KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 27 May 2026
Revised 01 September 2026
Accepted 07 September 2026
Initial Publication 08 September 2026
Final Publication 10 March 2027

Journal of Adolescent and Youth Psychological Studies

Volume 8, Issue 3, pp 1-14

E-ISSN: 2981-2526

Effectiveness of Drama Therapy on Suicidal Ideation, Self-Control, and Depression in Adolescents with Suicidal Ideation

Zohreh. Soleymani[1], Seyed Abdolmajid. Bahrainian[1*], Maryam. Nasri[1]

[1] Department of Psychology, Bi.C., Islamic Azad University, Birjand, Iran

*** Corresponding author email address**: Abdolmajeed2025@iau.ac.ir

A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Soleymani, Z., Bahrainian, S. A., & Nasri, M. (2027). Effectiveness of Drama Therapy on Suicidal Ideation, Self-Control, and Depression in Adolescents with Suicidal Ideation. *Journal of Adolescent and Youth Psychological Studies, 8*(3), 1-14.
http://dx.doi.org/10.61838/kman.jayps.5972

A B S T R A C T

Objective: The present study aimed to investigate the effectiveness of drama therapy in reducing suicidal ideation and depression and improving self-control among adolescents with suicidal ideation.

Methods and Materials: The present study employed a quasi-experimental pretest–posttest design with a control group and was conducted among 30 adolescents (15 in the experimental group and 15 in the control group) in Ahvaz. Participants were selected through purposive sampling and subsequently randomly assigned to the experimental and control groups. The experimental group received an eight-session drama therapy protocol. The research instruments included the Beck Scale for Suicide Ideation (BSS), the Beck Depression Inventory-II (BDI-II), and the Tangney Self-Control Scale. Data were analyzed using univariate analysis of covariance (ANCOVA).

Findings: The results indicated that, after controlling for pretest scores, drama therapy significantly reduced suicidal ideation (effect size = 0.48) and depression (effect size = 0.60) and increased self-control (effect size = 0.71) in the experimental group compared with the control group ($p < .001$).

Conclusion: The findings support the effectiveness of drama therapy through mechanisms such as “aesthetic distancing” and “role reversal,” which allow adolescents to represent their emotions dramatically, restructure negative cognitive patterns, and improve their capacity for impulse inhibition. By reducing hopelessness and enhancing self-efficacy, this experiential intervention may serve as an effective approach for preventing self-harming behaviors among adolescents. Nevertheless, longitudinal studies with larger sample sizes are recommended.

Keywords: *drama therapy, suicidal ideation, self-control, depression, adolescents.*

1. Introduction

Adolescence is a critical developmental period characterized by rapid biological maturation, cognitive reorganization, emotional volatility, identity formation, and profound changes in interpersonal relationships. Although these developmental transitions are normative, they can also increase vulnerability to psychological distress when adolescents encounter persistent family conflict, academic pressure, social rejection, traumatic experiences, bullying, economic adversity, or other stressors without adequate coping resources. Mental health problems during adolescence are therefore a major public health concern because they may interfere with educational functioning, interpersonal development, emotional regulation, and subsequent adult adjustment. According to the World Health Organization, a substantial proportion of adolescents experience mental health difficulties, with depression, anxiety, behavioral problems, and self-harming behaviors constituting important contributors to illness and disability during this developmental stage (World Health, 2024). Among the most serious manifestations of adolescent psychological distress are suicidal thoughts and behaviors, which represent not only markers of severe emotional suffering but also potentially life-threatening outcomes requiring timely identification and intervention.

Suicidal ideation refers to thoughts, wishes, considerations, or plans related to ending one's own life and can range from transient passive wishes for death to persistent active thoughts accompanied by specific planning. In adolescence, suicidal ideation is clinically significant because it may precede suicide attempts and can emerge within a complex interaction of developmental, psychological, interpersonal, and neurobiological processes. Contemporary developmental perspectives emphasize that adolescence is accompanied by changes in reward sensitivity, emotional reactivity, executive control, social cognition, and neural systems involved in threat processing and behavioral regulation. Imbalances between heightened affective reactivity and still-developing regulatory systems may increase vulnerability to suicidal thoughts and behaviors, particularly in the presence of depression, interpersonal adversity, and chronic stress (Lewis et al., 2026). Accordingly, suicidal behavior in adolescents cannot be understood solely as an isolated symptom; rather, it is frequently embedded within broader patterns of emotional dysregulation, hopelessness, impulsivity, cognitive rigidity, and difficulties in coping with distress.

Depression is among the psychological factors most consistently associated with suicidal ideation during adolescence. Depressive symptoms such as hopelessness, anhedonia, worthlessness, social withdrawal, negative self-evaluation, and persistent sadness may progressively narrow an adolescent's perceived range of options for managing distress. When emotional pain is experienced as enduring and uncontrollable, suicide may be cognitively represented as a means of escape from intolerable psychological suffering. Qualitative work on the lived experience of depression and suicide has similarly demonstrated that suicidal thinking can emerge when individuals perceive their emotional distress as overwhelming, inescapable, and incompatible with continued living (Oliffe et al., 2012). Although such findings have often been discussed in adult populations, the underlying processes of entrapment, hopelessness, diminished perceived coping capacity, and emotional exhaustion are highly relevant to understanding suicidal ideation in adolescents.

The association between depression and suicidality is further complicated by impulsivity and deficits in self-regulation. Impulsivity encompasses tendencies toward rapid, poorly planned, emotionally driven, or insufficiently inhibited behaviors, whereas self-control refers more broadly to the capacity to regulate impulses, delay gratification, resist maladaptive urges, and align behavior with longer-term goals. These processes are especially important in adolescence, when executive control capacities are still developing. A systematic review and meta-analysis examining impulsivity traits in relation to suicide-related outcomes found that particular dimensions of impulsive behavior are meaningfully associated with suicidal ideation and attempts (Bruno et al., 2023). Similarly, research specifically examining self-control and impulsivity in relation to suicidal ideation and suicide attempts indicates that poor behavioral regulation can increase vulnerability to suicide-related outcomes, particularly when adolescents are exposed to intense emotional distress or acute interpersonal stressors (Martin et al., 2023).

The relationship among depression, impulsivity, and self-control appears to be dynamic rather than independent. Network-based evidence suggests that depressive symptoms and impulsivity are interconnected in adolescents and young adults, with particular symptoms potentially reinforcing one another across affective and behavioral domains (Liu et al., 2024). Moreover, longitudinal evidence has demonstrated

that self-control can function as an important mechanism within pathways connecting psychological distress to self-harming and suicidal behaviors. For example, sleep problems may intensify negative emotional states, which in turn may undermine self-control and increase vulnerability to nonsuicidal self-injury and subsequent suicidal behavior (Yang et al., 2024). Such findings support the view that interventions for adolescents with suicidal ideation should not focus exclusively on reducing depressive symptoms but should also strengthen inhibitory control, emotional regulation, adaptive coping, and the capacity to create psychological distance from self-destructive urges.

