

Effectiveness of Sociodrama Intervention on Specific Phobic Fear and Involuntary Reactions in Children with a Secure Psychological Safe Haven

Mahsa. Marzban¹, Mehryar. Anasseri^{2*}

¹ Department of Psychology, Ar.C., Islamic Azad University, Arak, Iran

² Department of Psychology, Ash.C., Islamic Azad University, Ashtian, Iran

* Corresponding author email address: dr.anasseri1969@iau.ac.ir

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ABSTRACT

The present study aimed to determine the effectiveness of sociodrama intervention on specific phobic fear and involuntary reactions in children with a secure psychological safe haven. This study employed a quasi-experimental method with a two-group pretest–posttest design. The statistical population consisted of all children with a secure psychological safe haven in Tehran who had referred to the Andisheh Kian Talent Identification Institute in 2025. In the present study, 24 children with a secure psychological safe haven were selected using a purposive non-random sampling method and were then randomly assigned into an experimental group (n = 12) and a control group (n = 12). The experimental group participated in ten 120-minute sociodrama intervention sessions, and ultimately, after attrition, 11 participants successfully completed the treatment process. In contrast, the control group received no intervention. It should be noted that, in order to maintain equivalence between the experimental and control groups, a number of participants equal to the attrition rate in the experimental group were randomly removed from the control group as well. In this study, the revised version of the Screen for Child Anxiety Related Emotional Disorders (SCARED) and the Children's Anxiety Scale were used. The collected data were analyzed using multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA). The findings indicated that there was a significant difference between the posttest mean scores of the experimental and control groups, and that the sociodrama intervention significantly improved specific phobic fear and involuntary reactions. Therefore, sociodrama intervention was effective in improving specific phobic fear and involuntary reactions in children with a secure psychological safe haven.

Keywords: *sociodrama intervention, specific phobic fear, involuntary reactions, children with a secure psychological safe haven*

1. Introduction

Childhood is one of the most sensitive developmental periods in which emotional, cognitive, and social structures are gradually formed. Psychological disturbances experienced during this stage may influence personality development, emotional regulation, interpersonal relationships, and future mental health outcomes. Among the psychological difficulties observed in childhood, anxiety-related disorders are considered among the most prevalent and debilitating conditions. Anxiety in children often manifests in the form of excessive fear, avoidance behaviors, physiological arousal, and involuntary emotional reactions that interfere with normal functioning across academic, familial, and social contexts (Danaei et al., 2019; Sirmsir et al., 2021). Specific phobic fear, as a subtype of anxiety disorders, is characterized by persistent and excessive fear toward particular situations, objects, or experiences, often accompanied by heightened autonomic responses and emotional dysregulation. Children experiencing severe phobic symptoms frequently demonstrate withdrawal, insecurity, avoidance of social participation, and reduced emotional resilience. Research has demonstrated that prolonged anxiety symptoms during childhood may persist into adolescence and adulthood and contribute to chronic psychological maladjustment (Jones et al., 2018; Schweizer, 2018).

One of the concepts closely associated with childhood anxiety and emotional instability is psychological security. Psychological security refers to an individual's sense of emotional safety, internal stability, trust in interpersonal relationships, and confidence in the surrounding environment. Children who experience a secure psychological safe haven generally demonstrate greater emotional balance, adaptive coping strategies, and interpersonal competence, whereas deficiencies in psychological security are associated with vulnerability to anxiety disorders, emotional dysregulation, and psychosomatic symptoms (Li et al., 2020; Yarian et al., 2019). Psychological security also plays an essential role in children's emotional self-expression and social adaptation. When children perceive their environment as threatening or emotionally unstable, they may develop defensive behaviors, heightened fear responses, and involuntary emotional reactions. Studies have shown that emotional insecurity may impair children's social interactions and increase susceptibility to anxiety and stress-related disorders (Ajeli Lahiji & Besharat, 2019; Diamond et al., 2018).

