: None declared.

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