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Drama-Based Interventions for University Students' Mental Health and Healthy Relationship Development: An Applied Drama Perspective

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Abstract: University students face growing psychological and relational challenges, while many university programmes remain knowledge-centred and provide limited opportunities for practical communication and emotional learning. This conceptual paper develops a mechanism-oriented framework explaining how drama-based interventions may promote students' mental health and healthy relationship development. Recurring drama components are mapped onto experiential learning, social learning, embodied learning, and mechanism-of-change literature to derive five interconnected mechanisms: psychologically safe role experience, emotional expression and regulation, perspective-taking and empathic recognition, dialogic rehearsal and relational agency, and reflective integration and transfer. The framework links these mechanisms to expected psychological and relational outcomes and specifies conditions concerning curriculum design, facilitation, psychological safety, institutional support, and evaluation. Drama-based interventions are positioned as educational and preventive practices rather than psychotherapy.

Keywords: Applied drama; Drama-based intervention; University students; Mental health; Healthy relationships

1. Introduction

The university period represents an important stage of psychological and social development. As students move from relatively structured educational and family environments towards greater independence, they encounter new academic expectations, social roles, personal responsibilities, and decisions about their future. At the same time, many students are required to establish new friendships, adapt to unfamiliar communities, negotiate romantic or intimate relationships, and develop a more stable understanding of their own identities. These transitions can support maturity and personal growth, but they can also increase exposure to stress, uncertainty, loneliness, emotional conflict, and relational difficulties.

Mental health during the university years should not be understood solely as the absence of psychological disorders. It also involves the capacity to manage ordinary life pressures, recognise and regulate emotions, maintain meaningful relationships, use available support

resources, and participate constructively in educational and social life. The World Health Organization [1] defines mental health as a state of mental well-being that enables people to cope with life stresses, realise their abilities, learn and work effectively, and contribute to their communities. It also emphasises that positive social interaction, emotional skills, education, and strong community ties can function as protective factors for mental health.

For university students, mental health is closely connected with the quality of their relationships. Supportive peer networks, meaningful social connection, mutual recognition, and respectful communication may provide important psychological resources during periods of transition. In contrast, social exclusion, unresolved conflict, emotional manipulation, coercive behaviour, and uncertainty about personal boundaries may undermine students' psychological well-being. Mental health education and healthy relationship education should therefore not be treated as completely

separate areas. Emotional well-being affects how students enter and maintain relationships, while relationship experiences influence their sense of belonging, self-worth, security, and psychological functioning.

Healthy relationship development in this paper refers to the progressive development of the emotional, cognitive, interpersonal, and ethical capacities required to establish and maintain respectful, reciprocal, safe, and supportive relationships. It includes the ability to recognise one's own needs and emotions, understand the perspectives of others, communicate clearly, listen respectfully, negotiate boundaries, manage disagreement, recognise coercive or harmful behaviour, and seek assistance when necessary. Although healthy relationship development is relevant to romantic and intimate relationships, it also applies to friendships, peer groups, collaborative learning, residence communities, and other forms of social interaction within university life.

This broader understanding is consistent with contemporary approaches to relationship and sexuality education. UNESCO's international guidance [2] presents sexuality education as structured learning about relationships, health, rights, gender equality, communication, and responsible decision-making rather than as the transmission of biological information alone. It emphasises education that is positive, evidence-informed, developmentally appropriate, and centred on the well-being and dignity of young people. Such an approach creates an important conceptual connection between mental health promotion, social-emotional development, and healthy relationship education.

Despite growing institutional attention to student well-being, many university programmes continue to rely heavily on didactic instruction. Students may attend lectures about stress management, emotional health, communication, relationship safety, sexual health, or psychological help-seeking. These lectures can increase awareness and provide essential information, but knowing a principle is not the same as being able to apply it within an emotionally demanding situation. A student may understand that personal boundaries should be respected but remain unsure how to express a boundary clearly. Similarly, a student may know that a distressed friend should be supported but feel uncertain about what to say, when to listen, or when to recommend professional help.

Relational decisions rarely occur under neutral conditions. They emerge in situations involving pressure, conflicting expectations, emotional reactions, social norms, unequal power, and uncertainty about the intentions of others. Educational approaches that focus primarily on information may therefore have limited influence on students' behavioural readiness. Students need opportunities to encounter realistic dilemmas, observe relational consequences, practise alternative responses, and reflect on how their emotions and decisions affect themselves and others.

Applied drama provides a potentially valuable

pedagogical response to this limitation. Applied drama refers to the intentional use of dramatic processes in educational, community, social, and developmental contexts. It may involve role-play, process drama, improvisation, image theatre, forum theatre, storytelling, embodied activity, or collaborative performance. Unlike conventional theatre, the principal objective is not necessarily to produce a polished artistic performance for an external audience. Instead, dramatic activity is used to explore issues of personal and social significance through participation, dialogue, experimentation, and reflection.

Drama creates an "as-if" environment in which students can enter fictional roles and situations without being required to disclose personal experiences. The fictional frame allows participants to become emotionally and intellectually involved while maintaining a degree of psychological distance. Students can investigate conflict, loneliness, rejection, jealousy, controlling behaviour, emotional avoidance, consent, or help-seeking through a character rather than through direct self-disclosure. This combination of involvement and distance is particularly relevant when educational content is sensitive or emotionally complex.

Drama-based learning also moves beyond discussion by requiring participants to act within a situation. Students must interpret what is happening, respond to other characters, make decisions, and experience the consequences of their choices within the dramatic frame. They can subsequently pause, reconsider, exchange roles, or replay the situation using a different response. Through this process, abstract concepts such as empathy, emotional regulation, reciprocity, consent, social support, and constructive conflict management become observable and open to investigation.

Recent evidence sharpens both the promise of drama-based work and the limits of current knowledge. Systematic reviews and meta-analyses published since 2023 report beneficial mental health outcomes across heterogeneous drama-based, psychodramatic, and theatre interventions; however, much of the underlying evidence concerns clinical drama therapy or psychodrama, and several reviews identify substantial heterogeneity or risk-of-bias concerns [3–5]. These findings are therefore relevant adjacent evidence, but they do not by themselves establish the effectiveness of preventive applied drama in university curricula.

