Digitized Dramatherapy as a Mental Health Service During COVID-19 Pandemic Period in Sri Lanka

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ABSTRACT

COVID-19 pandemic situation compelled dramatherapists to identify a novel mode of practicing dramatherapy, since social distancing was a strict policy, in Sri Lanka. To minimize the risk of coronavirus threat, both the dramatherapist and the client had to remove themselves from the conventional dramatherapy room, and resort to a safe space in virtual reality, to conduct therapy. The alternative means for the practice were digital platforms, such as WhatsApp, Skype, Imo, and Botim. This study aimed to answer the following research question: How effective is dramatherapy, as a digitized practice, during COVID-19 period, in Sri Lanka? As a convenient sample, a number of five clients who received dramatherapy assistance through digital platforms were selected for this study. They presented mental health difficulties related to work stress, anger, separation anxiety, fear of losing the job, and anxiety attacks. Their consent was obtained to utilize data arising from post-intervention semi-structured interviews, to answer the research question. Qualitative data was analyzed thematically, and four super-ordinate themes emerged in the analysis, namely, digital containment, digital platform for interaction, creativity in a digital space, and recovery of an independent agent. During the COVID-19 period, the client could utilize a digital platform as a meeting place with the dramatherapist, and form interaction to enhance social engagement. Digital platforms supported space for client's creativity, improving self-confidence, encouraging self-expression, and motivating towards creative resolution of emotional difficulties. Ethical concerns emerged, as digital platforms do not guarantee the security of data and privacy of the clients. Despite these limitations, digitizing the practice of dramatherapy was beneficial for the clients to emerge from their psychological and emotional difficulties, during the COVID-19 period.

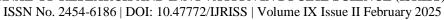**Keywords:** COVID-19, Mental Health, Dramatherapy, Virtual Reality, Sri Lanka

PANDEMIC AND THE DRAMATHERAPIST

COVID-19 in Sri Lanka

The coronavirus pandemic represents a novel global crisis, with knowledge and understanding continuously evolving. Additionally, the dissemination of inconsistent information from political leaders, healthcare professionals, organizational authorities, and social networks has contributed to widespread uncertainty. This lack of clear and reliable information exacerbates anxiety, as individuals experience a diminished sense of control and struggle to discern credible sources of knowledge. The uncertainty surrounding the future further intensifies psychological distress, as individuals seek stability and a coherent framework through which to anticipate and navigate the challenges of the coming days, weeks, and months (Kashdan, 2010).

The imposition of curfew to contain the COVID-19 pandemic in Sri Lanka restricted routine movement of people. Curfew measures affected the mental health service providers, and in particular, the dramatherapists. Strict regulations on social distancing had a disruptive impact on the conventional practice of the dramatherapist. The traditional dramatherapy clinic became dysfunctional, discontinuing the dramatherapy sessions and making the clients helpless and distraught at this challenging time.

Remedial measures were crucial to remove the obstruction to the practice of dramatherapy. Under the current circumstances, it was vital to ensure the availability of dramatherapy as a mental health service. Hence, the dramatherapist was compelled to identify a novel space.

Adapting to Digital Platforms

During the COVID-19 pandemic, mental health practitioners globally, including those in Sri Lanka, adapted to the use of digital platforms (DPs) to provide support for their clients (Kapoor et al., 2020; Chang et al., 2020). Similarly, dramatherapists in Sri Lanka were compelled to transition to this alternative mode of practice. The rapid shift to virtual modalities has demonstrated the capacity of both clinicians and patients to adjust to tele-psychotherapy; however, this transition has not been without its challenges and the lessons it has imparted (Shi & Jing, 2022).

Psychosocial Stressors and Mental Health Outcomes

The COVID-19 pandemic created a context necessitating large-scale psychosocial support for individuals experiencing diverse mental health challenges (Dubey et al., 2020). Financial and vocational uncertainty, along with concerns regarding personal health, family, and friends, emerged as immediate mental health consequences. Additionally, an increase in adjustment difficulties and anxiety-related issues contributed to the rising demand for mental health services. Beyond concerns related to illness, disruptions such as school closures and self-quarantine measures exacerbated psychological distress. Furthermore, individuals with no prior history of mental health conditions faced an elevated risk of developing new psychological disorders (ibid).

