

# Interactive Rituals: Empirical Research and Mechanism Analysis of Drama Therapy Intervention for Adolescent Depression

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**Abstract:** The detection rate of depression in the adolescent population is approximately 14.8%, with a lifetime prevalence rate as high as 17.1%. Drama therapy is a comprehensive art therapy form. Relevant studies have shown that drama therapy can enhance self-efficacy, improve the sense of social support, and has unique advantages in emotional healing and health intervention. Based on this, the author used drama therapy to intervene with a group of adolescents with mild depressive symptoms, documenting changes in their depressive emotions, self-efficacy, and sense of social support. This article attempts to discuss: Does drama therapy have a positive impact on adolescent depression? Through what mechanism is this influence achieved? Do self-efficacy and social support play a mediating role in this mechanism?

**Keywords:** Drama therapy; Interactive Rituals Chain; Depression

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## 1. Introduction

The detection rate of depression in the adolescent population is approximately 14.8%, with a lifetime prevalence rate as high as 17.1%. How to effectively intervene early to prevent the development of adolescent depression and enhance their self-efficacy and sense of social support, has become a hot topic in the global field of mental health medicine. Drama therapy is a comprehensive art therapy form that integrates elements such as drama performance, role-playing, and emotional expression. Relevant studies have shown that drama therapy can enhance self-efficacy, improve the sense of social support, and has unique advantages in emotional healing and health intervention.

Currently, there is limited research in China on the application of drama therapy for adolescent depression, and existing studies mostly focus on a “problem-treatment” approach, emphasizing technical elements and their application in services, while lacking analysis of interactive models and psychological mechanisms. American anthropologist Victor Turner pointed out: “Drama and ritual often coexist.” The author believes that the effectiveness of drama therapy not only depends on technical staging and activities but also on the “interactive rituals” mechanisms such as “shared personal energy” and “group symbol construction” during the service process. Exploring individual transformations and group effects in the drama therapy process through the theory of “Interactive Rituals Chain” may provide a new analytical perspective for understanding the effectiveness of drama therapy competitions.

Based on this, the author used drama therapy to intervene with a group of adolescents exhibiting mild depressive symptoms, documenting changes in their depressive emotions, self-efficacy, and sense of social support. This article attempts to discuss: Does drama therapy have a positive impact on adolescent depression? Through what mechanism is this influence achieved? Do self-efficacy and social support play a mediating role in this mechanism?

## 2. Study Participants and Methods

## 2.1 Study Participants

Students from XX University and XX Middle School. Inclusion criteria: a. Adolescents aged 11-19 years old; b. Mild or above depressive symptoms indicated by the Self-Rating Depression Scale (SDS score  $\geq 53$ ); c. Understanding the operational procedures, able to communicate normally, willing to undergo depression-related assessments, and signing informed consent forms. Exclusion criteria: a. Patients with other severe or unstable mental disorders or physical illnesses; b. Those who have previously received or are currently undergoing any form of psychological or medical treatment.

## 2.2 Sample calculation

This study was a randomized controlled trial. According to the literature review, Hylton et al. published in 2019 in The Arts in Psychotherapy journal showed that art therapy, including drama therapy, effectively reduced adolescent depression scores by approximately 24%. Using MedCalc 20.014 software, assuming an average difference of 20% in depression scores between the intervention and control groups before and after the trial, a standard deviation of 30% for changes in scores in the intervention group, a standard deviation of 10% for changes in scores in the control group, a patient ratio of 1:1 setting the probability of Type I error  $\alpha$  as 0.05, the power of the test (1- $\beta$ ) as 80%, using a two-sided test, and with a total dropout rate of 20%, the calculated sample size required to meet the test power was 60 cases, with 30 cases the intervention group and 30 cases in the control group.

## 2.3 Interventions

The control group (Group A) received a mental health lecture, while the experimental group (Group B) received drama therapy intervention on top of the mental health lecture. The specific methods included: first, conducting in-depth interviews with the group members themselves, teachers, and parents to understand their emotional issues and needs. Then, designing activities based the members' problems and needs, including warm-up games, script creation and rewriting, designing dramatic scenes, role-playing and role reversal, and celebrating the conclusion of the activities. Finally, members provided feedback and shared their experiences, with a mental health counselor evaluating their performance on activity sheets and providing appropriate rewards based on summary comments.

## 3. Results

### 3.1 Independent sample t-test

Sixty adolescents were included in this experiment. The participants were divided into two groups: the experimental group (n=30) who participated in drama therapy and the control group (n=30) who did not participate. The SDS scores were measured for each group. The data indicated that the mean SDS score for the experimental group (M=45.21, SD=1.21) was significantly lower than the mean SDS score for the control group (M=31.23, SD=4.52), with  $t(58)=3.26$ ,  $p<.01$ , MD=8.76, 95% CI [12.244, 15.718].