Evidence closer to educational practice is encouraging but still fragmented. Heard, Mutch, and Fitzgerald's review [6] found promise in participatory applied theatre for intimate partner violence prevention while emphasising the limited quantity and quality of studies. A 2024 critical review of arts-based nursing pedagogy identified creative drama as one of the strongest approaches for empathy development but called for more rigorous measures and comparative designs [7]. Recent controlled studies in higher education reported improvements in attitudes towards violence against women and mental health literacy [8,9], while a youth drama pilot and recent reviews of theatre-based professional education highlighted self-efficacy,

reflective practice, communication, relational learning, and professional values as plausible outcomes [10–12]. Taken together, the literature supports a mechanism-oriented educational model but does not yet demonstrate sustained transfer to students' everyday relationships or long-term mental health.

Two important research gaps can consequently be identified. First, the mental health and relationship outcomes of drama-based interventions are frequently discussed in separate bodies of literature, despite the close relationship between emotional well-being, social connection, interpersonal safety, and relationship quality. Second, many existing studies focus on whether an intervention produces positive outcomes but provide less explanation of the processes through which those outcomes are generated. Without a clear account of the mechanisms involved, it is difficult to determine which elements of a drama-based intervention are essential, how they should be implemented, or why similar programmes may produce different effects.

To address these gaps, this paper develops a mechanism-oriented conceptual framework explaining how drama-based interventions may contribute to university students' mental health and healthy relationship development. It examines three central questions: through what psychological and relational mechanisms can drama-based interventions promote university students' mental health; how can applied drama support the development of respectful, reciprocal, and safe relationships; and what pedagogical and ethical conditions should guide the design and implementation of such interventions in higher education?

The contribution of the paper is threefold. First, it integrates mental health promotion and healthy relationship development within a common applied drama framework. Second, it identifies specific mechanisms through which drama-based educational experiences may be translated into psychological and relational outcomes. Third, it connects these mechanisms with practical considerations concerning curriculum design, facilitation, psychological safety, institutional collaboration, and evaluation.

2. Methodology

2.1 Conceptual and Mechanism-Oriented Approach

This study adopts a theory-driven and mechanism-oriented conceptual methodology. It does not report findings from an experiment, questionnaire survey, or clinical intervention. Its purpose is to develop an explanatory framework showing how drama-based educational processes may activate psychological and relational mechanisms that contribute to university students' mental health and healthy relationship development.

A conceptual approach is appropriate because drama-based intervention is not a single standardised method. Programmes may use different combinations of role-play, improvisation, process drama, forum theatre,

image theatre, scripted performance, storytelling, or reflective dialogue. They may also differ substantially in duration, participant group, facilitation style, educational setting, and intended outcome. It would therefore be misleading to assume that every activity described as drama-based operates through the same process or produces the same result.

Rather than treating drama participation as a uniform intervention, the present analysis separates pedagogical components from internal mechanisms and developmental outcomes. Pedagogical components refer to what participants actually do, such as entering roles, responding to fictional conflicts, collaborating with others, replaying a situation, or reflecting on an enactment. Mechanisms refer to the psychological and relational processes activated through these activities. Outcomes refer to possible changes in emotional awareness, coping confidence, empathy, social connectedness, communication competence, relational agency, or mental well-being. This analytical distinction makes it possible to explain not merely whether drama-based intervention may be useful, but how and under what conditions its developmental effects may occur.

2.2 Conceptual Scope and Definitions

Drama-based intervention is defined in this study as a planned educational process that uses dramatic activity to promote specified psychological, interpersonal, or health-related learning outcomes. The term intervention is used in an educational rather than exclusively medical sense. It refers to an intentional effort to influence awareness, skills, attitudes, or behaviour through structured participation.

Applied drama is understood as the use of dramatic processes in educational and social contexts beyond the primary purpose of public performance. It places emphasis on participation, experience, dialogue, reflection, and the exploration of real-world concerns. Participants are not required to possess acting experience, and artistic excellence is not treated as the principal indicator of success.

Mental health is conceptualised as positive emotional, psychological, and social functioning, together with the ability to cope with stress, regulate emotional responses, maintain meaningful relationships, and access support when necessary. This definition does not deny the importance of mental disorders or clinical care. Rather, it reflects the educational and preventive orientation of the present framework by focusing on psychological resources that may be strengthened within university settings.

Healthy relationship development is defined as the development of the awareness, values, emotional capacities, and behavioural skills needed to participate in respectful, reciprocal, and safe relationships. It includes communication, listening, empathy, autonomy, trust, personal boundaries, consent, conflict management, recognition of harmful behaviour, and appropriate help-seeking. Healthy relationship development is not treated as the achievement of conflict-free relationships. Instead, it concerns the

ability to respond to difference and tension without coercion, humiliation, manipulation, or disregard for another person's dignity.

2.3 Literature Basis and Analytical Procedure

The framework is informed by research and theory concerning applied drama, positive mental health, social-emotional learning, healthy relationship education, interpersonal violence prevention, embodied learning, and reflective pedagogy. Four theoretical lenses were used to organise the synthesis: experiential learning, which explains cycles of enactment, reflection, conceptualisation, and renewed experimentation [13]; social learning, which explains modelling, observation, feedback, and self-efficacy within collaborative scenes [14]; embodied learning, which explains how gesture, posture, movement, voice, and spatial relations participate in meaning-making [15]; and mechanism-of-change research in the creative arts, which highlights embodiment, concretisation, symbolism, and relational processes while requiring careful separation of educational and clinical claims [16].

The mechanisms were derived through a three-stage iterative synthesis rather than selected as a generic list of expected benefits. First, recurring pedagogical components across drama practices were extracted: fictional framing, role adoption, embodied action, collaborative interaction, role exchange, narrative conflict, dialogic interruption, replay, feedback, derolling, and guided reflection. Second, each component was mapped onto the learning processes proposed by the four theoretical lenses. Third, overlapping processes were consolidated according to their primary developmental function: enabling engagement with sensitive material, organising affect, understanding other perspectives, rehearsing relational action, and integrating experience for transfer.

Through this procedure, five interconnected mechanisms were derived. Psychologically safe role experience captures how fictional distance and clear participation boundaries enable engagement with manageable challenge. Emotional expression and regulation captures how embodied action makes affect perceptible, nameable, and revisable. Perspective-taking and empathic recognition captures the movement between roles, viewpoints, and observed consequences. Dialogic rehearsal and relational agency captures modelling, feedback, repeated practice, and growing self-efficacy for communication, boundary setting, bystander action, and help-seeking. Reflective integration and transfer captures the conversion of enactment into articulated understanding and future-oriented strategies. The mechanisms are analytically distinct but temporally interdependent: safe engagement enables affective and social exploration; rehearsal generates experience; and reflection supports consolidation and transfer.