Self-control is also relevant to broader adolescent functioning. It reflects the ability to manage internal drives, regulate emotions, sustain goal-directed behavior, and resist short-term actions that conflict with longer-term interests. Higher self-control has been associated with more adaptive functioning in educational and behavioral domains, whereas insufficient self-control may contribute to procrastination, academic misconduct, and other dysregulated patterns of behavior (Alipour et al., 2023). In adolescents experiencing suicidal ideation, the clinical importance of self-control is even greater because moments of acute distress may require the capacity to tolerate intense internal states without acting on harmful impulses. Evidence from adolescents at suicide risk has shown that coping-skills training can improve self-control and reduce depression, suggesting that self-regulatory capacities are modifiable therapeutic targets rather than fixed personality characteristics (Keliat et al., 2015). Therefore, interventions capable of simultaneously addressing depressive affect, suicidal cognition, and behavioral inhibition may be particularly valuable.

Despite the seriousness of suicidal ideation in youth, effective intervention remains challenging. Suicide prevention in adolescents often requires multimodal approaches involving risk assessment, family engagement, crisis planning, psychotherapy, psychiatric evaluation when indicated, and ongoing monitoring. Systematic reviews of interventions for suicidal thoughts and behaviors in youth indicate that psychological and psychosocial treatments can be beneficial, but intervention effects vary according to treatment modality, clinical severity, treatment setting, and implementation quality (Sim et al., 2025). Preventive interventions targeting adolescent depression and suicidal tendency have likewise shown promising effects, although heterogeneity in intervention content and outcome measurement remains substantial (Ghazal et al., 2025). Community-based mental health interventions have also demonstrated potential for reducing suicidal thoughts and behaviors among young people, reinforcing the importance of accessible and developmentally appropriate psychosocial approaches (Barker et al., 2025).

One therapeutic approach that may be especially suitable for adolescents is drama therapy. Drama therapy is an experiential and action-oriented form of psychotherapy that employs dramatic processes, role enactment, improvisation, storytelling, metaphor, embodiment, symbolic representation, and interpersonal interaction to facilitate psychological change. Unlike exclusively verbal forms of therapy, drama-based approaches allow participants to express internal experiences through action, movement, imagery, voice, and role. This feature may be particularly important for adolescents who have difficulty articulating distress directly or who experience conventional verbal discussion as threatening, abstract, or emotionally inaccessible. Through dramatic representation, painful emotions and conflicts can be externalized into symbolic forms, making them easier to observe, explore, reconstruct, and regulate within a psychologically contained environment.

Drama therapy overlaps conceptually with psychodrama while also incorporating broader expressive, projective, and creative techniques. Psychodrama traditionally involves enactment of personally meaningful situations, role reversal, doubling, mirroring, soliloquy, and other techniques intended to promote insight, emotional expression, perspective taking, and behavioral experimentation. A systematic review of core psychodrama techniques identified role reversal, doubling, mirroring, and enactment as recurrent therapeutic mechanisms across clinical studies (Cruz et al., 2018). These techniques are particularly relevant for adolescents with suicidal ideation because they can help externalize suicidal thoughts, increase awareness of internal conflicts, rehearse alternative responses to distress, and promote cognitive and interpersonal flexibility.

The evidence base for drama therapy has expanded considerably over recent years. An integrative systematic review of drama therapy intervention research found that drama-based methods have been applied across diverse populations and psychological conditions, with promising effects on emotional, interpersonal, and behavioral outcomes (Feniger-Schaal & Orkibi, 2020). More recent systematic reviews and meta-analyses of controlled studies have provided further support for drama-based therapies in improving mental health outcomes across a range of populations and settings (Orkibi et al., 2025). Similarly, a

JAYPS Adolescent and Youth Psychological Studies E-ISSN: 2981-2526

systematic review and meta-analysis of theatre-based interventions reported beneficial effects on mental health indicators, suggesting that structured theatrical participation may contribute to psychological well-being through mechanisms involving expression, social connection, embodiment, meaning-making, and identity exploration (Bayliss et al., 2026). These findings strengthen the rationale for examining drama therapy as a clinically relevant intervention rather than merely a recreational or artistic activity.

Evidence specifically involving children and adolescents is also increasingly encouraging. A recent systematic review of psychodrama for children and adolescents identified therapeutic improvements across emotional, behavioral, interpersonal, and self-related outcomes and highlighted mechanisms such as experiential learning, group processes, role exploration, emotional expression, and perspective change (Berghs et al., 2025). Drama-based interventions may be particularly developmentally congruent for younger populations because they integrate playfulness, action, imagination, social interaction, and symbolic communication. Rather than requiring adolescents to describe all experiences analytically, these interventions create opportunities to enact conflicts and explore alternative possibilities in a concrete, embodied manner.

Drama-based interventions may be especially useful for depressive symptoms. Depression often involves behavioral withdrawal, reduced motivation, restricted emotional expression, repetitive negative thinking, and diminished engagement with rewarding social experiences. Drama therapy can directly counter some of these processes by requiring movement, interaction, spontaneity, emotional expression, imaginative engagement, and active participation. A systematic review and meta-analysis of art therapy interventions among children and adolescents has shown that creative arts-based interventions can reduce depressive symptoms, supporting the broader therapeutic potential of expressive and nonverbal modalities in younger populations (Zhang et al., 2025). In addition, drama therapy has been associated with reduced depressive symptoms and improved quality of life in other vulnerable populations, suggesting that its mechanisms may extend across developmental stages (Sharkiya, 2026). Although findings from older adults cannot be directly generalized to adolescents, they further demonstrate the potential of structured dramatic engagement to influence depressive affect and subjective well-being.

Drama-based therapy may also affect depression through social and interpersonal pathways. Group enactment can reduce isolation, promote perceived belonging, facilitate mutual recognition of distress, and create opportunities for corrective interpersonal experiences. Because suicidal ideation is often intensified by perceived disconnection, shame, burdensomeness, or inability to communicate emotional pain, the relational context of drama therapy may be therapeutically significant. Within a structured group, participants can observe others, receive feedback, try new roles, and experience alternative ways of relating without immediately confronting real-life consequences. These processes may increase flexibility in interpersonal interpretation and reduce rigid negative assumptions about the self and others.

Another important mechanism is aesthetic distancing. Through metaphor, role, symbolic objects, fictional characters, or enacted scenes, individuals can approach distressing experiences indirectly rather than becoming fully overwhelmed by them. This balance between emotional involvement and psychological distance allows painful experiences to be explored while maintaining a degree of safety and reflective capacity. For adolescents experiencing suicidal ideation, such distancing may be particularly useful because direct engagement with suicidal cognition can evoke intense affect. By placing hopelessness, self-critical thoughts, or suicidal urges into a role or symbolic character, adolescents may become better able to differentiate between having a thought and being compelled to act upon it.