The emergence and persistence of phobic fear and involuntary reactions in childhood are influenced by multiple psychological, familial, and environmental factors. Family functioning, attachment patterns, and emotional climate significantly affect the child's ability to regulate emotions and cope with stressful experiences. Supportive and cohesive family environments facilitate emotional security and psychological well-being, whereas dysfunctional family dynamics may intensify fear responses and emotional instability (Akhbarati & Bashardoust, 2016; Katz-Wise et al., 2018). Attachment theory similarly emphasizes that secure attachment relationships provide children with emotional reassurance and foster adaptive emotional development. In contrast, insecure attachment patterns are associated with anxiety, avoidance, emotional withdrawal, and maladaptive interpersonal functioning (Diamond et al., 2018; Jones et al., 2018). Children exposed to stressful environments often display increased physiological arousal, cognitive distortions, and involuntary reactions when confronted with anxiety-provoking situations.

The increasing prevalence of anxiety-related symptoms among children has become an important concern in recent years, particularly following widespread social crises and environmental stressors. Global events such as the COVID-19 pandemic intensified psychological vulnerability among children and adolescents by increasing social isolation, uncertainty, and emotional distress (Anderson et al., 2020; Politi et al., 2021). Research findings indicate that fear and anxiety associated with threatening environmental conditions significantly increase psychological distress and emotional dysregulation among young populations (Sirmsir et al., 2021). Social isolation, reduced peer interaction, and disruption of routine developmental experiences may contribute to greater emotional sensitivity and increased involuntary anxiety reactions among children (Lucchetti et al., 2020). Consequently, identifying effective therapeutic interventions capable of improving emotional regulation and reducing anxiety symptoms in children has become increasingly important.

Among the intervention approaches used for emotional and behavioral problems in children, drama-based therapeutic methods have attracted considerable attention due to their experiential, interactive, and emotionally expressive nature. Sociodrama is a group-based therapeutic approach derived from psychodrama principles that emphasizes role-playing, emotional expression, interpersonal interaction, and spontaneous problem-solving

within social situations. Through symbolic enactment and dramatic interaction, children are encouraged to externalize emotions, explore interpersonal conflicts, and develop adaptive coping strategies. Sociodrama facilitates emotional catharsis and enables participants to reconstruct maladaptive cognitive and emotional patterns within a safe and supportive environment (Makarem & Yousefi, 2021; Veryanto et al., 2025). The flexibility and participatory structure of sociodrama make it particularly suitable for children, as it aligns with their developmental tendency toward imaginative play and experiential learning.

Sociodrama interventions have demonstrated promising outcomes in improving emotional and social functioning across different populations. Previous studies have shown that psychodrama and drama-based interventions can effectively reduce shyness, social anxiety, emotional inhibition, and interpersonal difficulties (Makarem & Yousefi, 2021; Medhat & Motahari Nejad, 2015). Through dramatic enactment and role reversal, children are able to gain insight into their emotions, practice new behavioral responses, and enhance self-confidence. Sociodrama additionally strengthens empathy, communication skills, and emotional awareness by encouraging active participation in group interactions (Veryanto et al., 2025). Educational settings implementing sociodrama-based interventions have reported improvements in students' self-concept, interpersonal adjustment, and emotional expression, suggesting that such approaches may enhance children's psychological resilience and social competence.

Drama therapy and related experiential interventions have also been associated with reductions in trauma-related symptoms and neuropsychological disturbances. Sobhani Tabar et al. reported that dramatherapy significantly reduced neuropsychological problems among students with post-traumatic stress symptoms by facilitating emotional processing and cognitive integration (Sobhani Tabar et al., 2020). Similarly, emotional and transdiagnostic therapeutic interventions have been shown to improve anxiety-related symptoms, distress tolerance, and emotional regulation among individuals with psychosomatic and anxiety disorders (Khorshidi Nazloo et al., 2022). These findings suggest that experiential and emotionally focused interventions may help children manage maladaptive fear responses and involuntary reactions by enhancing emotional awareness and psychological flexibility.

