



Mental health promotion with adolescents during the COVID-19 pandemic: Psychodramatic Pedagogy

Promoção da saúde mental com adolescentes na pandemia de covid-19: Pedagogia Psicodramática

Promoción de la salud mental con adolescentes en la pandemia de covid-19: Pedagogía Psicodramática

ABSTRACT

Objective: To identify feelings and knowledge related to mental health promotion among adolescents in the context of the COVID-19 pandemic.

Method: This is an action research study structured using Maria Alicia Romaña's Psychodramatic Pedagogy. A virtual workshop was held, which was attended by 13 high school students from the Federal Network of Professional and Technological Education. The data were analyzed according to Nola Pender's Health Promotion Model. **Results:** It was possible to demonstrate with the adolescents the difficulties and possibilities for mental health. The categories barriers to action, interpersonal influences and situational influences stood out as the focus of care actions. **Conclusion:** Nursing educational practice based on a theoretical framework and articulated with dialogical strategies, is capable of mobilizing the collective and supporting the itinerary of promoting adolescent mental health.

Descriptors: COVID-19; Health promotion; Adolescent health; Mental health; Nursing theory.

RESUMO

Objetivo: Identificar sentimentos e conhecimentos relacionados à promoção da saúde mental com adolescentes no contexto da pandemia de covid-19. **Método:** Trata-se de uma pesquisa-ação, estruturada por meio da Pedagogia Psicodramática, de Maria Alicia Romaña. Realizou-se uma oficina virtual da qual participaram 13 estudantes do ensino médio da Rede Federal de Educação Profissional e Tecnológica. Os dados foram analisados segundo o Modelo de Promoção da Saúde, de Nola Pender. **Resultados:** Foi possível evidenciar com os adolescentes as dificuldades e possibilidades para a saúde mental. As categorias barreiras para a ação, influências interpessoais e influências situacionais se destacaram para o foco das ações de cuidado. **Considerações finais:** A prática educativa de enfermagem, fundamentada em um referencial teórico e articulada com estratégias dialógicas, é capaz de mobilizar o coletivo e apoiar o itinerário de promoção da saúde mental do adolescente.

Descritores: Covid-19; Promoção da saúde; Saúde do adolescente; Saúde mental; Teoria de enfermagem.

RESUMEN

Objetivo: Analizar sentimientos y conocimientos relacionados a la promoción de la salud mental con adolescentes. **Método:** Investigación acción, estructurada mediante la Pedagogía Psicodramática de María Alicia Romaña. Se realizó un taller virtual, con la participación de 13 estudiantes de enseñanza secundaria de la Red Federal de Educación Profesional y Tecnológica. Los datos fueron analizados según el Modelo de Promoción de la Salud de Nola Pender. **Resultados:** Un momento dialógico donde fue posible destacar con los adolescentes las dificultades y posibilidades para la salud mental. Las categorías "barreras para la acción", "influencias interpersonales" e "influencias situacionales" se destacaron para el enfoque de las acciones de cuidado. **Consideraciones finales:** La práctica educativa de enfermería basada en un marco teórico y articulada con estrategias dialógicas es capaz de movilizar el colectivo y apoyar el itinerario de promoción de la salud del adolescente.

Descritores: Covid-19; Promoción de la salud; Salud del adolescente; Salud mental; Teoría de enfermería.

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INTRODUCTION

During adolescence, identity is formed and established, so many determinants of full mental development are defined at this stage⁽¹⁾. Mental disorders in adolescence were already a concern before the COVID-19 pandemic⁽²⁾, and this scenario of illness and restrictions generated impacts to be observed in the short and long term⁽³⁾.

The psychological impact is one of the main consequences of the pandemic⁽⁴⁾. A study demonstrated a prevalence of 43.4% of depressive symptoms among students in a sample of the Brazilian federal network of Professional and Technological Education (PTE)⁽⁵⁾. Brazil was one of the countries that maintained the suspension of in-person school activities for the longest time, although without the adequate technological, educational and psychosocial support that should be guaranteed to students⁽⁶⁾.

As a new situation and with a high risk of infection, especially with regard to the educational context, many guidelines were disseminated on what not to do rather than what to do, since the efforts of political management focused on protecting physical and financial factors⁽⁴⁾.

Even in such an adverse scenario that focuses predominantly on disease, actions that strengthen people's care and autonomy are fundamental strategies with significant repercussions^(3,7); however, there is a gap in publications that share effective health-promoting interventions⁽⁸⁾.