In Sri Lanka, sensationalized media reporting on COVID-19 intensified public anxiety and a sense of helplessness, and "This led to the formation of harmful stereotypes and increased stigma" (Perera & Suraweera, 2020). The imposition of curfews, which restricted individuals' right to free movement, further contributed to psychological distress. Prolonged confinement within households heightened frustrations among family members, leading to interpersonal conflicts and concerns over an increase in domestic violence (ibid). Additionally, healthcare workers, who were engaged in continuous duty throughout the pandemic, experienced significant psychological distress due to their professional responsibilities and the ethical dilemmas they encountered. The emotional toll of their actions—or inactions—often resulted in feelings of shame, guilt, and disgust (ibid).

Dramatherapy as a Potential Intervention

Dramatherapy, as a therapeutic intervention, has the potential to provide significant psychological benefits for individuals experiencing distress related to the COVID-19 pandemic. However, there is a paucity of research in Sri Lanka investigating the efficacy of digitized dramatherapy in addressing pandemic-induced mental health challenges. Therefore, this study aims to bridge this research gap by examining the effectiveness of digitized dramatherapy in alleviating mental health concerns during the COVID-19 pandemic in Sri Lanka.

Global Perspectives on Digitizing Dramatherapy

During the COVID pandemic, digitizing dramatherapy has become a necessary turn to maintain the therapeutic relationship, overcoming the difficulties and obstacles of social distancing and quarantine (Schubert, 2022). "A therapy based on proximity, on the interpersonal relationship, on bodily interaction, is now asked to adjust in a different space, a 'space – no place', in digital reality, where the image that is being transmitted changes into digits and is being recreated until it arrives to its recipient" (Schubert, 2022).

A recent study (Atsmon & Pendzik, 2020) surveyed the use of digital media in clinical dramatherapy situations, interviewing 'well-established' dramatherapists from different geographical locations of the globe. They focused on three questions: what practitioners use, how they use it, and what their experience is. As the investigators state, the study did not intend to provide a 'cohesive theory' about digitizing dramatherapy but 'offered a preliminary overview of existing practices,' which can guide practitioners in utilizing a variety of resources, experiences, and techniques to upgrade their practice. Speaking of developing a virtual space for dramatherapy, these investigators state that dramatherapists are "still in a 'foreign land'" (ibid).

This recent investigation (ibid) cautions dramatherapists through a very thoughtful statement: "While practitioners are experimenting with different things, trying to orient themselves and see 'what works,' there has yet to emerge a more methodical or comprehensive approach for dealing with the challenges posed by digital resources." They say, "the uncharted territory of digital resources in clinical drama therapy is mostly explored individually and haphazardly [...] we may wonder to what extent drama therapists are currently able to play with these resources and what can help support their capacity to play in this new world."

Enhanced Client Agency and Personal Space

Globally, dramatherapists have investigated the pros and cons of digitized dramatherapy, and it has been said that digitized dramatherapy "broadens the therapeutic space to living rooms, bedrooms, and other private areas. Its mode brings freshness to psychological feelings, stimulates the desire to perform tasks, and improves the mind's perception of the environment" (Atsmon et al., 2022). "We are now showing our most intimate privacy. . . where we live. The body expands far beyond the skin, which is no longer our only external cover but the whole place is" (ibid).

Online dramatherapy has been positively viewed since it allows people to participate who otherwise would not have the opportunity, either because of geographical reasons (living in another city or country) or for health reasons, physical or mental (Sajnani, 2020). This allows clients to take on more responsibility in the therapeutic process, helping them—wherever possible—to guard boundaries related to confidentiality or privacy (to make sure they are alone in the room or house, claiming their own space and time) (Schubert, 2022). Simultaneously, digitized dramatherapy brings personal material into the therapy session, as clients choose among their personal items whenever asked to use miniatures, objects, or costumes; items already loaded with personal memories, feelings, and stories. The presence of clients in their personal space enhances the feeling of safety and allows in-depth sharing, as they feel more secure not only because of the physical distance but also due to the safety their environment grants them (Regula, 2020).

Their understanding has helped dramatherapists treat the digital space as a 'studio,' which is a "fantastic, liminal space, partly on the web, partly in the private space of the client and the therapist" (Schubert, 2022). From an ethical point of view, "In this space, the visualization by the therapist and the group members of what is being created needs to happen with the client's consent—even more intensely than in in-person drama therapy, since they are asked to show it on camera or take a photo of it and send it via e-mail or other applications" (ibid).