The theoretical effectiveness of sociodrama can also be explained through emotional regulation and affective control frameworks. Emotional regulation involves the capacity to

monitor, evaluate, and modify emotional reactions in adaptive ways. Children with heightened anxiety and phobic responses often exhibit deficits in emotional regulation and cognitive flexibility, leading to persistent involuntary reactions and maladaptive coping behaviors. Experiential interventions such as sociodrama provide opportunities for repeated emotional exposure, cognitive restructuring, and behavioral rehearsal, thereby strengthening affective control mechanisms (Schweizer, 2018). Participation in role-playing scenarios allows children to confront feared situations indirectly and safely, which may gradually reduce avoidance behaviors and physiological arousal associated with anxiety-provoking stimuli.

Another important aspect of sociodrama is its contribution to interpersonal connectedness and psychological security. Group interactions within sociodrama sessions create opportunities for emotional support, validation, and social acceptance. These experiences may strengthen children's sense of belonging and emotional safety, thereby reducing existential anxiety and emotional withdrawal (Yarian et al., 2019). Psychological security is closely associated with healthy emotional functioning and adaptive social participation. Children who feel emotionally accepted and understood are more likely to express emotions openly and engage in constructive social interactions. Sociodrama's emphasis on collaborative storytelling and role enactment may therefore facilitate the development of emotional confidence and interpersonal trust.

Despite the growing literature regarding psychodrama and drama-based interventions, limited research has specifically examined the effectiveness of sociodrama interventions on specific phobic fear and involuntary reactions among children with a secure psychological safe haven. Most previous studies have focused on adolescents, adults, trauma-related symptoms, or general emotional difficulties rather than childhood phobic anxiety and involuntary emotional responses. Furthermore, relatively few studies have investigated these variables within Iranian cultural contexts or among children receiving structured psychological interventions. Given the importance of early intervention in childhood anxiety disorders and the potential long-term consequences of untreated phobic symptoms, further investigation into effective therapeutic approaches appears necessary.

Considering the increasing prevalence of childhood anxiety symptoms, the importance of psychological security in emotional development, and the promising therapeutic

potential of experiential group interventions, examining the effectiveness of sociodrama may provide valuable insights into child mental health interventions. Accordingly, the present study aimed to investigate the effectiveness of sociodrama intervention on specific phobic fear and involuntary reactions in children with a secure psychological safe haven.

2. Methods and Materials

2.1. Study Design and Participants

The present study was an applied research project and a quasi-experimental study with a pretest–posttest design including a control group, consisting of one intervention group and one control group. The statistical population of the present study included all children with a secure psychological safe haven in Tehran who referred to the Andisheh Kian Talent Identification Institute in 2025. To select the sample, 24 participants were initially selected from the target population based on the inclusion criteria using purposive non-random sampling. Subsequently, 12 participants were randomly assigned to the experimental group and 12 participants to the control group. The experimental group received treatment in ten 120-minute sessions using a transdiagnostic therapeutic approach, and ultimately, after attrition, 11 participants successfully completed the treatment process. In contrast, the control group received no intervention. It should be noted that, in order to maintain equivalence between the experimental and control groups, a number of participants equal to the attrition rate in the experimental group were randomly removed from the control group as well. The inclusion criteria for the therapeutic intervention were informed consent from both the child and the parents, minimum educational literacy and the ability to read and write, having a secure psychological safe haven, and not receiving pharmacological treatment. The age range of the participants was 6 to 8 years. The exclusion criteria for the therapeutic intervention included unwillingness to continue participation in the study, the prediction of psychological harm to the participants, and absence from more than three treatment sessions.

