# PSYCHODRAMA FOR TEENAGE ANXIETY

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***Abstract:*** *Anxiety and bullying are significant risk factors for adolescents' emotional and social development, with negative effects such as low self-esteem, maladaptive interpersonal relationships and difficulties in school adaptation. Repeated exposure to bullying-type behaviours, with the intensification of anxiety symptoms, causes social avoidance, hypervigilance and difficulties in emotional regulation. The use of psychodrama, with an emphasis on the drawing technique as an expressive and projective tool, as a therapeutic intervention in reducing anxiety associated with bullying in adolescents facilitates the exploration of emotions and internal conflicts through action and symbolization, activating spontaneity and creativity. Also, the integration of drawing allows the externalization of difficult experiences in a non-verbal, accessible and safe manner for adolescents. The present study shows how these were applied in the case of 4 adolescents and what the impact was on their lives.*

***Keywords:*** *adolescents, bullying, anxiety, psychodrama, drawing, dream drawing*

## 1. ANXIETY

Anxiety is a psychological state of restlessness, diffuse fear and persistent worry, often without a real imminent danger. This represents a defence reaction of the body (fight-or-flight response) to stress, manifested by physical symptoms such as palpitations, sweating, and muscle tension. When it becomes pathological, it interferes with daily activities. It is a fear related to a future threat, be it real or imaginary [1]. In stressful situations, the appearance of anxiety is normal, but it becomes pathological when it is intense, unjustified and persistent. The cognitive and emotional components of anxiety are catastrophic thoughts, worry, nervousness, and agitation, while the physical symptoms includes: palpitations, sweating, digestive disorders, muscle tension [1].

According to the DSM-5-TR, anxiety disorders in adolescents are characterized by excessive, persistent fear or worries (at least 6 months) that cause significant impairment or distress. The anxiety disorders that we can list are the generalized anxiety disorder, defined by excessive, uncontrollable worry about school performance, social competence, and health, the social anxiety, describing a marked fear of social situations, humiliation, or control, leading to avoidance of school or parties, the separation anxiety disorder, characterised by persistent worry about the loss of attachment figures, leading to school refusal, specific phobia, defined as intense fear of specific objects or situations, and, in adolescents, the panic disorder, described by recurrent, unexpected panic attacks [2]. Adolescents often report irritability, tension, fatigue, and sleep disturbances, refusal to go to school, poor grades, and over-preparation for tasks due to anxiety. The difference between younger children and adolescents focuses on competence and social performance rather than separation from parents [2].

## 2. BULLYING AND ANXIETY

Bullying is an aggressive, intentional and repeated behaviour, characterized by an imbalance of power between the aggressor and the victim, which causes physical or emotional suffering. We can include in its forms of manifestations the following: hitting (physical harassment), verbal bullying (nicknames, humiliation), social bullying (exclusion) or cyberbullying [3].

Bullying influences anxiety in a profound and direct way, acting as a chronic stressor, which can trigger or amplify states of anxiety in children, adolescents and adults. The impact is emotional and physical, influencing healthy development and daily functioning. The effects can be: the development of generalized anxiety, social anxiety and isolation, post-traumatic stress, performance anxiety and low self-esteem [4]. Recurrent bullying predicted new symptoms of anxiety or depression in 9th grade, and the association between bullying and anxiety was stronger for girls than for boys. A study from the United Kingdom found increases in anxiety both immediately and six months after the bullying event, making the temporal link appear more robust than a single cross-sectional association. These studies did not prove causality, but they provided a temporal order to the relationship [5].

Significant associations were also found between peer bullying and subsequent changes in internalizing problems, as well as the reverse, as anxious adolescents may be drawn into a vicious cycle of subsequent bullying [6]. Relational marginalisation was associated with generalised anxiety disorder, social phobia, and anxiety features, while verbal aggression was related to generalised anxiety disorder and anxiety features [7]. Peer aggression was related to anxiety through greater sensitivity to ambiguous social threat, and covert bullying mattered more than overt bullying [8]. In 2025, a daily diary study extended the same mechanism to everyday life, demonstrating a greater anxiety effect on days of aggression and same-day mediation by sensitivity to social threats [9].