Privacy and Safety Concerns

One of the primary limitations of digitized dramatherapy is the issue of privacy and safety within personal spaces. Clients may feel restricted in their ability to express themselves or fully participate in therapeutic actions if confidentiality is compromised or if they fear being overheard by others in their household (Wood et al., 2020). Additionally, the virtual format eliminates the transitional period before and after sessions, which is often integral to the therapeutic process. The absence of full-body interaction—not only as a visual image but also as an embodied experience—presents another challenge (Regula, 2020). To compensate for this limitation, digitized dramatherapy requires the development of new games and exercises that actively incorporate bodily engagement (Schubert, 2022).

Another critical concern is the level of technological familiarity among both therapists and clients, which significantly influences the flow of the session. Depending on their comfort with digital platforms, the experience may either facilitate engagement or contribute to heightened anxiety (Wood et al., 2020; Schubert, 2022).

The existing literature highlights both the advantages and drawbacks of digitizing dramatherapy. However, research in this area remains in its early stages, with limited evidence-based studies examining the integration of digital applications within dramatherapy practice. Prior studies provide insights into the impact of digital adaptations of dramatherapy and serve as a foundation for the present study, which seeks to answer the

research question: How effective is dramatherapy as a digitized practice in addressing mental health concerns during the COVID-19 pandemic in Sri Lanka?

Activity Theory as a Lens for Digitized Dramatherapy

This study is grounded in Activity Theory, a sociocultural framework (Leontiev, 1978; Vygotsky, 1978) developed to view human activity as a dynamic, context-sensitive interaction between individuals, the tools they use, and the sociocultural environment in which they operate. Within this framework, human actions are not isolated; rather, they are shaped by the interplay between personal motivations, the tools available, and the broader cultural and social context. This lens is particularly relevant in examining digitized dramatherapy, where therapists and clients engage within digital environments, navigating both technological tools and evolving social dynamics.

Activity Theory provides a comprehensive framework for analyzing how digital tools—such as video conferencing platforms (e.g., Zoom, Google Meet) and collaborative online whiteboards (e.g., Miro, Google Jamboard)—mediate the therapeutic process (Lopez et al., 2020). These tools serve as intermediaries in the therapeutic interaction, enabling or constraining the communicative and expressive actions of both therapists and clients. By focusing on these interactions, Activity Theory allows for an exploration of how technology shapes the therapeutic space, and how DPs influence the flow of the therapeutic process in ways that differ from traditional, in-person modalities (ibid).

Further, the framework highlights the importance of individual factors in the therapeutic experience, including technological literacy, digital competence (Schubert, 2022), cultural background, and prior experience with online platforms. These personal and contextual factors shape how participants engage with the digital tools and contribute to the overall effectiveness of the therapy. Understanding these individual differences is crucial in a setting like digitized dramatherapy, where therapists must adapt to varying levels of comfort and proficiency with technology, especially in the wake of rapid digital transitions precipitated by the COVID-19 pandemic.

Activity Theory also takes into account broader sociocultural factors that influence the therapeutic process, such as access to technology, cultural attitudes toward mental health (Jorm, 2012), and prevailing social norms regarding online interaction. These factors create a specific sociocultural context in which digitized dramatherapy occurs, affecting both the availability of resources and the acceptance of online therapy practices. By examining how these diverse elements interact, this study aims to understand the factors that shape the effectiveness of digitized dramatherapy in Sri Lanka, with particular emphasis on how these elements were influenced by the COVID-19 pandemic.

METHODOLOGY

This study adopts a qualitative method to understand how participants construct subjective meanings and their interpretations of experiences (Creswell, 2018) while assisted through dramatherapy utilizing DPs. The lived experience of the participants will answer the following research question:

- How effective is dramatherapy, as a digitized practice, during the COVID-19 period, in Sri Lanka?

Participants

This qualitative study avoided purposive sampling, as the clients who received therapy on a DP during the COVID-19 period either resided in remote areas of the country or abroad, and most of them were not easily accessible during the post-COVID period to conduct this study. Hence, for the current investigation, the researcher resorted to convenience sampling, inviting those clients who are "readily available and willing to participate" (Etikan, Musa, & Alkassim, 2016).