The Health Promotion Model (HPM), postulated by Nola Pender, serves as a

roadmap for evaluating and monitoring health care actions⁽⁹⁾. Using this model, in a virtual workshop held with students from the PTE network, questions were raised among adolescents that understand the demand for this present research: "Am I the only one suffering? What possible actions can be taken to promote mental health in adolescence?"⁽¹⁰⁾.

In view of this problem that permeates the adolescent public, Psychodramatic Pedagogy – created by the Argentine educator and psychodramatist Maria Alicia Romaña⁽¹¹⁾ – was sought as a modality of socio-educational work and research, since it represents a device capable of mobilizing spontaneity, the review of beliefs and values, and critical awareness in the collective subject, which constitute essential factors for the promotion of mental health.

Therefore, the objective of this research was to identify feelings and knowledge related to the promotion of mental health with adolescents in the context of the covid-19 pandemic.

METHOD

This was a participatory study with an action research approach, which focuses on a collective problem in which researchers and participants build relationships between formal and informal knowledge⁽¹²⁾. With young people, action research has the potential to support changes and social determinants in health⁽¹³⁾.

This action research emerged from a previous workshop held with a group of students at an institution in the PTE network, located in the rural area of a municipality in

the Central-West region of Brazil, in which the health situation in the context of the pandemic was elaborated, highlighting the relevance of mental health⁽¹⁰⁾. Based on this information, the field of action consisted of a second virtual workshop, held ten days after the first, in February 2021.

The 17 adolescent students of high school integrated into the technical course in computer science, who participated in the previous workshop, were invited to participate. The following inclusion criteria were also adopted: being enrolled in the second year, having availability and access to the internet, and having participated in the previous workshop. Exclusion criteria: students who were absent or who were unable to connect on the scheduled date for the meeting. Therefore, 13 adolescents participated in this research, nine males and four females. The research group was formed by two nurses, students of a graduate Nursing course (*Strictu sensu*), in partnership with a psychologist and

a professor in the area of Literature, both psychodramatists, with one of the nurses and the professor having worked for more than six years at the institution where the intervention was carried out. The methodological framework called Psychodramatic Pedagogy⁽¹¹⁾ was used as a device to facilitate the production of events and mobilize student participation, consisting of the following stages: specific/nonspecific warm-up, dramatic action and sharing.

A brief explanation of this important framework is based on the following: in the warm-up, the aim is to stimulate the expression of each participant and the interaction of the group through passive and active practices; the dramatic action is the manifestation of the shared reality and the elaboration of its problems and solutions; sharing is the space for the expression of feelings and experiences that emerged from the psychodramatic experience⁽¹¹⁾. Although dialogic, the organization of these stages is presented in Box 1.

Box 1 – Structure of the research procedure with Psychodramatic Pedagogy (Brazil, 2021)

Method stages	Level of action and logic of understanding	Activities
Nonspecific warm-up	Real/Analysis	Guided relaxation
Specific warm-up	Symbolic/Synthesis	Emotions gif
Dramatic action	Imaginary/Generalization	Brainstorming Spontaneous theater
Sharing	Cognitive	Reflections on self-efficacy

Source: Romaña,¹¹ adapted by Dias¹⁴.

The transcribed material constituted the analysis material for the workshop, which lasted three hours, using the Health Promotion Model (HPM) by Nola Pender⁽⁹⁾ as an analytical framework. In understand-

ing the aspects related to mental health promotion, the focus was specifically on the component: 'Feelings and knowledge about the behavior to be achieved', which presents the following categories: Ben-

efits; Perceived barriers to actions; Perceived self-efficacy; Affect related to the activity; and Interpersonal and situational influences^(9,14).

The research complied with all ethical precepts of Resolutions number 466/2012 and 510/2016 of the National Health Council, as well as the "Guidelines for procedures in research with any stage in a virtual environment"⁽¹⁵⁾. The favorable opinion of the Committee on Research with Human Beings was registered under number 4,411,334/2020. For the purpose of anonymity, participants were identified by codes, with "A" for adolescent, followed by the Arabic number corresponding to the order in which they participated in the workshop, for example: A1, A2, A3, and so on.

To prepare this article, the items provided for qualitative studies according to the COnsolidated criteria for REporting Qualitative research (COREQ)⁽¹⁶⁾ were considered.