Role reversal may provide another pathway of change. By enacting the perspective of a parent, peer, teacher, future self, or even an internalized emotional state, adolescents can examine interpersonal conflicts and self-perceptions from alternative viewpoints. This process may reduce cognitive rigidity, increase empathy, and weaken strongly held negative assumptions. In suicidal states, cognition can become narrowed and dichotomous, with individuals perceiving few alternatives to current suffering. Drama-based perspective shifting may therefore help expand perceived options and support more adaptive problem solving. Research on psychodrama and drama therapy suggests that these processes of enactment, role exploration, and experiential reframing are among the therapeutic mechanisms through which psychological change may occur (Berghs et al., 2025; Cruz et al., 2018).

Drama therapy may also strengthen self-control through repeated behavioral rehearsal. Techniques such as freezing an enacted scene, delaying a response, observing bodily

cues, changing roles, replaying an event with a different outcome, or rehearsing an alternative behavioral response can transform impulse regulation into a concrete experiential skill. This is clinically important because adolescents with suicidal ideation may understand cognitively that they should delay action during a crisis but still struggle to implement that delay under emotional pressure. Embodied rehearsal can create a more accessible behavioral repertoire for crisis situations. This rationale is consistent with evidence emphasizing the importance of self-control and impulse regulation in suicidal ideation and attempts (Bruno et al., 2023; Martin et al., 2023).

Drama-based interventions have also shown promise in other populations characterized by emotional dysregulation and impaired behavioral control. For instance, drama-based therapy has been used as part of recovery-oriented intervention programs for individuals with addictive disorders, where enactment and expressive processes may contribute to emotional processing, self-awareness, and behavioral change (Krupa & Balogh-Pécsi, 2024). Although addiction and adolescent suicidality are distinct clinical conditions, both may involve difficulties with impulse control, avoidance of painful affect, and maladaptive coping, making some underlying therapeutic processes potentially relevant across contexts.

The wider literature also indicates that drama-based interventions can improve psychological well-being under conditions of collective stress and disruption. A systematic review and meta-analysis conducted in the context of the COVID-19 pandemic and post-pandemic period found that drama-based interventions were associated with improvements in mental health and well-being (Jiang et al., 2023). Such findings are relevant because contemporary adolescents have been exposed to multiple social and environmental stressors that may intensify isolation, uncertainty, and emotional distress. Interventions that combine expressive activity with social reconnection may therefore be especially valuable in restoring adaptive emotional functioning.

At the same time, the emerging literature indicates important gaps. Much of the existing drama therapy research has focused on broad mental health outcomes rather than suicidal ideation specifically. Other studies have examined depression, general distress, quality of life, social functioning, or behavioral adjustment without simultaneously assessing self-control and suicide-related cognition. Reviews of drama-based therapies indicate growing empirical support, yet they also highlight variability in intervention protocols, sample characteristics, methodological rigor, and outcome measures (Feniger-Schaal & Orkibi, 2020; Orkibi et al., 2025). Likewise, while psychodrama research among children and adolescents is promising, stronger controlled studies targeting high-risk clinical outcomes remain necessary (Berghs et al., 2025).

This gap is particularly important in populations of adolescents already experiencing suicidal ideation. Contemporary suicide-prevention research emphasizes the need for developmentally sensitive interventions capable of targeting multiple mechanisms simultaneously rather than treating suicidal ideation as an isolated phenomenon (Barker et al., 2025; Ghazal et al., 2025; Sim et al., 2025). Drama therapy is theoretically well positioned to address several relevant mechanisms at once, including depressive affect, hopelessness, emotional suppression, impulsive action, cognitive rigidity, interpersonal isolation, and deficits in self-regulation. Its experiential nature may further enhance engagement among adolescents who are reluctant to participate in conventional verbal psychotherapy.

Furthermore, from a developmental perspective, interventions for suicidal adolescents should provide not only symptom reduction but also opportunities to strengthen agency, identity, emotional literacy, and perceived capacity to influence future outcomes. Adolescents are actively constructing their identities and future narratives, and suicidal ideation may represent a collapse in the perceived possibility of a viable future. Drama-based future projection, symbolic enactment of survival, rehearsal of alternative life paths, and role-based exploration of a more competent future self may help reconstruct a sense of continuity between present distress and future possibility. This may complement broader therapeutic goals of reducing hopelessness and increasing self-efficacy.

Taken together, available evidence suggests that suicidal ideation in adolescence is closely intertwined with depression, impulsivity, impaired self-control, and deficits in adaptive coping, while drama therapy offers a potentially relevant multimodal intervention capable of addressing these domains through experiential, embodied, relational, and symbolic processes (Lewis et al., 2026; Liu et al., 2024; Yang et al., 2024). Nevertheless, direct empirical examination of its effects on suicidal ideation, depression, and self-control within a single controlled adolescent intervention remains limited, particularly in culturally specific clinical and educational settings. Accordingly, the present study aimed to investigate the effectiveness of drama therapy in reducing suicidal ideation and depression and

improving self-control among adolescents with suicidal ideation.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental pretest–posttest design with a control group. The statistical population consisted of all adolescent secondary-school students aged 13–18 years in Ahvaz during the 2024–2025 academic year. The required sample size was estimated using G*Power software based on an effect size of 0.80, a statistical power of 0.85, and an alpha level of .05. After allowing for potential attrition, a total sample of 30 participants was considered adequate, with 15 adolescents assigned to each study group. Participants were recruited using purposive sampling. Initially, students were screened using the Beck Scale for Suicide Ideation (BSS), and those who scored above the designated cutoff point, indicating the presence of active suicidal ideation, were considered for inclusion. From among eligible students, 30 participants who met all inclusion criteria were selected and randomly assigned to either the experimental group or the control group, with 15 participants in each group. The experimental group received eight 90-minute sessions of group-based drama therapy, whereas the control group was placed on a waiting list and did not receive the intervention during the study period. The inclusion criteria were obtaining a score above the cutoff point on the BSS, being between 13 and 18 years of age, not concurrently receiving another form of psychotherapy, and providing written informed consent from both the adolescent and a parent or legal guardian. The exclusion criteria consisted of absence from more than two intervention sessions, the emergence of an acute suicidal crisis requiring immediate psychiatric intervention, and initiation or use of psychotropic medication during the study. Pretest assessments of suicidal ideation, depression, and self-control were administered to both groups before the intervention, and the same measures were administered again as posttests following completion of the intervention.

