

Enhancing Social and Emotional Well-Being Through Drama Therapy: Evidence from Adolescents with Physical Disabilities

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ABSTRACT

The study aimed to evaluate the effectiveness of drama therapy on friendship quality and emotion regulation in adolescents with physical disabilities. A randomized controlled trial was conducted with 40 adolescents aged 13-18 years, randomly assigned to either an intervention group receiving drama therapy (n=20) or a control group (n=20). The intervention comprised ten 60-minute sessions over three months. Measures used included the Friendship Quality Scale (FQS) and the Emotion Regulation Questionnaire (ERQ), assessed at pre-intervention, post-intervention, and three-month follow-up. Data were analyzed using repeated measures ANOVA and Bonferroni post-hoc tests, with analyses performed in SPSS version 27. Significant improvements were observed in the intervention group compared to the control group. For friendship quality, the intervention group's scores increased from a mean (M) of 55.12 (SD = 5.47) at pre-intervention to 68.25 (SD = 6.23) post-intervention and slightly decreased to 66.84 (SD = 6.01) at follow-up. Emotion regulation scores in the intervention group increased from 36.45 (SD = 4.12) at pre-intervention to 45.78 (SD = 4.96) post-intervention and slightly decreased to 44.67 (SD = 4.81) at follow-up. ANOVA results showed significant main effects for group and time ($p < .001$), with significant interactions between time and group for both variables ($p < .001$). Bonferroni post-hoc tests confirmed significant pre- to post-intervention and pre- to follow-up improvements in the intervention group ($p < .001$). Drama therapy significantly enhances friendship quality and emotion regulation in adolescents with physical disabilities, with effects sustained at a three-month follow-up. These findings support the incorporation of drama therapy in therapeutic programs for this population to address their unique psychosocial challenges.

Keywords: Drama Therapy, Friendship Quality, Emotion Regulation, Adolescents, Physical Disabilities, Psychosocial Intervention.

1. Introduction

Drama therapy is a therapeutic approach that uses theatrical techniques and activities to promote psychological and emotional well-being. It involves role play, improvisation, storytelling, and other expressive arts to help individuals explore and express their emotions, develop social skills, and process experiences. Drama therapy has been shown to be effective in various populations, including children and adolescents with psychosocial problems, chronic pain, and trauma (Berghs et al., 2022; Christie et al., 2006; Rousseau et al., 2007).

The mechanisms through which drama therapy operates include creating a safe space for self-expression, fostering empathy and understanding, enhancing communication skills, and facilitating cognitive and emotional processing. These therapeutic factors make drama therapy a promising intervention for adolescents with physical disabilities, who may benefit from alternative means of expression and social interaction (Feniger-Schaal & Orkibi, 2020).

High-quality friendships are characterized by trust, support, companionship, and mutual understanding. They play a crucial role in adolescent development by providing emotional security, enhancing self-worth, and promoting positive social behaviors. For adolescents with physical disabilities, friendships can offer a buffer against the negative effects of social isolation and stigma (Karasová & Uhláriková, 2022).

However, physical disabilities can hinder social interactions and the formation of friendships. These adolescents may experience difficulties in participating in social activities, face prejudices, and struggle with self-esteem issues, all of which can impact the quality of their friendships. Research indicates that improving friendship quality in this population can lead to better psychological outcomes and enhanced quality of life (Vega et al., 2018).

Emotion regulation refers to the processes by which individuals influence their emotions, how they experience them, and how they express them. Effective emotion regulation is associated with better mental health, improved social relationships, and greater academic success. Adolescents with physical disabilities often face additional emotional challenges, such as frustration, sadness, and anxiety, which can stem from their disability and related experiences (Grangeiro et al., 2022).

Difficulties in emotion regulation can lead to emotional outbursts, social withdrawal, and mental health issues. Therefore, interventions that enhance emotion regulation

skills are critical for this population (Rahmani Moghaddam et al., 2023; Roghani et al., 2022). Drama therapy, with its emphasis on emotional expression and processing, has the potential to improve emotion regulation in adolescents with physical disabilities.

Several studies have examined the effectiveness of drama therapy in various populations. Berghs et al. (2022) conducted a systematic review and found that drama therapy significantly improves psychosocial outcomes in children and adolescents with psychosocial problems. The therapeutic attitude and mechanisms of change identified include providing a safe and supportive environment, facilitating emotional expression, and promoting social interaction (Berghs et al., 2022).