RESULTS

The action supported by Psychodramatic Pedagogy enabled the development of strategies to promote mental health by the adolescents themselves, highlighting its therapeutic potential in itself, since it provided an opportunity to share perspectives and experiences – the restorative capacity of groups⁽¹¹⁾.

In the warm-up stage, the use of interactive technologies and media resources familiar to the adolescents, such as the use of Gif (Graphic Interchange Format) in the WhatsApp® group, made it possible to analyze and share, in a playful way, the prevailing personal feelings. A summary of what each person's Gif expressed was organized in a word cloud (Figure 1), in which positive feelings appear highlighted and centralized and feelings that demonstrated unmet needs are not highlighted.

Figure 1 – Word cloud created based on the contributions of the specific Psychodramatic Pedagogy warm-up carried out through the Gif activity of emotions (Brazil, 2021)



Source: Prepared by the authors.

The activity with the Gif of emotions was an empathetic experience of connecting with one’s own feelings and those of others, as the adolescents often tried to describe the action or meaning of the image. At the time, they were also able to explain the reason for the feeling they were experiencing, showing that these were related to the pandemic context, the return to school, and the health promotion workshops.

“I’m happy. There’s a vaccine, why should I be sad?” (A2). “I’m bored, I’m thinking a lot because I’m bored. Thinking about life and the future and having existential crises because of it” (A1). “I think I’m quite busy since school started again” (A10).

“What am I feeling these days? It’s just that I’m on a friendship farm, the one where everyone gets together to meditate, everyone together. That’s it” (A9). “It’s just that I was a little worried after the class (workshop), right? I was thinking like: ‘Oh my God. What am I doing with my life?’ So I was reflecting after the class. I even couldn’t sleep, guys” (A3).

For the dramatic action stage, the brainstorming activity was proposed, which was designed in an editable file, in which the adolescents could synchronously and collectively develop a box listing the mental health strategies. These contributions were organized by the authors in Box 2.

Box 2 – Mental health strategies developed through brainstorming with adolescents from a rural federal education institution in the Central-West region (Brazil, 2021)

Strategies	Types of practices *
Setting priorities	Organizational
Organizing your routine	
Taking notes	
Breathing	Contemplative and Self-Knowledge
Meditation – mindfulness	
Active listening	
Reading	
Professional help – therapy	
Physical activity	Bodily
Adequate sleep	
Less screen time	
Leisure	
Healthy eating	

Source: Prepared by the authors.
*Organization: The authors.

Next, with the proposal of spontaneous theater, in two groups organized in different virtual rooms, the adolescents were able to produce representative situations of everyday life with the theme of mental health. After this elaboration, the groups performed in the main virtual room, and both dramatized situations in which an

adolescent is affected by mental illness. In one of them, the protagonist asks his family for help and, in the other, the adolescent’s suffering is recognized by his friends and in both outcomes, he is referred for professional psychological monitoring.

In order to broaden the understanding of this construction, some statements were

grouped into the categories of the second component of the Health Promotion Model (HPM), which are highlighted below. Although systematized, it is worth emphasizing that these are deeply complementary and dialogic, as proposed by Nola Pender⁽⁹⁾.

The benefits of the actions perceived by the adolescents addressed subjective content, related to the emotions provided by a full state of mental health – such as tranquility and self-knowledge, but also focused on the relevance of the interconnected development of the mind and body.

“I think that with more tranquility we feel lighter. We feel more like ourselves” (A10). “When we talk, we get to know ourselves. We can break these paradigms that we have” (A3). “We have to sleep at night because of the hormones, right? If we don’t sleep at night... there’s no point in sleeping 12 hours if we sleep during the day, right?” (A3).

As for the barriers of the actions perceived, these were related to the lack of time and space. The adolescents pointed out that the need for space within their homes impacts their emotions, generates stress and irregular sleep.

“We often don’t have time to do these things, for example, physical activity, reading. We can’t do it because we don’t have a routine” (A7). “We don’t have a space just for ourselves that makes sense. So we stay awake at night, because that’s all we find time for” (A1). “I think that explains why we stay awake at dawn. Because we want some peace and quiet, during the day there are a million things happening” (A3). “We get tired of the noise of everyday life and end up taking refuge in the silence of the night” (A14).

Still on the subject of barriers, the

adolescents highlighted the difficulty of obtaining mental health care through the Unified Health System (SUS), as well as the prejudices related to psychological counseling and healthy eating.

