

Section 1: Theory and Research

Bridging the Gap: The Effectiveness of Individual Teletherapy Psychodrama for Members of Immigrant Communities

Ekaterina Tyurina, MD¹

Psychodrama conducted under a traditional face-to-face setting relies heavily on the presence of a physical stage and an audience. However, despite this need, psychodrama conducted through teletherapy is possible but must find methods to complement standard psychodrama techniques so that the therapy may be conducted virtually. This paper explores these techniques and how they are adapted through visualization, a virtual safe space, and guidance from the therapist who helps adapt the techniques in an online individual therapeutic setting. Moreover, immigrants may suffer at greater rates of mental distress as they try to adjust to their new target culture, finding it difficult to adapt. They may need therapy, but the linguistic hurdle of performing it in a foreign language may also discourage them. Therein, this paper explores how individual psychodrama conducted through therapy may be applied to immigrant communities and explores such teletherapy through study cases applied to immigrants who have moved to English-speaking countries.

KEYWORDS: Immigrants; individual psychodrama; roles; techniques; teletherapy.

A core aim of psychodrama is to develop spontaneity and creativity in the individual in order that they may play a more extensive range of roles. There is no set prerequisite of techniques that may be applied if they fit within the overall framework of psychodrama. Thus, the list of action techniques, according to Blather and Blather (1988, p.156), “the range of psychodrama techniques is potentially endless.” The only defining criteria are those that help the therapist guide the clients to achieve a wider range of roles.

Whereas traditional face-to-face psychodrama is generally practiced within a group, individual psychodrama has emerged over the last two decades. Whereas the former is more widely practiced than the latter, there are benefits of individual

¹ Correspondence concerning this article should be addressed to the author at Institute for Psychodrama, Belgrade, Serbia. E-mail: ektyurina@gmail.com.

Whereas there are no conflicts of interest to disclose, the author notes that the initial research of this work was presented at the Institute for Psychodrama (Belgrade, Serbia).

psychodrama where it may be used in one-on-one psychotherapy. Particularly, it may be applied when the patient is unable to attend the traditional group setting due to psychological factors or even for practical reasons.

Immigrants, according to Close et al. (2016), are one section of the community who may be more prone to feelings of loneliness, alienation, anxiety, and depression. Regardless of their country of origin, immigrant groups are found to have higher rates of psychotic disorders when compared to nonimmigrants where the risk of such disorders carries into the second generation of immigrants (Tushar, 2017). Studies find that immigrants' coping mechanisms may need addressing because of having undergone the act of immigration itself and being removed from sources of support (Kirmayer et al., 2011). As psychodrama aims to improve one's self-image, members of immigrant communities may better benefit from psychodrama (such as is found in treating trauma) (Giacomucci, 2021, p. 133).

Nonetheless, recent immigrants who live in a second culture may be unfamiliar with the language or receiving culture and are, therefore, unable to participate in group events (Nawyn et al., 2012). For this reason, immigrants are driven to attend therapy when possible, but individual teletherapy may better suit their needs as it provides an ability for them to have therapy in their native language.

Moreover, individual psychodrama via teletherapy overcomes the limitations of in-person psychodrama because it provides clients with easier access to therapy from their place of choosing, where they may already feel safe, especially in terms of its effectiveness in helping members of immigrant communities living abroad.

For individual psychodrama to be best modified in practice for teletherapy, visualization within the client's mind is the most important aspect on which to focus as all standard techniques in face-to-face psychodrama rely on, but are not be limited to, this cornerstone for teletherapy.

The Use of Psychodrama in Immigrant Communities

The cases covered within this work are of immigrants who have expressed loneliness, devastation, fear, and anger after having emigrated from the countries of the former Soviet Union, having invested considerable amounts of resources in terms of time, energy, and money. In doing so, they frequently encounter barriers, such as not having their degrees recognized in a foreign system and being forced to work in positions for which they are overqualified and for which they are underpaid as well as needing to master cultural and language barriers (Orkibi and Feniger-Schaal, 2019). These difficulties also become reflected in personal crises, wherein they develop a stress-response system accompanied by suicidal ideation (although lacking attempts).