These mechanisms were then connected with practical conditions that may strengthen, weaken, or alter their operation, including facilitator competence,

participant readiness, voluntary engagement, group climate, cultural context, intervention duration, institutional support, and access to counselling or safeguarding services. The resulting framework is intended to support hypothesis development, intervention design, and empirical testing rather than to present the proposed relationships as established causal facts.

2.4 Educational and Clinical Boundaries

A central conceptual boundary concerns the distinction between applied drama and dramatherapy. Dramatherapy is a specialised therapeutic practice delivered within professional and clinical frameworks by appropriately trained practitioners. Applied drama in university education may promote emotional awareness, social connection, health literacy, coping confidence, and help-seeking, but it should not be represented as a treatment for diagnosed psychological disorders.

Drama educators should not diagnose participants, interpret their personal histories as clinical material, require disclosure of traumatic experiences, or attempt to replace psychologists, counsellors, doctors, or social workers. When a student experiences significant distress or discloses violence, abuse, self-harm risk, or another serious concern, the facilitator's role is to respond respectfully, maintain appropriate boundaries, and follow established institutional procedures for support and referral.

This distinction does not reduce the psychological value of applied drama. Instead, it clarifies the form of contribution that drama-based interventions can reasonably make. Their purpose is to create educational experiences that strengthen awareness, communication, relational understanding, and preventive capacity while remaining connected to professional systems of mental health care and safeguarding.

3. Theoretical Foundations of Drama-Based Intervention

3.1 Applied Drama as Experiential, Social, and Embodied Pedagogy

Applied drama is grounded in the principle that some forms of learning require active participation rather than verbal explanation alone. In conventional instruction, students may discuss emotions, relationships, boundaries, or social responsibility as abstract topics. Drama places these ideas within 'as-if' situations that require interpretation, decision-making, interaction, and response [17,18].

A dramatic situation constructs a temporary social world in which participants recognise character goals, interpret relationships, respond to unfolding events, and consider consequences. From an experiential learning perspective, enactment provides concrete experience; observation and debrief support reflective observation; conceptual discussion helps formulate principles; and replay permits active experimentation with revised responses [13]. This cycle explains why interruption,

reflection, and re-enactment are pedagogically consequential rather than optional additions to performance.

Embodied learning provides a second explanation. Interpersonal communication is produced not only through spoken language but also through tone, physical distance, gesture, facial expression, movement, silence, and timing. These bodily and spatial features are not merely illustrations of prior thought; they can shape attention, emotion, interpretation, and memory [15]. Drama allows students to perceive how attentiveness, avoidance, pressure, uncertainty, respect, or discomfort emerge through an interaction and to test how altered posture, timing, distance, or vocal quality changes its meaning.

Social learning theory adds the interpersonal process through which students acquire possible actions. Participants observe peers model communication, witness the consequences of different choices, receive feedback, and rehearse responses themselves. Successful or revised performance can build relational self-efficacy, while observing multiple models prevents the intervention from presenting a single scripted response as universally correct [14]. Collaborative drama therefore combines observational learning with participatory practice.

Applied drama is exploratory rather than exclusively demonstrative. A dramatic problem does not need to lead to one predetermined solution. Participants may pause a scene, investigate motivations, exchange roles, observe peers, or replay the situation using a different approach. These processes combine active experimentation, modelling, embodied feedback, and reflection, allowing participants to compare possible responses and recognise how small changes in communication may alter an interaction [13–15].

The educational value of applied drama therefore lies not simply in making a lesson more entertaining. It creates a structured sequence in which students encounter a situation, observe and model behaviour, act through the body, receive social feedback, revise action, and reflect on meaning. This integrated theoretical architecture provides the basis for the five mechanisms developed below.

3.2 Positive Mental Health and University Student Development

Positive mental health involves both feeling well and functioning effectively. It includes emotional well-being, psychological purpose, social participation, adaptive coping, and the ability to form meaningful relationships. Keyes' mental health continuum [19] distinguishes flourishing from the mere absence of mental illness and demonstrates that low positive mental health can represent an important form of difficulty even when a diagnosable disorder is not present.

This perspective is particularly relevant to higher education. Universities have responsibilities not only to identify crises or refer students for treatment but also to create environments that cultivate psychological

resources. Educational experiences can help students become more aware of their emotions, more confident in responding to difficulties, more connected to others, and more willing to access support. Such developmental outcomes do not replace clinical services, but they may contribute to prevention and early support [20,21].

Drama-based interventions may be relevant to positive mental health because they integrate emotion, cognition, creativity, agency, and social participation. Students can experience themselves as active contributors rather than passive recipients of mental health information. They may discover alternative ways of responding to pressure, recognise that others experience similar uncertainties, and practise asking for or offering support. These experiences may also support autonomy, competence, and relatedness, which are central to motivational accounts of well-being [22].

Nevertheless, participation in drama does not automatically improve mental health. An intervention that is poorly facilitated, emotionally unsafe, culturally inappropriate, or disconnected from support services may produce limited benefit and could cause discomfort. The psychological value of drama depends on how activities are framed, how participation is negotiated, and how experiences are processed.

3.3 Healthy Relationship Development as an Educational Process

Healthy relationships are often described using general terms such as trust, respect, communication, and care. Although these values are important, students also need opportunities to understand how they operate in specific situations. Respect may involve listening to a refusal, accepting another person's autonomy, communicating expectations honestly, or avoiding pressure when intentions differ. Trust may require consistency and openness, but it should not be confused with unrestricted access to another person's time, private information, digital accounts, or social relationships.

Healthy relationship development therefore involves both awareness and action. Students need to recognise their own emotions, values, expectations, and boundaries while also understanding that other people possess separate needs and rights. They must learn to communicate without assuming that others can automatically interpret their intentions. They must also develop the capacity to tolerate disagreement, disappointment, rejection, or uncertainty without responding through coercion, humiliation, withdrawal, or retaliation.

Relationships also involve power. Differences in status, confidence, experience, social support, or institutional position can influence whether a person feels able to express disagreement or withdraw consent. Healthy relationship education must therefore move beyond the ideal of polite communication and help students recognise how pressure, manipulation, dependency, and fear may shape interpersonal decisions.