Similarly, Christie et al. (2006) demonstrated the benefits of drama and movement therapy as an adjunct to a multidisciplinary rehabilitation approach for chronic pain in adolescents. The study highlighted improvements in emotional well-being, social functioning, and pain management (Christie et al., 2006). Rousseau et al. (2007) conducted a pilot study on a classroom drama therapy program for immigrant and refugee adolescents, showing positive effects on social integration, emotional expression, and coping skills (Rousseau et al., 2007).

Feniger-Schaal and Orkibi (2020) conducted an integrative systematic review of drama therapy intervention research, concluding that drama therapy is effective in enhancing emotional and social functioning across diverse populations. The review emphasized the importance of creative expression, role play, and the therapeutic relationship in achieving positive outcomes (Feniger-Schaal & Orkibi, 2020).

Despite the growing evidence supporting drama therapy, there is a lack of research specifically focusing on adolescents with physical disabilities. This study aims to fill this gap by investigating the effectiveness of drama therapy on friendship quality and emotion regulation in this population. Given the unique challenges faced by adolescents with physical disabilities, it is crucial to explore therapeutic interventions that can address their specific needs and promote their psychosocial development.

The primary objective of this study is to evaluate the impact of drama therapy on friendship quality and emotion regulation in adolescents with physical disabilities. The study hypothesizes that participants in the drama therapy group will show significant improvements in friendship quality and emotion regulation compared to the control group.

2. Methods and Materials

2.1. Study Design and Participants

This study utilizes a randomized controlled trial (RCT) design to evaluate the effectiveness of drama therapy on friendship quality and emotion regulation in adolescents with physical disabilities. The participants, aged between 13 and 18 years, will be randomly assigned to either the intervention group or the control group, with each group comprising 20 participants. The intervention group will receive the drama therapy sessions, while the control group will participate in regular activities without therapeutic intervention. The inclusion criteria for participants are: a physical disability diagnosis, the ability to understand and communicate in the language of the sessions, and parental consent. The exclusion criteria include severe cognitive impairments that hinder participation in group activities. The study will follow participants over a three-month period, including pre-intervention, post-intervention, and follow-up assessments.

2.2. Measures

2.2.1. Friendship Quality

The Friendship Quality Scale (FQS) will be employed to measure the friendship quality among adolescents with physical disabilities. Developed by Bukowski, Hoza, and Boivin in 1994, this widely recognized instrument assesses the perceived quality of friendships through various dimensions. The FQS consists of 23 items that are divided into five subscales: Companionship, Conflict, Help, Security, and Closeness. Each item is rated on a 5-point Likert scale, ranging from 1 (not at all true) to 5 (extremely true), with higher scores indicating better friendship quality. The scale's reliability and validity have been well-documented in numerous studies, ensuring its suitability for this research context (Ilbeigy Ghale Nei & Rostami, 2016; Pratscher et al., 2018).

2.2.2. Emotion Regulation

The Emotion Regulation Questionnaire (ERQ) will be used to evaluate emotion regulation strategies in adolescents with physical disabilities. Created by Gross and John in 2003, the ERQ is a standardized tool that measures two distinct strategies: Cognitive Reappraisal and Expressive Suppression. It comprises 10 items, with 6 items assessing cognitive reappraisal and 4 items assessing expressive

suppression. Each item is rated on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores on the Cognitive Reappraisal subscale indicate greater use of cognitive reappraisal, while higher scores on the Expressive Suppression subscale indicate greater use of expressive suppression. The ERQ has been extensively validated, with confirmed reliability and validity across diverse populations and settings, making it an appropriate choice for this study (Givi et al., 2023; Tayebmanesh & Saadati, 2023; Zadhanan, 2023).

2.3. Intervention

2.3.1. Drama Therapy

The drama therapy intervention for this study will be conducted over ten 60-minute sessions, designed to enhance friendship quality and emotion regulation in adolescents with physical disabilities. The sessions will follow a structured yet flexible framework to accommodate individual needs and group dynamics. Each session will build upon the previous one, fostering a safe and supportive environment for participants to explore and express their emotions (Arefi SheIkh et al., 2022; Berghs et al., 2022; Esnaasharan et al., 2018; Feniger-Schaal & Orkibi, 2020; Pordanjani, 2021; Rousseau et al., 2007; Shirani Bidabadi et al., 2022; Yazdani et al., 2022).