Immigrants are prone to experiencing acculturation stress, "which arises from the difficulties and conflicts immigrants face as they adjust to a new culture" (Bacallao & Smokowski, 2017, p. 41). Acculturation itself poses a difficult challenge for the immigrant in a new community as they are forced to adapt to their new surroundings based on their personality. The immigration experience can, therefore, lead to a sense of social deprivation, which may result in loneliness,

nostalgia, and isolation (Close et al., 2016). These may be worsened due to a range of factors, such as the real fear of having to admit that one may be facing real-life problems and may not have achieved the original goals that they set out for themselves upon their initial immigration. An article in *The Nation* reporting on H-2B visa workers notes that, among Indian immigrants, “their greatest fear was telling their families back home that they’d failed” (Soni, 2015, paragraph 8), which may further limit the options for self-expression with those with whom they have established trust. Immigrant communities, therefore, experience a sense of social isolation that may lead to severe and/or chronic mental health issues that are worsened by a feeling of “having nowhere to go or no one to turn to” (Soni, 2015, paragraph 8). Such issues leave members of immigrant communities particularly isolated, whereby mental stress can transform into serious mental health issues. Further to the point, “without the support of prevention and intervention services, acculturation stress can result in an increased risk for aggressive behavior and mental health problems” (Bacallao & Smokowski, 2017, p. 41).

Psychodrama is effective at managing burnout, hopelessness, loneliness, public stigma, self-stigma, self-esteem, self-efficacy, and self-concept (Orkibi & Feniger-Schaal, 2019). Psychodrama’s core principles of spontaneity and creativity can lead to an increase in capacity for adaptation in a new country as well as coping with everyday challenges to an immigrant’s life, therefore making it a promising methodology to be utilized in these communities. Because subjective well-being is the primary focus, psychodrama provides a sense of coherence to one’s personality and identity that may be otherwise lost, thereby aiming to improve one’s quality of life by addressing symptoms and global functioning that may affect it. In addition, due to the method’s ability to engage the individual and help remove them from their isolation through role adoption, psychodrama is found to be an effective method to treat members of immigrant communities. According to Bacallao and Smokowski (2017, p. 41), “an acculturation-based intervention that uses psychodrama, sociodrama, and sociometric techniques to decrease acculturation stress” helped Hispanic immigrant communities to manage social and mental stress in the family, thereby helping to prevent mental illness.

Clearly, individual psychodrama through teletherapy is an option to help members of immigrant communities to overcome these issues of acculturation so that they may find their own inner and outer resources as well as gain new roles that improve their overall mental health while being a newly arrived immigrant that needs to assimilate to their new local culture.

Method

Teletherapy as Method

There was already a rise in telemedicine prior to the shift that occurred due to the covid pandemic (Kichloo et al., 2020, p. 1); indeed, it has long been emerging within the wider field of therapy. Consequently, the American Psychological Association (2013) guidelines for the practice of telepsychology indicate that there is an increasing role played by telecommunication

technologies in providing services as well as that new technologies contribute to the development of adapting practices in psychology; the use of such technologies in terms of providing therapy still require further support. To clarify what may be teletherapy in practice, it defines any form of therapy that had “the provision of psychological services using telecommunication technologies” (American Psychologist, 2013, p. 791) to be a form of teletherapy. However, their definition encompasses all forms of telecommunication, including those delayed through written emails or texts. For the purposes of this paper, however, teletherapy may here be defined as any form of psychotherapy whereby the therapist and client meet in an online space created by the therapist to carry out the therapeutic process.

Although such therapy has been available in some form over the last 50 years (Puspitasari et al., 2021, p. 1), the effectiveness of teletherapy is an area of concern. Thereby, Puspitasari et al. (2021) carried out a pilot feasibility study to establish whether distance therapy is applicable to most patients. Their sample derived from a group of 76 adult patients of a transition program who attended their therapy through video conferencing in which the Adult Transition Program staff assisted them with setting up teleconferencing video software on their electronic devices. Attendance was found to be consistent and high among most patients, wherein the participants of the study also reported achieving self-improvement measures and feeling better in their mental health overall (Puspitasari et al., 2021, p. 8).

Unlike a transition program, which follows a traditional face-to-face method utilizing action techniques, employing teletherapy requires that there be an adjustment to meet the confinements of the online space (Biancalani et al., 2021). Psychodrama in practice is not possible without setting healthy boundaries that help foster safety and trust (von Ameln & Becker-Ebel, 2020, p. 19). However, there are numerous differences for psychodrama conducted through teletherapy that must be accounted for to make up for the distance imposed and the evident lack of such a setting. Biancalani et al. (2021) address these issues by creating a common virtual space, but their participants had conflicting views on the efficacy of the methods used thereafter.

