

## Research Paper

## Developing the Identity-based Psychodrama Package and Comparing It With Psychodrama on Neuroticism

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Psychodrama, Neuroticism, Identity

**ABSTRACT**

**Objective:** Most studies have focused only on the neuroticism superstructure and the reduction of its symptoms, while there is no comprehensive model on the treatment of neuroticism infrastructurally. This research aimed to develop an identity-based psychodrama package and compare the effect of this therapy with psychodrama on neuroticism.

**Methods:** This research consists of five studies. The first study was qualitative research with Attride-Stirling's thematic analysis method. The research community in this stage for analyzing themes affecting identity achievement included all papers related to identity aspects. The second study was a qualitative content analysis based on an inductive approach through a semi-structured interview with neurotic individuals. The third study was a quantitative analysis, and an educational-therapeutic package was developed. The fourth study was of validation type with Lawshe's method. The population in this stage included all specialized psychologists in identity issues. The last study was a quasi-experimental, pretest-posttest type with a control group and a follow-up period of 60 days. The population in this stage included all people referred to Pendar Nik Counseling Center in Najafabad City, Isfahan Province, Iran, in 2020. Finally, 60 people were selected and randomly assigned into 2 experimental groups and 1 control group. To collect data, the 5-factor inventory was used.

**Results:** The first study's results suggested 8 general themes, and with additional information in the second study, the identity-based psychodrama package was developed in the third study. The results of the fourth study indicated the validity of the package by the evaluators. The results of the previous study showed that the mean scores of neuroticism in the two experimental groups significantly differed from the control group scores. Besides, identity-based psychodrama was more effective in reducing neuroticism than psychodrama ( $P < 0.001$ ).

**Conclusion:** Compared with psychodrama, the identity-based psychodrama package is more effective in reducing neuroticism.

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## Highlights

- Research shows that identity plays an important role in the process of neuroticism.
- Working on two themes of sense of belongingness (especially national identity) and ego differentiation (especially self-esteem) can help neurotic people.
- Returning to national identity and patriotism is effective on mental health.

## Plain Language Summary

In this research, we studied the results of working on people's identity issues on reducing their nervous tensions. This research shows that identity plays an important role in the process of neuroticism. Working on two themes of sense of belongingness (especially national identity) and ego differentiation (especially self-esteem) can help neurotic people. During this study, we found out that returning to national identity and patriotism is effective on mental health. All specialized psychologists in identity issues and all people referred to Pendar Nik Counseling Center in Najafabad City, Isfahan Province, Iran, in 2020 are among the population in this research. In addition to the fields of psychology, educational sciences and neurosciences, fields such as sociology and political science can also use this article and its results in future research.

### 1. Introduction

**N**euroticism trait is a non-psychotic chronic disorder that does not involve the main functions of the personality while the person is aware of it. Anxiety is its main characteristic, which is directly expressed, experienced, or altered by defense mechanisms (Rangell & Fenichel, 2014). Neuroticism is also defined as the experience of negative emotions, which includes anxiety, aggression, depression, shyness, impulsive behavior, and vulnerability (McCann, 2018). The symptoms of the disease are distressing, unacceptable, and ego-dystonic for the person (Rangell & Fenichel, 2014). Neurotic individuals generally feel upset, forget their social role, have sleep disorders and look very tired. They are aggressive toward others or themselves (McCann, 2018). Also, they have high levels of negative emotions and suffer from feelings of insecurity, loneliness, lack of control over the environment, and lack of social support (Muris, Meesters, & Diederer, 2005).

Neurosis is a mental disorder that causes anxiety, depression, unhappiness, and anger (Lahey, 2009). Various models and theories have been proposed to explain and treat the symptoms of neuroticism, from psychoanalysis to new postmodern methods. These methods include cognitive-behavioral therapies such as dialectical behavior therapy (Linehan, 1993), cognitive behavioral analysis system of psychotherapy (McCullough, 2003), schema therapy (Young, Klosko, & Weishaar,

2006), humanistic-existential approaches (Berra, 2021; Eneman et al., 2019), and psychodrama (Shaughnessy, 2003). Cognitive-behavioral therapies have dealt mainly with symptoms such as impulsivity, harmful behaviors, and perceived interpersonal rejection, while humanistic-existential approaches emphasize those symptoms such as hopelessness and stress.