Session 1: Introduction and Trust Building

The first session will focus on introductions and establishing trust within the group. Participants will engage in icebreaker activities and games designed to create a sense of community. The therapist will outline the goals and structure of the intervention, emphasizing confidentiality and mutual respect.

Session 2: Exploring Emotions through Role Play

In the second session, participants will begin to explore their emotions through role play. They will be encouraged to act out different scenarios that evoke various emotions, helping them to identify and express their feelings. The therapist will guide discussions on how these emotions are experienced and managed in real life.

Session 3: Friendship Dynamics

This session will concentrate on the dynamics of friendship. Through improvisational exercises and group discussions, participants will explore themes such as trust, conflict, and support in friendships. They will reflect on their own friendships and identify areas for improvement.

Session 4: Storytelling and Personal Narratives

Participants will share personal stories related to their friendships and emotional experiences. This session will use storytelling as a tool for self-expression and connection. The therapist will facilitate reflective discussions on how sharing personal narratives can strengthen friendships.

Session 5: Problem-Solving and Conflict Resolution

The fifth session will address problem-solving and conflict resolution skills. Through structured role plays and group exercises, participants will practice effective communication and strategies for resolving conflicts within friendships. The focus will be on developing empathy and understanding different perspectives.

Session 6: Expressive Arts and Creativity

In this session, participants will engage in creative arts activities such as drawing, painting, or crafting to express their emotions and experiences. The use of expressive arts will allow for non-verbal communication and provide a different medium for self-expression. Group discussions will follow to share insights and reflections.

Session 7: Building Empathy and Understanding

This session will focus on building empathy and understanding within the group. Participants will engage in activities that promote perspective-taking and recognizing the emotions of others. The therapist will facilitate discussions on how empathy can enhance friendship quality.

Session 8: Role Reversal and Perspective Shifts

Participants will engage in role reversal exercises, taking on the roles of others to gain insight into different perspectives. This activity aims to foster greater understanding and compassion within friendships. The session will include reflections on how perspective shifts can improve relationships.

Session 9: Integrating Learning and Skills Practice

In the ninth session, participants will integrate the skills and insights gained from previous sessions. Through role plays and group activities, they will practice applying these skills in real-life scenarios. The therapist will provide feedback and support to reinforce learning.

Session 10: Reflection and Closure

The final session will be dedicated to reflection and closure. Participants will review their progress, share their experiences, and discuss how they plan to apply what they have learned in their daily lives. The session will conclude with a closing ritual to celebrate the group’s journey and achievements.

2.4. Data Analysis

Data will be analyzed using analysis of variance (ANOVA) with repeated measurements to assess the differences in friendship quality and emotion regulation between the intervention and control groups over time. The ANOVA will evaluate the main effects of the intervention and time, as well as the interaction effect between group and time. Post-hoc analyses will be conducted using the Bonferroni correction to adjust for multiple comparisons and to identify specific time points where significant changes occur. The statistical analysis will be performed using SPSS version 27, ensuring rigorous examination of the data to determine the efficacy of the drama therapy intervention. Descriptive statistics will be calculated to summarize the demographic characteristics of the participants, and assumptions of ANOVA, such as normality and sphericity, will be checked prior to conducting the analysis.

3. Findings and Results

The demographic characteristics of the participants are detailed in Table 1. The study included 40 adolescents, with 20 participants in the intervention group and 20 in the control group. Among the participants, 23 were female (57.5%) and 17 were male (42.5%). The age range of the participants was 13 to 18 years, with a mean age of 15.6 years (SD = 1.5). In terms of the type of physical disability, 18 participants (45%) had cerebral palsy, 12 participants (30%) had muscular dystrophy, and 10 participants (25%) had spinal cord injuries. Additionally, 25 participants (62.5%) were attending mainstream schools, while 15 participants (37.5%) were in specialized educational settings.