Limitations of Teletherapy

To counteract the absence of a stage, a virtual stage may be created in teletherapy. Biancalani et al. (2021) created such a stage and reported on the experiences of their participants. Whereas teletherapy may provide convenience for participants in many ways, such as being able to attend psychodrama from home and, therefore, it being less disruptive to one's daily life, teletherapy may also be equally limiting. For instance, Biancalani et al. considered it to be a drawback not to be able to physically see the whole person when they were the protagonist on the virtual stage and gain a whole impression of the protagonist. Biancalani et al. also note that “the physical activity involved in in-person psychodrama focuses people's attention on non-verbal language which has a twofold function,” which allows participants to convey messages in an indirect manner as a cue to reinforce inner states. The mere ability to observe such

physical body language allows the participants to “learn to recognize their own mode of expression and discern their automatic reactions and can alter their embodied emotional state physically” (p. 7). Naturally, when removed, this aspect of psychodrama must be reinforced through other means, which illustrates the purpose of teletherapy.

Strengths of Teletherapy

Individual teletherapy addresses various therapeutic issues that stem from compensating for the lack of an audience.

As a matter of course, there is a crucial difference between individual and group psychodrama teletherapy—particularly in the techniques of doubling and role playing as the director plays more of a key part out of necessity. This factor itself does address many issues caused by the lack of a common space whereby all participants are engaging with one another. In general terms, to compensate, the protagonist might be advised to take the role of the audience through visualization, or the therapist takes on the role of the audience.

Nevertheless, the methods used for teletherapy consist of the primary need of an established physical space being essential to carrying out individual psychodrama. According to Wilkins (1999), it seems not to matter where the individual psychodrama is carried out, the function remains the same in practice. Participants view the space as external to the reality in which they are while remaining firmly grounded in it, thereby a safe place, in which they have been permitted to be set free. As “an extension of life,” according to Wilkins (p. 22), the participant’s reality may be constructed in which they will explore themselves. What is crucial is that the participant has a place they associate with being allowed to free themselves. The director instructs the protagonist to create a constant space in which they may carry out the psychodrama. Indeed, this may prove beneficial as Langumier (2021) shows in her work with children demonstrating the possibility of transforming the concept of one’s own psychic space as a doubling mechanism in which the protagonist makes a deeper investment into their own play.

To create a virtual space, a key aspect of successful teletherapy is constancy and reliability. Teletherapy itself requires an agreed-upon time, place, duration, and frequency of the sessions carried out. The work may be agreed to be limited or open-ended in duration, the application used, payment terms, cancellation policy, and an understanding of confidentiality and its limits.

Techniques in Psychodrama Teletherapy

Whereas role-playing is primary to psychodrama, due to limitations of online therapy, as mentioned, techniques become the focus of teletherapy.

Regardless of the background of the client, the main issue in applying psychodrama through teletherapy is that the techniques require the use of a scene to provide a physical space that allows the therapist to set healthy boundaries. The traditional psychodramatic stage aims to foster safety and trust. As such, it may prove to be a significant hurdle to creating the same space for teletherapy due to

limitations when not having a physically dedicated space. One way a safe space may be created through teletherapy is for the client to create a standard place and time in which they will go through therapy without interruption, such as meeting at the same time agreed between the therapist and client as well as insisting that the client and therapist conduct the therapy in the same physical space. For instance, if the client always sits at the kitchen table, then all subsequent sessions must be held in the same place. This equally applies to the therapist who must have the same, constant presentation. By doing so, the client will associate the same space with therapy. Given time, the client will be better adapted to use the space they have created, and this will help strengthen trust between the client and therapist. The chief goal is to create a safe space in which there is a constant sense of reliability in which the client may feel as secure and comfortable as possible and in which their therapy is able to be carried out uninterrupted. Given these criteria, a private room that is relatively quiet and may have a door that may close during therapy is one example of a space that may be consistently used for teletherapy.

The importance of a reliable space being established, the following are descriptions of standard techniques utilized in face-to-face psychodrama as well as how they are applied in teletherapy.