## 3. PSYCHODRAMA

From Moreno's perspective, psychodrama is a therapeutic method based on spontaneity, creativity, and relational encounter, originating from theatre and designed to help individuals dramatize and solve personal problems through action rather than analysis [10]. Moreno, a Romanian-American psychiatrist, founded psychodrama in Vienna in 1911, explicitly rejecting Freud's analytical approach, stating that it would "give them the courage to dream again," rather than just analysing dreams [11]. Norbert Apter (2003) characterizes Moreno's view of the human being as fundamentally relational, with spontaneity and creativity as pillars for the actualization of interactions and internalized roles [12]. Rozei Telias provides a comprehensive theoretical analysis that integrates Moreno's personality theory with psychodrama in philosophical, developmental, and therapeutic dimensions [13]. Psychodrama operates in a “transitional space” that allows for creative freedom [14], its therapeutic mechanisms including introspection, abreaction, and behavioural training [15]. Denise do Amaral Camossa and Norma Silvia Trindade Lima (2011), emphasize Moreno’s emphasis on social networks and dimensions of collective health [16].

Drawing in psychodrama is an artistic, supplementary technique used alongside the basic action methods of the theory, especially dramatization, role reversal, doubling, and mirroring.

In the analysis, drawing appears among the less used techniques, reported in approximately 10 to 20% of interventions, which suggests that it is not essential for psychodrama, but can enrich the process by offering participants another way to express experience [17]. The main value of drawing in psychodrama is that it helps to externalise feelings, images, and interpersonal themes before they are staged. Since psychodrama is built around action and dramatisation, drawing can serve as an entry point into the protagonist's inner world, facilitating the identification of conflicts and their exploration through role-play[17]. In practice, drawing can support psychodrama by slowing down the process, making emotions visible, and giving form to material that may be difficult to say directly. Systematic analysis suggests that these artistic techniques are part of the broader psychodramatic toolkit, even though most published interventions still rely primarily on classical acting techniques [17].

## 4. DREAM DRAWING

Dream Drawing is a projective and expressive method born in the late 1970s in Buenos Aires, at the meeting point between psychodrama, depth psychology, surrealism and the visual arts. It is presented as a result of the work carried out by Maria Grazia Dal Porto, Alberto Bermolen and Abel Luis Raggio, and this context makes the technique useful for accessing unconscious material in group psychodrama [18].

The main theoretical premise of dream drawing is surrealist: the aim is not to reproduce external reality, but to let inner reality surface through automatic, less controlled graphic expression. Automatic drawing weakens rational control and allows dreams, intuitions and deep psychic contents to surface in images, rather than in direct verbal explanations [18].

From a psychodramatic perspective, these images are not treated as decorative symbols, but as living expressions of partial inner selves, of roles and counter-roles. When staged, they can produce a kind of psychodramatic “exorcism,” that is, catharsis and reintegration, as the protagonist can encounter, externalise, and transform those internal parts into action [18]. Spontaneity and creativity are necessary for change. In Moreno’s terms, the method helps break rigid cultural patterns, restore spontaneity, and “continue dreaming,” so that the person can move toward new ways of being, rather than remaining trapped in fixed roles, as cited in [18].

It also draws heavily on Kandinsky's visual theory. It treats the page as an active symbolic space, where the upper and lower areas carry different tensions and where lines, shapes and colours have expressive value, but only as indicators, rather than as fixed meanings [18]. The theoretical context links the technique to surrealism, Moreno's psychodrama and Kandinsky's ideas about form, colour and spatial dynamics. The unconscious appears in automatic drawing; secondly, the drawing is explored through symbolic reading; thirdly, the psychodramatic action gives the symbols a personal meaning and transforms them into new roles and relationships. Universal symbolism is only a guide, while the real interpretation comes from the protagonist's own dramatic experience [18].

## 5. RESEARCH METHODOLOGY

The general objective of this study was to assess the effectiveness of using a psychodrama technique for adults to reduce anxiety in adolescents who were bullied at school.

The research questions were: 1. Can psychodrama intervention contribute to reducing maladaptive behaviours? And 2. Does the dream drawing technique reduce maladaptive behaviour?