2.2. Measures

The Beck Scale for Suicide Ideation (BSS) was developed by Beck, Kovacs, and Weissman (1979) to assess, screen for, and determine the severity of suicidal thoughts, wishes, and plans. The instrument consists of 19 items assessing different dimensions of suicidality, including the wish to die, active and passive suicidal desire, the duration and frequency of suicidal thoughts, perceived control over suicidal impulses, deterrents against suicidal behavior, and the extent of preparation for a suicide attempt. Each item is scored on a three-point scale ranging from 0 to 2, yielding a total score ranging from 0 to 38, with higher scores indicating greater severity of suicidal ideation and suicidal intent. The first five items serve primarily as initial screening items. Beck et al. (1979) reported a Cronbach's alpha coefficient of .89 for the original version and a short-term test–retest reliability coefficient of .83. They also demonstrated satisfactory criterion-related and convergent validity through significant associations with measures such as the Beck Hopelessness Scale and measures of depressive symptoms. In Iran, Anisi, Fathi-Ashtiani, Salimi, and Ahmadi (2005) examined the psychometric properties of the Persian version and reported a Cronbach's alpha coefficient of .87 and a split-half reliability coefficient of .83. In the present study, the internal consistency of the scale was evaluated using Cronbach's alpha and was found to be .78.

The Beck Depression Inventory-II (BDI-II) is one of the most widely used self-report clinical instruments for assessing the severity of depressive symptoms. It was revised and developed by Beck, Steer, and Brown (1996) to provide closer correspondence with the diagnostic criteria for depressive disorders contained in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). The BDI-II consists of 21 items assessing affective, cognitive, motivational, and physiological manifestations of depression. Each item contains four response alternatives scored from 0 to 3, producing a total score ranging from 0 to 63. Scores of 0–13 indicate minimal or no depression, scores of 14–19 indicate mild depression, scores of 20–28 indicate moderate depression, and scores of 29–63 indicate severe depression. Beck et al. (1996) reported excellent internal consistency for the original version, with Cronbach's alpha coefficients of .92 among psychiatric outpatients and .93 among college students, as well as a one-week test–retest reliability coefficient of .93. In Iranian research, Dobson and Mohammadkhani (2007) reported satisfactory construct and convergent validity for the Persian version in relation to other measures of affective symptoms and found a Cronbach's alpha coefficient of .91 and a one-week test–retest reliability coefficient of .94, supporting the instrument's reliability and utility in screening and differentiating levels of depressive symptom severity in Iranian populations. In the present study, Cronbach's alpha for the BDI-II was .80.

JAYPS Adolescent and Youth Psychological Studies
E-ISSN: 2981-2526

The Tangney Self-Control Scale was developed by Tangney, Baumeister, and Boone (2004) to assess individuals' general capacity for internal behavioral control, regulation of impulses and desires, and inhibition of unwanted behaviors. The standardized short form contains 13 items assessing dimensions such as the ability to resist or change undesirable habits, regulate emotions and impulses, maintain self-discipline, and delay immediate gratification. Items are rated on a five-point Likert-type scale ranging from 1, indicating strong disagreement or a very low degree of correspondence, to 5, indicating strong agreement or a very high degree of correspondence. Several items are reverse-scored before calculating the total score. Total scores range from 13 to 65, with higher scores representing greater self-regulatory capacity, volitional control, and overall self-control. Tangney et al. (2004) reported a Cronbach's alpha coefficient of .83 for the 13-item version and a test–retest reliability coefficient of .87. Evidence for construct validity was also demonstrated through the scale's associations with academic achievement, psychological adjustment, healthier interpersonal relationships, and other adaptive outcomes. In Iran, Alipour et al. (2023) examined the psychometric properties of the Persian version and reported a Cronbach's alpha coefficient of .81. In the present study, internal consistency was assessed using Cronbach's alpha, which was .91 for the total scale.

2.3. Interventions

The drama therapy intervention implemented in the present study was developed and culturally adapted based on Moreno's classical psychodrama framework (Moreno, 1946) and contemporary projective and experiential approaches to drama therapy with adolescents (Blatner, 2000; Cruz et al., 2018; Burgess et al., 2025; Orkibi et al., 2025). The intervention was delivered in a group format across eight 90-minute sessions, with two sessions conducted each week over a period of approximately one month. Each session followed a structured sequence consisting of warm-up activities, dramatic action, group sharing and processing, and a between-session assignment. The first session focused on orientation, establishment of a safe therapeutic alliance, development of group cohesion, clarification of confidentiality and psychological safety rules, and initial familiarization with bodily expression and nonverbal communication. Warm-up activities included introductory games, movement within the therapeutic space, and selection of symbolic or pseudonymous group identities; participants then created individual body sculptures representing personal characteristics or interests, followed by collaborative development of a confidentiality and safety agreement and verbal reflection on their experience of joining the group. The second session addressed bodily awareness, emotional discharge, and regulation of psychological and somatic tension in order to alleviate depressive symptoms. Guided breathing, rhythmic movement, dramatic muscle contraction and relaxation, the “silent scream” technique, pantomimic representation of emotions, and body rhythm exercises were used to facilitate the safe expression of suppressed anger, sadness, and helplessness. The third session focused on distancing from negative thoughts and strengthening impulse inhibition and self-control through dynamic freeze-and-move exercises, enactment of the contrasting roles of “impulse/immediate urge” and “inner observer/controller,” and freeze-frame techniques in hypothetical conflict situations, with particular emphasis on creating a cognitive pause before engaging in potentially self-harming behavior. The fourth session was designed to externalize hopelessness and suicidal ideation while establishing a psychologically safe distance between the adolescent's sense of self and death-related thoughts. Participants represented psychological pain symbolically as an object or imaginary character and engaged in a dramatic “dialogue with the voice of hopelessness,” during which suicidal or death-oriented thoughts were externalized and responded to from a position of personal strength, thereby emphasizing the distinction between experiencing a suicidal thought and acting upon it. The fifth session focused on perspective taking, role reversal, and restructuring interpersonal relationships in order to reduce perceived burdensomeness and social isolation while increasing cognitive flexibility and empathy toward oneself and others. Participants engaged in paired mirroring exercises and role reversal involving parents, teachers, or peers in stressful interpersonal situations, followed by reconstruction of conflicts from alternative perspectives. The sixth session addressed unresolved conflicts, emotional regulation, and the generation of alternative solutions through improvisation, the empty-chair technique, and doubling. Participants enacted psychologically “blocked” situations and explored adaptive escape routes, problem-solving responses, and safe alternatives to avoidance or suicidal behavior; they subsequently developed a personal list of at least three healthy crisis-management actions to use during periods of intense death-related thoughts. The seventh session concentrated on positive future projection, meaning

making, enhancement of hope, and development of an empowered identity. Through future-self visualization and dramatic enactment, participants imagined themselves at an older age, portrayed successful passage through crises, enacted achievement of personally meaningful goals, and symbolically celebrated survival and resilience. Group members also provided feedback concerning strengths and resources they observed in one another, and participants wrote an encouraging letter from their imagined self five years in the future to their present self. The eighth and final session was devoted to consolidating therapeutic gains and self-control skills, developing an individualized suicide safety plan, facilitating appropriate group termination, and administering the posttest assessments. Participants created a symbolic group sculpture representing shared strength and growth, presented their individualized safety roadmaps in dramatic form, reviewed their personal crisis-coping toolkits, participated in a structured farewell process, and were encouraged to review their safety cards regularly and maintain contact with appropriate mental health support resources whenever needed.