The sample comprised of five clients (*n*=5) who received dramatherapy, utilizing DPs. They are treated as a single case for the purpose of this study.

The sample presented diverse difficulties, ranging from anger, anxiety attacks, separation anxiety, work stress, and fear of losing the job, resulting from COVID-19 pandemic.

These participants were Sri Lankans, and two of them were expatriates. Each participant attended ten sessions of dramatherapy, from their respective places of stay.

Table i. Demographic Data.

PARTICIPANT AGE	GENDER	MENTAL HEALTH CONCERNS	COUNTRY	DIGITAL TOOL	DIGITAL PLATFORM
43	Female	Work stress	Sri Lanka	Desktop	Skype
30	Male	Anger	Sri Lanka	Laptop	Skype
39	Female	Separation Anxiety	Sri Lanka	Tablet	WhatsApp
45	Male	Fear of losing the job	Europe	Smartphone	Imo
40	Female	Anxiety attacks	Middle East	iPad	Botim

Setting

The setting needs to be interpreted in two ways: DPs, such as, Skype, WhatsApp, Imo, and Botim; and the physical space occupied by the client to engage in dramatherapy, usually, a room, or a hall at their places of stay.

Data Collection

Qualitative data was collected through semi-structured interviews conducted with five participants. As a method, the use of semi-structured interviews quickly produces rich and detailed data sets, offering an accurate assessment of the impacts of events on an individual (Fallon, 2007).

Data Analysis

Data were analyzed using thematic analysis, a method for identifying, analyzing, and reporting patterns and themes within a dataset (Braun & Clarke, 2006). This method involves a systematic process of reviewing and organizing qualitative data to identify key themes that emerge from participants' experiences. Thematic analysis was chosen to capture the rich detail of participants' experiences with digitized dramatherapy and represent the diversity of their perspectives. Through this analysis, four superordinate themes were identified: *digital containment, digital platform for interaction, creativity in a digital space,* and *recovery of an independent agent.* The single case study design provides an opportunity for in-depth exploration of these themes, offering valuable insights into the unique challenges and opportunities presented by digitized dramatherapy during a pandemic.

Ethics

The therapist envisaged several ethical concerns, as the physical environs of the therapist and the client were always their residences. Privacy and confidentiality rights of the client need to be ensured, as family members of both sides may secretly listen to the sessions or cause interruptions. It was not very sure for the therapist regarding the security of personal data when utilizing a digital app. Also, if any recording happens without the knowledge of the therapist and the client, since virtual space can do so, that may violate the confidentiality of therapy sessions. Concerns were there on how technology is being used, with attention to possible misuses and client vulnerabilities (Alders et al., 2011). Creating a therapeutic environment in which client privacy, safety, and confidentiality exist is paramount when utilizing digital app technology.

RESULTS

Upon in-depth examination of data, four super-ordinate themes emerged, namely, *Digital Containment, Digital Platform for Interaction, Creativity in a Digital Space,* and *Recovery of an Independent Agent.* Data from semi-structured interviews is presented under each theme, to answer the research question.

Theme 1: Digital Containment

- "This place [Europe] is experiencing COVID-19, disastrously. I do not know whether I will lose my job. Most of my friends have lost their jobs, and are suffering. My anxiety is high. Meeting you [therapist] through Skype is a great relief. Why do I need to feel helpless, when my therapist is ready to meet me, and help me? Now I know that I am not alone."

- "I became very restless, and angry with this situation. I couldn't go out, to meet my friends. I was angry with everyone at home. I was anxious, and listening to TV made it worse. It was a great feeling I got, when online dramatherapy sessions were arranged. I was helpless, shouting at everyone. My wife was very upset over my behaviour. For the slightest thing I got angry. Opening WhatsApp video for the session made me feel very happy and settled. It was a great support to manage myself."

- "I couldn't imagine what would happen to me, if the sessions did not continue. I was scared that my parents will become victims, and I will lose them. Knowing that you [therapist] are available online is a great relief. I come for dramatherapy sessions with a lot of confidence."

- "I never thought dramatherapy is possible, in this way. I was wondering how to get this stress out. Office work has no limit, since we have to work from home. It's too much, and I cannot cope with such a heap of work. When I attend the dramatherapy sessions, I feel that I am in a different world."