Psychodrama is a rich method in psychotherapy that incorporates drama, imagination, physical activity, and group dynamics. Psychopathology and health are based on three elements of behavior, emotion, and thinking, which the psychodrama can focus on any or all of these domains according to what clients need to experience (Shaughnessy, 2003). Previous research has somehow shown the effects of psychodrama on dimensions of neuroticism such as depression, anxiety, and aggression (Carbonell & Partelano-Barehmi, 1999; Karataş & Gökçakan, 2009).

Most studies have focused only on neuroticism superstructure. However, there has been no comprehensive model on the treatment of neuroticism infrastructurally. The multidimensional and complex nature of neurosis requires more extensive and comprehensive studies on the etiological causes and treatment of this disorder. Neurotic individuals constantly feel clumsy and show a weaker level of compromise with others in extraordinary and stressful situations due to their negative emotions, such as fear, sadness, anger, guilt, and irritability. Man is a social being and lives in interaction with others, but neurosis causes emotional instability, confusion, and

behavioral problems in people. Individuals with high scores on the neurosis index may be at risk for some psychiatric disorders (Eysenck & Eysenck, 1975). A review of the research shows that little attention has been paid to studying the underlying issues of neurotic individuals, including identity. The advantage of identity-based psychodrama is that it affects most aspects of a person's existence in which a vacuum is felt. For example, by discovering and achieving meaning, the amount of existential neuroticism is reduced. Positive identity is one of the important infrastructure factors in the mental health and emotional stability of individuals (Rice & Dolgin, 2005). Positive identity means successfully passing all the items of identity achievement from exploration to commitment. Identity promotion has been shown in previous studies (Ferrer-Wreder et al., 2002; Zolali, Atashpour, & Sajjadian, 2021). So far, no specific combination of psychodrama and identity has been used, and no comprehensive research has been done in the field of factors and components affecting identity achievement qualitatively.

So, this study was conducted to develop an identity-based psychodrama package. Accordingly, the present paper aimed to develop a treatment package that is comprehensively based on identity issues and can affect the neuroticism of people while comparing the effectiveness of the package with psychodrama. To this end, five studies are considered in this paper. The first four are devoted to the development of an identity-based treatment package. The previous study compared the developed treatment package with psychodrama on neuroticism.

## 2. Participants and Methods

### First study: Analysis of themes affecting identity achievement

This is a qualitative study in the first study with Attride-Stirling's thematic analysis method. Thematic analysis is a way to identify and organize patterns in content and meanings in qualitative data. This method converts scattered and diverse data into rich and detailed data, expressing the truth and explaining it (Braun & Clarke, 2006).

Thematic analysis is a kind of pattern recognition in the data. Appropriate analytical methods can be used in the thematic analysis according to the objectives and research questions. The thematic network is a suitable method in thematic analysis that Attride-Stirling introduced in 2001. The network of themes, based on a specific process, systematizes basic themes (codes and key points of the text), organizing themes (themes derived from synthesizing and summarizing basic themes), and

global themes (excellent themes containing the principles governing the text as a whole). These themes are then plotted as network maps, showing their relationships (Attride-Stirling, 2001).

The purpose of the first study is to identify and categorize the components of identity, so at first, all internal articles related to identity styles are extracted from valid databases and presented in the form of a table introducing the name of the researcher, year, or publication, and the main findings were identified.

The most common sampling method in the qualitative approach is purposive sampling which means that samples are rich in problem and research objectives. Also, the researcher in the qualitative approach can deliberately use various examples to deepen the understanding of the phenomenon under study (Petty, Thomson, & Stew, 2012). Therefore, the sample size at this level is unknown in advance, and the theoretical saturation determines the number of samples. Then, through coding, the themes were extracted as basic, organizing, and global themes to gain a thematic network of identity achievement components. To assess the validity of the present study, in addition, to selecting the basic themes based on theoretical foundations, background, and objectives of the research, a group of experts' opinions has been taken into account; and final adjustments have been made before coding. In this way, in the first stage, the themes were extracted from the articles by the researcher himself, and in the second stage, the themes were re-identified and extracted under the supervision of experts. By comparing these two steps and based on the agreement between the two coding steps, the reliability coefficient is calculated by Holsti's method by the Equation 1:

$$1. PAO = 2M / (n1 + n2)$$

, where PAO stands for the percentage of agreement observed (reliability coefficient), M is the number of agreements in the two coding stages, n1 is the number of units coded in the first stage, and n2 is the number of units coded in the second stage. This figure varies between zero (no agreement) to one (full agreement). The index for this research is as follows:

$$2. PAO = 2(95) / (121 + 102) = 0.85$$

, where the value of the reliability coefficient of about 85% indicates that the research results are highly reliable.