2.4. Data Analysis

Data were analyzed using descriptive and inferential statistical procedures. Descriptive statistics, including the mean and standard deviation, were calculated to summarize participants' scores on suicidal ideation, depression, and self-control at the pretest and posttest stages. To evaluate the effectiveness of drama therapy while statistically controlling for baseline differences, separate univariate analyses of covariance (ANCOVA) were conducted for the posttest scores of suicidal ideation, depression, and self-control, with the corresponding pretest score entered as the covariate and group membership entered as the independent variable. Prior to conducting ANCOVA, the relevant statistical assumptions were examined, including normality of the dependent variables, homogeneity of error variances, linearity of the relationship between the covariate and dependent variable, independence of observations, and homogeneity of regression slopes across groups. Statistical significance was evaluated at an alpha level of .05. In addition to statistical significance, effect sizes were examined to determine the magnitude of the intervention effect on each dependent variable.

3. Findings and Results

In this section, the research questions were addressed based on statistical analyses. First, Table 1 presents the descriptive indices for each of the study variables.

Table 1

Descriptive Statistics for the Experimental and Control Groups at the Two Measurement Time Points

Variable	Group	Time Point	Mean	Standard Deviation	Minimum	Maximum	Skewness	Kurtosis
Suicidal ideation	Drama therapy	Pretest	28.26	2.31	25	32	-1.44	1.04
		Posttest	23.26	2.18	20	27	-1.09	1.90
	Control	Pretest	28.33	2.63	25	33	0.37	-0.15
		Posttest	28.66	3.54	22	34	-1.29	1.60
Depression	Drama therapy	Pretest	40.33	2.30	35	45	-0.79	-1.02
		Posttest	29.66	4.22	20	37	0.80	-0.17
	Control	Pretest	40.26	3.53	36	49	0.34	-0.58
		Posttest	39.66	5.09	28	50	-1.05	0.40
Self-control	Drama therapy	Pretest	28.13	5.13	21	39	1.01	0.55
		Posttest	39.80	6.17	34	57	1.08	0.71
	Control	Pretest	28.80	4.56	21	36	0.69	0.60
		Posttest	28.53	5.20	24	42	1.05	

Table 1 presents the mean and standard deviation values for the variables examined in the present study across the experimental and control groups at the pretest and posttest measurement points. It should be noted that skewness and kurtosis values within the range of ±1.96 indicate that the data distributions were approximately normal.

To examine the effectiveness of drama therapy on suicidal ideation, depression, and self-control, separate univariate analyses of covariance were conducted. The test of homogeneity of regression slopes for suicidal ideation, $F = 1.36$, $p = .53$; depression, $F = 0.09$, $p = .75$; and self-control, $F = 0.04$, $p = .84$, indicated that this assumption was satisfied and that the regression slopes relating pretest and

posttest scores were equal across the two groups. In addition, Levene's test for suicidal ideation, $F = 2.13$, $p < .05$; depression, $F = 0.93$, $p < .05$; and self-control, $F = 0.06$, $p < .05$, indicated that the assumption of homogeneity of variances was met for the study variables. The results of the univariate analyses of covariance are presented in Table 2.

Table 2

Results of Univariate Analysis of Covariance for Between-Group Effects on the Study Variables

Variable	Source of Variation	*F*	*p*	Effect Size
Suicidal ideation	Pretest	0.62	< .001	0.22
	Group	24.81	< .001	0.48
Depression	Pretest	84.95	< .001	0.14
	Group	755.01	< .001	0.60
Self-control	Pretest	39.24	< .001	0.09
	Group	975.22	< .001	0.71

Table 2 shows that, after controlling for the effect of pretest scores, drama therapy-based intervention had a statistically significant effect on all variables examined in the present study, resulting in reduced suicidal ideation and depression scores and increased self-control scores at posttest in the experimental group ($p < .001$). The effect size values further indicated that 48%, 60%, and 71% of the variance in posttest suicidal ideation, depression, and self-control, respectively, could be explained by participation in the intervention.

4. Discussion

The present study investigated the effectiveness of drama therapy in reducing suicidal ideation and depression and improving self-control among adolescents with suicidal ideation. The findings demonstrated that, after controlling for pretest scores, participants who received the drama therapy intervention showed significantly lower levels of suicidal ideation and depression and significantly higher levels of self-control compared with adolescents in the control group. The reported effect sizes further indicated that the intervention accounted for a substantial proportion of the posttest variance in suicidal ideation, depression, and self-control. These findings suggest that drama therapy may represent a developmentally appropriate and clinically meaningful intervention for adolescents experiencing suicide-related cognitions, particularly because it simultaneously addresses emotional distress, maladaptive cognitive patterns, interpersonal difficulties, and deficiencies in behavioral self-regulation.

The first major finding indicated that drama therapy significantly reduced suicidal ideation among adolescents in the experimental group. This finding is consistent with the broader literature indicating that psychosocial and psychological interventions can reduce suicidal thoughts and behaviors among young people when they directly address emotional distress, coping deficits, interpersonal disconnection, and crisis-related vulnerabilities (Barker et al., 2025; Sim et al., 2025). Systematic evidence regarding preventive interventions for adolescent depression and suicidal tendency also supports the effectiveness of structured psychological programs in decreasing suicide-related risk factors and improving adaptive psychological functioning (Ghazal et al., 2025). Although drama therapy has been less frequently investigated as a direct treatment for suicidal ideation than other established psychotherapeutic approaches, the present findings suggest that its experiential and expressive components may influence several mechanisms involved in the emergence and persistence of suicidal thinking.

One possible explanation for the reduction in suicidal ideation is the capacity of drama therapy to externalize distressing thoughts and emotions. Adolescents experiencing suicidal ideation may perceive their thoughts as overwhelming, intrusive, and inseparable from their sense of identity. Drama-based techniques allow such internal experiences to be represented symbolically through characters, objects, movement, or enacted dialogue. This process may create psychological distance between the adolescent and the suicidal thought, making it possible to observe, question, and respond to the thought rather than experiencing it as an immediate command for action. The core techniques of psychodrama, including role reversal, doubling, mirroring, enactment, and symbolic representation, have been identified as mechanisms that facilitate emotional expression, insight, perspective taking, and restructuring of difficult experiences (Cruz et al., 2018). In the present intervention, externalizing the "voice of

JAYPS Adolescent and Youth Psychological Studies
E-ISSN: 2981-2526

hopelessness" and distinguishing between having a suicidal thought and acting upon it may have helped participants weaken the perceived inevitability and behavioral power of suicidal cognition.