- "Loneliness is killing me. I cannot manage my anxiety, if not for dramatherapy sessions. I am here [Middle East] to do a job. I have to look after my family in Sri Lanka. I find it very difficult to do office work, as I cannot focus, because of my anxiety attacks. Dramatherapy sessions help me to sustain my energy. The sessions give me hope."

Theme 2: Digital Platform for Interaction

- "I love to engage in dramatherapy activities. It is not just posing for the camera, but actively doing something, to make oneself happy. The webcam makes you [therapist] to look at me every time, when I come for dramatherapy sessions. That's an amazing experience. Interaction begins with the camera: smiles, laughter, discussions, and play. That is very relaxing. So, when we start movement work, mask work, or art work, they give such a nice feeling. I feel that belongingness, when we interact."

- "Working together, from two different places doesn't make much of a difference. I can see you, and hear your [therapist's] voice, and that interaction helps me to a lot. When you have that support from the therapist, it is always easy to continue with the activities, and manage myself. This meeting is for that purpose. One wants to see how the support comes from the therapist, to make that change, and to sustain it. During this time [COVID-19 period] we cannot go out, and to keep calm, this interaction matters a lot."

- "I was quite comfortable when I saw you [therapist], because I wanted to interact, and engage actively. I feel that we get closer with the camera. You become my audience, appreciating my activities. I was not alone. Camera is like a theatre window, from which you and I could see each other. We interact from our own locations. It is very encouraging, and creates a sense of belongingness. It makes the fears disappear."

- "When I see the therapist looking at me, from the camera, I feel that there is someone to interact. We need someone to communicate, and play. This interaction is very helpful. Being alone, in a foreign land is killing, at this time. I see the therapist as a guide, a teacher, and a listener."

- "I was able to look into your eyes, see your face, and also listen carefully to your responses. Having you there in the cam, build confidence in me. I wanted to see how you respond to my activities. So, the camera was zoomed in to your eyes, cheeks, forehead, and the whole facial expression. In the therapy room, I wouldn't have been able to have such a close look. This interaction is great, to get over loneliness."

Theme 3: Creativity in a Digital Space

- "My situation got cleared when I started using objects, to create my story. I could play with the objects, placing them in different ways. It was a kind of visual before me. More than talking, working silently with objects, helps one to go inside. There was silence, at times, during the sessions. I was engrossed in this activity. I can say that I had a chance of knowing where I am, and what has happened to me, during this pandemic time."

- "I like to do mask work. It helps in many ways. I was able to put my fears, and anger on to it. I was able to speak to my anger, using the mask. It was a kind of play, with myself. I felt free, and relieved. There was no restriction. I could say anything I wanted, to the mask. It was quite interesting when you [therapist] gave voice for the mask. Your voice came through the speakers, and the mask sounded alive. The mask turned into another supportive person. It was very encouraging."

- "Working through art, and mask work was a relief. They helped me to deal with my anxiety, during this pandemic time. I could also write stories. I became a good author, doing a cost-benefit analysis of my behaviour. I was able to write about the chaos I cause, and then reflect about my behaviour. It was fantastic the way you conducted a discussion on my story. It gave me insight to change. Calming myself was not easy, but my creative abilities made me to think positive, and change. One needs to boost up energy, to face the emotional challenges, during this pandemic time."

- "I think music and movement was very effective, to release my tension. I like imagination exercises, too. They took me to a different level. It was relaxing, and comfortable. That heaviness in me disappeared with movement work."

- "I became mindful, when I worked with movements, and art. When I got the whole body moving, it eased the tension. I could work through my emotions that way. Taking out what is inside me through movements made me relaxed. Whatever tension you may experience goes away when you deal with the body. Art is also like that. I love colours and shapes. These activities helped me to reflect on my strengths, and manage myself. One thing I didn't have was the energy to adapt to the current situation. Anxiety was very high, but now, with dramatherapy sessions, I feel the calmness in me."

Theme 4: Recovery of an Independent Agent

- "I had to think in a different way, while in dramatherapy. In online sessions, one has to take responsibility of one's emotions, and behaviours. The therapist's involvement is limited, due to being in two different locations. This thought made me strong, to cope with my stress. When you know that you have to take action, to resolve the problems, that changes your condition."

- "While working through the activities, I thought that I must mend my situation. I can't go on with my angry behaviour. I felt relaxed, after the therapy activities. I reflected on what was happening with me. I learnt that it was my own fears that made me angry. Gradually, I managed to emerge from my fears, calming myself. Now I don't show that anger at all. It was this current situation [pandemic] that caused me to behave angrily. Now, I should initiate action to make my life better, during coronavirus time."