2.2. Measures

Revised Version of the Screen for Child Anxiety Related Emotional Disorders (SCARED-71): Anxiety is one of the most common psychosocial problems among communities (Ollendick et al., 2002). Epidemiological studies have

reported that approximately 5% to 17% of children and adolescents suffer from at least one anxiety disorder (Bernstein et al., 1996). Anxiety symptoms often follow a chronic course that may continue into adulthood (Rosa et al., 2003). Anxiety disorders comprise a group of disorders whose main characteristics include the psychological and physical symptoms of anxiety (American Psychiatric Association, 2013). The revised version of the Screen for Child Anxiety Related Emotional Disorders (SCARED-71) was developed by Bodden et al. (2009) to assess the severity of anxiety disorder symptoms in individuals aged 8 to 18 years. It should be noted that, for younger children who do not possess reading and writing abilities, assistance from parents or teachers was obtained to complete the questionnaire. The questionnaire consists of 71 items designed to assess panic disorder, generalized anxiety, social phobia, separation anxiety, obsessive–compulsive disorder, post-traumatic stress disorder (PTSD), and specific phobia. Its internal consistency coefficients ranged from .91 to .95 in the non-clinical group and from .86 to .94 in the clinical group (Bodden et al., 2009). Test–retest reliability, concurrent validity, and treatment sensitivity have also been reported as satisfactory (Bodden et al., 2000). In Iran, Rabiei et al. (2012) standardized the Persian version of the SCARED-71. Their findings demonstrated that the SCARED-71 possesses appropriate validity and reliability in the Iranian sample. The factor structure obtained through exploratory factor analysis was tested using confirmatory factor analysis and the AMOS software package, and the seven-factor structure demonstrated the best fit with the data. The goodness-of-fit indices, including the Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Root Mean Square Residual (RMSR), and Root Mean Square Error of Approximation (RMSEA), were .96, .95, .03, and .05, respectively (Rabiei et al., 2012). This scale is rated on a 5-point Likert scale. Respondents indicate their level of agreement with each item on a Likert scale ranging from “none” to “extreme,” with “none” scored as 0 and “extreme” scored as 4. The total questionnaire score is obtained by summing the scores of the subscales or the total questionnaire score. The cutoff point for the total score is 30, meaning that individuals who obtain a score of 30 or higher are considered to suffer from at least one anxiety disorder. In addition, the cutoff point for the subscales is a score of 7 or higher. The subscales and their related items are presented below.

Children’s Anxiety Scale: This scale was developed by Reynolds and Benson in 2004 and initially consisted of 30

items; however, in subsequent evaluations, five items were identified as weak and were therefore removed. The purpose of developing this scale was to assess the components of childhood anxiety, including thoughts, dysfunctional behaviors, and involuntary reactions. The scale is scored based on a 4-point Likert scale. The sum of the scores for each subscale represents the individual's anxiety in that particular dimension, while the total score reflects the overall level of childhood anxiety (Always = 4, Often = 3, Sometimes = 2, Never = 1). Reliability refers to the degree of stability of an instrument in measuring whatever it is intended to measure; that is, the extent to which the measurement instrument yields consistent results under identical conditions (Sarmad et al., 2011). The reliability coefficients are presented in the following table. Validity refers to the extent to which a measurement instrument measures what it is intended to measure (Sarmad et al., 2011). Various methods can be used to determine validity. In the present study, content validity was employed, and the content validity of the Children's Anxiety Scale questionnaire was established based on the corrective opinions and expert evaluations of university professors.

2.3. *Intervention*

The sociodrama intervention protocol was implemented across ten 120-minute group sessions designed to enhance emotional regulation, social functioning, and adaptive coping skills among children. The first session focused on establishing rapport, introducing group objectives and rules, fostering attention toward self and others, and administering the pretest through introductory games and name-based interactive activities conducted with both open and closed-eye exercises. In the second session, efforts were directed toward reducing anxiety associated with role-playing activities and identifying participants' primary psychological difficulties through projection techniques and collaborative storytelling tasks centered on anxiety-provoking situations and their consequences. The third session emphasized problem-solving skills training, including accurate problem identification, brainstorming alternative solutions, evaluating consequences, and selecting effective responses through activities such as the "magic shop" and hypothetical scenario enactments. The fourth session addressed self-control skills and emotional regulation by teaching children to manage positive and negative emotions, improve teamwork, and control anger