“My mother said that the psychologist called us to come back, through the SUS, so, look, from September, it was only today, February 12, that we went to get a follow-up” (A3). “Like, if I go to my mother and say: ‘Can I go to therapy?’ she’ll ask: ‘But, what’s your problem? What do you have? You don’t need that, no’. Got it?!” (A10). “These healthier, more natural things tend to be much more expensive, right? [...] and we have a certain prejudice in thinking that these healthy things will be bad. So, we don’t even try them” (A1). “Because we’re adolescents, we end up trusting more in what our parents are going to buy. Like, ‘let’s do the monthly grocery shopping’, my mom knows exactly what we need for the month and what we’re going to eat” (A11). “I’ve been vegan for a while and, at home, I’m the one who buys most of the things for us to make and I’m the one who makes them too. So, I spend a lot of time preparing things in the kitchen. But my mom only shops once a month and everyone eats meat, except me” (A10).

Regarding perceived self-efficacy, adolescents were enthusiastic about including and/or modifying health-promoting practices, which was summarized in the following statement: “When we see it listed, we think: ‘it’s worth it’” (A3).

As for the affect related to the activity, the following statement highlights the process of experiencing mental health promotion as a producer of motivational feelings that support future practices, an allusion to the brain’s reward system: “It’s the same thing as when we receive a like on

social media, our brain has a serotonin spike, I don't know if that's the right hormone, but it encourages us to keep doing it" (A3).

Interpersonal influences emerged as a significant category in the elaboration of mental health promotion by adolescents, pointing out different actors in the support network and the impacts of their respective beliefs and responsibilities.

"I started to feel excluded within my own home. They're there, but they don't want to know about me. They don't want to know about what I experienced that day, so I started to feel a little sad and my mother didn't notice, she doesn't notice. And my stepfather, he's very strict, he says it's a 'girly' thing" (A2). "Some parents of a girl had the same thought. Their daughter was fine and 'everything was fine,' but then, because of the way she was behaving in class, the teachers noticed the change in the way she was behaving. Then, the teachers themselves got in touch with the girl's family, which made these parents' point of view change completely" (A15). "Many times we try to talk to someone we live with in our daily lives who doesn't have professional training, they end up criticizing and this criticism ends up hurting us more" (A11). "In my case, it was completely different. We know we need help, but we say: 'No, I can handle it on my own' and then it got to the point where my mother realized it and came to me and said: 'What's going on? You've changed completely'" (A3).

Finally, situational influences can be traced back to changes in the family and school environment caused by the pandemic, with the decision to suspend in-person classes for biosafety reasons leading to a reorganization of personal and home routines.

"[Before the pandemic] I was at my great-grandparents' house and then I realized that something was wrong. At the beginning of the pandemic, when I came back here, I had the courage to speak up. Because I was living in a different environment, where people cared about me and that they could do the same to me and they weren't doing it" (A2). "During the pandemic, I'm either at home with my two little brothers or at my aunt's house and I have three cousins. It's very difficult for me to stop and say: 'Oh! I'm going to my room alone now' or to stop, you know? Very, very difficult indeed. Sometimes I stop, but there's a lot of noise. It's very stressful, sometimes" (A10). "At school, I slept four to five hours. I would stay up late and wake up early" (A3).

DISCUSSION

When dealing with mental illness among adolescents, Psychodramatic Pedagogy was an important tool for developing healthy strategies, as it enhanced participation, spontaneity and in-depth understanding of the situation experienced⁽¹¹⁾, which are pressing in an adverse pandemic context and for a topic still so full of taboos and prejudices in society.

In the warm-up stage, dialogues allow the needs to be addressed in the dramatic action to emerge⁽¹¹⁾; thus, an opportune moment for empathy exercise was created. Some authors point to an association between the lack of empathy and the development of insensitive emotional traits that lead to neuropsychological diseases and bullying⁽¹⁷⁾. On the other hand, there is a lack of studies that promote the importance of empathic connection, which can even modify hormonal patterns⁽¹⁸⁾. Therefore, this proposal for connection developed in

the warm-up was very relevant, both for adolescents and for the psychodramatic purpose.

Dramatic action is a transition from reality to the "as if", that is, to the level of logic of understanding the imaginary, and has great educational value, as it demands attention and concentration, as well as mobilizes – via the mental process of generalization, reflection on experiences, beliefs and values⁽¹¹⁾ – aspects also valued in Nola Pender's Nursing theory⁽⁹⁾.