- "It is important that you take charge of yourself. One cannot hide, or live in fears. There is no escape. That is what I learnt through the therapy activities. I learnt to build my coping strength, build confidence, and objectively assess my situation. That process helped me to reconcile with myself, and remove my anxiety, completely."

- "One has to be strong in whatever condition. Challenges are there in life, and when we think out of our comfort zones, we help us to return to normal. I did not think this was possible. But now I know that one has to encounter the challenges, in order to be stable as a person. I am not scared of losing my job now."

- "Making myself heal is the most important thing. We become vulnerable, because we don't trust ourselves. We build anxiety, and want live in it, as if it is the only thing we have. In these dramatherapy sessions, the biggest learning I made was to trust my own strengths and resources, to make a change in my life."

DISCUSSION

The primary research question for the study was: How effective is dramatherapy, as a digitized practice, during the COVID-19 period, in Sri Lanka? This study reveals that due to strict social distancing regulations in Sri Lanka during the COVID-19 pandemic, clients who sought dramatherapy assistance were compelled to utilize DPs as an alternative mode. It was a test for clients to adapt to the current conditions, making use of digital means to access their therapy facility. DPs provided a meeting space for both the dramatherapist and the client, and as the data reveals, it was a comfort for the clients. Human beings have the unique quality to adapt to varying situations (adaptability), or the ability to find alternative routes toward desired ends (Kashdan, 2010). Findings in this study confirm that DPs, as meeting spaces, reduced clients' helplessness and brought "great relief," increasing their hope. In fact, DPs ensured undisrupted social engagement despite strict social distancing regulations in the country.

Social life was a pressing need for clients during the pandemic period. Their anxiety caused the urgency to establish social connectivity with the therapist to overcome their distress. Hence, entry to a DP was considered admittance to a social discourse. It encouraged communication and active participation, eradicating the client's sense of isolation.

DPs were constructive spaces to enhance the therapeutic alliance between the client and the dramatherapist. The data disclose that DPs act as a pathway for clients to build rapport with the dramatherapist, trust them, and receive their assistance. Previous literature elaborates on the therapeutic relationship as composed of shared goals, agreement with tasks, and the development of a bond (Schore et al., 2020).

Results in this study reveal that DPs facilitated human interaction through "smiles, laughter, discussions, and play." According to a participant, *"the camera was like a theatre window"* through which she could interact with the therapist. Another client stated that the webcam helped him get very close to the therapist: *"I was able to look into your eyes, see your face, and also listen carefully to your responses,"* said a client who was keen on overcoming her loneliness. Direct eye contact between therapist and client and the ability to view the therapist's facial expressions are fundamental aspects of human communication, interaction, and mentalization (Khalid et al., 2016).

It was crucial for clients during the COVID-19 period to establish social interaction and manage their restlessness. Interaction motivates clients and fosters a strong sense of belongingness. *"We need someone to communicate,"* emphasized a client. Human beings have the desire to be social, interactive, and feel a sense of belonging to a community (Over, 2016). The space opened through DPs to interact significantly supported clients in sharing their experiences and improving emotion regulation.

Human interaction enhances social acceptance, increases clients' sense of security, and improves their self-esteem. The data confirm that due to interaction with the dramatherapist, clients were able to deal with their

psychological difficulties and feel "happy and relaxed." More importantly, the interaction with the dramatherapist helped clients recognize their fears, accept them, and respond to them objectively.

DPs supported clients in mastering creativity and focusing their energies on creating. Creativity refers to the growing self-awareness of the client through creating something meaningful to them (Ralston, 2018). In dramatherapy, creative action involves stimulating embodied experiences. Mask work, movement work, storytelling, use of objects, role play, scene work, and art helped clients be mindful of the present moment and develop a sense of purpose for their living during the COVID-19 period. This present-moment awareness is a powerful therapeutic tool, "promoting personal change and self-reflectiveness" (Riva et al., 2007).

Dramatherapy activities were emotional outlets that enabled clients to feel relaxed. They were therapeutic in assuaging the anxiety and stress resulting from COVID-19 and fostering resiliency. The creative processes lifted the spirit and moved people's emotions toward spirited action. Creativity could alleviate the stress inflicted by the COVID-19 pandemic, soothing the autonomic nervous system. Creative activities encouraged self-exploration, enhanced self-awareness, and increased motivation for recovery.