and impulsive reactions through mirroring exercises, body-language dramatizations, and emotional expression games. The fifth session focused on honesty training and developing insight into the benefits of truthful behavior through role-reversal techniques, imaginative storytelling, and activities emphasizing responsibility-taking, commitment, and the consequences of honesty and dishonesty. The sixth session was devoted to communication skills training, including initiating conversations, maintaining eye contact, active listening, greeting behaviors, and interacting with unfamiliar peers through structured role-playing and greeting-based social interaction games. The seventh session targeted friendship skills by teaching children strategies for initiating and maintaining friendships, identifying facilitating and inhibiting factors in peer relationships, defending friends, and demonstrating cooperation and responsibility within friendships through realistic social simulations and character-development exercises. The eighth session emphasized participation and cooperation skills by teaching methods for promoting teamwork, empathy, task-sharing, and collaborative problem-solving through realistic group activities and sound imitation games designed to strengthen coordination and cooperative behavior. The ninth session focused on assertiveness training and the assessment of anxiety and social skills through activities related to telephone communication, emergency usage, appropriate responses, and distinguishing appropriate from inappropriate social interactions using simulated telephone booth and dialogue exercises. Finally, the tenth session involved reviewing the content of previous sessions, conducting behavioral rehearsal exercises, obtaining participant feedback regarding the intervention process, encouraging expression of emotions and opinions within group rules, and administering the posttest assessment.

2.4. *Data analysis*

For data analysis, descriptive statistical indices (mean, variance, and standard deviation) as well as multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA) were used as parametric statistical models appropriate to the research objectives.

3. **Findings and Results**

Table 1 presents the descriptive statistics of the posttest scores for specific phobic fear and involuntary reactions in the experimental and control groups.

Table 1

Descriptive Statistics of the Research Variables

Variables	Group	Mean	SD	N
Specific Phobic Fear (Posttest)	Sociodrama Intervention Control Group	19.00	4.03	11
	Sociodrama Intervention Experimental Group	15.45	2.42	11
	Total	17.23	3.72	22
Involuntary Reactions (Posttest)	Sociodrama Intervention Control Group	12.00	1.41	11
	Sociodrama Intervention Experimental Group	10.55	0.82	11
	Total	11.27	1.35	22

As shown in Table 1, the mean posttest scores of the experimental group were lower than those of the control group in both specific phobic fear and involuntary reactions. Specifically, the experimental group obtained a mean score of 15.45 on the specific phobic fear scale compared to 19.00 in the control group. Similarly, the mean score of involuntary reactions in the experimental group was 10.55, whereas the control group obtained a mean score of 12.00. These findings preliminarily indicate that the sociodrama intervention may have contributed to reductions in specific phobic fear and involuntary reactions among children.

Before conducting the covariance analyses, the assumptions of homogeneity of covariance matrices and homogeneity of variances were examined using Box’s M test

and Levene’s test, respectively. The results of Box’s M test indicated that the covariance matrices were homogeneous across groups (Box’s M = 5.07, F = 1.51, p = .210), supporting the assumption of equality of covariance matrices. Furthermore, the results of Levene’s test demonstrated that the variances of specific phobic fear (F = 3.54, p = .129) and involuntary reactions (F = 0.61, p = .443) were homogeneous across groups. Therefore, the assumptions required for conducting univariate analysis of covariance (ANCOVA) were satisfied.

Table 2 presents the results of the univariate analysis of covariance for specific phobic fear and involuntary reactions in children.