Applied drama is relevant to this educational process because it allows relational dynamics to become visible.

A scene can show how a seemingly minor comment creates pressure, how silence may be interpreted differently by different characters, or how a bystander's response affects the safety of another person. By examining relationships in action, students can develop a more concrete understanding of reciprocity, autonomy, responsibility, and care.

3.4 Conceptual Compatibility between Applied Drama and Psychological-Relational Development

The compatibility between applied drama and psychological-relational development can be explained through the combined theoretical lenses outlined above. Experiential learning accounts for enactment, reflection, and replay; social learning accounts for modelling, feedback, and self-efficacy; embodied learning accounts for bodily and spatial meaning; and mechanism-of-change literature identifies distinctive roles for symbolism, concretisation, embodiment, and relational processes [13–16].

Role-taking introduces perspective multiplicity. Participants can explore the same event from different positions and recognise that an interaction may hold different meanings for each person. Role reversal joins social modelling with embodied perspective-taking: the student does not only describe another position but temporarily acts within its constraints and receives responses from others.

Collaborative performance creates opportunities for observational and reciprocal learning. Participants see how peers interpret a dilemma, express emotion, negotiate a boundary, or offer support; they then compare the consequences of these choices and may incorporate effective elements into their own behavioural repertoire. When participation is voluntary and the group climate is supportive, this process can also strengthen recognition, belonging, and social connectedness.

Reflection connects these experiences with conscious learning and completes the experiential cycle. By moving between participation and observation, role and self, action and discussion, students can name patterns, test explanations, and identify future strategies without

being forced to disclose private experiences. The five mechanisms are therefore derived as a temporal pathway: safe role engagement enables embodied-affective and perspective work; collaborative rehearsal develops possible action; and reflection integrates learning for transfer.

3.5 Conceptual Framework

The proposed framework begins with five families of pedagogical components: fictional framing and role distance; role enactment and embodied action; collaborative interaction and role exchange; dialogic interruption, replay, and feedback; and guided reflection, de-roling, and transfer prompts. These components are not assumed to have uniform effects. Their value depends on how they are sequenced and on whether they activate the mechanisms specified in the model.

The components are proposed to activate five internal mechanisms: psychologically safe role experience; emotional expression and regulation; perspective-taking and empathic recognition; dialogic rehearsal and relational agency; and reflective integration and transfer. Each mechanism has a principal theoretical rationale, although the theories overlap. For example, replay is simultaneously experiential, social, and embodied, while reflective dialogue can consolidate all five mechanisms.

Expected proximal outcomes include emotional awareness and regulation, coping confidence, psychological flexibility, empathy, social connectedness, communication competence, boundary awareness, constructive conflict management, bystander efficacy, and help-seeking capacity. The model proposes that these capacities may contribute over time to the distal developmental outcomes of positive mental health and healthier relationship development.

The framework does not assume that drama participation produces these outcomes directly or inevitably. The strength and direction of the pathways may depend on voluntary participation, facilitation competence, psychological safety, group climate, cultural relevance, participant readiness, intervention duration, and institutional referral and support. Figure 1 presents the complete model and makes these contingencies explicit.

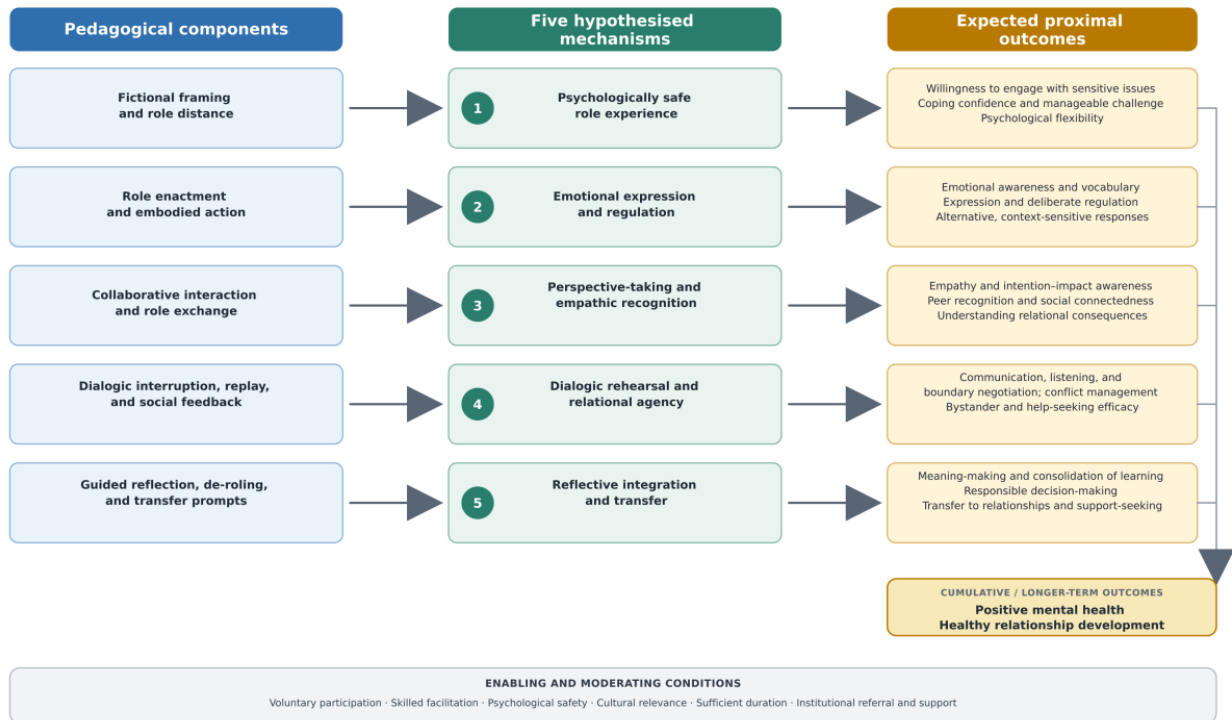


Figure 1. Mechanism-oriented conceptual framework for drama-based interventions in higher education

Note. Arrows represent hypothesised pathways rather than established causal effects. Enabling and moderating conditions may strengthen, weaken, or alter each pathway.