### Second study: Interview

The research method in the second study is a qualitative content analysis based on an inductive approach through semi-structured interviews. In this section, codes and categories extracted from the raw data of the interviews were prepared to complete the data and develop a psychodrama package based on identity. The statistical community of this study included all neurotic patients referred to the “Pendar-e-Nik” Counseling Clinic in Najafabad City in 2020. From these individuals, 10 samples were purposefully selected.

In this interview, people with high neuroticism index were asked questions, and their key sentences were recorded. Some questions were “What annoying perceptions do you have of yourself?” and “What do you think are your biggest identity problems?”

The researcher avoids predefined classes by inductive content analysis and allows the types and their names to come out of the data. In this method, instead of collecting data based on hypotheses that have emerged from the heart of a theory, the starting point is based on the questions and purpose of the research. The steps of coding in qualitative content analysis with an inductive approach are such that the researcher first converts all data into text.

Data sources in the second study are interviews. The researcher extracts all the meaningful sentences and assigns a code to each semantic data in the next step. Sometimes multiple semantic data use a single code. Strauss and Corbin believed that the researcher could use three sources to name his code: a set of concepts that exist in the relevant field, words and terms used by experts in the field, and terms used by participants of the research (Strauss & Corbin, 1998).

We classify all the data into a single category after encoding them based on their similarities. Sometimes a type can have multiple subsets. Classes are considered homogeneous categories from within and heterogeneous with other classes (Patton, & Herman, 1987).

### Third study: Developing the identity-based psychodrama package

After achieving the main categories (first and second studies), quantitative content analysis was used to compile and develop the training package. The frequency of the main categories was used to determine the degree of therapeutic focus. Then, after deciding the priority and scope of identity issues, a network of themes of identity achievement was designed (Figure 1). A holistic conceptual model related to identity-based psychodrama was extracted at this stage. Finally, the domains of identity, along with a theoretical and an executive link between

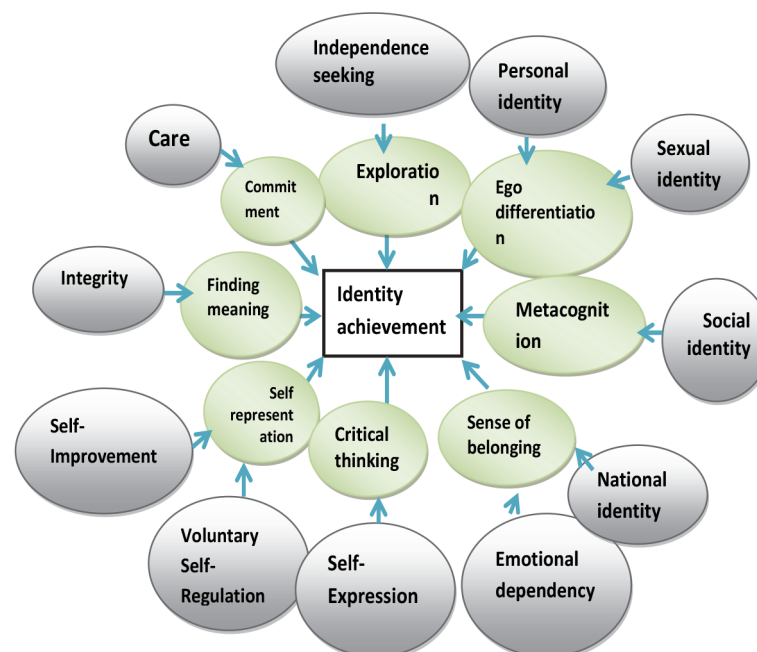


Figure 1. Thematic network of identity achievement

the themes, were developed in the form of structure and process of an educational-therapeutic package.

