

The effectiveness of psychodrama in treating anxiety disorders: A research design

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Abstract

Psychodrama psychotherapy is an approach which proved to have a significant impact on the development of group therapy. There is a corpus of literature and research proving its value in both clinical and non-clinical settings, but despite of being one of the first recognized psychotherapies, the scientific status of psychodrama is questioned. The two most recent meta-analytical studies (Kipper, Ritchie, 2003; Wieser, 2007) show that psychodrama research usually fails to meet methodological rigor and standards. There is a need for more research using experimental designs, especially randomized control trials (RCT) proving psychodrama effectiveness.

The proposed research project aims to prove the effectiveness of psychodrama in working with clients with various anxiety disorders. A mixed-method design, quantitative (RCT) with a complementary qualitative dimension is planned to be carried out in parallel in five countries (Austria, Sweden, Bulgaria, Italy, Romania) on a sample of 200 adults (N=40 in each country; 20 experimental group, 20 control group). Participants within the experimental group will benefit from 25 sessions of psychodrama therapy over six month (2 groups in each country). Research data will be collected before therapy, at session twelve, at the end of therapy, six month and one year after therapy. The State Trait Anxiety Inventory (STAI), Clinical Outcomes in Routine Evaluation System (CORE, C. Evans), Spontaneity Assessment Inventory – revised (SAI-R, D.A. Kipper), Personal Questionnaire Procedure, Client Change Interview Schedule and Helpful Aspects of Therapy Form (R. Elliot) are considered to be adapted for use in each country. Guidelines for psychodrama practitioners working with people with anxiety disorders will be produced.

Psychodrama and Cognitive-Behavioral Therapy in Obesity: assessment of a group intervention program to work with emotions

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Abstract

Obesity is a serious illness associated with significant medical and psychological problems. In treatment of this disease, apart from weight reduction and changes in lifestyle, it's also important intervene in factors associated with eating behavior. Several studies provide considerable evidence for the link between emotions and eating behavior, namely a positive relationship between difficulties in emotional regulation and a tendency to compulsive eating behaviors in obese population.

Considering the limited success of even the most effective therapeutic approaches, several authors have advocated the need of an increased focus on psychological intervention programs for obesity as well as on the development of alternative forms of psychotherapy in this domain. Therefore we propose to test the efficacy of an intervention focused on emotional work which combines CBT (presently considered the most effective treatment for obesity) and Psychodrama, in a sample of obese women undergoing treatment in public hospitals.

The development of this research is guided by the following specific objectives: a) analyze the efficacy of the intervention in some variables - alexithymia and emotional regulation, eating disorders, subjective well-being and social functioning and depressive and anxious symptomatology; b) study the therapeutic process through multiple assessment times (rather than pre-post designs) which will allow us to clarify the specific elements of the intervention that have a significant impact in individual change; c) identify the patients that are more likely to benefit from this kind of approach through studying the predictive value of sociodemographic and clinical variables for recovery. In pre-intervention assessment will be apply a questionnaire developed to assess sociodemographic and clinical data and the portuguese versions of the following instruments: Toronto Alexithymia Scale (Bagby, Parker, & Taylor, 1994), Binge Eating Scale (Gormally, Black, Daston, & Rardin, 1982), Emotional Eating Scale (Arnold, Kenardy, & Agras, 1995), Emotional Processing Scale (Baker, Thomas, Thomas, & Owens, 2007), Clinical Outcomes in Routine Evaluation – Outcome Measure (Evans, 2000). Patients will be randomly assigned to an experimental condition (n=30) or to a control group receiving standard treatment (n=30). Patients in the experimental group will participate in the programme, delivered through 24 weekly sessions. During the intervention patients will evaluate every session through two instruments: Helpful Aspects of Therapy (Elliott, 1993) and Simplified Personal Questionnaire (Robert Elliott, Mack, & Shapiro, 1999). The post-intervention assessment will focus on the same variables addressed in the pre-assessment and also include the Change Interview (Elliott, 1999). The longitudinal design includes two follow-ups that will take place at 6th and 12th month after the end of the intervention.