This research is based on 4 case studies, each of which involved adolescents who were bullied in lower grades; in their psychotherapy, psychodrama and dream drawing were used as techniques.

*Case study no. 1.*

A, 16 years old, studies at a prestigious high school in Brasov. She came to therapy during the pandemic, the first sessions being online (she was in 10th grade). A. is an only child, she returned to Romania from Belgium when she was 12 years old. During general school she was bullied by her classmates, because she was tall and very thin. She failed to make friends. In the 8$^{th}$, grade she became a photo model, and in high school, she already had a "weapon", telling her classmates that she was a model, and then no one made fun of her anymore.

When she started therapy, it was very difficult for her to leave the house, to be in crowds, or places with many people, or to speak in front of the class. Physically, when she was anxious, she would blush with red spots very much in the neck area, having panic attacks.

One of the techniques used in therapy was drawing emotions (it was easy to do during the pandemic in online sessions). In this case, A drew a kind of fire, which was her anxiety, which was very present in her life. She was asked to imagine, if that drawing came to life, what it would say to her. A said from the role of anxiety that "I'm here to suffocate you".


**FIG. 1** Drawing of fear

After experiencing the role reversal, A. was asked to imagine what it would be like if there were no more anxiety at all. And she drew a rainbow. The rainbow had somehow shown her that there was hope and that things would change, that she could overcome anxiety. This drawing had become a kind of physical resource for her because, on stressful days at school, she would put it in her pencil case or pocket. While drawing, she felt in control, and she liked that she could visualise her fear in such a concrete way. By the second drawing, she felt liberated and happy.


**FIG. 2** If there were no fear

She was the valedictorian in the 12th grade, and she managed to give her speech in front of the school without her throat turning red. Although she admitted that she was emotional, she no longer had panic attacks, and her throat didn't turn red.

*Case study no. 2*

A teenager named A came to therapy in the 11th grade with very severe panic attacks, fear of leaving the house. She could not speak at all in front of the class, she had only one friend with whom she went out and with whom she often drank alcohol. Her relationship with her parents was difficult, they did not understand her symptoms, often telling her that she was lazy and that she did not care about anyone or anything. In primary and secondary school she was bullied by her classmates because she was overweight. At her request, she was moved from one school to another in the 6th grade, but another classmate moved too, who knew her past and told her new classmates, who in turn emotionally bullied her. By high school, she had lost weight, but her classmates told her that she was emo, because she no longer talked to them. She had a panic attack, in which she was shaking, and the teachers sent her to the school nurse, who said she was definitely on drugs.

In the first sessions, she could barely express herself; she spoke slowly and with very short answers. In one of the sessions, she was asked to draw her fear, as she wanted and how she felt it, without any pressure. She scribbled her fear in black paint on the sheet. When she finished drawing, she had a hard time identifying emotions, but she said that "it seems better, but I don't see the point because what I feel doesn't disappear anyway." She couldn't imagine what her anxiety would say to her, but instead she identified the area of her chest where she felt this emotion most intensely.

The therapist asked her to take the sheet of paper and tear it. After tearing the sheet with great force, she was asked to say how she felt. She felt liberated. Then the therapist asked her to draw what she would put in place of anxiety, if it were no longer there; she said that she would put courage and confidence. She gave them shape. Finally, the therapist asked her to imagine that those shapes, coming to life, what they would say to her. And these would tell A that she could face the challenges, that she is very brave, and that she has a lot of strength.

At the end of the sessions, A expressed that the fact that she had materialised her fear helped her understand that she could control her anxiety. And she also carries that drawing with her on stressful days. It's as if she knows that there is an external resource there that will give her the courage to face the challenges.

*Case study no. 3:*

C (18 years old), was brought to therapy by his parents because he was incarcerated for drug trafficking. He underwent a complex clinical evaluation to find out what was "behind" his drug use.

From the interviews with C and the test results, it emerged that he was very anxious. He did not feel well in his own shoes; although he was a high-performance athlete until the age of 18, he no longer wanted to compete or do anything related to the sport he practised. He wanted to play football, but his parents did not agree, as they were the teenager's coaches.