Creative processes supported clients in accessing inner resources, increasing their psychological flexibility to live with present conditions. Psychological flexibility is the ability to adapt to a variety of situational demands, which is useful for living a meaningful life (Wersebe et al., 2018). It was an important mechanism of change during online dramatherapy interventions, reflecting how clients adapt to fluctuating situational demands, reconfigure mental resources, shift perspectives, and balance competing desires, needs, and life domains.

DPs placed little hindrance on clients' ability to move to a "dramatic reality" (Pendzik, 2006) while engaged in creative activities. Indeed, the digital space offers the creator a unique space between fantasy and reality while being creative and playful, setting the ground for a conducive environment for therapy (Hacmun et al., 2018). Clients could play with colors, shapes, objects, stories, masks, movement, characters, metaphors, and symbols to engage in a process that enhances their capacity for self-reflection and self-regulation.

Disabling the traditional therapy room due to curfew created a significant status for the client to assume responsibility for redesigning recovery strategies. *"The biggest learning I made was to trust my own strengths and resources to make a change in my life,"* said a client. Trust in oneself was important for recovery. Another person mentioned the urgency to initiate action toward recovery: *"I should initiate action to make my life better during this pandemic time."* These narratives are explicit about the client's sense of responsibility toward caring for oneself at a time of emergency to emerge from difficulties.

In fact, it is understood that the current COVID-19 conditions have positioned the client as an "independent agent," whose responsibility is to re-evaluate one's innate strengths and attitudes toward healing. Findings in this study show several positive factors that impacted the client's attitude toward recovery: knowing that the dramatherapist functions from a distant location; knowing that one has to initiate action to make life better; learning not to hide or escape, and objectively assessing one's situation; thinking beyond comfort zones to encounter challenges; and trusting one's inner resources and strengths to make a change. These factors led to two vital behavioral goals: *"willingness"* and *"commitment"* toward healing oneself.

Recovery is a process in which the client has to move toward specific behavioral goals through a series of stages. In this process, the above two goals have contributed to developing a sense of responsibility toward self-care and resilience. *"It is important that you take charge of yourself…There is no escape,"* commented a client, underscoring the personal contribution toward reducing stress and ultimately rejuvenating oneself. The ultimate goal of therapy is to receive healing, and as a client mentioned, *"This meeting is for that purpose…, to make that change, and to sustain it."*

Digitizing the practice of dramatherapy was effective in several ways: DPs contained the clients; ensured social interaction; engaged clients in creative work; and supported them toward recovery. Even though the COVID-19 period was very decisive in relation to its impact on people's psychology, conducting dramatherapy utilizing DPs was beneficial for clients in improving their symptoms.

LIMITATIONS

It should be mentioned that our study has several weaknesses. The sample of this study was limited to five people, and therefore, the results may not reflect adequate answers to the research question. There were limitations in implementing dramatherapy activities, due to technical difficulties, such as power failures, poor mobile phone signals, small screen size, background sounds, damaged, or poor quality head phones, and lack of in-person vibration. Also, the practitioner needs to improve competency in the use of digital media, enhance ability to adjust to new ways of conducting therapy, understand spatial limitations, identify appropriate dramatherapy tools, and decide on a virtual time limit for a session. More importantly, the dramatherapist will have to understand and master the art of holding the clinician-patient relationship, in a virtual space.

CONCLUSION

Digitizing dramatherapy practice showed that clients can be supported at a crisis situation, such as COVID -19, using online facilities. The clients feel comfortable when contained, digitally, despite the difficulties caused by social distancing. DPs created positive interaction between the therapist and client, enhancing self-confidence, and belongingness. Clients received space for creativity, as a means to explore their psychological and emotional difficulties. Recovery was possible as there was willingness, and commitment in clients, to make a positive shift in their psychological status. COVID-19 had caused immense stress in clients, since they were confined to their places of stay, however, digitizing dramatherapy helped in alleviating the anxieties, stress, and angry behaviour of clients, improving their coping abilities, and capacitating them towards self-regulation.

ABBREVIATIONS

DP	Digital platform

FUNDING

CONFLICT OF INTEREST

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