Table 2

Results of Analysis of Covariance

Source of Variance	Variables	Sum of Squares	df	Mean Square	F	p	η^2
Sociodrama Intervention (Control vs. Experimental Group)	Specific Phobic Fear	42.08	1	42.08	9.84	.006	.367
Sociodrama Intervention (Control vs. Experimental Group)	Involuntary Reactions	5.93	1	5.93	12.16	.000	.543

The results presented in Table 2 indicate that the sociodrama intervention had a statistically significant effect on both specific phobic fear and involuntary reactions in children. The intervention significantly reduced specific phobic fear scores, $F(1, 20) = 9.84, p = .006, \eta^2 = .367$, indicating that approximately 36.7% of the variance in posttest scores was attributable to the intervention. Additionally, the sociodrama intervention significantly

reduced involuntary reactions, $F(1, 20) = 12.16, p < .001, \eta^2 = .543$, demonstrating a large effect size, with approximately 54.3% of the variance explained by the intervention. These findings suggest that the sociodrama-based therapeutic model was effective in improving psychological outcomes among children in the experimental group.

Table 3 presents the results of Tukey’s post-hoc test for pairwise comparisons of the study variables.

Table 3

Results of Tukey’s Post-Hoc Test

Variables	Group Comparison	Mean	Mean Difference (i-j)	Standard Error	p-value	Result
Specific Phobic Fear	Control Group	18.66	2.87	0.92	.006	Significant Difference
	Experimental Group	15.79				
Involuntary Reactions	Control Group	11.81	1.08	0.24	.000	Significant Difference
	Experimental Group	10.73				

The results of Tukey's post-hoc comparisons demonstrated significant differences between the experimental and control groups in both study variables. Regarding specific phobic fear, the experimental group showed significantly lower mean scores than the control group (Mean Difference = 2.87, $p = .006$), indicating the effectiveness of the sociodrama intervention in reducing phobic fear symptoms. Likewise, a significant difference was observed for involuntary reactions (Mean Difference = 1.08, $p < .001$), with the experimental group reporting lower levels of involuntary reactions compared to the control group. Overall, the post-hoc findings confirmed that the sociodrama intervention produced meaningful psychological improvements in the experimental group relative to the control condition.

4. Discussion

The present study aimed to investigate the effectiveness of sociodrama intervention on specific phobic fear and involuntary reactions in children with a secure psychological safe haven. The findings demonstrated that sociodrama intervention significantly reduced specific phobic fear and involuntary reactions among children in the experimental group compared with the control group. The results of the covariance analyses indicated that participation in the sociodrama sessions produced meaningful improvements in emotional and behavioral functioning, suggesting that experiential and role-based therapeutic interventions may play an important role in reducing anxiety-related symptoms in childhood. These findings support the growing body of literature emphasizing the effectiveness of interactive, emotionally expressive, and group-oriented interventions in promoting children's psychological adjustment and emotional regulation (Makarem & Yousefi, 2021; Veryanto et al., 2025).

One of the principal findings of the present study was the significant reduction in specific phobic fear among children who participated in the sociodrama intervention. This finding may be explained by the experiential and symbolic nature of sociodrama, which allows children to externalize fears, confront anxiety-provoking situations indirectly, and gradually develop adaptive emotional responses. Through role-playing activities, dramatic enactment, and collaborative storytelling, children are provided with opportunities to re-experience stressful situations within a psychologically safe environment. Such experiences may reduce emotional avoidance and facilitate emotional

processing. This interpretation is consistent with the findings of Medhat and Motahari Nejad, who reported that psychodrama interventions effectively reduced shyness and social anxiety symptoms among adolescent girls by increasing self-expression and reducing emotional inhibition (Medhat & Motahari Nejad, 2015). Similarly, Makarem and Yousefi found that psychodrama group therapy improved assertiveness and self-acceptance through active emotional engagement and interpersonal interaction (Makarem & Yousefi, 2021).

The effectiveness of sociodrama in reducing phobic fear can also be interpreted within the framework of emotional regulation theory. Children with phobic anxiety often experience heightened physiological arousal, catastrophic thinking, and maladaptive emotional responses when confronted with perceived threats. Sociodrama sessions encourage children to identify emotions, enact feared situations, and experiment with alternative responses in a supportive group atmosphere. Such repeated exposure and behavioral rehearsal may improve emotional flexibility and decrease anxiety sensitivity. Schweizer emphasized that interventions focused on affective control and emotional training strengthen children's ability to regulate emotional responses and reduce maladaptive anxiety patterns (Schweizer, 2018). In this regard, sociodrama appears to function as a practical emotional training method through which children can gradually develop greater mastery over fear-provoking situations.