#### Fourth study: Validation of identity-based psychodrama package

We used Lawshe's method to validate the identity-based psychodrama package (Lawshe, 1975). For this purpose, the Content Validity Ratio (CVR) and Content Validity Index (CVI) were applied. To calculate the CVR, the opinions of experts in the field of package content were used. The experts were asked to rate each session by explaining the objectives of the package and providing operational definitions related to the content of the meetings according to the contents based on a 3-point Likert scale as "necessary", "useful but not necessary", and "Not necessary". Then, CVR was calculated based on the following Equation 3:

$$3. \text{ CVR} = \frac{\text{ne}-\text{N}/2}{\text{N}/2}$$

, where N is the total number of specialists and "ne" is the number of specialists who have selected the necessary option.

Based on the number of specialists who performed the evaluation (10 people), the minimum acceptable CVR is 0.62. In this study, the CVR for all sessions and goals in the educational training package was between 0.65 and 1. The CVI was higher than the acceptable value (0.79) when the panel of experts commented on the relevance of each item to the treatment package.

#### Fifth study: Comparing the identity-based psychodrama and psychodrama

The last study was a quasi-experimental, pretest-posttest type with a control group and a follow-up period of 60 days. The research population in this study included all people aged 15 to 30 years referred to Pendar Nik Counseling Center in Najafabad City, Isfahan Province, Iran, in 2020. Finally, 60 people were selected by a convenience sampling method and randomly assigned into 2 experimental groups and 1 control group. The range of 15 to 30 years of age and not receiving simultaneous medical interventions were the two inclusion criteria. The exclusion criteria included unwillingness to continue treatment and at least two absenteeism sessions. Forty percent of participants were 15 to 20 years old, 30% were 20 to 25, and 30% were 25 to 30. Sixty-five percent of participants were single, and 35% were married. Forty-four percent was up to a diploma, 32% to a bachelor's, and 24% higher

than a bachelor's degree. In total, 50% of the participants were female, and 50% were male.

The training was held in person in accordance with the COVID-19 Health and Safety Protocols. The experimental first group was presented with an identity-based psychodrama package for 10 two-hour sessions. The second experimental group received psychodrama derived from Moreno's approach for 10 two-hour sessions (Nolte, 2019), but the control group did not receive any training or treatment during this period. In each session, the techniques and exercises of that session were used. In the last session, the posttest was performed. A summary of the sessions in the experimental groups is presented in Tables 3 and 4. All three groups answered the relevant questionnaire before and after the treatment sessions and after 60 days in the follow-up phase. The ethical principles of the research were observed, too. The participants gave written consent and were informed about the confidentiality of data that are used only for the objectives of the study. The participants were entirely free to refrain from participation and accurate notification of the results on request.

In this study, we used the NEO Five-Factor Inventory. Costa and McCrae developed it in 1992 to measure the big five personality traits of Neuroticism (N), Extraversion (E), Openness (O), Agreeableness (A), and Conscientiousness (C). The alpha coefficient of NEO inventory they reported ranged from 0.74 to 0.89, with an average value of 0.81. In Bouchard et al.'s study, this coefficient was 0.85 for neuroticism, 0.72 for extraversion, 0.68 for openness, 0.69 for agreeableness, and 0.79 for conscientiousness (Bouchard, Lussier, & Sabourin, 1999). For its Persian version tested on 502 samples by Haghshenas in 2006 (Haghshenas, 2006), the Cronbach alpha coefficients were 0.81 for neuroticism, 0.71 for extroversion, 0.57 for openness, 0.71 for agreeableness, and 0.83 for conscientiousness. The NEO inventory has 240 items rated on a 5-point Likert scale, 48 of which measure neuroticism. Patients who typically develop neurotic conditions score higher on the N scale. In this study, the cutting score was not determined for the entry of people, and for all people, the changes in the neuroticism index spectrum were examined.