Soliloquy is easily adaptable to teletherapy and may follow the same instructions under only modified limitations given that there is no set limit beyond the objective of expressing the inner self. This is done to facilitate “in-session experiencing” (Orkibi & Feninger-Schaal, 2019, p. 2), where the client will uncover their hidden selves.

Doubling in teletherapy it is essential for the director to help bring to the surface “[the] raw nature of what is felt to be expressed, while acknowledging that the consequences of such emotional honesty outside of the therapy frame could be inappropriate and even damaging for the relationship” (Chesner, 2019, p. 65). The director, in teletherapy, will initiate the doubling by first asking the protagonist for their approval as if face-to-face. It is important that consent is given because doubling may only emerge from the therapist as opposed to group members in standard psychodrama. It must be made clear that the protagonist can decline the doubling at any time either before or during the doubling. The protagonist will accept the doubling when they feel connected to it and must not be forced to do so prior. Suggestions are, therefore, not prohibited, but tend to be excluded as the client freely reiterates the doubling to make progress.

Mirroring is a technique “based on the simple fact that we are unable to really see ourselves from the outside” (Kellerman, 2007, p. 85).

In individual teletherapy, mirroring is important to grow the observing ego enabled through visualization. When the director concludes that the time is appropriate to mirror, the protagonist is inside their imaginary psychodramatic scene, wherein the therapist suggests that the client view the scene from the outside. Doing so allows the client to gain insight into the current scene in which they observe their inner conflict.

In teletherapy, the client is instructed verbally or given the option to move physically from the monitor to create a physical distance between their original position, which helps them enter the position of the observer. For example, the

director states, "I would like you to view this scene like a film you are watching from the outside." The client is thereafter provided time to play that film in their imagination. The director then offers to repeat key phrases from the roles (when the client allows or requires).

Role reversal is a way for the protagonist to explore "a more accurate perception of the individuality of the complementary role, as well as the possibility of perceiving the other's view about him/herself and about the world" (Cruz et al., 2018, p. 7). However, one note of contrast is that the director must first confirm the ability of the protagonist to carry out role reversal before the protagonist may participate. If any factor is found that may hinder their ability to do so, such as their mental state (psychosis, impulse control, intellectual deficit), then role reversal is determined not to be applicable to their needs.

Because the space secured for teletherapy may only be conducted visually within the mind, the same may be applied to role reversal in which the protagonist is able to take on the role through visualization and their own imagination. The protagonist's body posture, emotions, and thoughts may be redirected for them to assume the role reversals themselves. The director provides guidance for the protagonist in reversing roles with a significant other. The protagonist is then better able to find an accurate picture of their role as they identify the person (role) with which they must reverse.

Another way to perform the role reversal in teletherapy is using additional empty chairs filling in as a place for a significant other; the protagonist might also change their physical location during role reversal to form their posture into the role of the significant other.

Although the director might also demonstrate role reversal for the client, it is advised that the director instruct the protagonist to try to hear what the role has said. Thus, the protagonist will take on the role and express it aloud; then, after the protagonist reverses with another role, the director will repeat what was said from the first role. Following the next role reversal, the director will repeat another role that has been taken by the protagonist. The role reversal is carried out in this manner with the therapist doubling roles following the protagonist taking on the roles.

Role taking and de-roling aims, according to Chesner (2019, p. 53) "to fully engage with that sense of the other, including... a sense of how the others see and experience us in the relationship." The objective of de-roling is for the protagonist to obtain a more accurate perception of their role vis-à-vis others as well as to understand others' perception of them.

In teletherapy, the director instructs the protagonist to take the posture of the person whose role they want to invite into their imaginative psychodrama scene. The protagonist is also instructed to remain in their chair but to adjust their posture and their manner of sitting to imitate the person whose role they wish to take on. The director initially suggests the client take time to imagine the person so that they may be aware of who they are trying to imitate. If the protagonist struggles to do so or has issues entering the role, visualization then might be applied. The client is instructed to picture entering the person's body and taking on their personality and mannerisms. Role-taking instructions generally only need

to be provided at the initial stages of psychodrama while the client is still learning how to take the role. Interviewing the role through questioning about age, family members, profession, or feelings would be of significant help for role taking. Once this skill is developed, instruction only is required in those situations in which the patient shows difficulty when encountering resistance.

Due to the open nature of teletherapy, the environment in which the protagonist must work may be adaptable to best suit their needs and may best facilitate role reversal.