From the discussions with C, it emerged that in primary and secondary school he was bullied because he was overweight. Although he performed well in school and in sports, his classmates still mocked him. After the age of 12, he started using drugs and from 16 he started selling them. He confessed that his parents "used to make him lose weight, because he was fat and looked ugly". Now that he is 18 years old, he admitted that it was difficult for him not to remember what happened, and even though he seems sociable, it is difficult for him to trust people, that there are times when he feels like he will not be able to cope with situations at school and in his circle of friends. C confessed that he feels anxious almost all the time, that he feels safest in his room, smoking.

During a session, the therapist asked him to draw a frame on a sheet of paper and write as many letters as possible "f" in the frame, from smoking and from fear. Then he was asked to connect the letters together, as he felt it. He drew a knife, which cuts the letter F, a boulder and an upside-down snowman. He was asked to give it a title, and he chose "Abstract". Then he was asked to draw a free drawing, on another sheet of paper. He started from the idea of a tree, from which he eventually outlined a woman's face. He named it "Random". Later, this woman tells him, "If you want me, you will quit smoking". C said after he finished drawing that there was a woman in his life he liked, but she didn't notice him because she smoked weed.

In the first drawing, in the family area, a circle with 4 lines appears, which he says is a stone. There are 4 of them in the family. The stone is "glued" to the knife that cuts the letter F, and the snowman is also glued to the knife. He interpreted that if he smoked more, he would melt like a snowman.

After this session, 2 weeks later, C confessed that he smoked a lot, less, that he doesn't feel so anxious, he signed up to play football regularly, because he really likes this sport. Even if he doesn't perform well, he wants to go play and be with the boys who don't use drugs.

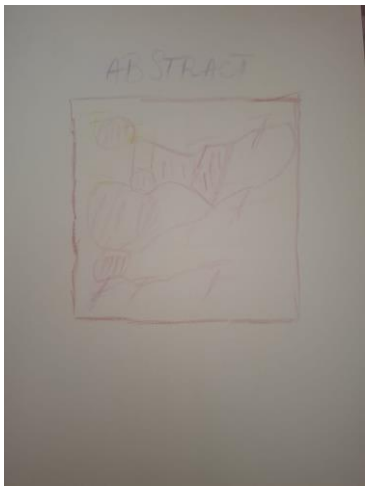


**FIG. 3**: drawing of the automatism

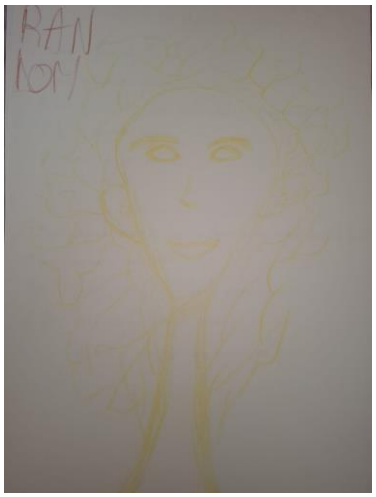


**FIG. 4**: Drawing of the woman

*Case study no. 4:*

A 17-year-old teenager, a high-performance athlete, was brought to therapy by his parents because he is very impulsive and nervous, and no longer does things he used to do, and especially no longer wants to do the sport he practices. His parents are coaches, and they want him to continue playing sports because they know he is talented. Until the SarsCov2 pandemic, he would go to Cluj for a week and Brasov for a week to train. At the age of 9, he won the National Championship, together with his teammate. But after this success, which he describes as "it came quite easily, although my parents forced me to go to Cluj once every 2 weeks, they didn't ask me what I wanted", at the age of 10. After winning the Championship, he no longer wanted to continue with the sports dance but wanted to play basketball. However, his parents did not allow him to change the sport. Meanwhile, at school it was starting to get harder and harder for him, because his classmates were bullying him for being fat. For 2 years he was bullied every day, saying about that period "the worst period of my life". Because of this event, he does not like people. Since then he has been facing sleep disorders, and it is difficult to make friends with people.