### 3. Results

In the first study, 95 agreed codes of analysis of themes affecting identity achievement were classified into 10 organizing themes for coherence. Organizing themes are themes derived from the combination and summarization of basic themes. Eventually, the codes were system-

**Table 1.** Categorization of themes

Identity Achievement Components				
Global Themes	Organizing Themes	Basic Themes		
		Searching		
			Risk-taking	
Exploration	Independence seeking	Creative thinking	Autonomy support	
			Religious self-determination	
		Will		
			Body image	
		Self-concept	Self-identification	
			Self-perception	
	Personal identity	Self-acceptability		Initially incompatible schemas
Ego differentiation		Self-esteem	Parenting styles	Extreme blaming
			Feeling valued	Stubborn schemas
	Sexual identity	Sex differences		
		Sex role		
		Sexual orientation		
		Self-awareness skill		
		Cognitive trust		
		Thought control		
Metacognition	Social identity	Family flexibility	Family cohesion	Family performance
			Role-taking	Family atmosphere
			Parents' emotional maturing	
		Social comparison		
		The feeling of social security		
		Mosaic identity		Language
				Symbols of national identity
	National identity	National literature	National convergence	History
				Place identity
Sense of belongingness			Organizational socialization	
		Social trust	Social acceptance	
			Cultural and ethnic identity	
		Archetypes		
	Emotional dependency	Perceived nostalgia		
		Place attachment		

Identity Achievement Components			
Global themes	Organizing themes	Basic themes	
Critical thinking	Self-expression	Receptiveness	
		Dialectic	
Self-representation	Voluntary self-regulation	Assertiveness	
		Self-confidence	
Self-representation	Self-improvement	Emotional regulation style	
		Emotional intelligence	
Self-representation	Self-improvement	Anger control	
		Emotional deprivation	
Self-representation	Self-improvement	Self-transformation	
		Self-disabling	
Self-representation	Self-improvement	Social competence	
		Occupational identity	
Self-representation	Self-improvement	Self-efficacy	
		Hardiness	
Finding meaning	Integrity	Locus of control	
		Teaching philosophy	
Finding meaning	Integrity	Spiritual literature	
		Life meaning	
Finding meaning	Integrity	Power of ego	
		Hierarchy of values	
Finding meaning	Integrity	Religious identity	
		Hope	
Finding meaning	Integrity	Goal	
		Goal orientation	
Finding meaning	Integrity	Achievement motivation	
		Practical obligation	
Commitment	Care	Fidelity	
		Assimilation	
Commitment	Care	Exclusion	
		Role ambiguity	
Commitment	Care	Confusion	

atized into eight global themes: exploration, ego differentiation, metacognition, sense of belongingness, critical thinking, self-representation, finding meaning, and commitment. The basic themes were selected based on the theoretical foundations, background, and objectives of the research. In addition, a group of experts' opinions has been considered for categorization in which exhaustivity and exclusivity were two important principles.

Table 1 presents the categorization of the extracted themes. The priority and focus of therapeutic needs of identity-based psychodrama packages follow the order of themes categorization in Table 1. The supplementary data was obtained in the second study.

Table 2 shows the frequency and range of themes extracted from the articles. It shows that ego differentiation and sense of belongingness with 17 codes, finding meaning with 14 codes, metacognition, and self-representation with 13 and 12 codes were the most common codes. Also, for the more frequent areas of identity achievement, more hours and meetings were allocated in the educational-therapeutic package. Also, a network of organizing and global themes affecting identity achievement was designed (Figure 1). A holistic conceptual model related to identity-based psychodrama was extracted at this stage. Finally, the domains of identity-based psychodrama, the theoretical and the executive link between

**Table 2.** Frequency of related codes

Global Themes	Frequency
Exploration	8
Ego differentiation	17
Metacognition	13
Sense of belongingness	17
Critical Thinking	6
Self-representation	12
Finding meaning	14
Commitment	8

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themes, were developed in the form of structure and process of the educational-therapeutic package (Table 4).