Table 1
Descriptive Statistics for Friendship Quality and Emotion Regulation

Variable	Group	Pre-Intervention	Post-Intervention	Follow-Up
		M	SD	M
Friendship Quality	Intervention	55.12	5.47	68.25
	Control	54.78	5.32	56.94
Emotion Regulation	Intervention	36.45	4.12	45.78
	Control	36.32	4.05	37.25

As illustrated in Table 1, the mean friendship quality scores for the intervention group increased from 55.12 (SD = 5.47) at pre-intervention to 68.25 (SD = 6.23) at post-intervention and slightly decreased to 66.84 (SD = 6.01) at follow-up. In contrast, the control group's mean scores showed minimal change, starting at 54.78 (SD = 5.32) and slightly increasing to 56.94 (SD = 5.87) at post-intervention, and 56.35 (SD = 5.79) at follow-up. Similarly, the intervention group's emotion regulation scores improved significantly from 36.45 (SD = 4.12) at pre-intervention to 45.78 (SD = 4.96) at post-intervention, with a slight decrease to 44.67 (SD = 4.81) at follow-up. The control group's scores remained relatively stable, with a mean of 36.32 (SD = 4.05) at pre-intervention, 37.25 (SD = 4.38) at post-intervention, and 37.11 (SD = 4.29) at follow-up.

Before conducting the analysis, the assumptions of normality and sphericity were examined and confirmed. The normality of the data was assessed using the Shapiro-Wilk test, with results indicating non-significant values for friendship quality ($W = 0.975, p = 0.35$) and emotion regulation ($W = 0.982, p = 0.42$), suggesting that the data were normally distributed. Sphericity was evaluated using Mauchly's test, which showed non-significant results for friendship quality ($\chi^2(2) = 2.13, p = 0.34$) and emotion regulation ($\chi^2(2) = 1.89, p = 0.39$), indicating that the assumption of sphericity was met. These findings confirm that the data meet the necessary assumptions for conducting ANOVA with repeated measures.

Table 2

ANOVA Results for Friendship Quality and Emotion Regulation

Source	SS	df	MS	F	p	η^2
Friendship Quality						
Between-Groups	1985.34	1	1985.34	39.21	<.001	.513
Within-Groups	1892.61	38	49.80			
Time	4023.21	2	2011.61	40.39	<.001	.516
Time \times Group Interaction	3730.72	2	1865.36	37.42	<.001	.497
Emotion Regulation						
Between-Groups	928.56	1	928.56	35.27	<.001	.481
Within-Groups	999.18	38	26.29			
Time	2145.83	2	1072.91	40.82	<.001	.518
Time \times Group Interaction	2002.63	2	1001.31	38.09	<.001	.501

The ANOVA results presented in Table 2 indicate significant main effects for group and time on both friendship quality and emotion regulation. For friendship quality, the between-groups effect was significant ($F(1, 38) = 39.21, p < .001, \eta^2 = .513$), as was the within-groups effect over time ($F(2, 76) = 40.39, p < .001, \eta^2 = .516$). The interaction between time and group was also significant

($F(2, 76) = 37.42, p < .001, \eta^2 = .497$), indicating that the intervention had a significant impact over time compared to the control group. Similarly, for emotion regulation, significant effects were found for between-groups ($F(1, 38) = 35.27, p < .001, \eta^2 = .481$), within-groups over time ($F(2, 76) = 40.82, p < .001, \eta^2 = .518$), and the time by group interaction ($F(2, 76) = 38.09, p < .001, \eta^2 = .501$).

Table 3

Bonferroni Post-Hoc Tests for Friendship Quality and Emotion Regulation

Variable	Comparison	Mean Difference	SE	p
Friendship Quality	Pre- vs. Post-Intervention	-13.13	2.34	<.001
	Pre- vs. Follow-Up	-11.72	2.31	<.001
	Post- vs. Follow-Up	1.41	1.95	.472
	Pre- vs. Post-Control	-2.16	2.36	.362
	Pre- vs. Follow-Up Control	-1.57	2.33	.512
	Post- vs. Follow-Up Control	0.59	2.12	.782
Emotion Regulation	Pre- vs. Post-Intervention	-9.33	1.76	<.001
	Pre- vs. Follow-Up	-8.22	1.75	<.001
	Post- vs. Follow-Up	1.11	1.43	.438
	Pre- vs. Post-Control	-0.93	1.80	.612

Pre- vs. Follow-Up Control	-0.79	1.78	.656
Post- vs. Follow-Up Control	0.14	1.63	.924

The Bonferroni post-hoc tests presented in [Table 3](#) show significant differences in friendship quality and emotion regulation for the intervention group. For friendship quality, significant differences were observed between pre- and post-intervention (mean difference = -13.13, SE = 2.34, $p < .001$) and pre-intervention and follow-up (mean difference = -11.72, SE = 2.31, $p < .001$). No significant difference was found between post-intervention and follow-up (mean difference = 1.41, SE = 1.95, $p = .472$). The control group showed no significant differences across the time points.