In his case, the automatism method was also used. The therapist asked him to draw a frame, inside which he could draw many letters A for anxiety. He drew, and then connected the letters together. He found some abstract drawings, these were parts of him such as: fear, courage, school, sports. He identified with his courage, and understood that in order to cope with school he would have to have courage and play sports. He realized that he could also sneak in the sport that he likes, namely basketball, not just the one he practiced. The second drawing was a landscape, with a sun and the sea, which told him to relax and that everything was under his control.

After this session, he had a discussion with his parents in which he mentioned that he would still play sports dance until he was 18 and then he would quit. He started playing more basketball and felt less anxious after that session.

## 7. DISCUSSION

In all 4 cases, the teenagers were brought in because they could not cope with social situations and especially did not feel good at school.

All four were bullied about their physique, which for a child aged 10-14 is very difficult to integrate. The self-image is distorted, and they dissociate from themselves.

All said that drawing makes them feel in control. In theory, Moretto [18] claims that automatism helps a person to bring from the subconscious to the conscious, contents that can help them improve their life or the conflicts they have. Regarding the two girls who drew their fear, they later expressed that it helped them see they could "understand" their fear and visualise it in a way that did not seem so big or "dangerous". Adolescents need to see that, amid all the social, hormonal, and school changes, they can manage their emotions.

The two athletes experienced these drawings differently, being different from the first ones, here the automatism helped them to bring inner conflicts to the surface. C says that drugs help him, and that he wants to be able to control them, but in reality what he draws is exactly the knife that cuts the "F"s, that is, cuts smoking. At the end, he told the therapist, as a defence mechanism, that he could have drawn it differently. The other teenager was surprised by his courage when he went to tell his parents he would no longer practice . He started sleeping better after that session, he started going where he liked, not just where he was forced to.

The refuge in drugs and alcohol shows that they needed a "support" to help them relax. The first teenager found refuge in writing, where she felt safe expressing everything in a diary. C said that she felt safe and accepted by others when she was drugged, because then she did not feel that she was being judged (although reality showed her exactly the opposite).

Role inversion is a specific technique of psychodrama in which the participant takes the role of that emotion (she can also take the role of other people, or elements of nature, etc.), imagines herself as that emotion, and "talks" to the therapist from that role. This helps participants gain a clearer, broader vision of reality and themselves.

Drawing emotions and role-playing with them helps participants understand their emotions, identify them in their bodies, and, at the same time, feel certain they control everything they feel. No teenager can imagine taking the role of their own emotions, and when they manage to overcome their resistance, feel safe, and enter the role of the emotion, they will automatically know the emotion better when it appears, especially why it appears. Drawing is a good tool because it cannot be controlled beyond a certain point. And drawing is innate in us, which helps the participant to overcome their defence mechanisms and allow them to see themselves, even for a few minutes, authentically.

## 8. CONCLUSIONS

The general objective, to evaluate the effectiveness of using a psychodrama technique for adults to reduce anxiety in adolescents who were bullied at school, was achieved. The 4 adolescents expressed that drawing helped them clarify or control their anxiety. To find resources to be able to make changes in their lives, C started to do sports and to reduce smoking marijuana, C set limits for her parents by telling them that she no longer wanted to do sports. She started to go out with more people. A managed to speak in front of a large audience, having the "magic resource" with her.

Regarding the research questions: *Can psychodrama intervention contribute to reducing maladaptive behaviours?*, the answer is affirmative, because all adolescents started to make changes after facing their fear in one way or another. Some saw that they could control their fear, others saw that drawing with the automatism technique brought back into focus "what they need to change" for a more fulfilled life.

For the answer to the second question, *does the Dream Drawing technique reduce maladaptive behaviour?*, we can say that each of the adolescents had the need to feel in control, all of them having been bullied in the past and were anxious in the present.

Drawing clearly is a way of expression that offers control and also a solution to problems. The fact that they could imagine what fear or the knife would say helped them see a new perspective on the same situation. With self-detachment, they had mental space to be able to find solutions to overcome their fears and deal with stressful situations.

No method is perfect or the best, so it is important for therapists to be guided by intuition when working with adolescents, to be creative and courageous, in order to be able to offer exactly what adolescents need. In terms of future research, the use of drawing and role reversals will continue on a larger scale, implicitly developing a technique that is friendly to today's adolescents.

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