The results showed that the CVR equals 0.72, which indicates the need for all sessions and content. In addition, the CVI for the evaluation items of the educational-

therapeutic package is equal to 0.88, which is acceptable. In this case, it can be said that the package has validity. Descriptive findings of neuroticism are presented in Table 5 in the intervention and control groups. As shown in Table 5, the mean scores of neuroticism in the intervention groups (identity-based psychodrama and psycho-

**Table 3.** The protocol of psychodrama

Sessions	Descriptions
1	Creating familiarity, trust, and the relationship between patients and therapists so that patients can freely exchange their thoughts and feelings with each other; Emphasizing that there is no good or bad performance of roles and no one judges right or wrong, any more realistic and comfortable activity is valuable. Members should not make fun of each other for mistakes.
2	Expressing emotions and understanding different body postures, being aware of the emotional states of human faces such as sadness and happiness, and increasing their self-confidence by speaking in public.
3, 4	Developing verbal and non-verbal skills, such as clear speaking, listening, questioning, expressing emotions, social compliments, welcome, greetings and condolences, how to control anger, familiarity with personal rights, and the lack of support of violating the rights of others.
5	Paying attention to happy and sad emotions and strengthening them, facilitating the expression of positive and negative emotions of members.
6	Facing conflicts and being aware of expressing their emotions and those of other group members strengthens emotions such as joy, sadness, and sorrow.
7	Facilitating and encouraging the group to retell problems with dramatic reconstruction and role-playing, emotional discharge, and anger management.
8	Strengthening the imagination, expressing desires, problems and desires, and positive and negative thoughts, emotional discharge.
9	More familiarity with their personality traits and feelings, reconstruction of the patient's experiences by other members, and the patient himself.
10	Reviewing the experiences and feelings, views of patients during the sessions, strengthening the acquired cases, and closing the group.

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**Table 4.** The protocol of identity-based psychodrama package

Sessions	Descriptions
1	-Introduction, acquaintance, building trust, and increasing knowledge of the educational program -Creating a sense of security to prevent the idea of maintaining the existing conditions due to fear and doubt -Strengthening the power of imagination, creative thinking, and the sense of seeking to face conflicts and move forward
2	-Self-identification, strengthening self-esteem by emphasizing the technique of gold coin exchange, reclaiming good projections onto others, and being different -Preventing self-deprecation and protecting self-esteem by emphasizing the art of dreaming in the present time
3, 4	-Strengthening social identity by emphasizing role reversal technique and reducing self-centeredness -Reviewing feelings and perspectives by role reversal technique -Using multiple techniques and increasing flexibility
5, 6	-Strengthening national identity and rejecting borrowed identity -Expressing ethnic identity and exploring the cultural heritage -Using local dialects with an interlude performance of Shahnameh
7	-Teaching to say “no” and be assertive and able to oppose, and strengthen assertiveness -Avoiding the false self by not continuing the previous involuntary followings and using future projection techniques to eliminate panic before a real conflict -Using critical thinking and problem-focused strategies and avoiding hasty judgments
8	-Using the doubling technique to deepen emotions and express difficult emotions -Dramatic self-presentation, role-playing, and emotional discharge to facilitate the expression of positive and negative emotions -Controlling anger when challenging beliefs and ridicule -Demonstrating emotional conflicts and transparency in emotions and beliefs without hypocrisy
9	-Cohesion and unification of identity through playing multiple roles -Engaging in problems using the paradoxical intention technique
10	-Learning more about own identity, personality, and emotions -Commitment to striving to maintain positive roles -Strengthening the acquired cases and ending group therapy

drama) had a more significant decrease in the posttest and follow-up stages than in the pretest.

Analysis of variance with repeated measurements was used to analyze the data. Statistical assumptions were first examined before performing comparative analyses between the two treatments. The default assumption of normal distribution of scores using the Kolmogorov-Smirnov test showed that the null hypothesis of normal distribution of scores in the variable of neuroticism in all three groups and all three stages of the study was confirmed ( $P>0.05$ ).

The results of Levene’s test to examine the assumption of the equality of variances have shown that Levene’s assumption that equality of variances in groups in the variable of neuroticism in all three stages of pretest, posttest, and follow-up has been confirmed ( $P>0.05$ ).

The results of Mauchly’s sphericity test to check the covariance uniformity default or equality of covariances with total covariance showed that the covariance uniformity default was confirmed by Mauchly’s test ( $P>0.05$ ). The comparison results between the subjects, i.e., the comparison in the variable of neuroticism, are presented in [Table 6](#).