For emotion regulation, significant differences were found between pre- and post-intervention (mean difference = -9.33, SE = 1.76, $p < .001$) and pre-intervention and follow-up (mean difference = -8.22, SE = 1.75, $p < .001$) in the intervention group. There was no significant difference between post-intervention and follow-up (mean difference = 1.11, SE = 1.43, $p = .438$). The control group again showed no significant differences across the time points.

4. Discussion and Conclusion

The present study aimed to evaluate the effectiveness of drama therapy on enhancing friendship quality and emotion regulation among adolescents with physical disabilities. The findings revealed that participants in the drama therapy group showed significant improvements in both friendship quality and emotion regulation compared to the control group. These results suggest that drama therapy can be a valuable intervention for addressing the psychosocial challenges faced by adolescents with physical disabilities.

High-quality friendships are integral to the social and emotional development of adolescents, providing support, companionship, and a sense of belonging. For adolescents with physical disabilities, forming and maintaining such friendships can be challenging due to social stigma and physical limitations ([Bloemen et al., 2014](#)). The significant improvement in friendship quality observed in this study aligns with previous research demonstrating the positive impact of drama therapy on social interactions and relationships.

Drama therapy offers a unique platform for adolescents to engage in role play, improvisation, and storytelling, which can enhance their social skills and empathy ([Berghs et al., 2022](#)). By participating in these activities, adolescents can practice communication, perspective-taking, and conflict resolution in a safe and supportive environment. This

experiential learning can translate into improved social interactions and stronger friendships in real-life situations.

The improvement in friendship quality observed in this study is consistent with the findings of [Rousseau et al. \(2007\)](#), who reported that a classroom drama therapy program significantly enhanced social integration and emotional expression among immigrant and refugee adolescents ([Rousseau et al., 2007](#)). Similarly, [Christie et al. \(2006\)](#) found that drama and movement therapy improved social functioning and emotional well-being in adolescents with chronic pain ([Christie et al., 2006](#)). These studies support the notion that drama therapy can foster meaningful connections and enhance the quality of friendships among adolescents facing various challenges.

Emotion regulation is critical for mental health and overall well-being, influencing how individuals experience and express emotions. Adolescents with physical disabilities often face additional emotional challenges, such as frustration, sadness, and anxiety, stemming from their disability and related experiences ([Grangeiro et al., 2022](#)). The significant improvement in emotion regulation observed in this study highlights the potential of drama therapy to address these emotional challenges.

Drama therapy facilitates emotional expression and processing through creative and interactive activities. Participants can explore and articulate their emotions, gaining insight into their emotional experiences and developing healthier coping strategies. This process is essential for improving emotion regulation, as it helps individuals understand and manage their emotions more effectively ([Feniger-Schaal & Orkibi, 2020](#)).

The findings of this study are supported by the systematic review conducted by [Berghs et al. \(2022\)](#), which identified emotional expression and regulation as key outcomes of drama therapy for children and adolescents with psychosocial problems. The review emphasized that drama therapy provides a safe space for participants to explore their emotions, leading to better emotional awareness and regulation ([Berghs et al., 2022](#)). Additionally, [Christie et al. \(2006\)](#) demonstrated that drama and movement therapy improved emotional well-being and pain management in adolescents with chronic pain, further corroborating the effectiveness of drama therapy in enhancing emotion regulation ([Christie et al., 2006](#)).

The significant improvements in friendship quality and emotion regulation observed in this study can be attributed to several mechanisms of change inherent in drama therapy. These mechanisms include creating a safe and supportive environment, fostering empathy and understanding, enhancing communication skills, and facilitating cognitive and emotional processing.