Another important finding of the present study was the reduction in involuntary reactions among children who received the sociodrama intervention. Involuntary reactions often emerge in anxious children as automatic physiological and emotional responses such as tension, withdrawal, crying, emotional freezing, or impulsive reactions under stressful conditions. These reactions are generally associated with deficits in emotional self-regulation and psychological security. The structure of sociodrama sessions, which incorporates emotional expression, peer interaction, and guided enactment, may help children gain greater awareness of their emotional states and increase voluntary control over emotional and behavioral responses. This finding aligns with the work of Sobhani Tabar et al., who demonstrated that drama therapy significantly reduced neuropsychological and emotional problems among students with post-traumatic stress symptoms (Sobhani Tabar et al., 2020). The emotionally expressive characteristics of drama-based interventions likely contribute to improved emotional integration and reduced involuntary stress reactions.

The observed improvements may also be related to the role of sociodrama in strengthening psychological security and emotional connectedness. Psychological security refers to an individual's sense of emotional safety, trust, and confidence in interpersonal relationships. Children who experience insecurity often demonstrate heightened fear responses and emotional instability. Group-based therapeutic settings such as sociodrama may create emotionally supportive environments in which children experience acceptance, empathy, and belongingness. These positive interpersonal experiences may reduce emotional defensiveness and increase emotional resilience. Li et al. emphasized that psychological security is associated with greater self-disclosure and emotional adjustment, whereas insecurity contributes to social withdrawal and anxiety (Li et al., 2020). Similarly, Yarian et al. found that interventions targeting ontological security significantly improved psychological security and reduced existential anxiety (Yarian et al., 2019). The current findings suggest that sociodrama may similarly foster emotional safety and reduce involuntary emotional responses among children.

The results of this study can additionally be interpreted through attachment and family functioning perspectives. Children's emotional development is strongly influenced by interpersonal relationships and environmental support systems. Supportive family environments and secure attachment relationships contribute to emotional stability and adaptive coping strategies, whereas dysfunctional family patterns may intensify fear and anxiety symptoms. Previous studies have demonstrated significant relationships between family functioning, psychological well-being, and emotional adjustment (Ajeli Lahiji & Besharat, 2019; Akhbarati & Bashardoust, 2016). Diamond et al. also reported that attachment security is positively associated with relationship satisfaction and emotional stability (Diamond et al., 2018). Sociodrama interventions may partially compensate for deficiencies in emotional communication by creating corrective emotional experiences in which children practice trust, cooperation, and emotional expression within peer interactions.

The findings of the present study are also consistent with developmental perspectives emphasizing the importance of social interaction and experiential learning during childhood. Children naturally learn emotional and social skills through play, imitation, symbolic activities, and interpersonal experiences. Sociodrama incorporates these developmental characteristics by transforming therapeutic content into playful and interactive activities. Through

dramatic enactment, children become active participants in the therapeutic process rather than passive recipients of instruction. Veryanto et al. demonstrated that sociodrama-based educational interventions significantly improved students' positive self-concepts and interpersonal engagement in school settings (Veryanto et al., 2025). These findings support the notion that dramatic and participatory interventions may strengthen children's emotional confidence and social competence.

The reduction of anxiety-related symptoms observed in the present study may also be understood within the context of broader social and environmental stressors affecting children. Contemporary children are increasingly exposed to stressful experiences including academic pressure, family instability, social isolation, and uncertainty resulting from global crises. Research conducted during the COVID-19 pandemic highlighted substantial increases in fear, anxiety, and psychological distress among children and adolescents (Anderson et al., 2020; Politi et al., 2021). Simsir et al. reported a strong relationship between fear-related perceptions and mental health problems during periods of social threat (Simsir et al., 2021). In such contexts, emotionally supportive interventions that encourage expression, connectedness, and emotional processing become particularly valuable. Sociodrama may therefore serve as a preventive and therapeutic approach capable of mitigating the psychological effects of stress and social anxiety among children.