**Table 5.** Descriptive indicators of neuroticism scores in three groups

Variable	Group	Mean±SD		
		Pretest	Posttest	Follow-up
Neuroticism	Identity-based Psychodrama	136.6±11.91	90.0±12.53	88.87±11.96
	Psychodrama	132.5±12.03	113±11.17	114.33±13.01
	Control	134.6±13.03	132.16±14.53	135.05±12.67

**Table 6.** Results of analysis of intersubject effects on the variable of neuroticism

Source	Total Squares	df	Mean of Squares	F	Sig.	Effect Size	Statistical Power
Group	7439.04	2	3719.52	200.71	0.001	0.84	1
Error	13868.337	57	243.304				

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**Table 7.** Results of estimating the parameters by dependent variables or the mean scores of neuroticism in research steps

Dependent Variables	Parameter	B	SD	t	Sig.	Effect Volume	Statistical Power
Pretest	Identity-based psychodrama compared with the control group (CG)	11.312	4.89	2.265	0.262	0.073	0.452
	Psychodrama compared with CG	8.432	4.89	1.687	0.474	0.041	0.284
	Identity-based psychodrama compared with psychodrama	-2.88	4.89	-0.578	0.9	0.004	0.102
Posttest	Identity-based psychodrama compared with CG	-51.2	4.65	-10.8	0.001	0.84	1.000
	Psychodrama compared with CG	-16.752	4.65	-3.536	0.022	0.26	0.999
	Identity-based psychodrama compared with psychodrama	34.448	4.65	7.264	0.001	0.53	1
Follow-up	Identity-based psychodrama compared with CG	-58.128	4.6	-12.192	0.001	0.89	1.000
	Psychodrama compared with CG	-21.872	4.6	-4.576	0.003	0.27	0.999
	Identity-based psychodrama compared with psychodrama	36.256	4.6	7.616	0.001	0.60	1

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**Table 8.** Mean scores of neuroticism in three groups in three stages of research

Groups	Stages	Mean	E	95% Confidence Interval	
				Low	High
Identity-based psychodrama	Pretest	136.6	2.66	131.28	141.92
	Posttest	90.0	2.80	84.4	95.6
	Follow-up	88.87	2.67	83.53	94.21
Psychodrama	Pretest	132.5	2.69	127.12	137.88
	Posttest	113	2.49	108.02	117.98
	Follow-up	114.33	2.90	108.53	120.13
Control	Pretest	134.6	2.91	128.78	140.42
	Posttest	132.16	3.24	125.68	138.64
	Follow-up	135.05	2.83	129.39	140.71

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According to Table 6, the mean scores of neuroticism are significantly different in the two experimental groups (identity-based psychodrama and psychodrama) and the control group ( $P < 0.001$ ). The results show that 84% of individual differences are related to differences between the three groups. Considering the significant interaction between time effect and group membership, the parameters estimation results for comparing the groups in the research steps in Table 7 and the adjusted mean of neuroticism in the pretest, post-test, and follow-up steps in each group in Table 8, are presented.

The results of Table 7 show that the mean scores of neuroticism in all three groups are not significantly different in the pretest step. The results showed a significant difference in this variable in both the post-test and follow-up steps between the control group and the identity-based psychodrama group ( $P < 0.001$ ) and the psychodrama ( $P < 0.001$ ). Therefore, the results show that the effect of identity-based psychodrama and psychodrama in the post-test step are 84% and 26%, respectively, and the impact of these therapies in the follow-up step are 89% and 27%, respectively. In both the post-test and follow-up steps, the difference between identity-based psychodrama groups and psychodrama is significant ( $P < 0.001$ ).

As shown in Table 8, the mean scores of each experimental group (identity-based psychodrama and psychodrama) and the control group in the two steps of the research were within a 95% confidence interval (zero was not high or low at this limit). Also, the confidence intervals in the post-test and follow-up steps in all groups overlap, which shows no difference between the mean scores of the post-test and follow-up in each group.

In general, it seems that the therapies of identity-based psychodrama and psychodrama have been effective in reducing neuroticism, and the effects of these therapies remain in the follow-up phase. Also, identity-based psychodrama in both post-test and follow-up steps was more effective than the psychodrama in comparing treatment methods.