The findings are also understandable within developmental models of adolescent suicidality. Adolescence is characterized by heightened emotional sensitivity, increased responsiveness to social evaluation, and continuing maturation of neural systems responsible for executive control and behavioral inhibition. Developmental research suggests that suicidal thoughts and behaviors may emerge through an interaction between intense affective experiences and still-developing capacities for cognitive and behavioral regulation (Lewis et al., 2026). Drama therapy may be particularly suitable for this developmental profile because it does not depend exclusively on abstract verbal reasoning. Instead, adolescents can rehearse alternative reactions, experience different roles, and experiment with responses in an embodied and emotionally salient context. Such experiential practice may facilitate learning at both cognitive and behavioral levels and may be especially helpful when suicidal ideation emerges rapidly under conditions of acute emotional distress.

Another mechanism that may account for decreased suicidal ideation is the interpersonal nature of group drama therapy. Suicidal thinking is frequently associated with feelings of isolation, perceived burdensomeness, hopelessness, shame, and inability to communicate distress. Qualitative accounts of suicide in individuals experiencing depression have shown that suicidal states are often associated with a profound sense of unbearable suffering and perceived inability to continue living under existing psychological conditions (Oliffe et al., 2012). Within group drama therapy, adolescents have opportunities to share experiences, receive feedback, observe the struggles of peers, and participate in collaborative emotional and symbolic activities. These processes may reduce perceived isolation and normalize the experience of distress without normalizing suicidal behavior. The relational environment may therefore contribute to rebuilding a sense of belonging, interpersonal connection, and perceived availability of support, all of which can reduce the intensity of suicidal cognition.

The second major finding showed that drama therapy significantly reduced depressive symptoms. This result is consistent with systematic and meta-analytic evidence demonstrating that drama-based therapies can improve a range of mental health outcomes (Orkibi et al., 2025). Previous reviews of drama therapy intervention research have similarly indicated beneficial effects on emotional well-being, psychological symptoms, self-expression, and interpersonal functioning (Feniger-Schaal & Orkibi, 2020). More specifically, recent evidence regarding psychodrama among children and adolescents suggests that such interventions may produce improvements in emotional symptoms and broader psychosocial functioning through processes involving role enactment, experiential learning, interpersonal feedback, and emotional expression (Berghs et al., 2025). The current findings therefore extend previous research by showing that these mechanisms may also be effective among adolescents with clinically significant suicidal ideation.

The reduction in depression may partly reflect the behavioral activation inherent in drama therapy. Depression is commonly characterized by withdrawal, reduced motivation, decreased engagement with rewarding activities, psychomotor slowing, restricted emotional expression, and repetitive negative thinking. In contrast, drama therapy requires active participation, movement, imagination, spontaneous interaction, role engagement, and communication with others. Such activities may interrupt patterns of passivity and withdrawal and increase behavioral involvement in meaningful experiences. Evidence from theatre-based interventions suggests that active participation in theatrical and dramatic activities can improve mental health outcomes through social engagement, emotional expression, creativity, and increased sense of agency (Bayliss et al., 2026). Similarly, systematic evidence regarding arts-based interventions among children and adolescents indicates that creative therapeutic approaches can significantly reduce depressive symptoms (Zhang et al., 2025). These findings support the interpretation that active dramatic participation may counteract several behavioral and emotional processes that maintain depression.

Drama therapy may also reduce depression through emotional processing and symbolic expression. Adolescents with depression often have difficulty identifying, tolerating, or communicating painful emotions. Suppressed anger, sadness, helplessness, and shame may be experienced as undifferentiated psychological distress. The intervention in the present study included body awareness, guided breathing, dramatic movement, pantomime, symbolic enactment, and emotionally focused role work, all of which may have helped participants identify and express internal emotional states in a safe and structured manner. The broader drama therapy literature indicates that dramatic

techniques provide multiple modes of expression and can promote psychological change even when direct verbal expression is difficult (Feniger-Schaal & Orkibi, 2020; Orkibi et al., 2025). This is particularly important during adolescence, when emotional experiences may be intense but the vocabulary and reflective capacities needed to describe them may still be developing.

The use of future-oriented enactment may also have contributed to decreased depression. Hopelessness is a central psychological feature connecting depression with suicidal ideation, and adolescents with severe depressive symptoms may perceive the future as permanently negative or inaccessible. In the present intervention, participants enacted future versions of themselves, imagined successful passage through crises, and constructed future-oriented narratives emphasizing survival, competence, and personal goals. Such techniques may have challenged rigid beliefs that present suffering would continue indefinitely. Evidence concerning drama therapy and other arts-based therapies suggests that symbolic and imaginative processes can support meaning-making, self-exploration, and reconstruction of personal narratives (Bayliss et al., 2026; Zhang et al., 2025). Furthermore, drama therapy has demonstrated effectiveness in reducing depressive symptoms and improving quality of life in other populations, suggesting that its effects on mood may be associated with enhanced emotional expression, social participation, and subjective meaning (Sharkiya, 2026).

The third major finding indicated that drama therapy significantly increased self-control. This result is particularly important because self-control represents a central protective capacity in adolescents experiencing suicidal ideation. Self-control involves the ability to regulate impulses, delay immediate responses, tolerate distress, inhibit maladaptive behavior, and select actions consistent with longer-term goals. Research has shown that self-control is associated with a wide range of adaptive behavioral and academic outcomes, whereas lower self-control is associated with dysregulated and problematic behavior (Alipour et al., 2023). In the context of suicidal ideation, self-control may become especially important during acute crises when intense emotional states create strong pressure for rapid action.

The current finding is consistent with research identifying impulsivity and insufficient behavioral inhibition as significant correlates of suicide-related outcomes. Meta-analytic evidence based on the UPPS model has shown meaningful relationships between dimensions of impulsivity and suicidal ideation and attempts (Bruno et al., 2023). Similarly, studies directly examining self-control and impulsivity in relation to suicidal ideation and suicide attempts have demonstrated that poor regulatory capacity may increase vulnerability to suicide-related behavior, particularly under emotional strain (Martin et al., 2023). The present findings therefore suggest that drama therapy may not only reduce emotional symptoms but also strengthen a psychological resource that may help adolescents interrupt the progression from suicidal thought to impulsive behavior.