De-roling is equally essential for psychological hygiene for the protagonist to emerge from a role so that they may not carry the role with them. The director must instruct the protagonist to do so through numerous ways. The protagonist may take off the role physically by changing the place of their chair or moving/shaking their body. They may also do so through verbal action, such as saying their real name or touching something around themselves in the real world. Discussion about the role and feelings in the role might help to create a distance and/or difference between the protagonist and the role (significant other), which will help to de-role the protagonist.

Concretization, according to Kushnir and Orkibi (2021), is a tool that allows the client to make “real” or “more tangible” a situation that is merely thought or perceived internally by enabling “the client to access internal materials (some abstract and unconscious) and to transform them into external parts that have a real form on the therapeutic stage.”

For concretization to be carried out in teletherapy, the director instructs the protagonist to imagine a space where they feel secure and comfortable. This may be a real space where the action had occurred. It is important to arrange the imaginative scene in their mind and explain to the director how they imagine it; it is useful for the protagonist to explore their mental stage through role reversing within this imaginative space. This is to allow the client to observe their inner world in more concrete terms.

Future projection allows the protagonist to explore future versions of themselves in role reversal, which might help them to explore their inner fears or resistance to change. As Tushar (2020, p. 14) notes, “It is effective to increase motivation for both individual and group participants.” Thus, future projection identifies a specific situation of an upcoming situation in the future.

As there are no physical auxiliaries in teletherapy, the projection must take place again within the imaginative psychodrama stage. For example, the client may wish to meet with themselves 10 years in the future and ask their future selves for guidance.

Regression devolves the client into past events to analyze them, traveling into the past to key points in the client’s life to illuminate “patterns and sequences” and provide “understanding both for the client and therapist” (Chesner, 2019, p. 43) about how the outcomes affect their life.

In both standard psychodrama and its teletherapy form, the goal is for the client to encounter their past selves. The timeline is held in the client’s mind, or the client might use their space to set up a timeline and move back and forth in the therapist’s field of view. For instance, a new immigrant might feel disappointment

or even regret while meeting regular difficulties due to their immigration. Regression might assist in reconciliation with their original decision to immigrate and realize how much they have already accomplished as well as connecting with their inner strength, which they have gained in this process.

Case Examples of Teletherapy Techniques in Good Clinical Practice

Case 1

The client was an adult male who had been separated from his spouse for no more than one year and was in his early 30s. He was originally from a small town in Siberia and had moved to a large North American city to work.

He initiated teletherapy due to his inability to assimilate into an English-speaking country. Upon starting teletherapy, he had been living abroad for approximately two and a half years. The client was distinctly afraid that winter in the target country would be unbearable. The client exhibited emotions of extreme loneliness and anxiety, feeling as if he had lost control over his life and it had become pointless.

The first psychodrama technique applied in his teletherapy was soliloquy. When instructed to undergo his initial issue, he came to a strong feeling of guilt that stemmed from his separation from his spouse. He also expressed that he felt used by his school friend (who was a contributing factor leading to the client's separation from his spouse). His negative emotions were contained, and the client was relieved. In the following session, soliloquy was again applied, and the client discovered that he was unable to trust women. In subsequent sessions, the client was guided through his recent dream within an imaginative psychodrama stage at his friend's house. The client imagined that he had been burdened with a backpack from his friend. To address this feeling, role reversal with this friend helped him to become aware of the importance placed on his friends, which then led to his planning to take a trip to see friends that he trusted.

Mirroring was used in a session thereafter to observe deeply the relationship with his school friend, which was explored through role reversal. The client was able to view himself, this former friend, and his soured relationship as a competitive game that the client had not been aware of, which was the main hidden reason affecting his inability to trust. This revelation freed the client from the guilt and lack of control that he was feeling.

The client started to feel comfortable in the target country, joining a local sports team and making new friends, which were steps that helped him lead to his assimilation. The client is continuing to work on primary family dynamics, which also had come up through teletherapy.

Case 2

The client was a woman in her middle 50s, divorced and living with her parents. She was the mother of two children and worked in finance. She immigrated from her home country in the Balkans to a majority English-speaking country where she encountered many difficulties due to an

overwhelming lack of confidence, self-esteem, and assertiveness. Overall, she had no general sense of self-worth, which caused her issues within her professional and personal life as she was struggling to adapt to her new surroundings.