4. Mechanisms of Drama-Based Intervention

Table 1 translates the framework into intervention design terms by linking each mechanism with

Table 1. Five Mechanisms, Corresponding Drama Activities, Theoretical Anchors, and Expected Outcomes

Mechanism	Representative drama activities	Primary theoretical anchor	Expected proximal outcomes
Psychologically safe role experience	Composite fictional scenarios; role distance; teacher-in-role; optional observer positions; briefing, pause/withdrawal, and de-roling.	Experiential learning; symbolic/fictional distance; safe-container principles.	Willingness to engage with sensitive issues; coping confidence; manageable challenge; psychological flexibility.
Emotional expression and regulation	Improvisation; image theatre/tableaux; voice, gesture, posture, and movement exploration; pause-and-replay of emotionally charged moments.	Embodied learning; experiential learning; affect identification and regulation.	Emotional awareness and vocabulary; expanded expressive repertoire; more deliberate regulation and response.
Perspective-taking and empathic recognition	Role reversal; hot seating; multi-perspective process drama; witness/observer roles; replay from another character's position.	Social learning; embodied perspective-taking; collaborative meaning-making.	Empathy; intention-impact awareness; recognition of relational consequences; peer recognition and social connectedness.
Dialogic rehearsal and relational agency	Forum theatre; character substitution; boundary and consent dialogues; help-seeking and peer-support scenes; bystander intervention rehearsal.	Social cognitive learning; modelling, feedback, self-efficacy, and active experimentation.	Communication and listening competence; boundary negotiation; conflict management; bystander and help-seeking efficacy.
Reflective integration and transfer	Facilitated debrief; role interviews; reflective writing; paired dialogue; action planning; mapping of campus support and referral options.	Experiential learning cycle; metacognition; reflective integration.	Meaning-making; consolidation of learning; responsible decision-making; transfer to everyday

Mechanism	Representative drama activities	Primary theoretical anchor	Expected proximal outcomes
			relationships and support-seeking.

Note. Outcomes are hypotheses to be tested; they are not guaranteed effects of participation.

4.1 Psychologically Safe Role Experience

Role experience is the foundational mechanism of drama-based intervention. When students enter a fictional character, they engage with a situation that may involve emotional difficulty, interpersonal tension, exclusion, misunderstanding, relationship conflict, peer pressure, or uncertainty about what action to take. The situation can be psychologically meaningful while remaining separate from the participant's actual identity. Interactive prevention programmes also suggest that rehearsal may increase perceived readiness to act, although sustained behaviour requires longer-term testing [23,24].

This symbolic separation creates a form of protective distance. A student can investigate loneliness, jealousy, controlling behaviour, emotional withdrawal, or fear of rejection without declaring that the issue reflects their own life. The participant may speak through a character, observe from outside the scene, or move between participation and reflection. This makes it possible to approach sensitive material without treating personal disclosure as a condition of learning.

Role experience may also function as rehearsal for coping with difficulty. Students can practise remaining engaged during tension, considering alternative responses, and recognising the consequences of avoidance, aggression, passivity, or constructive communication. Because the situation is fictional, an unsuccessful response can become material for learning rather than a permanent real-life outcome. The scene can be stopped, examined, and replayed.

Psychological safety should not be interpreted as the complete absence of emotional challenge. Drama-based learning requires sufficient tension to stimulate thought and response. The educational task is to create manageable challenge within clearly communicated boundaries. Participants need to know the purpose of the activity, the expectations associated with the role, and their right to pause, observe, or withdraw. Briefing and de-roling are particularly important because they mark the transition into and out of the fictional situation. Briefing practices that establish expectations, boundaries, and a shared learning contract are central to maintaining a safe container [25].

The first proposition arising from the framework is that engagement in psychologically safe role-based situations is likely to strengthen students' confidence in responding to emotional and relational challenges. A related proposition is that this relationship will be stronger when the intervention establishes voluntary participation, clear fictional boundaries, appropriate emotional pacing, and structured de-roling.

4.2 Emotional Expression and Regulation

Students may experience psychological difficulty not only because they encounter strong emotions, but because they cannot identify, communicate, or regulate them effectively. Drama provides multiple forms of expression through voice, language, movement, gesture, image, metaphor, posture, and interaction. These forms can help participants recognise how emotions are experienced and communicated within a social situation. These capacities correspond to established distinctions among emotion identification, expression, and regulation [26–28].

In drama, emotion is connected with context and action. Students do not merely define anger, sadness, shame, affection, fear, or disappointment. They examine what produced the emotion, how it influenced the character's behaviour, and how other characters interpreted or responded to it. Emotional experience therefore becomes observable and available for discussion.

Drama may also expand students' expressive repertoires. A participant who usually avoids disagreement can experiment with assertive but respectful communication. A participant who tends to react impulsively can practise pausing, naming an emotion, listening, or asking for clarification before responding. Such experimentation may strengthen the perception that emotional responses are not fixed and that alternative forms of expression are possible.

Emotional expression alone, however, should not be assumed to produce psychological benefit. Expression becomes educationally valuable when it is connected with awareness, regulation, relational responsibility, and reflection. Drama-based intervention should not encourage unrestricted emotional release without attention to its impact on others. Instead, it should help students understand that emotions are valid forms of experience while actions remain subject to ethical and relational consideration.

The framework therefore proposes that embodied dramatic participation may strengthen emotional awareness and expressive competence. It further proposes that the contribution of emotional expression to mental health will be greater when expression is accompanied by emotional regulation, contextual understanding, and respectful interpersonal response.

4.3 Perspective-Taking, Empathic Recognition, and Social Connectedness

Healthy relationships require an understanding that people may interpret the same event in different ways. Drama makes such differences visible because each role is situated within a particular set of needs, expectations, fears, and experiences. By entering different roles,

students can investigate how an interaction appears from more than one position. Experimental drama research supports the plausibility of effects on perspective-taking, theory of mind, and empathy [29,30].

Role reversal is especially useful in this respect. A student may first portray a person who feels ignored and later portray the friend who does not recognise the seriousness of the situation. In another scene, the student may move between the position of someone expressing a boundary and the person receiving it. This shift can reveal differences between intention and impact. A character may believe that they are showing concern while the other person experiences their behaviour as controlling or intrusive.

Perspective-taking should not be confused with excusing harmful behaviour. Understanding why a character acts in a particular way does not require acceptance of coercion, humiliation, manipulation, or violence. Instead, a more developed understanding can help students identify the emotional and social conditions that shape behaviour while retaining clear ethical judgment about its consequences.