The strategies spontaneously listed by the adolescents, now organized in this research as related to organizational, contemplative/self-knowledge and bodily practices, demonstrate that adolescents recognize mental health as a complex and multifactorial construction. This moment provided the sharing of practices carried out or not, which, beyond the correct or a synthesis of the appropriate, established a "non-place", which Romaña predicts as an opportune gap in which it is possible to confront possibilities and diversity⁽¹⁹⁾.

Drama in the context of health has an immediate effect, as it highlights the instituted shared reality and promotes collective analysis⁽²⁰⁾. At this stage, in the spontaneous theater, both groups shared situations that referred to psychological monitoring, despite the relevance of professional monitoring, also points to a hegemonic perspective, based on the biomedical model and reflecting an individualizing and psychologizing view present in the history of Brazilian schools^(20,21).

The dialogic discussion provided an opportunity for the adolescents themselves to share benefits and barriers, highlighting ways of dealing with imposed challenges, such as: organizational routines, meditation

schedules, family eating strategies, support network, among others. Romaña believes that confronting the negative allows us to think about the other, be it a thought, a phenomenon or another concrete human being⁽¹⁹⁾. This exchange between peers is important, a randomized controlled study demonstrated that the group that worked on health with adolescents based on peer education had clear effects on the capacity for emotional adjustment, interpersonal assistance and resilience⁽²²⁾.

Psychodramatic Pedagogy proposes that spontaneous contributions should not necessarily produce new things, but also the known and necessary responses⁽¹¹⁾. "The word regains its meaning, calls for arguments, and produces responsibilities"⁽¹⁹⁾; in this way, the strategies developed collectively promote self-efficacy, a relevant factor in the HPM.

As for the affect related to the activity, the allusion that carrying out the practices generates personal satisfaction refers to a reflection on the neural reward system regulated by dopamine levels. This pronounced dopaminergic sensitivity in adolescence, in addition to favoring risk behaviors, can be directed towards promoting adolescent health, thus consolidating positive synaptic connections on behavior⁽²³⁾.

Interpersonal influences are relevant to adolescent health. After all, historically, relational and cooperative capacity has ensured the evolution of the human species. However, some authors demonstrate that the negative quality of relationships can impact various aspects of development and comorbidities⁽⁶⁾. At this point, Psychodramatic Pedagogy is proactive because it acts on the social process,

recognizing those involved as active, unique, and different beings⁽¹⁹⁾.

In the dramatization, the audience, apparently passive, plays the role of resonance of what was dramatized⁽¹¹⁾. It was at this moment that adolescents shared the most sensitive situations of their personal, family, and social relationships, as well as their resources and support network.

Finally, the pandemic established a preponderant situational influence, because it greatly altered family and study routines. The role of school stands out, as it is where adolescents spend a considerable part of their lives. Given the overload of health services and the importance of improving mental health and academic results, it is essential that schools develop strategies on this topic⁽²⁴⁾. Related to this, Romaña emphasizes that the educator should not shy away from a deeper approach to the student, because this allows for a more consistent relationship, including in learning⁽¹¹⁾.

Psychodramatic Pedagogy favored a truly shared and stimulating action-research because it is based on the potential of human relationships. Nola Pender's HPM, in turn, provided evidence, from the perspective of Nursing, of the aspects related to health promotion.

CONCLUSION

It is clear that Psychodramatic Pedagogy, as a socio-educational strategy linked to the field of Nursing, is effective in promoting mental health among adolescents. From the perspective of the Health Promotion Model, it was possible to identify feelings and knowledge related to mental health, and the most sensitive situations that stood out on this topic were in the categories of barriers to action,

interpersonal and situational influences.

These references were presented as excellent for nursing care practice and research, fulfilling the inherent responsibilities towards the collective and health education. Therefore, it is essential that nurses appropriate theories that support dialogical educational practice and the care itinerary.

As limitations of this study, we point out the virtual application, which restricts the access of eligible participants and the identification of substantial individual behaviors and expressions. Based on this study, in the context of the experience of the covid-19 pandemic and from the perspective of the PTE network, it is suggested that School Nursing be promoted in the country, since, in addition to curative practice, educational practice in the areas of prevention and health promotion is fundamental, further enhanced in this environment by the possibility of interdisciplinary actions, in order to support the principles of child and adolescent health.

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