Table 1. Results of independent sample t-test

Independent Sample T-Test for SDS between groups									
	Levin's variance equality test		Mean equal t-test						
	F	Significant	t	Degree of freedom	Sig.(two-sided) Lower	Mean difference Upper	Standard error difference	95% confidence interval for difference	
Assume equal variance	2.179	.143	3.262	58	.002	8.74537	.868	12.244	15.718
Equal variances are not assumed			3.262	34.526	.002	8.74537	.842	12.270	15.692

### 3.2 Mediating effect

Using PROCESS (Model 4) to calculate the mediating effects through each path, the total mediating effect was found to be 0.66. The mediating effect of "drama therapy-self-efficacy-SDS score" was 0.30 (12.66%), and the mediating effect of "drama therapy-social support-SDS score" was 0.36 (15.19%). The 95% confidence intervals for all these paths did not include zero, indicating statistical significance. Therefore, it can be concluded that social support and self-efficacy play parallel mediating roles in the relationship between drama therapy and SDS scores, with self-efficacy having a greater

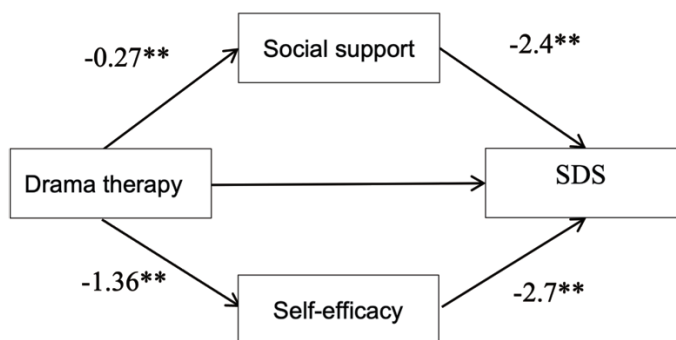


Figure 1. Mediation effect pathway diagram. \*: The correlation was significant. at the 0.05 level (two-tailed). \*\*: The correlation was significant. at the 0.01 level (two-tailed).

effect than social support.

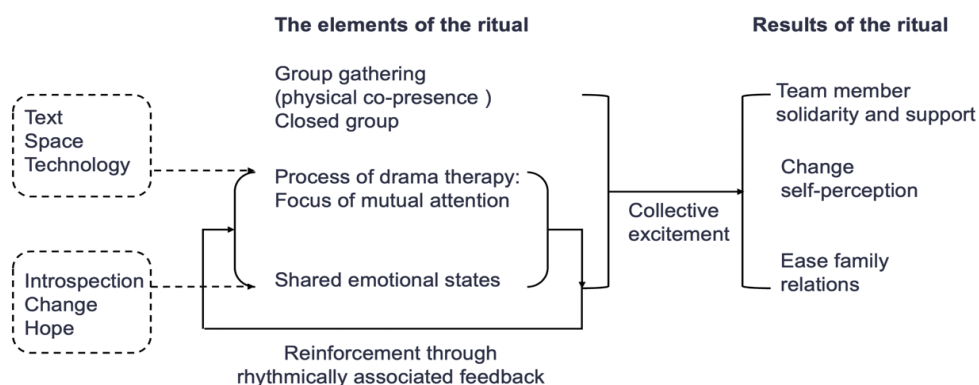
Table 2. Mediating effect

Path	Effect	Boost SE	95%CI	Percentage (%)
Total	2.37	0.13	2.12 ~ 2.65	100.00
Direct effect: drama therapy SDS score	1.72	0.14	1.43 ~ 2.01	72.58
Indirect effect 1: drama therapy-social support SDS score	0.30	0.10	0.14 ~ 0.52	12.66
Indirect effect 2: drama therapy-self-efficacy SDS score	0.36	0.11	0.17 ~ 0.61	15.19

## 4. Discussion

This study combines drama therapy with interactive ritual chains, analyzes the psychological and social mechanisms in the intervention process of adolescent depressive emotions based on the empirical effectiveness of drama therapy, and provides methodological summaries, aiming to offer references for the practical application and theoretical thinking of drama therapy.

From a process perspective, the author believes that drama therapy shares similarities with the interactive ritual theory, where therapeutic elements such as focusing guidance, emotional sharing, group support, cognitive transformation, and the components, ritual processes, and co-created outcomes of the Collins interactive ritual model have some inherent connections.



## 5. Conclusions

In conclusion, the results of the study with sixty adolescents demonstrate that drama therapy significantly reduces depressive symptoms, as evidenced by lower SDS scores in the experimental group compared to the control group. The mediating effects analysis reveals that self-efficacy and social support play significant roles in the relationship between drama therapy and SDS scores, with self-efficacy having a greater impact. These findings highlight the importance of considering both self-efficacy and social support mechanisms in the effectiveness of drama therapy for alleviating depressive symptoms in adolescents.

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