Collaborative dramatic participation may also strengthen social connectedness. Students create meaning together, respond to one another, and contribute to a shared process. When their ideas and expressions are acknowledged, they may experience recognition and belonging. They may also discover that uncertainty, loneliness, conflict, and emotional difficulty are not purely individual failures but experiences that can be discussed collectively. Belonging and perceived social support are well-established resources for psychological functioning [31–35].

The framework consequently proposes that role reversal and multi-perspective enactment may strengthen empathy and awareness of relational consequences. It also proposes that collaborative participation may contribute to mental health partly by increasing perceived belonging, peer recognition, and social connectedness.

4.4 Dialogic Rehearsal and Relational Agency

A student may understand what respectful communication should involve but remain unable to use it during an emotionally demanding interaction. Relational agency refers to the perceived and practical capacity to act constructively within relationships. It includes expressing needs, listening to another person, communicating a boundary, responding to refusal, asking for support, intervening as a bystander, and revising an interaction after conflict.

Drama-based intervention can strengthen relational agency through dialogic rehearsal. Instead of presenting students with a completed scene and explaining its meaning, an interactive intervention allows the scene to be paused and reconsidered. Participants may replace a character, suggest an alternative response, or replay the scene while changing one element of the interaction.

The group can then examine how the revised action affects the other characters and the overall relational dynamic.

A scene about a distressed student, for example, can explore the difference between dismissing the problem, immediately offering advice, listening attentively, or helping the person access appropriate support. A scene about relational pressure can examine how uncertainty, silence, persuasion, or refusal are interpreted by different characters. A bystander scenario can investigate what prevents intervention and how assistance can be offered without creating additional risk.

The value of this process lies in behavioural experimentation. Students are not asked merely to identify what is wrong. They are invited to explore what could be done differently. Multiple responses may be tested, and their limitations can be discussed. This avoids presenting healthy relationships as a set of memorised sentences and instead develops a more flexible repertoire of possible actions.

Research on applied theatre in interpersonal violence prevention suggests that participatory and interactive approaches may be particularly valuable because they enable audiences or participants to engage with possible responses rather than remaining passive observers. However, existing evidence remains insufficient to assume that changes in knowledge or intention will automatically result in sustained behaviour, making long-term evaluation necessary. The broader campus bystander literature likewise indicates that rehearsal and efficacy are plausible proximal targets, while behaviour and long-term prevention outcomes require stronger evidence [23,24,36–38].

The framework proposes that repeated rehearsal of communication, boundary negotiation, help-seeking, and bystander action may increase relational self-efficacy. It further proposes that interventions allowing participants to interrupt and reshape dramatic situations are likely to produce stronger agency-related outcomes than performances that position students only as spectators.

4.5 Reflective Integration and Transfer

Dramatic experience does not automatically become learning. A participant may complete an emotionally engaging scene without examining what occurred or how it relates to life outside the activity. Reflection is therefore necessary to organise experience, identify meaning, and consider future action.

Reflection may take the form of facilitated discussion, paired dialogue, reflective writing, role interviews, or symbolic expression. Regardless of form, it should help students examine the characters' intentions, emotional responses, decisions, and relationships. Participants can consider where communication changed, how power influenced the interaction, what alternatives were available, and why particular responses improved or worsened the situation.

Reflective integration also supports emotional containment. Drama may evoke discomfort, frustration,

sadness, or recognition. Reflection allows these responses to be named and contextualised rather than leaving them fragmented. De-roling should precede deeper reflection so that participants can clearly separate the character's actions from their own identity.

The facilitator must avoid turning reflection into compulsory self-disclosure. Students can discuss what happened to the characters, how the situation was structured, and what social issues it revealed without describing personal experiences. Questions should be exploratory rather than diagnostic, and the facilitator should not interpret participants' reactions as evidence of psychological conditions.

Transfer occurs when students connect dramatic learning with possible action beyond the fictional context. Rather than asking whether the activity was enjoyable, reflection should help participants identify what they noticed, what they might do differently, and where appropriate support can be found. A scene concerning emotional distress may lead to discussion of how to approach a friend and how to contact university counselling services. A relationship scenario may lead to reflection on how boundaries can be communicated and how coercive behaviour can be recognised.

The framework therefore proposes that guided reflection mediates the relationship between dramatic participation and more enduring psychological and relational understanding. It also proposes that transfer is more likely when reflection connects the dramatic situation with specific future strategies for communication, emotional regulation, decision-making, and help-seeking.

5. Practical Pathways for University Implementation

5.1 Curriculum Integration and Scenario Design

The developmental value of drama-based intervention depends on the relationship between educational objectives and dramatic design. Activities should not be selected merely because they are lively or engaging. Each scenario should be developed around a psychological or relational issue that students may realistically encounter and around a mechanism that the activity is intended to activate. Purposeful sequencing and role design are consistent with established process-drama approaches in which dramatic structures are selected to serve learning rather than performance alone [39].

A coherent university programme can integrate emotional well-being and relationship development rather than treating them as unrelated topics. Initial sessions may focus on emotional awareness, social connection, and everyday communication. As participants become familiar with the dramatic process, later sessions may explore more complex issues such as interpersonal pressure, relationship boundaries, conflict, help-seeking, digital privacy, coercive behaviour, or bystander responsibility.

This progression allows students to develop confidence before entering emotionally sensitive material. It also recognises that participants differ in previous experience, cultural background, willingness to perform, and tolerance for public expression. Drama-based learning should not assume that active theatrical performance is equally comfortable for everyone. Students may initially participate through observation, discussion, image-making, writing, or smaller group activities before entering more demanding roles.

Scenarios should contain sufficient tension to require decision-making while avoiding unnecessary emotional intensity. Composite fictional situations are generally more appropriate than reenactments of participants' personal experiences. Fictional characters can be designed with enough detail to create meaningful motivation without encouraging students to identify a real classmate or disclose private information.

The issues explored should also reflect the actual social context of university life. Academic pressure, peer exclusion, loneliness, group conflict, changing friendships, intimate relationship expectations, digital communication, and uncertainty about seeking assistance can provide relevant material. When sexual and reproductive health issues are included, the dramatic activity should be connected with accurate health information and institutional support rather than being used only to create emotional impact.

Drama-based interventions may be incorporated into general education, student development, orientation, peer-support, residence education, mental health promotion, healthy relationship education, or co-curricular arts provision. They may also contribute to the professional learning of educators, counsellors, and student support staff. The most suitable setting depends on the intended participants, level of sensitivity, facilitator expertise, and available referral structures.