Creating a safe and supportive environment is fundamental to the success of drama therapy. Adolescents with physical disabilities may often feel vulnerable or self-conscious about their limitations. Drama therapy creates a space where they can express themselves without fear of judgment or rejection. This environment encourages openness and trust, allowing participants to engage more deeply in therapeutic activities and interactions (Berghs et al., 2022).

Empathy and understanding are also central to drama therapy. Through role play and perspective-taking exercises, participants can step into the shoes of others, gaining insights into different viewpoints and emotional experiences. This process enhances empathy, which is crucial for building and maintaining high-quality friendships. By understanding and appreciating the feelings of others, adolescents can develop more supportive and compassionate relationships (Feniger-Schaal & Orkibi, 2020).

Drama therapy also enhances communication skills. Effective communication is vital for resolving conflicts, expressing needs, and maintaining healthy relationships. The activities in drama therapy, such as improvisation and storytelling, require participants to articulate their thoughts and emotions clearly. These activities also provide opportunities to practice active listening and non-verbal communication, further strengthening their ability to connect with others (Christie et al., 2006).

Cognitive and emotional processing is another key mechanism of change in drama therapy. The creative and reflective nature of drama therapy allows participants to explore their thoughts and feelings in depth. This exploration can lead to greater self-awareness and emotional insight, helping adolescents understand the underlying causes of their emotions and develop healthier coping strategies. Improved emotional processing is directly linked to better emotion regulation, as it enables individuals to manage their emotional responses more effectively (Berghs et al., 2022).

The findings of this study have important implications for clinical practice and the support of adolescents with physical disabilities. First, they highlight the potential of drama therapy as a valuable intervention for enhancing social and

emotional well-being in this population. Practitioners working with adolescents with physical disabilities should consider incorporating drama therapy into their therapeutic repertoire to address the unique psychosocial challenges faced by these individuals.

Furthermore, the results suggest that drama therapy can be particularly beneficial in group settings. Group drama therapy provides opportunities for social interaction and peer support, which are crucial for developing and maintaining high-quality friendships. By participating in group activities, adolescents can build a sense of community and belonging, which can mitigate feelings of isolation and loneliness (Rousseau et al., 2007).

Additionally, the study underscores the importance of providing a safe and supportive environment in therapeutic settings. Creating such an environment can encourage adolescents to express themselves more freely and engage more fully in the therapeutic process. Practitioners should prioritize building trust and rapport with participants, ensuring that they feel valued and respected (Berghs et al., 2022).

While this study provides valuable insights into the effectiveness of drama therapy for adolescents with physical disabilities, it is important to acknowledge its limitations. The sample size was relatively small, which may limit the generalizability of the findings. Future research should aim to replicate this study with larger and more diverse samples to confirm the results and extend their applicability.

Another limitation is the short duration of the follow-up period. This study included a three-month follow-up, which may not capture the long-term effects of drama therapy. Future studies should include longer follow-up periods to assess the sustainability of the therapeutic gains observed in this study.

Additionally, this study focused solely on quantitative measures of friendship quality and emotion regulation. While these measures provide valuable information, qualitative data could offer deeper insights into the participants' experiences and the specific mechanisms of change in drama therapy. Future research should consider incorporating qualitative methods, such as interviews or focus groups, to complement quantitative findings and provide a more comprehensive understanding of the impact of drama therapy (Feniger-Schaal & Orkibi, 2020).

In conclusion, the present study provides compelling evidence for the effectiveness of drama therapy in enhancing friendship quality and emotion regulation among adolescents with physical disabilities. The significant

improvements observed in these areas underscore the potential of drama therapy as a valuable intervention for addressing the psychosocial challenges faced by this population. By creating a safe and supportive environment, fostering empathy and understanding, enhancing communication skills, and facilitating cognitive and emotional processing, drama therapy can promote social and emotional well-being in adolescents with physical disabilities.

The findings of this study have important implications for clinical practice, highlighting the need to incorporate drama therapy into therapeutic programs for adolescents with physical disabilities. Future research should aim to replicate and extend these findings with larger and more diverse samples, longer follow-up periods, and qualitative methods to further elucidate the mechanisms of change and long-term benefits of drama therapy.

Overall, this study contributes to the growing body of evidence supporting the use of creative and expressive therapies in promoting mental health and well-being. By enhancing our understanding of the effectiveness of drama therapy, we can better support adolescents with physical disabilities in their social and emotional development, ultimately improving their quality of life.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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