Several components of the intervention could explain the improvement in self-control. The “move–freeze” exercises, deliberate pauses before responding, enactment of conflict situations, and role-playing of the “impulse” versus the “inner observer” transformed self-control from an abstract concept into an observable and repeatable behavioral sequence. Rehearsing interruption of impulsive action in a safe therapeutic setting may strengthen adolescents' awareness of bodily and emotional warning signals and increase the perceived possibility of delaying action during real-life crises. This interpretation is supported by previous evidence showing that coping-skills training can increase self-control and reduce depression among adolescents at risk of suicide (Keliat et al., 2015). It is also compatible with network evidence indicating close associations between impulsivity and depressive symptoms in adolescents and young adults (Liu et al., 2024). If depression and impulsivity reinforce one another, an intervention that simultaneously reduces emotional distress and improves inhibitory capacity may produce mutually reinforcing therapeutic benefits.

The findings regarding self-control are also consistent with longitudinal research showing that self-control may mediate pathways from emotional and behavioral risk factors to suicidal outcomes. Evidence suggests that negative emotional states can undermine self-control, which may then contribute to self-injurious and suicidal behaviors (Yang et al., 2024). By strengthening the ability to pause, observe, and choose among alternative responses, drama therapy may weaken this pathway. The intervention also required participants to generate alternative behaviors for moments of crisis, construct individualized safety strategies, and rehearse adaptive responses. These components are clinically relevant because improved self-control is most protective when it is connected to concrete alternative behaviors that can be implemented under stress.

The simultaneous improvement observed across suicidal ideation, depression, and self-control is theoretically important because these variables are interrelated rather than

JAYPS Adolescent and Youth Psychological Studies
E-ISSN: 2981-2526

independent. Depression may increase hopelessness and cognitive constriction; impaired self-control may reduce the ability to resist harmful urges; and suicidal ideation may become more persistent when emotional distress and behavioral dysregulation occur together. Contemporary research emphasizes the interconnected nature of depressive symptoms, impulsivity, and suicide-related vulnerability (Liu et al., 2024; Martin et al., 2023). Drama therapy may therefore be effective because it operates across several domains simultaneously. Emotional expression may reduce depressive burden, role reversal may increase cognitive flexibility, group interaction may reduce isolation, enactment may strengthen problem solving, and freeze-based techniques may enhance inhibitory control.

The findings also align with the growing evidence supporting drama-based therapy as a multimodal mental health intervention. Systematic reviews and meta-analyses have reported positive effects of drama-based therapies across controlled studies and diverse clinical outcomes (Orkibi et al., 2025). Drama-based interventions have also shown benefits for mental health and well-being during periods of heightened social stress, including the COVID-19 and post-pandemic periods (Jiang et al., 2023). Furthermore, drama-based therapeutic programs have been used in populations characterized by emotion regulation and behavioral control difficulties, such as individuals with addictive disorders (Krupa & Balogh-Pécsi, 2024). Although these populations differ from adolescents with suicidal ideation, the findings collectively suggest that drama-based interventions may influence transdiagnostic mechanisms such as emotional awareness, behavioral regulation, interpersonal engagement, and adaptive coping.

5. Conclusion

Taken together, the present findings support the conceptualization of drama therapy as a potentially valuable complementary intervention for adolescents with suicidal ideation. Its effectiveness may arise from the integration of symbolic distancing, emotional expression, social interaction, role experimentation, future-oriented meaning-making, and behavioral rehearsal. These mechanisms are particularly relevant to adolescents, whose psychological difficulties often involve both intense affective states and developing regulatory capacities. The intervention may therefore help adolescents move from passive experience of distress toward active observation, expression, reinterpretation, and management of their internal experiences. Given the strong developmental and public health significance of adolescent mental health difficulties (World Health, 2024), and the continuing need for effective youth suicide-prevention approaches (Barker et al., 2025; Ghazal et al., 2025; Sim et al., 2025), drama therapy warrants further empirical attention as part of comprehensive psychological services for at-risk adolescents.

6. Limitations & Suggestions

The present study had several limitations that should be considered when interpreting the findings. First, the sample consisted of only 30 adolescents from Ahvaz, which limits the statistical generalizability of the results to adolescents from other regions, cultural backgrounds, socioeconomic groups, or clinical populations. Second, purposive sampling was used during the initial recruitment process, which may have introduced selection bias despite subsequent random assignment to the intervention and control groups. Third, the study relied primarily on self-report measures to assess suicidal ideation, depression, and self-control; therefore, responses may have been influenced by social desirability, response bias, limited self-awareness, or reluctance to disclose sensitive experiences. Fourth, the study employed only pretest and posttest assessments and did not include a follow-up evaluation, making it impossible to determine whether the observed improvements were maintained over time. Fifth, the control group was a waiting-list group rather than an active treatment comparison condition, so nonspecific therapeutic factors such as attention, group cohesion, therapist contact, and expectancy effects cannot be fully separated from the specific effects of drama therapy. Finally, given the sensitivity of suicide-related research, changes in participants' family, school, or social environments during the intervention period may also have influenced the outcomes but were not systematically controlled.

Future studies should replicate the present investigation with larger and more heterogeneous samples recruited from multiple schools, counseling centers, and clinical settings in different geographical regions. Randomized controlled trials with sufficient statistical power would provide stronger evidence regarding the effectiveness of drama therapy for adolescents with suicidal ideation. Researchers are also encouraged to include active comparison groups receiving established psychological interventions in order to determine whether drama therapy produces effects beyond

JAYPS Adolescent and Youth Psychological Studies E-ISSN: 2981-2526

nonspecific therapeutic attention and group participation. Longitudinal follow-up assessments at several time points, such as three, six, and twelve months after intervention, would help clarify the durability of treatment effects. Future studies should also incorporate multimethod assessment, including clinician-rated measures, parent or teacher reports where appropriate, behavioral indicators of self-regulation, and structured suicide-risk assessments. Examination of mediating variables such as hopelessness, emotion regulation, perceived burdensomeness, social connectedness, psychological flexibility, and self-efficacy could clarify the mechanisms through which drama therapy reduces suicide-related risk. It would also be valuable to investigate whether factors such as age, gender, baseline symptom severity, family support, trauma history, or previous self-harm moderate treatment response.

The findings suggest that drama therapy can be considered as a complementary intervention within school counseling services, adolescent mental health centers, and multidisciplinary suicide-prevention programs. Practitioners working with adolescents who experience suicidal ideation may benefit from integrating structured dramatic techniques such as role reversal, symbolic externalization, freeze-frame exercises, future-self enactment, empty-chair work, and behavioral rehearsal into broader evidence-informed treatment plans. Because adolescents at suicide risk require careful monitoring, drama therapy should be delivered by appropriately trained mental health professionals within a clear risk-management framework that includes ongoing suicide assessment, individualized safety planning, involvement of parents or caregivers when clinically appropriate, and access to emergency psychiatric services when acute risk is identified. The group format may also be particularly useful for reducing isolation and strengthening interpersonal connection, provided that confidentiality, psychological safety, and crisis procedures are carefully established. In practice, drama therapy should be regarded as one component of comprehensive care rather than a substitute for psychiatric evaluation, medication when clinically indicated, family intervention, or other necessary mental health services.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contributed to this article.