5.2 Facilitation and Participatory Learning

Facilitation determines whether a designed scenario becomes a meaningful educational experience. The facilitator is responsible for establishing the dramatic frame, supporting participation, managing emotional intensity, encouraging investigation, and connecting experience with reflection. This role differs from that of a conventional lecturer because the facilitator does not simply provide the correct interpretation before students have explored the situation.

A dialogic approach invites participants to examine why characters behave as they do and how different responses affect the relationship. The facilitator can challenge harmful assumptions by asking participants to consider consequences, autonomy, power, and safety. This allows problematic ideas to be investigated without humiliating the student who introduced them.

At the same time, dialogue should not imply that every interpretation is ethically equivalent. Coercion, humiliation, violence, or disregard for consent should not be treated as merely one valid perspective among many. The facilitator must maintain clear principles of

dignity, autonomy, safety, and mutual respect while allowing participants to investigate how harmful situations develop and how they may be interrupted.

Participation should remain flexible. Students may contribute by acting, observing, suggesting alternatives, reflecting, or supporting the development of the scene. Requiring every participant to perform highly emotional material can undermine psychological safety and reproduce the pressure that the intervention is intended to examine. Meaningful participation should therefore be understood more broadly than visible performance.

Facilitators also need competence in group dynamics and emotional pacing. They must recognise when a scene has generated sufficient material for learning and when continued enactment could become overwhelming. They should know how to pause an activity, de-role participants, acknowledge discomfort, and direct students towards appropriate support. Training in applied drama alone may not be sufficient when an intervention addresses mental health, relationship violence, or sexual health. Collaboration with counsellors, health educators, safeguarding staff, or other relevant professionals can strengthen both educational quality and ethical protection.

5.3 Psychological Safety and Ethical Boundaries

Psychological safety should be established before dramatic work begins and maintained throughout the intervention. Participants need a clear explanation of the educational purpose, the nature of the activities, and the limits of confidentiality. They should understand that they are not required to disclose personal experiences and that they may pause, modify, observe, or withdraw from an activity.

Group agreements can support respectful listening and reduce the risk that personal information shared during discussion will be repeated outside the learning environment. However, facilitators should not promise absolute confidentiality when institutional or legal procedures require action in response to serious risk or harm. The limits of confidentiality should be communicated clearly and without creating unnecessary fear.

Physical contact must be carefully managed. No participant should be expected to engage in touch, proximity, or embodied interaction without clear consent. Alternatives should be available, and consent should be understood as continuing and revisable rather than as permission granted once for the entire session.

De-roling is essential after emotionally demanding enactment. Participants need a clear transition out of the character and situation. This may involve naming themselves, changing physical position, removing a symbolic costume element, or briefly describing the difference between the character and themselves. Such practices help prevent the emotions or judgments associated with a role from being attached to the participant.

Sensitive disclosures require an appropriate response.

The facilitator should listen, avoid blame, explain the relevant support options, and follow institutional safeguarding procedures. The dramatic session should not become an improvised therapy session for the individual. Other students should also not be encouraged to assume responsibility for counselling a peer whose needs require professional support.

These safeguards are not obstacles to meaningful drama. They create the conditions under which participants can engage with difficult issues without losing control over their involvement. Psychological safety is therefore part of the intervention mechanism rather than a separate administrative requirement.

5.4 Institutional Collaboration and Continuity

Drama-based intervention is more likely to produce sustainable educational value when it is connected with wider university systems. A single workshop may increase awareness or stimulate reflection, but it cannot by itself provide continuing mental health care, relationship support, or safeguarding. Students need to know how the issues explored in the dramatic setting connect with actual institutional resources.

Collaboration between drama educators and student support professionals can improve both content and delivery. Drama practitioners contribute knowledge of participation, role, embodiment, and facilitation. Counsellors and psychologists contribute understanding of mental health, distress, referral, and professional boundaries. Health educators can ensure that sexual and reproductive health information is accurate. Safeguarding and student affairs staff can clarify procedures for responding to harassment, violence, or other risks.

Such collaboration also supports continuity. Students who recognise a concern during an intervention should be able to identify where they can obtain further information or support. Referral information should be presented as a normal part of the educational process rather than introduced only when a crisis occurs. This approach can reduce stigma and reinforce the idea that help-seeking is a responsible form of action.

Institutional embedding may also allow drama-based interventions to develop across time rather than remain isolated events. Repeated engagement provides opportunities for students to revisit themes, practise revised strategies, and reflect on changing understanding. A developmental sequence is more consistent with the gradual nature of mental health and relationship learning than a one-time performance designed primarily to attract attention.

5.5 Educational Evaluation

Evaluation should examine whether drama-based interventions activate the processes they are designed to support. Participant enjoyment and satisfaction may indicate engagement, but they cannot by themselves demonstrate improved mental health or healthier relationships. A popular performance may generate

strong emotional reactions without producing sustained understanding or behaviour change.

Process evaluation can examine whether participants experienced psychological safety, whether they were able to engage meaningfully with roles, whether group interaction was inclusive, and whether reflection connected experience with educational objectives. Such information helps explain why an intervention succeeded or failed and whether its central components were delivered as intended. This is especially important because recent reviews identify methodological heterogeneity, short follow-up periods, and inconsistent reporting of intervention components [3–7,24].

Shorter-term evaluation may examine changes in emotional awareness, empathy, mental health literacy, communication confidence, boundary awareness, recognition of coercive behaviour, knowledge of support services, and perceived ability to help a peer. These outcomes are close to the content of the intervention and may be more realistic than expecting immediate changes in overall mental health.

Longer-term research should examine whether students apply what they have learned. Possible areas include actual help-seeking, supportive peer behaviour, bystander action, conflict management, respect for relational boundaries, and maintenance of social connection. Such outcomes are more difficult to assess because they are influenced by many factors outside the intervention, but they are necessary for determining whether educational gains extend beyond the dramatic setting.

Mixed-method designs may be especially useful. Quantitative measures can assess changes in specified psychological and relational constructs, while interviews, focus groups, observations, and reflective writing can explain how students interpreted the experience. Controlled studies can compare drama-based interventions with lecture-based programmes or other forms of participatory education. Longitudinal research can examine whether changes are sustained and whether repeated participation produces cumulative effects.