Another possible explanation for the effectiveness of sociodrama lies in its ability to enhance social communication and interpersonal functioning. Children with anxiety and phobic symptoms frequently avoid social participation and experience difficulties initiating or maintaining peer relationships. The structured group activities incorporated into sociodrama encourage children to engage in dialogue, cooperation, and emotional exchange with peers. These experiences may strengthen social confidence and reduce interpersonal avoidance. Katz-Wise et al. demonstrated that healthy family functioning and supportive social relationships are associated with improved mental health among vulnerable youth populations (Katz-Wise et al., 2018). Similarly, Jones et al. emphasized that emotional and relational stability during adolescence and childhood contribute to long-term psychological adjustment (Jones et al., 2018). The group-centered nature of sociodrama likely facilitated emotional connectedness and social learning among participants.

The findings of the present study also correspond with research on transdiagnostic and emotion-focused therapeutic approaches. Transdiagnostic interventions target common emotional and cognitive processes underlying multiple psychological disorders rather than focusing exclusively on specific symptoms. Khorshidi Nazloo et al. found that transdiagnostic therapy effectively reduced anxiety, distress intolerance, and sleep disturbances among psychosomatic patients (Khorshidi Nazloo et al., 2022). Sociodrama may similarly operate through transdiagnostic mechanisms by improving emotional awareness, cognitive flexibility, interpersonal functioning, and coping skills simultaneously. Such multidimensional effects may explain the broad reductions observed in both phobic fear and involuntary reactions.

5. Conclusion

Overall, the findings of the present study indicate that sociodrama intervention is an effective therapeutic approach for reducing specific phobic fear and involuntary reactions among children with a secure psychological safe haven. By integrating emotional expression, experiential learning, interpersonal interaction, and symbolic enactment, sociodrama appears capable of improving emotional regulation, psychological security, and adaptive coping skills in children. The present findings contribute to the expanding literature supporting drama-based interventions as valuable tools in child and adolescent mental health treatment and highlight the importance of emotionally interactive therapeutic methods in reducing childhood anxiety symptoms.

One of the limitations of the present study was the relatively small sample size, which may reduce the generalizability of the findings to broader populations of children. In addition, the participants were selected from a single institution in Tehran, limiting the representativeness of the sample. Another limitation was the absence of long-term follow-up assessment, making it difficult to determine the stability and durability of treatment effects over time. Furthermore, the study relied primarily on self-report and questionnaire-based measures, which may have been influenced by response biases or situational factors. Differences in family environments, parenting styles, and individual personality characteristics were also not fully controlled.

Future studies are recommended to employ larger and more diverse samples drawn from different cultural and

educational settings to enhance external validity. Researchers may also investigate the long-term effectiveness of sociodrama interventions through follow-up assessments conducted several months after treatment completion. Comparative studies examining sociodrama alongside cognitive-behavioral therapy, play therapy, or mindfulness-based interventions may provide additional insights regarding the relative effectiveness of different therapeutic approaches. Future research could additionally explore the mediating roles of psychological security, emotional regulation, attachment style, and family functioning in explaining treatment outcomes.

The findings of the present study suggest several practical implications for psychological and educational settings. Mental health professionals working with children may incorporate sociodrama techniques into therapeutic programs designed for anxiety-related disorders and emotional difficulties. Schools and counseling centers may also benefit from implementing structured drama-based group interventions to improve emotional expression, social interaction, and psychological adjustment among children. Training programs for parents and educators could emphasize the importance of emotional security, supportive communication, and experiential learning opportunities in promoting children's mental health. Furthermore, policymakers and child mental health practitioners may consider integrating creative and interactive therapeutic methods into preventive mental health services for children.

Authors' Contributions

Authors equally contributed 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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Ethical 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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