#### 4. Discussion

In this research, identity-based psychodrama was developed and compared with psychodrama in reducing neuroticism. The results showed that both identity-based psychodrama and psychodrama interventions were effective in reducing neuroticism in both post-test and follow-up stages, but the effect of identity-based psychodrama was greater in both stages.

The therapeutic interventions had a significant effect on reducing neuroticism. This finding is consistent with the results of Bagheri, Saadat, & Pouladi (2018) regarding the effect of psychodrama on the emotional rehabilitation of bipolar patients, Carbonell et al. (1999) on the effect of psychodrama in reducing some behaviors such as withdrawal, anxiety, and depression, Karatas, Gökçakan (2009) concerning the effect of psychodrama on reducing aggression, Hamamci (2002) with respect to the effect of integrating psychodrama and cognitive behavioral therapy on reducing cognitive distortions in interpersonal relations, and Balfour (2000) about the effect of psychodrama on reducing thoughts that provoke violent behaviors.

The therapeutic interventions caused people to become familiar with their conflicts and unexpressed emotions, reduce their self-centeredness, control their anger, become more familiar with their identity aspects, and consequently achieve emotional stability. It also improved their identity, which led to the reduction of their anxiety, conflict, apathy, and depression. Another reason for the effect of therapeutic interventions was the dominance of problem-focused strategy over emotion-focused strategy because when people's identity is promoted, their use of problem-focused strategy and responsibility in life increase, in addition, to increase in the sense of control, postponing judgments and avoiding hasty decisions. Hence, impulsivity, vulnerability, and emotion-focused strategies, which are symptoms of neuroticism, decreased. This finding is in agreement with the results of Ferrer et al. (Ferrer-Wreder et al., 2002). Moreno, one of the main founders of group psychotherapy, believes that in the direction of human beings movement and by studying the interactions and reactions between people in the life scene, human beings should be treated (Moreno, Blomkvist, & Rutzel, 2000; Nolte, 2019).

Also, identity-based psychodrama is more effective than psychodrama on neuroticism. Since identity-based psychodrama is derived from the pattern of identity achievement components, its main emphasis is on those areas that affect identity. On the other hand, Phillips and Pittman's (2007) research and Rajaei, Bayazi, & Habibi-pour (2010) linked a lack of sense of identity to psychological well-being and poor general health. Hence, with the promotion of identity, the symptoms of neuroticism have further decreased in psychodrama. This finding is consistent with the results of Zolali et al. (2021) on the effectiveness of identity-based psychodrama on identity styles. Compared to educational-therapeutic methods, more techniques are used in an identity-based psychodrama. For example, the area of finding meaning with its techniques, including the technique of paradoxical intention, leads to the reduction of existential neuroticism in

individuals. Also, identity-based psychodrama has been more effective than psychodrama in the components of anxiety, angry hostility, depression, self-consciousness, impulsiveness, and vulnerability.

## 5. Conclusion

The results showed that both interventions, including identity-based psychodrama and psychodrama, significantly reduced neuroticism in the post-test and follow-up steps. Also, identity-based psychodrama in both post-test and follow-up steps reduced neuroticism more than psychodrama. The use of a self-report tool was the limitation of this study. The present study is the first and most complete qualitative research on identity achievement components. Because the pattern of identity achievement has been extracted from the heart of many sources, the results of this study are useful for the organizations such as family, education, the Ministry of Youth, and the Ministry of Health to promote the identity of individuals, reduce neuroticism, and increase mental health. It is also suggested that the issue of returning to national identity and patriotism be at the top of macro policies in the near future.

## Ethical Considerations

### Compliance with ethical guidelines

All study procedures were in compliance with the ethical guidelines of the Declaration of Helsinki (2013). This study obtained its ethical approval from the Research Ethics Committee of the **Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan** (Code: IR.IAU.KHU-ISF.REC.1399.183).

### Funding

This research did not receive any grant from funding agencies in the public, commercial, or non-profit sectors.

### Authors' contributions

Conceptualization, writing, review, editing, and methodology: All authors; Investigation and writing the original draft: Amir Zolali; Supervision: Hamid Atashpour and Ilnaz Sajjadian.

### Conflict of interest

The authors declared no conflict of interest.

### Acknowledgments

The authors would like to thank the volunteers and experts who participated in this research.

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