Researchers should also investigate variation in outcomes. Students may respond differently according to prior drama experience, personality, cultural background, gender, relationship history, psychological readiness, or comfort with public participation. Facilitator competence, group size, duration, and institutional context may also influence the strength of the intervention. Attention to these conditions will provide a more realistic understanding than the assumption that drama is universally beneficial.

6. Future Research Agenda

The framework generates testable propositions at the level of components, mechanisms, outcomes, and contextual conditions. Future research should move beyond asking whether participants enjoyed a drama activity and determine which processes are activated, for whom, in which settings, and with what duration of

effect.

6.1 Mechanism Validation and Causal Pathways

Studies should measure the proposed mechanisms before, during, and after an intervention and test whether they mediate changes in psychological and relational outcomes. Multi-arm designs could compare interactive drama, spectator theatre, lecture-based education, and an active non-drama participatory condition. Such comparisons would help isolate the contribution of enactment, role exchange, replay, and reflection. Multilevel mediation or structural equation models could examine whether psychologically safe role experience predicts engagement, whether perspective-taking predicts empathy, and whether rehearsal-related self-efficacy predicts communication or bystander outcomes. Component fidelity and facilitator behaviour should be documented so that null effects can be distinguished from weak theory or weak implementation.

6.2 Longitudinal and Comparative Designs

Longitudinal research should include baseline, immediate post-intervention, and follow-up assessments at approximately 3, 6, and 12 months. Cluster-randomised trials, stepped-wedge designs, or carefully matched quasi-experiments may be feasible when programmes are delivered through classes, residences, or orientation cohorts. Repeated-dose interventions should be compared with one-off workshops to test cumulative learning. Alongside self-report measures, ethically appropriate behavioural indicators may include observed role performance, help-seeking intentions and actions, use of support resources, peer-support behaviour, and responses to standardised relational vignettes. Analyses should account for attrition and avoid interpreting short-term attitude change as evidence of durable behaviour change.

6.3 Mixed-Methods Process Research

Mixed-method designs are needed to explain how and why quantitative change occurs. Convergent or sequential explanatory studies can combine validated scales with structured observation, facilitator logs, reflective writing, interviews, focus groups, and video-assisted analysis of enacted interactions. Qualitative sampling should include participants who report benefit, no change, discomfort, or withdrawal, rather than only highly engaged volunteers. Process data can examine critical incidents such as a role reversal, failed intervention, or revised line of dialogue and connect these moments with changes in perceived agency. Researchers should protect participants from compulsory self-disclosure and distinguish reflection on a fictional scenario from clinical interpretation of personal experience.

6.4 Cross-Cultural and Equity-Focused Comparisons

Cross-cultural research should examine whether the meanings of emotional expression, direct

communication, consent, boundary setting, help-seeking, and bystander responsibility differ across institutional and cultural settings. Multi-site studies should combine common core measures with locally co-designed scenarios and test measurement invariance before comparing outcomes. Comparative work is particularly needed beyond the Western settings that dominate many prevention literatures [24]. Analyses should consider gender, sexuality, disability, socioeconomic position, international-student status, prior drama experience, and comfort with public performance. Cultural adaptation should preserve ethical principles of autonomy and safety while allowing relationships, language, performance conventions, and support pathways to reflect local realities.

6.5 Implementation, Safety, and Scalability

Implementation research should test the effects of facilitator training, group size, programme duration, delivery modality, de-roling, referral procedures, and collaboration with counselling or safeguarding services. Fidelity measures should capture not only whether an activity occurred but also whether participation was voluntary, emotional intensity was paced, and reflection supported transfer. Studies should report adverse or unintended outcomes, including distress, stigma, peer pressure, cultural alienation, or false confidence. Cost, staff time, training requirements, and scalable hybrid formats should also be evaluated. These data are essential for determining whether a promising workshop can become a safe, sustainable, and institutionally embedded programme.

7. Conclusion

This paper has developed a mechanism-oriented conceptual framework explaining how drama-based interventions may contribute to university students' mental health and healthy relationship development. The framework moves beyond the general claim that drama is engaging or beneficial by identifying the processes through which educational change may occur.

Psychologically safe role experience allows students to encounter symbolic emotional and relational challenges without being required to disclose their own lives. Emotional expression and regulation enable participants to recognise how feelings shape communication and behaviour. Perspective-taking and empathic recognition support a more complex understanding of other people and may strengthen social connectedness. Dialogic rehearsal provides opportunities to practise communication, boundary negotiation, support-seeking, and bystander action. Reflective integration helps transform dramatic participation into conscious understanding and possible future behaviour.

The framework also demonstrates that mental health and healthy relationship development are closely connected. Psychological well-being is influenced by experiences of belonging, recognition, safety, and support. At the same time, healthy relationships depend on emotional awareness, regulation, empathy, psychological flexibility, and the ability to communicate under pressure. An applied drama approach can address these domains within a shared experiential process.

The contribution of drama does not lie in replacing knowledge-based education. Students still require accurate information about mental health, relationships, sexuality, consent, support services, and institutional procedures. Drama becomes valuable when it helps students understand how that knowledge operates within emotionally and socially complex situations. It provides a bridge between knowing a principle and being able to recognise, communicate, decide, and act.

The educational value of drama-based intervention is not automatic. Poorly designed or inadequately facilitated activities may oversimplify complex issues, pressure students into unwanted disclosure, or create emotional discomfort without sufficient reflection and support. Effective implementation therefore requires clear objectives, gradual participation, appropriate fictional distance, competent facilitation, ethical safeguards, and institutional referral pathways.

Applied drama must also remain distinct from clinical dramatherapy. University drama-based interventions may support prevention, awareness, emotional literacy, social connection, and help-seeking, but they do not provide diagnosis or treatment. Their contribution is educational and developmental, and they should operate in coordination with professional mental health, health education, and safeguarding services.

As a conceptual study, the proposed framework requires empirical validation. The research agenda in Section 6 specifies how longitudinal, comparative, mixed-method, cross-cultural, and implementation studies can test the five mechanisms, their boundary conditions, and their transfer to students' everyday relationships and support-seeking behaviour.

In conclusion, applied drama provides a participatory educational space in which university students can explore emotional difficulty, relational conflict, personal boundaries, social responsibility, and possible forms of support. By enabling students to enact, observe, question, revise, and reflect, drama-based intervention can transform abstract principles of mental health and healthy relationships into embodied and relational learning. When carefully designed and ethically implemented, it may offer a meaningful contribution to more holistic and developmentally responsive approaches to student well-being in higher education.

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