She was driven by strong negative emotions toward her brother, able to neither confront nor express her own opinion in his physical presence. The client had such issues with her low self-esteem caused by her brother that she even refused to engage in any form of encountering in terms of her brother during the teletherapy. Instead, the client suggested that it might be more helpful if she met with their father on the virtual scene, which was conducted through role taking and role reversal. However, it was still difficult for her to enter the role of her father. It took several sessions for her to feel ready enough for that encounter. When she had finally decided to do so, I tried best to comfort her by guiding her to create a safe space nearby physically in her room and told her that she should stop whenever she felt the need to do so. I then asked the client to sit in the same posture and position as their father would sit, actively imitating his physical expressions on her face. After several minutes, she started to speak spontaneously under a lower tone, stating that only male children are important in their family. Several role reversals were done to explore the scene. This role taking and role reversal led to a new scene in which the client regressed into her childhood when every conflict with her brother was solved by her father as the father sided with the brother.

Future projection was used in the following session when the client wanted to explore the relationship with her brother on the imagined psychodrama scene. She took on the role of her brother and heard from his role: "Only my opinion counts." Thereafter, she role reversed with her own role in allowing her to fight against her brother, which allowed her to build up her strength, helping her to declare that she matters and has the rights to speak and exist.

As a result, the client was able to develop her self-esteem in real life, and she felt confident in dealing with difficulties and conflicts. She now could take on challenges that she could not before in living in a foreign country as she felt she was able to make her own decisions in life.

Conclusions

Although psychodrama is extensively used within a group setting, it may be readily applied with minor adjustments to teletherapy. Thus, it is illustrated using minor adjustments by which clients are assisted to mentally visualize the stage and place their inner world outside in a teletherapeutic safe place, where they are able to apply psychodramatic techniques in practice on an individual teletherapeutic level. Furthermore, as is shown in this paper, psychodrama as teletherapy is an effective form of therapy for members of immigrant communities. Teletherapy allows the client to attend psychodrama and undergo therapy in their own native language, confronting issues that they may have with assimilation and thereby easing such conflict so that they may be better able to join their target community.

As is discussed, one of the main differences between standard psychodrama techniques and teletherapy is that the therapist may take on the role of double,

only if needed, and/or take on the role of the auxiliary when carrying out role reversal.

Limitations

This paper could be strengthened significantly should the number of cases used to describe the techniques in detail be increased to a stronger sample size. What's more, as a descriptive method to educate others, the techniques could be better explicated. However, due to the qualitative nature of the analysis as well as the limits of the paper, it was decided best to truncate these when possible and only provide the most pertinent case studies as illustrations. Future research should expand on these areas by including a larger patient number with techniques that are more descriptive. Furthermore, a stronger paper would include teletherapy done across multiple cultures and regions for members of multiple immigrant communities across different target countries.

Personal Note

Furthermore, from working with immigrants, it has also come to the author's attention that the therapist must be aware that certain immigrant groups may experience a sense of isolation or alienation from their target community due to transgenerational codes that are maintained from their home country. For example, in my own practice, it was found that Russian-speaking immigrants have distinct difficulties with changing their mindset when it comes to societies that value open-mindedness, where they may establish personal boundaries in their daily life and relationships without fear of repercussions.

As a Russian-born therapist, the author may attest to the fact that it is a more rigid society that has a stronger tendency to fear. The author's own success in overcoming these difficulties has also helped her address her Russian compatriots as they generally go through the same issues. As such, this same experiential background allows her to better apply these techniques to help them emerge from their own patterns of suffering.

REFERENCES

- Bacallao, M., & Smokowski, P. (2017). Between two worlds: Using the acculturation spectrogram in psychodrama intervention for promoting biculturalism in immigrant families. *The Journal of Group Psychotherapy, Psychodrama and Sociometry*, 65, 41–56. <https://doi.org/10.12926/16-00005.1>
- Biancalani, G., Franco, C., Guglielmin, M., Moretto, L., Orkibi, H., Keisari S., & Testoni I. (2021). Tele-psychodrama therapy during COVID-19 pandemic: Participants' experiences. *The Arts in Psychotherapy*, 75, 101836. <https://doi.org/10.1016/j.aip.2021.101836>
- Blather, A., & Blather, A. (1988). *Foundations of psychodrama: History, drama, and practice*. Springer Publishing Company.