References

Alipour, F., Abolfazl, F., Ahrari, E. a.-D., & Mosleh, S. G. (2023). The Structural Relationship between Self-Control and Academic Dishonesty: The Mediating Role of Academic Procrastination. *Research in School and Virtual Learning*, *11*(1), 25-28.

Barker, L., Wang, S. S., Huda, M. N., John, J. R., Wu, W. T., Lin, P. I. D., & Eapen, V. (2025). Community-Based Mental Health Interventions for Reducing Youth Suicidal Thoughts and Behaviours: A Systematic Review and Meta-Analysis. *BMC psychiatry*, *25*(1), 1041. https://doi.org/10.1186/s12888-025-07527-3

Bayliss, L. T., Kelly, A., Krishnamoorthy, S., Lam, M., Hassall, L., & Kolves, K. (2026). Impact of Theatre Interventions on Mental Health: A Systematic Literature Review and Meta-Analysis. *Journal of Epidemiology and Community Health*, *80*(4), 251-258. https://doi.org/10.1136/jech-2025-224637

Berghs, M., Henquet, C., Vissers, C., & Van Hooren, S. (2025). Psychodrama for Children and Adolescents: A Systematic Review of Therapeutic Effects, Changes and Underlying Processes. *Children and Youth Services Review*, 108733. https://doi.org/10.1016/j.childyouth.2025.108733

Bruno, S., Anconetani, G., Rogier, G., Del Casale, A., Pompili, M., & Velotti, P. (2023). Impulsivity Traits and Suicide Related Outcomes: A Systematic Review and Meta-Analysis Using the UPPS Model. *Journal of affective disorders*, *339*, 571-583. https://doi.org/10.1016/j.jad.2023.07.086

Cruz, R. F., Sales, C. M., & Alves, P. P. (2018). The Core Techniques of Psychodrama: A Systematic Review of Clinical Studies. *The Arts in Psychotherapy*, *60*, 42-52. https://doi.org/10.3389/fpsyg.2018.01263

JAYPS Adolescent and Youth Psychological Studies E-ISSN: 2981-2526

Feniger-Schaal, R., & Orkibi, H. (2020). Integrative Systematic Review of Drama Therapy Intervention Research. *Psychology of Aesthetics, Creativity, and the Arts*, *14*(1), 68. https://doi.org/10.1037/aca0000257

Ghazal, L., Cui, N., Fenglin, C., Froelicher, E. S., & Shimbrer, M. S. (2025). Effectiveness of Preventive Interventions on Adolescents' Depression and Suicidal Tendency: A Systematic Review of Randomized Controlled Trials. *Frontiers in psychology*, *16*, 1356816. https://doi.org/10.3389/fpsyg.2025.1356816

Jiang, L., Alizadeh, F., & Cui, W. (2023). Effectiveness of Drama-Based Intervention in Improving Mental Health and Well-Being: A Systematic Review and Meta-Analysis during the COVID-19 Pandemic and Post-Pandemic Period. *Healthcare*, *11*(6), 839. https://doi.org/10.3390/healthcare11060839

Keliat, B. A., Tololiu, T. A., Daulima, N. H. C., & Erawati, E. (2015). The Influence of the Training of Coping Skills for Stress on Self-Control and Intensity of Depression among Adolescents with Suicide Risk. *International Journal of Advanced Nursing Studies*, *4*(2), 110. https://doi.org/10.14419/ijans.v4i2.4928

Krupa, M., & Balogh-Pécsi, A. (2024). Drama-Based Therapy Program in the Recovery of Adults with Addictive Disorders. *European Psychiatry*, *67*(S1), S416-S416. https://doi.org/10.1192/j.eurpsy.2024.859

Lewis, C. P., Klimes-Dougan, B., Croarkin, P. E., & Cullen, K. R. (2026). Understanding the Emergence of Suicidal Thoughts and Behaviors in Adolescence from a Brain and Behavioral Developmental Perspective. *Neuropsychopharmacology*, *51*(1), 259-272. https://doi.org/10.1038/s41386-025-02168-2

Liu, C., Rotaru, K., Wang, Z., Li, K., Cui, L. B., Li, J., & Ren, L. (2024). Examining Network Structure of Impulsivity and Depression in Adolescents and Young Adults: A Two-Sample Study. *Journal of affective disorders*, *362*, 54-61. https://doi.org/10.1016/j.jad.2024.06.073

Martin, A., Oehlman, M., Hawgood, J., & O'Gorman, J. (2023). The Role of Impulsivity and Self-Control in Suicidal Ideation and Suicide Attempt. *International journal of environmental research and public health*, *20*(6), 5012. https://doi.org/10.3390/ijerph20065012

Oliffe, J. L., Ogrodniczuk, J. S., Bottorff, J. L., Johnson, J. L., & Hoyak, K. (2012). "You Feel Like You Can't Live Anymore": Suicide from the Perspectives of Canadian Men Who Experience Depression. *Social Science & Medicine*, *74*(4), 506-514. https://doi.org/10.1016/j.socscimed.2010.03.057

Orkibi, H., Keisari, S., Sajnani, N. L., & de Witte, M. (2025). Effectiveness of Drama-Based Therapies on Mental Health Outcomes: A Systematic Review and Meta-Analysis of Controlled Studies. *Psychology of Aesthetics, Creativity, and the Arts*, *19*(4), 878. https://doi.org/10.1037/aca0000582

Sharkiya, S. H. (2026). The Effect of Drama Therapy on Depressive Symptoms and Quality of Life Among Older Adults in Residential Care Facilities. *Counselling and Psychotherapy Research*, *26*(2), e70148. https://doi.org/10.1002/capr.70148

Sim, L., Wang, Z., & Croarkin, P. E. (2025). *Management of Suicidal Thoughts and Behaviors in Youth: A Systematic Review*. https://www.ncbi.nlm.nih.gov/books/NBK618334/

World Health, O. (2024). Mental Health of Adolescents. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

Yang, Q., Xie, R., Wang, D., Li, J., Zhang, R., Li, W., & Ding, W. (2024). How to Survive the Long Night? Longitudinal Relationship between Sleep Problems and Suicidal Behavior among Adolescents: The Serial Mediating Roles of Negative Emotion, Self-Control, and Nonsuicidal Self-Injury. *Suicide and Life-Threatening Behavior*, *54*(2), 349-360. https://doi.org/10.1111/sltb.13046

Zhang, B., Yang, L., Sun, W., Xu, P., Ma, H., & Abdullah, A. B. (2025). The Effect of the Art Therapy Interventions to Alleviate Depression Symptoms among Children and Adolescents: A Systematic Review and Meta-Analysis. *Clinics*, *80*, 100683. https://doi.org/10.1016/j.clinsp.2025.100683

JAYPS Adolescent and Youth Psychological Studies
E-ISSN: 2981-2526