- Campbell, L., Millán, F., Larsen, M., Barnwell, S., Crow, B., Gock, T., Harris, E., Martin, J., Miller, T., Rallo, J., Palomares, R., Freund, J., Davis, J., DeMers, S., Siegel, A., & Pippin Orwig, J. (Joint Task Force for the Development of Telepsychology Guidelines for Psychologists). (2013). Guidelines for the practice of telepsychology. *American Psychologist*, 68(9), 791–800. <https://doi.org/10.1037/a0035001>
- Chesner, A. (2019). *One-to-one psychodrama psychotherapy: Applications and technique*. Routledge.
- Close, C., Kouvonen, A., Bosqui, T., Patel, K., O'Reilly, D., & Donnelly, M. 2016. The mental health and wellbeing of first generation migrants: A systematic-narrative review of reviews. *Global Health*, 12–1, 47. <https://doi.org/10.1186/s12992-016-0187-3>
- Cruz, A., Sales, C., Alves, P., & Moita, G. (2018). The core techniques of Morenian psychodrama: A systematic review of literature. *Frontiers in Psychology*, 9, 1263. <https://doi.org/10.3389/fpsyg.2018.01263>
- Giacomucci, S. (2021). *Social work, sociometry, and psychodrama: Experiential approaches for group therapists, community leaders, and social workers*. Springer Nature.
- Kellerman, P. (2007). *Psychodrama advance in theory and practice*. Routledge.
- Kichloo, A., Albosta, M., Dettloff, K., Wani, F., El-Amir, Z., Singh, J., Aljadah, M., Chakinala, R., Kanugula, A., Solanki, S., & Chugh, S. (2020). Telemedicine, the current COVID-19 pandemic and the future: A narrative review and perspectives moving forward in the USA. *Family Medicine and Community Health*, 8(3), e000530. <https://doi.org/10.1136/fmch-2020-000530>
- Kirmayer, K., Narasiah, L., Munoz, M., Rasid, M., Ryder, A., Guzder, J., Hassan, G., Rousseau, C., & Pottie, K. (2011). Common mental health problems in immigrants and refugees: general approach in primary care. *CMAJ*, 183-12, 959–967. <https://doi.org/10.1503/cmaj.090292>
- Kushnir, A., & Orkibi, H. (2021). Concretization as a mechanism of change in psychodrama: Procedures and benefits. *Frontiers in Psychology*, 12, 176. <https://doi.org/10.3389/fpsyg.2021.633069>
- Langumier, C. (2021). Individual psychoanalytic psychodrama: Truly playing by her own in the corner. *Le Coq-héron*, 245(2), 132–143. <https://doi.org/10.3917/cohe.245.0132>
- Nawyn, S., Gjokaj, L., Agbenyida, D., & Grace, B. (2012). Linguistic isolation, social capital, and immigrant belonging. *Journal of Contemporary Ethnography*, 41(3), 255–282. <https://doi.org/10.1177/0891241611433623>
- Orkibi, H., & Feniger-Schaal, R. (2019). Integrative systematic review of psychodrama psychotherapy research: Trends and methodological implications. *PLoS ONE*, 14(2). <https://doi.org/10.1371/journal.pone.0212575>
- Puspitasari, A., Heredia, D., Coombes, B., Geske, J., Gentry, M., Moore, W., Sawchuk, C., & Schak, K. M. (2021). Feasibility and initial outcomes of a group-

- based teletherapy psychiatric day program for adults with serious mental illness: Open, nonrandomized trial in the context of COVID-19. *JMIR Mental Health*, 8(3), e25542. <https://doi.org/10.2196/25542>
- Soni, S. (2015). *Immigrants' greatest fear isn't what you think*. <https://www.thenation.com/article/archive/immigrants-greatest-fear-isnt-what-you-think/>
- Tushar, T. (2017). *Use of future projection technique as motivation enhancement tool for substance abuse treatment* [Paper presentation]. First Annual Conference on Expressive Art Therapy: Expression of the Soul (Vol. 1), Chennai, India.
- von Ameln, F., & Becker-Ebel, J. (2020). Basic elements of psychodrama. In *Fundamentals of psychodrama* (pp. 19–27). Springer.
- Wilkins, P. (1999). *Psychodrama*. Sage Publications Ltd.